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THE ROLE OF ARTERIAL OCCLUSION AND ANEXEMIA IN THE CAUSE OF THE CEREBAL DIPLEGIAS*

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OUR interest was attracted to prematurity as a possible factor, when in one afternoon's routine dispensary work two cases of cerebral diplegias were examined in both of which the story of prematurity was the outstanding point in the history. Although the fact that in spastic diplegic babies there is frequently a history of prematurity, is well known and although all of us realize it is perhaps an old and "moth eaten" subject, we felt, despite this knowledge, the matter could be introduced without incurring the displeasure of the Gods.

We believe there is partial justification for its discussion in view of the attention given to the entire subject of the cerebral palsies of the newborn, by the presidential address of Collier, the rebuttal by Sachs and the more recent excellent summary of the literature by Ford, all three of whom mention prematurity in some detail with a fair unanimity of opinion as to its importance. This phase is entitled to a review in view of the wide diversity of learned opinion as to the pathogenesis of the cerebral diplegias with "the meningeal hemorrhage" adherents pulling strongly on one end of the rope while the insurgents with equal vigor tug perhaps more successfully at the other end in this tug of war.

This subject is not introduced properly unless one quotes, as is customary, Dr W J Little whose original article had a powerful lens like action in focusing the light of medical opinion on this topic. In the general discussion which followed the presentation of his own paper, Dr Little remarked that he was unable to find "any reference to the affections consequent on abnormal and premature parturition in the works of the English medical writers" and hence he had recourse to Shakespeare with some confidence for such a reference. That he was successful is proven by the following lines, which have been quoted frequently by many writers since Little's time.

> "I that am curtailed of this fair proportion,
> Cheated of feature by dissembling Nature,
> Deformed, unfinished, sent before my time,
> Into this breathing world scarce half made up,
> And that so lamely and unfashionable
> That dogs bark at me as I halt by them."

To Little belongs the credit for the medical application of this literary gem, and when we use theses lines to embellish our paper, to him should due credit be given. We note that prematurity was recognized by the savant Shakespeare as a part of the picture. (Dr Sarah McNutt in her really excellent paper, I found subsequently, had lauded Little for his research.)

If we analyze the material presented by Little we find that in twenty-five of forty-seven cases there was a definite history of prematurity, and in thirteen of these twenty-five cases the only abnormality noted at birth was that of prematurity, while in the remaining eleven there are enumerated such "plus factors" as twinning, difficulty of labor, precipitancy of labor, and trouble in getting the baby to breathe. In his series we can not help but be impressed with the frequency with which the "seven month premature babies had developed a spastic condition and also that in these seven month cases (14 of them) with few exceptions there was no other complicating factor mentioned. In the eighth month prematurity group prematurity alone was reported in seven instances.

In his clinical study "The Cerebral Palsies of Children"—Osler discusses prematurity briefly. Five of the babies born prematurely were seven month babies.

I Infantile hemiplegia
  1 Case at 7 mo
  b 8 mo baby developed a convulsion at the second year followed by a hemiplegia

II Bilateral hemiplegias
  3 cases (Cases 2-3-14) were premature and born at the seventh month

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 23, 1928

III Paraplegia

Two cases Case 2 at 8 mo and Case 9 born at seventh month with no instruments

We see that in these seventh month babies prematurity is only mentioned by the author as a cause

Again Sachs in 1890 listed forty-nine cases of cerebral palsies due to congenital cerebral causes Prematurity was cited in four cases—the month was not given In another seven month premature child a dry labor of 48 hours was the complication Frank Ford recently in an analysis of 200 cases of congenital spastic paralysis, found a definite history of prematurity in 66 cases or 33 per cent

Joerg in 1828 is mentioned by Little as "the only author I have met with, who distinctly enunciates that too early and unripe born foetuses present a state of weakness persisting in the muscles until puberty or later"

Brissaud in 1894—argued that premature birth retarded the essential development of the foetus He recognized the frequent association of prematurity with spastic diplegia and became so fascinated with the idea that he advanced the conception of prematurity per se as the direct cause of the condition He advanced an attractive theory based on the development of the pyramidal tracts whereby the extent of spastic involvement is due to the period of prematurity,—the earlier the foetus the greater the involvement This tenet was based on the established development of the pyramidal tracts which grow out from the cortex at the fifth month, reach the medulla at the seventh month of foetal life, the dorsal region at the eighth month and are only completely developed up to about three and one-half years This theory has been supported by Marie, Dejerine and Van Gehuchten

Collier quotes Freud of Vienna as follows (1897) "Premature, precipitate and difficult birth and asphyxia neonatorum are not causal factors in the production of diplegia—they are only associated symptoms of deeper lying influences which have dominated the development of the foetus or the organism of the mother"

Again, Collier in 1899 wrote "When cerebral diplegia occurs in association with premature birth, the two do not stand in causal relationship with one another, but are the concomitant effects of a morbid process affecting both mother and foetus"

Sachs and Hausman in their book "Nervous and Mental Disorders from birth through adolescence," state "From the seventh month on, the foetus is supposed to be viable, but most of these children are far below the normal average in weight, and not a few of them are born with marked spasticity and with symptoms commonly resembling Little's Disease."

It has been well shown by Sachs, Ehrenfest and others that cerebral hemorrhage occurs very frequently in the newborn and particularly the foetuses delivered after difficult labor. Indeed, it has been suggested that such bleeding occurs more frequently than suspected, even in those cases where there is not the slightest suspicion of such bleeding—in the so-called normal cases And particularly in the stillborn foetus have there been evidences of gross hemorrhages Ylppo found evidences of bleeding in 90 per cent of premature infants In almost every paper on this subject we find references to the fact that prematurity favors the tendency to bleed, possibly owing to an abnormal fragility of the vessel walls (Ylppo) and to the thinness of the infant's skull, which predisposes to excessive moulding and hence easier laceration of the susceptible vessels (Ehrenfest)

Thus we see that there is overwhelming evidence concerning the frequency of cerebral hemorrhage as found in the autopsied new born This is granted But as contended by Freud, and supported by Collier and Ford, does it cause the clinical picture of cerebral diplegia?

It is contended by the meningeal hemorrhage adherents that the bleeding over the leg areas of both hemispheres is the fundamental factor responsible for the subsequent clinical picture of cerebral diplegia If bleeding occurs at this site it is admitted that in most every case it is of venous origin, due to the tearing away of the tributary veins from the superior longitudinal sinus, in this manner causing a local bleeding over the extreme superior cortical surface of both hemispheres The arteries are more resistant and not so liable to tear, and while an arterial vessel may occasionally give way, it would be unusual to have bilateral bleeding from this source capable of producing bilaterally symmetrically placed clots, which would exert a pressure over the cortical leg areas

In the new born the bones are more pliable, and all tissues are softer and less resistant, which factors are exaggerated in the premature Does it not seem that these softer tissues could make a ready adjustment to the pressure created by a small localized hemorrhage without damage to the underlying structures? And it must be remembered that in many of the reports of the autopsied new born the blood clots when found have been small It would seem that a hemorrhage of sufficient consequence to cause the permanent destruction of tissue, must of necessity be assumed to be of fairly large size and particularly so in the premature where the very factors predisposing to bleeding such as softness, fragility permit a compensatory adaptation on the part of the brain to such changes And if extensive why so frequently and so sharply limited to the leg area? Are we warranted in the predication of a bilaterally placed hemorrhage as the

cause of cerebral diplegia in the greater number of cases

Also it is not the actual bleeding but the pressure created by the formed blood clot which should be responsible for the damage In the published cases of post mortem material the pia arachnoid is found relatively undisturbed It is difficult to conceive how a pressure sufficiently great to cause cell death and alterations in the underlying tissue should not leave some constant trace in the pia arachnoid A plastering of the meninges should be the rule rather than the exception This point has been raised by Collier

Owing to the fact that the new born babe is a "spinal animal" plus a mid brain, we can not expect immediate demonstrable clinical signs in the form of a paretic leg or a leg of increased tone even if there is pressure exerted over the cortical leg area from a clot It is not until the pyramidal wiring is complete, or the period has arrived when the cortex begins to take over the voluntary functions, that an interference with cortical spinal impulses is evident Since the leg of the new born does not possess a pyramidal "hook-up," whatever disturbance is found must be due to influences acting by way of an older phylogenetic motor system, and this system with its final wiring in the rubro spinal tract would seem to be most easily affected by factors acting directly on the brain stem and cord Such an interference could be effected through downward pressure exerted on the brain stem by large hemorrhages from above, by oedema, and more directly from injuries in the posterior fossa or within the brain stem itself

But as suggested by Ford a supratentorial hemorrhage large enough to cause such signs is usually fatal, and it is probably only the moderate sized hemorrhages which can be withstood by the organism We believe, as we have attempted to show, that it requires more than just a slight hemorrhage to affect the cortex permanently

The hypothesis of intrauterine occlusion of the cerebral vessels to explain some instances of the cerebral diplegias had been put forward by Batten This is a very satisfactory explanation for those cases in which the pathological process had set in before birth

We should like to present a similar concept, the active feature of which occurs during labor rather than during the relatively protected intrauterine life of the foetus, when it seems that the foetal head floating in amniotic fluid can not be subjected to the severe stresses incident to actual birth As has been shown beautifully by Ehrenfest the degree of moulding to which the foetal head is exposed during labor is in many cases extreme and in many instances there is actual over riding of the bony fragments As a result there must be considerable displacement of the intracranial contents, which displacement serves as an explanation for the frequent tearing away of the soft pliable veins from the more re[illegible] dural sinuses Since the cerebral arteries a[illegible] a thicker and firmer calibre, no laceration resu[illegible] but what is equally important there must undoubtedly be considerable torsion and twisting of the smaller vessels and probable compression of the vessels of larger calibre The branches of the internal carotid with somewhat tortuous course arising from a firm fixed base, are very apt to be affected by such factors The anterior cerebral arteries forming part of the leg supply would probably be affected very much by compression, while the middle cerebral artery with an even more twisting course is possibly affected by torsion

As the result of this occlusion an anoxemia of varying degrees may be postulated, affecting of course, the highly developed and more sensitive cells in the neighborhood of the Rolandic fissure We are familiar with the serious results of the clinical experiment of too great a saturation of carbon monoxide in the blood, which fixes the hemoglobin, and causes a relative anoxemia with serious affects on the brain tissue The burden of the damage is on the basal ganglia and the cells of the motor cortex Also the laboratory experiments of Cannon, and that of Pike and Gomez have shown the degrees to which the various nerve cells are able to withstand oxygen deprivation C K Drinker in his recent article on artificial respiration presented the following table

Cerebrum—small pyramidal cells	8 minutes
Cerebellum—Purkinje cells	13 minutes
Medullary centers	20 to 30 minutes
Spinal cord	45 to 60 minutes
Sympathetic ganglion	1 hour
Myenteric plexus	3 hours

In the above we have both clinical and laboratory proof of the extreme susceptibility of the important cells to even slight loss of oxygen supply It seems logical to assume that a torsion or compression of the Sylvian artery as the result of moulding during labor would be sufficient to cause a local anoxemia, severe enough to damage a few of the cells irreparably and in some cases cause a rather extensive involvement

It is in the premature new born infant that an interference with the cerebral arterial supply in the nature of an occluding phenomenon as described, is more apt to occur As has been repeatedly emphasized by many writers the premature foetus is much more liable to the injuries incident to birth, because of its undeveloped condition Just as in the premature there is possibly a greater tendency to venous bleeding because of the susceptible vessels, the thin skull, and the easily moulded head, so its more fragile and more easily compressible arteries are likewise more prone to the effects of torsion and compression

The earlier the foetus, the greater becomes this tendency

After a consideration of the causes of prematurity from an obstetrical point of view, we cannot console ourselves with the thought that the same frost which has bitten the mother has also blighted the child We are of the opinion that the parasitic foetus is fairly independent of the influences which act on the mother to cause prematurity, excepting of course syphilis Even greater difficulty arises in attempting to explain cerebral diplegias, purely on the basis that the child has been ahead of its time, as contended by Brissaud Unless there has been some morbid retarding influence actually affecting the motor cell, we fail to see why its axon should remain undeveloped, simply because the ovum was delivered to the outside world too early It seems more likely that this motor cell through being subjected to oxygen deprivation is only damaged, a condition occurring more easily in the premature

Another well known point of view which had been presented by Collier and which we consider a fairly good one, is that of a primary neuronic degeneration attacking chiefly the cells of the motor cortex Isn't it possible that the fundamental cause of this neuronic degeneration may be a mild cerebral circulatory defect, arterial in fact, which results in an anoxemia of these vulnerable cells early in their development As already noted Batten had offered the concept of an intrauterine occlusion of the cerebral vessels to explain a congenital hemoplegia The word "agenesis" is helpful and covers a wide territory but it does not explain the deeper underlying cause, which may well be that offered by Batten

We suspect that in the case described by Sarah McNutt this modus operandi must be given serious consideration In view of the widely different interpretations placed upon the findings of Wm H Welch in this celebrated case, perhaps it is worth while to present the essential pathological findings in the case of "Elsie M—", once more where all may examine it more closely An abstract of the essential findings only is given

Grossly the left hemisphere showed "Atrophy of the ascending frontal convolution, atrophy of the ascending parietal convolution, atrophy of the paracentral lobule, and possibly atrophy of the first part of the first temporal convolution The right hemisphere was essentially the same

"Everywhere there was edema of the pia, but especially in the fissure of Rolando

"Upon microscopical examination it is found that the cortex in the bottom of the precentral and Rolandic sulci is replaced by a firmly fibrillated tissue rich in nuclei and in corpora amylacea This rim of sclerotic tissue replacing the cortex measures about ½ to 1 mm in thickness—in this tissue no ganglion cells, or nerve fibers are to be seen, and no trace of the different layers of the cortex can be made out In the deeper part of this tissue are blood vessels surrounded by enormously dilated perivascular spaces containing lymphoid cells, large fatty granular cells, corpora amylacea, and in some places, extravasated red blood corpuscles

"The margin of sclerotic tissue can be traced up for a certain distance along the sides of the anterior convolution, and then there appears rather abruptly a cortex two to three mm in thickness, which can be traced over the top of the convolutions where it has its greatest thickness The sclerotic tissue, however, does not disappear, as it can be traced along the deeper parts of this cortex near the junction of the white and the gray matter At the top of the anterior central convolution can be made out in normal succession and of about normal thickness the molecular layer, the layer of small and the layer of large pyramids, and then comes the sclerotic tissue, with its abundant nuclei, fibrous texture, and dilated lymph spaces In following the cortex down the sides of the convolution it is seen that sclerosis invades from the deeper parts more and more of the cortex, the layer of the large pyramids first disappearing, then that of the small pyramids, while the molecular layer, although abnormally rich in nuclei can be traced all of the way down the sides of the convolution *The impression is not that of a sclerosis invading the cortex from the surface, but rather that of invasion from the deeper layers of the cortex and from the medullary substance*

"The ray of white substance included in the anterior central convolution is also sclerosed Nerve fibers, if they exist at all in this white substance are naked axis cylinders In place of the medullary substance is a finely fibrillated tissue, rich in small nuclei, and containing corpora amylacea and dilated perivascular spaces This sclerotic tissue, although similar to that found in the cortex, is less dense and stains less deeply with carmine

"Giant pyramidal ganglion cells cannot be found, even in the gray matter on the top of the convolution where the cortex is best preserved The processes of the ganglion cells of the third layer appear shorter and fewer than normal Still the ganglion cells can be distinctly made out, present their normal triangular shape in section, and appear to be as abundant as usual

"The parts of the posterior central and of the frontal convolutions which have already been described as atrophied present an appearance similar to that described —

"The pia mater over the atrophied parts of the cortex is somewhat thicker than normal and its vessels are distended It is somewhat richer in cells than normal but beyond this presents no marked lesion

"There is a typical bilateral secondary degeneration of the pyramidal tracts —

"There is atrophy of that part of the corpus callosum which may be considered to contain the commissural fibers of the two motor cortical areas The genu, splenium and the posterior half of the corpus callosum are of normal thickness and contrast markedly with the atrophied portion

"The disease is therefore sclerosis of the greater part of the motor cortical area in both hemispheres, with secondary descending degeneration of the pyramidal tracts"

CONCLUSIONS

1 Cerebral diplegia seems to occur in the earlier premature new born than those born later

2 Although venous bleeding occurs with great frequency and can have serious effects, it is contended that arterial occlusion with consequent anoxemia even of brief duration can lead to serious results

3 The conception is presented that it is the arterial occlusion incident to the extreme moulding, which is responsible for the apparent frequency of cerebral diplegias in the premature, and it may serve as an explanation of those cases occurring at full term after severe protracted, difficult labors

UNUSUAL CASES OF MASTOIDITIS WITH SPECIAL REFERENCE TO SINUS THROMBOSIS AND THE SIMPLIFICATION OF OPERATIVE PROCEDURE*

By HAROLD HAYS, M D, F A C S, NEW YORK, N Y

DURING the course of the past two years I have had the opportunity to take care of four unusual cases of acute mastoiditis which, I believe, will prove of interest to you With all the means at our command at the present day, one would think that there would be less likelihood of complications However, no matter how keen we are in our diagnosis, we shall always have certain factors to contend with Chief among these factors are the difference in the resistance of individuals, the difference in the texture of mastoid bones and the virulence of the streptococcus hemolyticus

All four cases occurred in young children between the ages of eight and fourteen years All of the children were apparently healthy before the ear trouble began Three of them returned to normal health, the fourth one died

Case 1 A boy twelve years of age, consulted me with the history that he had had a pain in his left ear for the past twelve hours Examination showed a bulging drum which necessitated immediate paracentesis I advised his going to the hospital for observation The discharge was profuse during the next forty-eight hours The pain in the ear did not subside There was no tenderness over the mastoid bone The temperature rose o 103 degrees Culture of the pus from the canal howed a streptococcus hemolyticus After pending two sleepless nights because of the deep boring pain in the ear, an x-ray picture was taken which showed a cloudiness of the entire left mastoid with considerable breaking down of the cells

He was operated upon at the end of forty-eight hours All the mastoid cells were destroyed and considerable pus was found The sinus and dural plates were hard and, I remarked to my associate, Dr Ayres, that this was a typical, text-book mastoid operation with no exposure of vital parts I told the family that I expected an uneventful recovery

For a few days after the operation, the boy seemed in good condition but his fever did not subside and he continuously complained of the deep boring pain in the left side of his head Examination of the wound and of the ear canal showed nothing of importance On the fourth day, the temperature rose to 104 degrees and remained there for a few days He became drowsy and soon there was evidence of meningeal irritation A lumbar puncture showed a clear fluid under very little pressure The blood count showed 15,000 white blood cells with 85% polymorphonuclears Another otologist was called in consultation who could throw no light on the matter and finally a brain surgeon was called in who gave the family a hopeless prognosis

The boy was getting gradually weaker and was unconscious most of the time On the fifth day after the onset of these serious symptoms, I decided that something had to be done. I took the boy up to the operating room at The Park West Hospital and uncovered the entire wound Nothing could be found there so I decided to uncap the dura and made an opening in the skull measuring one by one and one-half centimetres There was no extreme pressure evident and the dura looked normal Nothing more was done.

The following day the boy looked brighter and gradually the temperature began to subside and the mentality clear up Within five days all of his symptoms had disappeared and he left the hospital completely free of all symptoms at the end of another week His hearing was tested at repeated intervals for some weeks after, until it had come back to normal At this writing (one and one-half years later), the boy is perfect in every way

This case was particularly interesting because

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 22, 1928

of the suddenness with which the mastoid infection developed and because of the subsequent complications It is unusual for a mastoid disease to progress so far in two days to warrant operation In spite of the fact that no dura or sinus was exposed at the time of the original operation, definite signs of meningeal irritation came on shortly after the operation The most significant suggestion to be found is in the fact that all the symptoms cleared up after a second operation was performed and the dura exposed I would be inclined to use the same procedure in future cases There is apparently no rationale in such an operation and yet this is the second case which has recovered after a secondary operation In both of these cases an almost hopeless prognosis had been given

Case 2 On Feb 24th, 1927, I was called to see a doctor's son, twelve years of age The history stated that 24 hours before he had complained of severe pain in his right ear An otologist was called in who immediately incised the drum There was discharge of serum up to the time I saw him The temperature range was from 100-102 degrees On this second day, about noon, the temperature suddenly rose to 104, the boy became drowsy and a left-sided facial paralysis developed

Examination showed the boy semi-comatose, with every evidence of beginning meningitis such as rigidity of the neck, Kernig sign, etc Examination of the ear canal showed a moderate discharge of serum The canal was much narrowed and there was distinct pulsation of the edges of the incision Dr Evan Evans had seen the patient about an hour before, had made a diagnosis of fulminating mastoiditis and had advised immediate operation I agreed with his findings and insisted that the boy be taken to The Park West Hospital at once

Regardless of my warning to the parents that immediate operation was necessary, it was a matter of four to five hours before the patient arrived at the hospital In the meantime, they had attempted to get various opinions from other medical men, one of whom made a diagnosis of pneumonia and advised against operation At eleven o'clock at night, nearly ten hours after the onset of symptoms, the patient arrived at the hospital An x-ray picture of the mastoid processes was taken which revealed complete destruction of the cells of the right mastoid bone Operation was performed at once There was a hard plate over both dura and sinus so neither one was exposed Culture of the pus showed a streptococcus hemolyticus

The following day the patient showed great improvement His mentality cleared and, at the end of a week, his mind was keen and the facial paralysis had disappeared The blood count showed 7200 white blood cells with 62% polymorphonuclears On the third day the temperature rose to 105 For nine days the temperature was irregularly intermittent A blood culture taken on the ninth day showed a few colonies of a streptococcus hemolyticus About this time he began to complain of a pain in his right wrist An abscess over the carpal bones developed which was incised

The question now arose as to whether the blood infection was due to his original process or whether it was due to an infection of the sigmoid sinus Dr I Friesner was called in consultation and a decision was reached to uncap the sinus and ligate the jugular vein

The hard bone over the sinus was removed One could then view a sinus wall which showed a normal color and from which one could obtain a definite pulsation I considered that an exploration of the sinus was uncalled for, for the following reasons

1 The profuse hemorrhage would deplete the patient
2 The convalescence would be considerably prolonged
3 Whatever infection there might be in the vein had caused no definite clot
4 If infected blood could be washed out of the sinus without opening it, much could be gained

I now turned my attention to the jugular vein and resorted to a procedure which, at least with me, is new After the vein had been dissected free, I placed a double ligature of heavy catgut around it below the facial vein and tied the lower suture Before tying the upper suture, I made a nick in the vein and allowed the blood to flow out of it until I felt sure that I had emptied blood out of the sigmoid sinus above I then tightened the ligature, cut between both ligatures and closed the neck wound

After the operation, the temperature remained intermittent up to 102 2 degrees for six days and then gradually returned to normal A blood culture taken two days after operation was sterile The patient was discharged cured very shortly thereafter

There are a number of significant points in this second case to which I desire to call your attention Here was a boy who was in coma when first seen He had a facial paralysis There was a history of an ear inflammation with a slight discharge of serum from the canal The temperature was around 104 One could account for his general symptoms in many ways but, from no point of view could the ear signs be eliminated The best evidence that one could think of other things was that other diagnoses were made One pediatrist made a diagnosis of deep-seated pneumonia It has been my experience that whenever there is a history of an ear discharge, no matter how slight and no matter for how short a time, if intra-cranial symptoms present themselves, the sooner the mastoid pro-

cess is opened up the better In former years, I have reported any number of cases in which the mastoid picture was far from clear Some of these I entitled concealed mastoiditis These were cases in which there had never been any discharge from the ear canal Other cases were those in which the first and sometimes the only signs were those which pointed to intra-cranial irritation A case similar to this was a child whom I saw at three o'clock in the afternoon in a semi-comatose condition and operated upon one hour later The child is healthy and well to-day

When it came to the question of opening up this child's sinus, I brought up the argument that it was possible that the blood stream infection had taken place at the time of the original infection and that possibly it had nothing to do with the mastoid disease My reasons were two-fold, in the first place the onset of the symptoms was so sudden that a blood infection could take place from the throat, the tonsils still being intact, and secondly, the sinus plate was found to be extremely hard at the time of the operation However, I was prevailed upon to uncap the sinus I found it to be of good color and pulsating normally I could see no object in opening up this sinus and exposing the child to a great loss of blood For that reason I resorted to the procedure described above—exposing the jugular vein and, before tying the upper suture, nicking the vein, allowing a certain amount of blood to flow out (2-3 oz) and then tightening the ligature The result was extremely gratifying Within twenty-four hours, the blood stream was free from infection and the child recovered In future cases, I shall abide by my findings as to whether or not I shall open the sinus If it looks and feels normal, if I am inclined to think that I shall be able to wash out any clot that is present by the opening in the jugular vein, I shall leave the sinus alone In the event that the patient's symptoms do not improve as I desire, it will always be easy enough to open up the sinus at a later date without anesthesia I have now had three cases of this type and, under no circumstances do I attribute the death of the last case to this procedure I do not know whether this technic has been tried before or not but it is new as far as I am concerned

Case 3 On May 22nd, 1927, a young boy of 12 years was admitted to The Park West Hospital with the following history He had first had a pain in his right ear one week before A discharge from the canal took place the next day but the pain did not subside His temperature rose to 106 degrees and at times he was chilly I first saw him on admission to the hospital, where, because of the definite subjective and objective symptoms, it was decided to operate upon him at once

An X-ray picture of the mastoid process showed an acute exacerbation of a chronic condition There was no evidence of breaking down of the cells X-ray of the chest showed a consolidation of the lower portion of the upper lobe and a possible suggestion of abscess formation The entire plura was densely clouded There was complete obliteration of the outlines of the diaphragm The heart was displaced to the right The liver and spleen were enlarged

At the time of the mastoid operation, a needle was inserted into the pleural cavity Ten cubic centimetres of bloody fluid were withdrawn which, on culture, was sterile A blood count at this time showed 16,600 white blood cells with 86 per cent polymorphonuclears The temperature on admission was 103

Exploration of the mastoid process showed a thick cortex All the cells were destroyed and the cavity filled with thick pus, which, on culture, showed a streptococcus hemolyticus No dura was exposed but a considerable portion of the sinus was bare of bone and covered with granulations There was good pulsation

The patient's condition was good after operation but, within two days the temperature rose to 107 degrees The following morning the temperature was 100 8 only to rise to 106 6 that night and the following night to 108 degrees This is the highest temperature I have ever seen in a patient who eventually recovered and, strange as it may seem, a few hours later when the temperature went down to 100, the patient was half sitting up in bed reading a book

A blood culture was taken two days after operation This was positive on the second day with a few colonies of streptococcus hemolyticus The blood count rose to 25,800 with 89 per cent of polymorphonuclears

Shortly after the temperature rose to 108, I decided to ligate the jugular vein The sinus as stated previously was partially exposed and covered with granulations Again I did not feel that I was justified in opening the sinus so the usual exposure in the neck was made and treatment of the vein was the same as in the previous case

On the following day the temperature dropped to 99 and was irregularly intermittent for two and one half weeks longer when it went down to normal and the patient was discharged, cured The day after the second operation a second blood culture was taken which was sterile after seventy-two hours

Certain points of interest merit consideration in this case At no time did this boy appear sick enough to warrant our being apprehensive Although the mastoid exenteration showed considerable destruction and the sinus was exposed, there was no reason to suppose that there was a blood stream infection The boy could not be made to complain that he

was ill at any time even when his temperature was very high This is the first time I have ever seen a case in which the temperature rose to over 108 and the patient lived In fact there was no definite collapse after this temperature Here again, exposure of the sinus did not warrant my opening it up Although there had been an exposure of the sinus at the original operation and there was a granulation mass over the sinus wall, still because of the good pulsation and because there was no evidence of a definite clot, I did not feel inclined to open it up After the treatment of the jugular vein as described, the blood stream cleared up in a few days and the patient recovered

Case 4 In the early part of February, 1928, I was called to Amsterdam, N Y, to see the daughter of a physician who was nine years old Briefly the history was as follows A few weeks before she had had an abscess in her right ear which was incised Drainage not being sufficient, it was re-opened a second and a third time A week before I saw her, it was decided to perform a mastoid operation After operation her temperature remained intermittently high A transfusion of citrated blood was given A blood culture showed the streptococcus hemolyticus in the blood stream

Examination showed a moderately emaciated child whose mentality was keen Examination of the eye grounds was negative There was no evidence of meningeal irritation The joints showed no inflammatory process I do not recall the exact blood count but I know the differential count was high There was no question about a blood infection from the mastoid process so immediate exposure of the sinus was resorted to On opening up the mastoid cavity, I found considerable pus beyond the seat of the original infection All disease was removed and an intact sinus plate found However, the sinus was exposed It was found to be normal in color and had distinct pulsation Again I decided that it was unwise to open the sinus and so, the jugular being exposed in the usual way, the same procedure as in the other two cases was resorted to

Two days later the father reported to me that the child was doing well A transfusion of whole blood (400cc) was given and a blood culture made The blood culture was negative In spite of this fact that we had rid the blood stream of the infection I suggested that the sinus be opened up without anesthesia There was a definite flow of blood from the upper end of the sinus showing that no clot had formed

Unfortunately the child continued to get worse and localized abscesses began to form in various parts of the body—wrist, elbow, knee hips, back etc These were opened up as they occurred and we were very much encouraged until an infarct in the lung took place and the child died of a pneumonia about three weeks after the jugular ligation

It is unfortunate that this child had such a severe infection that it was impossible for her to throw it off As I stated in the history, this patient had a number of paracenteses It has been my experience that opening the drum a second or third or fourth time does little good, provided there is a free discharge of pus In any event, no matter how large an incision in the drum is made, only a small opening remains at the end of twenty-four hours The incision can be made to remain open by suction, but, if the symptoms do not subside within a reasonable length of time, the involvement has gone deeply into the mastoid cells so that they will have to be opened Apparently the operation was performed before the dural or the sinus plate had become involved but the child had become considerably devitalized The second point of interest was the ligation of the jugular vein without opening the sinus I had every reason to hope that this would end the trouble particularly when we found the blood stream free from bacteria in a short time The sinus was eventually opened up a few days after the second operation Free blood was found which shows that no clot had formed One might suggest here that tying the jugular vein was not sufficient under such circumstances because the collateral circulation was immediately established and, therefore, bacteria could still emanate from the original source The best answer to this is that the blood was free from infection That the child developed a number of abscesses in various parts of the body was indeed unfortunate, but I believe that she could have recovered from these if pneumonia had not set in

Comments These four cases have many points in common Yet there are certain differences Attention is particularly drawn to the following 1 Apparently simple cases of acute mastoiditis sometime develop symptoms of meningeal irritation which will recover provided immediate operative measures are resorted to In the first case the patient was cured by uncapping an apparently healthy dura In the second case, operation on the mastoid was performed because of the intracranial signs and an attendant slight ear discharge 2 In cases of diagnosed sinus thrombosis, with positive blood culture, cure can be effected by allowing an ounce or two of blood to flow from the vein before ligation, without opening the sinus when inspection and palpation of the sinus show the vein normal in appearance and when there is normal pulsation of the vein 3 In the three cases operated upon in this way, the blood stream was free from bacteria within twenty-four to forty-eight hours

EAR INFECTIONS IN CHILDREN*

By J. E MCASKILL, M D, WATERTOWN, N Y

THE general practitioner today is aware of the prevalence of middle ear inflammation in children and realizes the importance of routine ear examinations in order to arrive at a correct diagnosis

Every pediatrician and almost every general practitioner now carries an electric otoscope in his examining kit

In spite of the increased interest in ear diseases parents yet are told occasionally that they need not worry so long as the child's ear is still running Others are assured that the children will outgrow these periodic ear pains

Otologists agree that a large percentage of the cases of chronic progressive deafness have their origin in preventable causes in childhood However, the relation of ear infection to the general health will be emphasized in this paper

Two years ago after listening to a paper by Dr Lyman[1] of St Louis on Infantile Mastoiditis with Gastro-intestinal Symptoms and hearing the discussion which followed by many of the leading otologists I was firmly convinced that I was overlooking many of these cases Subsequent experience and a review of the literature have prompted me to choose this subject for consideration at this meeting

As far back as 1868 Wreden[2] observed that at autopsy of year-old infants dying of gastro-intestinal disorders and broncho-pneumonia the middle ear and antra showed evidence of infection but considered this condition secondary These observations were confirmed by many others who attributed this finding to the fact that the undeveloped ear of infancy is especially prone to infection in any disorder which reduces the child's normal resistance and interferes with nutrition

Hartman[3] in 1898 was the first to suggest a causal relationship between the two He claimed that digestive disturbances, diarrhea and progressive loss of weight in infants may be brought about by infection in the ears He also found that paracentesis favorably affected the syndrome

In 1921 Renaud[4] of Paris, after examining the middle ear and mastoid antra in seventy consecutive autopsies on infants that had died from a watery diarrhea and finding suppuration in all attempted to do something for this type of case by draining the middle ears and mastoids as he believed the ear infection was the primary cause The report of his excellent results has stimulated investigators in this and many other countries

Dr Marriott,[5] pediatrician of the St Louis Children's Hospital, who has done a great deal of work on this subject, summarizes the pediatric aspect of this syndrome in the following statement "It is now pretty well recognized that the acute nutritional disturbances of infants associated with fever, diarrhea, vomiting and leukocytosis are not the results of a food or alimentary intoxication in the sense that some particular element of the food is at fault With intestinal infections and food poisoning ruled out as factors we are forced to conclude that there must be some general metabolic disturbance or a toxemia of infectious nature Autopsies on these patients reveal no lesions in the gastro-intestinal tract and no infectious foci in locations usually examined"

He goes on to say that since making more complete autopsies on these infants the mastoids have been opened and found filled with purulent material usually containing hemolytic streptococci the toxins of which seem to have a specific action on the gastro-intestinal tract of infants

In 1927 Dr Marriott made the following statement "Within the past year we have found mastoid antrum infections, either at operation or at autopsy in over seventy-five per cent of all cases of severe nutritional and gastro-intestinal disturbances coming to our clinic The regularity with which improvement has followed the operation of post-auricular drainage has served to convince us that mastoid antrum infections are responsible for the conditions mentioned, and not merely a secondary occurrence."

During the past few years I have been making more careful examinations of the ears of all babies with the syndrome of vomiting, diarrhea and rapid dehydration and have found certain signs of middle ear disease which I had previously overlooked To make a thorough examination of a baby's ear is sometimes rather a difficult procedure One needs brilliant illumination, a very small speculum and a magnifying lens The electric otoscope gives a good view or an electric opthalmoscope with a plus eight lens turned on and held close to the speculum also works well The child should be held as nearly immovable as possible and wax and debris wiped out There is no bony canal in an infant's ear and frequently the upper and lower walls are almost in apposition so that the external canal is seen as a narrow slit Therefore the ear should be pulled down and back to straighten out and open up the canal The drum is almost in a continuous line with the posterior superior canal wall

* Read at the meeting of the Fifth District Branch held at Utica, N Y, on October 9 1928

and therefore if the child has a normal drum only the anterior portion shows through the otoscope The part lying posterior to the malleus cannot be seen unless it is bulging and as the bony ring surrounding the drum is incomplete above, any pressure in the mastoid antrum will show as a downward bulge and will simulate a sag of the canal wall Compare the condition with the other ear to make sure it is not an anatomical condition Unfortunately the condition is often bilateral If you look at the drum while the baby is crying and struggling it will usually appear red

Occasionally the ears of these infants show the conventional signs of acute suppuration though in the majority of cases redness and bulging of the drums are not present. The landmarks are still visible There is, however, a change in the color of the drum Instead of the normal lustre it has a dirty gray opaque appearance This may be a part of the dried out condition of the baby due to loss of fluid from vomiting and diarrhea The important finding which is usually present when there is infection in the mastoid antrum is a distinct sagging of the posterior superior canal wall

The difference between the anatomy of the infant's middle ear and appendages and the adult's may partly explain the frequency of otitis media in infants

At birth the middle ear and mastoid antrum are filled with soft mesodermal tissue which as the child grows becomes gradually absorbed and thinned out This tissue is excellent culture media for invading bacteria which are easily forced in from the nasopharynx through the short open eustachian tube when the child sneezes, cries or vomits You will observe that an infant sneezes with the mouth closed tight Other conditions such as the following may account for this prevalence of otitis media in infants The mechanics of birth cause hyperemia and edema of the mucous membrane There may be traumatic injury to the middle ear by the use of forceps in delivery The muscles of deglutition in infants do not seem to coordinate as well as in older children and food is often forced upward into the nasopharynx and out the eustachian tubes, especially if the child is allowed to nurse from the bottle while he is lying on his back Infants suffering from malnutrition and living in unsanitary surroundings seem especially prone to ear infections

There are two distinct types of mastoiditis in infants In one is seen the acute red bulging drum accompanied by severe pain and high fever and ending often in subperiosteal abscess We are all familiar with this type In the other type there is a total absence of local objective symptoms except the gray opaque appearance of the drum and some sagging of the canal wall It is this second type that I wish to emphasize

In these atypical cases of middle ear and mastoid infections in infants a diagnosis depends largely on systemic and focal reactions in other parts of the body and to a lesser extent on focal manifestations Many of these cases go along several weeks before they show serious symptoms because they may be getting partial drainage through the eustachian tubes In others where all drainage is blocked due to the swollen embryonal tissue the onset may be quite abrupt with high fever, leukocytosis, vomiting, watery diarrhea and rapid loss of weight

This type of case is often diagnosed intestinal colic or cholera infantum and feeding changes begin A colicky baby will usually get some relief from warm food in the stomach but the otitis baby cries during and immediately after feeding because the act of swallowing increases the pressure in the middle ear The grandmother's catnip tea gives no relief The regulation of his diet and the administration of enemas are of no avail but when relief is obtained from putting a few drops of warm glycerine in the ear or from a myringotomy we are persuaded to make a diagnosis of otitis media

The cry of these babies is usually shrill, his sleep is restless and he wakens frequently with a jerk The hands fly up over the head which he rolls from side to side He will brush his ears and occasionally poke his finger into the canal Crying is usually increased when the affected ear is manipulated but warmth to the ear seems to give him some relief A sudden noise from the telephone or the dropping of articles will cause him to jump in his sleep The mother complains that the child is suffering from nervousness which he has inherited from his father In some severe cases there may be convulsions and retraction of the head and the physician is led to make a diagnosis of meningitis Yet when you study the ears there is very little to see except a dull gray drum and some sagging of the canal As previously stated these infections are usually bilateral and you are not able to make comparisons with the normal side The X-ray in mastoiditis in infants is of little help because there is seldom bone change but rather an infection of soft embryonal tissue

Bacteriological investigations have shown that this type of mastoiditis is usually due to the streptococcus hemolyticus, therefore repeated red blood cell counts and the estimation of the hemoglobin are of diagnostic aid With the above mentioned clinical picture a daily decrease in the red blood cell count and in the percentage of hemoglobin points to

acute ear infection The white blood cell count and differential furnishes us with a diagnostic as well as a prognostic aid

With the many laboratory aids now at our command we are apt to overlook the most valuable point, that is the general appearance of the patient The infant looks very, very sick and as you watch him from time to time you are impressed by his behavior that the lesion is in the head and not in the abdomen Common sense and good clinical judgment are more important in diagnosing these cases than laboratory data

I do not desire to give the impression that all cases of gastro-intestinal disturbances in infants are due to infections in the ear or that all ear infections cause gastro-intestinal symptoms but I am convinced that this type of case forms a distinct clinical entity, the treatment of which is surgical and not dietetic

The closest cooperation between the pediatrician and otologist is essential in studying these cases In taking time to make a differential diagnosis the physician does not endanger the patient Such a course may reveal involvement of other structures to account for the clinical picture Before operating we should be sure the septic temperature is not caused by a pyelitis, endocarditis, a central pneumonia or infection in the upper air passages

This paper is limited to the consideration of cases in which the focus of infection is in the ear but if any nose and throat infection is also present (and it frequently is) it should be treated at the same time or we cannot expect good results

In a few of these cases the gastro-intestinal symptoms will subside after a free myringotomy but as the discharge is thick and ropy it is difficult to obtain adaquate drainage through the drum incision and the following day will usually reveal a sagging canal again If no discharge at all follows an incision in the drum we should not consider the middle ear and antrum negative as the embryonal tissue may completely block the drainage

If the child continues very toxic and we do not get good drainage through the drum incision the antrum should be opened without delay This is not a serious operation and should not require more than ten or fifteen minutes as the antrum is really the only mastoid cell in infants The disease is actually an antrum empyema This cavity lies very near the surface, being covered by a soft thin shell of bone which is easily removed by a hand curette. The contents is cleaned out and a rubber drain inserted One must be especially gentle of course as the plate of bone between the antrum and brain is quite thin and soft. Sutures are seldom necessary and a dry dressing is applied

If the child s condition is very bad and especially if there is some respiratory infection this operation can be done under local anesthesia with comparatively little or no shock to the patient

The pediatric care of these patients after operation is very important They are suffering from malnutrition and therefore a proper diet is essential Cod liver oil seems indicated and carefully regulated sun baths are helpful If the red blood cell count is low blood transfusion should be given This is quite easily administered through the anterior fontanelle

I should like to give a brief summary of one case J M, age 17 months was seen March 10th, 1928, in consultation with Dr Hawkins and the family physician, Dr Hollis, who gave the following history child had just recovered from a severe attack of pneumonia The temperature became normal March 7th and had continued so for two days The chest became clear and the child seemed to be improving satisfactorily On March 10th a sudden rise in temperature occurred with convulsions, vomiting and distended abdomen

Physical examination —Child appears extremely ill, temperature 104, very restless, constantly picks at face and ears while awake, chest normal, nose and throat normal, abdomen distended but no diarrhea, no rigidity, eye grounds normal, ear drums pink and slight bulging

A bilateral myringotomy was done at this examination Some serosanguinous fluid exuded Ears did not continue to discharge. March 12th condition worse, admitted to hospital, physical examination same as above plus marked twitching of hands and some rigidity of the neck and limbs A lumbar puncture revealed clear fluid, cells 24, slight increase in sugar, urine normal, ears dry and openings closed, lardmarks visible, no edema, no sagging of the canal wall Myringotomy was repeated No discharge followed Condition rapidly grew worse with more convulsions, vomiting and distention Child was quite emaciated and eyeballs sunken We were impressed from the child's actions that the lesion was in the head and felt it would not add to the risk to at least open one mastoid This was done and found filled with purulent material The other was then quickly opened and the same condition was met Following the operation the temperature promptly returned to normal The convulsions and vomiting ceased and abdomen became flat. The child made rapid improvement until discharged on the fifteenth postoperative day with both mastoids completely healed

Conclusions

(1) The mastoid antrum in infants is frequently a seat of infection The usual mastoid symptoms may be absent but gastro-intestinal and meningeal symptoms may be marked

(2) While the gelatinous embryonal material filling the antrum and middle ear is undergoing degeneration this cavity is less resistant to infection, especially in malnutrition infants

(3) The eustachian tube in infants is much shorter and more open than in later life, making secretion from the nasopharynx enter more easily

(4) The syndrome of high fever, vomiting, diarrhea, rapid loss in weight and leukocytosis should warrant a careful ear examination

(5) Routine examinations of all infants' ears should be made to keep constantly prepared to notice the pathological conditions

(6) The study of these cases requires the close cooperation of the general practitioner and the otologist taking into consideration the general condition of the patient and the ear picture from day to day

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ANALYSIS OF THE MORTALITY FIGURES OF THE WILLARD PARKER HOSPITAL FOR THE YEARS 1922-1927 INCLUSIVE*

By SHIRLEY W WYNNE, M D, HEALTH COMMISSIONER, CITY OF NEW YORK

In the latter part of 1923, the reorganization of the Health Department Hospitals was begun Since service to the patient is the "raison d'etre" of the Hospital, the readiest and most trustworthy measure of its efficiency in the discharge of that responsibility is the mortality among its patients

In 1922, at Willard Parker Hospital, the general mortality was 16 7, in 1927, it was reduced to 7.3, a reduction of 56 3 per cent

Table I

Mortality, All Services Combined

	Cases	Deaths	Mortality %
1922	4409	737	16 7
1923	3402	284	8 3
1924	3320	361	10 8
1925	3380	314	9.2
1926	3013	294	9 7
1927	3323	244	7 3

Had the rate of 1922 prevailed in 1927, there would have been 556 deaths instead of 244 There were, therefore, 312 lives saved during the year as a result of improved service to the patients

Many patients are brought to the Hospital as a last recourse, in these cases the prognosis on admission is always grave, 1927, 144 deaths occurred within 48 hours whereas 100 deaths occurred after 48 hours

During the few years under consideration, the mortality of diphtheria at Willard Parker Hospital fell from 18 1 to 8 1, a reduction of 55 2 per cent which represents an actual saving of 144 lives

Table II

Diphtheria

	Cases	Deaths	Mortality %
1922	1650	299	18 1
1923	1122	135	12 0
1924	1132	151	13 3
1925	1273	188	14 7
1926	1142	107	9 3
1927	1588	143	8 1

Improvement in the treatment of laryngeal diphtheria "croups" by suction has been responsible in large measure for the reduction in the death rate of the diphtheria service In 1922, 234 patients were intubated, 14 2 per cent of the total cases treated In 1927, 72 cases were intubated, or 4 5 per cent of the total cases of diphtheria on the service Not only were the number and percentage of intubations reduced, but the mortality among those intubated was lower to even a greater degree In 1922, 126 of the patients intubated died, equivalent to a fatality rate of 54 0 per cent as com-

*Read before the Medical Board of the Willard Parker Hospital at a meeting held on February 28, 1928

pared with 16 6 per cent in 1927 when but 12 children died

TABLE III

Intubation

	Intubated	Deaths	Percentage
1922	234	126	54 0
1923	132	54	40 9
1924	165	59	35 8
1925	150	51	34 0
1926	112	28	25 0
1927	72	12	16 6

The reduction in the number intubated and the number that died tells only a part of the story In previous years, not a few of the children who were intubated and recovered became "chronic tubes," that is, after the diphtheria was cured, the tube could not be removed from the larynx because of the damage done by the disease and the tube The children were then destined, according to the practice at that time in vogue, to spend the remainder of their lives within the confines of the hospital When the reorganization of the hospitals was undertaken, there were 54 of these unfortunate children doomed to permanent hospitalization All of them have been permanently cured and returned to their homes to resume normal lives

The social problem of adjusting these youngsters, who had spent their lives from early childhood in a hospital ward, to their homes was no less difficult than curing them

A record that we are even more proud of is that in the last three years not one "chronic tube" has developed as a result of intubation at Willard Parker Hospital

Measles is usually thought of as one of the minor contagious diseases, but at the contagious disease hospital, this is not the experience, for it is attended by the highest mortality of all the more common contagious diseases, because of the age and condition of the children admitted Most of them are under three years and all have developed some complication before coming to the hospital

In 1922, the fatality of measles at Willard Parker Hospital was 22 4 as compared with 10 4 in 1926 and 9 0 in 1927 In 1925, a non-epidemic year, the rate was brought down to 6.2, the lowest on record

TABLE IV

Measles

	Cases	Deaths	Mortality Per Cent
1922	1,158	260	22 4
1923	676	74	10 9
1924	948	102	10 7
1925	660	41	6.2
1926	1,098	115	10 4
1927	220	20	9 0

If the fatality rate of 1922 had prevailed in 1926, there would have been 246 deaths as compared with 115, a saving, therefore of 131 lives

The fatality of scarlet fever has been reduced to almost one fourth of what it was in 1922

In that year, there were 895 cases treated with 75 deaths, equivalent to a rate of 8 3 In 1927, there were 936 cases treated with but 22 deaths or 2 3 per cent *

TABLE V

Scarlet Fever

	Cases	Deaths	Mortality Per Cent
1922	895	75	8 3
1923	588	28	4 7
1924	527	11	2 0
1925	772	15	1 9
1926	384	14	3 6
1927	936	22	2 3

*This reduction in mortality has been largely influenced by the use of serum in the treatment of the severe cases.

PERFORATED GASTRODUODENAL ULCERS*

By RALPH COLP, M D., NEW YORK

THE literature abounds with innumerable studies of ulcers of the stomach and duodenum from one standpoint or another, and yet it might be interesting to report twenty consecutive cases of perforated ulcers admitted to an emergency hospital in a large metropolitan area These cases, although the number is small, illustrate several poignant facts which are not universally recognized, and correct several empiric impressions which do not appear to have any scientific foundation

All these cases occurred in males The youngest sufferer was twenty-two, the oldest sixty-four, the average being thirty-nine years of age Of this number, forty-two per cent were foreign born

As far as a previous ulcer history was concerned, ninety per cent had one In fact a third of the cases gave a story of stomach symptoms dating over five years, and some as long as twelve years A small percentage suffered gastric pain for over two months, and only a few described their complaints as practically recent in origin The antecedent symp-

* From the Surgical Service of the Beekman Street Hospital New York N Y

toms were the well known ulcer symptoms of indigestion, pain after meals, vomiting, acid eructations and epigastric distress, although great variations existed in the periodicity and rhythmicity of the usual ulcer cycle

The acute symptoms, however, were sudden in onset in eighty-five per cent, occuring while working in three, and after eating in four There is no doubt that sudden physical effort or distention of a stomach are potent factors in causing a sudden rupture of a penetrating ulcer The onset in over half of the cases was ushered in by a pronounced epigastric, knife-like pain, agonizing and stabbing in character, and in only one was the pain of an indefinite nature

The pain was localized to the epigastrium in eighty per cent, in three it was generalized over the entire abdomen, and in only one was it localized to the right lower quadrant. Radiation of the pain was not characteristic, and was present only in four instances, once over clavicles, once to the right lower quadrant, once to the back and shoulders, and once to the back alone Nausea and vomiting were not at all constant, and their absence which occurred in fifty per cent of the patients can never be used as evidence pointing against the sudden rupture of an ulcer

Physical examination as a rule was quite characteristic Invariably these patients were shocked, they appeared pale, with cold, clammy skin, and the pulse was slow, and the respirations slightly acclerated The abdomen was scaphoid, moving but little with respiration, and, as a rule, the patient lay flat on his back absolutely motionless, with the thighs flexed

Abdominal rigidity which was present in all patients was described as "board-like" in eighty per cent, and in seventeen cases, it involved the entire abdomen In a third of the cases, the liver dullness was obliterated but in one-third of the cases it was not mentioned The obliteration of liver dullness when present is pathognomonic of intraperitoneal perforation, but it must not be confused with the tympany occasioned by a distended colon If the liver dullness is percussed in the mid-axillary line, this error will not occur Abdominal tenderness was present in all cases, in eight, it existed over the entire abdomen, in nine it was confined to the epigastrium, in only two was it most pronounced over the right upper quadrant, and in one, it was most marked over McBurney's point This tenderness was present from the onset in ninety per cent, and only developed later in two cases

The rectal examination gives but little information in the first eight hours unless there has been sufficient leaking of intestinal contents along the right lumbar gutter or elsewhere to accumulate in the pelvis, then tenderness in the rectal pouch might be added evidence of a peritonitis

The blood count was extremely valuable confirmatory evidence of intraperitoneal irritation for in this series with a normal temperature and pulse, the count averaged between 14 to 15,000, with a relatively increased polymorphonuclear leucocytosis

In the one case in which there was difficulty in the diagonsis of an acute surgical abdomen, the fluroscope was used to determine the presence of free air in the peritoneal cavity There is no denying the efficacy of this additional diagnostic procedure, but the absence of a rim of air under the diaphragm is not proof positive that a perforation is absent There is no need for routine x-ray examination for these patients are sufficiently shocked without the additional strain of transport to an x-ray laboratory, or the energy expended in taking a plate at the bed side

The initial temperature, pulse and respiration on admission showed little change, the highest temperature was 100 3 F, the lowest 96 1 F, and the average 98 5 F The pulse averaged around eighty-three This, after a few hours, increased in rate in fourteen cases, together with a slight increase in temperature This slow pulse was probably due to intense reflex vagal stimulation The average respiratory rate was twenty-two

The diagnosis, as a rule, presented no great difficulty In this series, it was made in fourteen cases In three, acute appendicitis, and in three acute cholecystitis, were diagnosed

All these cases were operated upon as soon after admission as was practical The average time elapsing between the onset of symptoms and operation was about eight hours, the shortest was about one hour and a half, and the longest thirty-seven hours General anesthesia, gas and oxygen was employed in all but one case, in which spinal was used

The abdomen was invariably explored through an upper right rectus incision The surgical pathology observed was always about the same Free fluid was present in all cases, and gas in the great majority The fluid was of a greenish mucoid variety, occasionally bile stained, and often containing food particles No difficulty was encountered in locating the perforation It was found most commonly in the region of the pylorus, sixty-three per cent were gastric perforations, and thirty-one per cent duodenal The exact location is given in Table No 1 The perforation varied from 1 m m to 20 m m, the average diameter was 4 6 m m Induration about the perforation was mentioned as being present in fifteen cases, and stated definitely as being absent in two, the average area of induration measured about 2 5 c m in diameter Although multiple per-

forations were always looked for, none was found in this series

Local peritonitis was present in ten cases Eight cases presented a general peritonitis, and in two no peritonitis, either local or general, was evident

The surgical procedure employed at the Beekman Street Hospital, which is really an emergency hospital, was the simplest procedure possible, namely, suture of the perforation In fact, it is strongly felt that the surgery of any acute surgical emergency should always be the simplest, the least shocking and time consuming operation which will answer the purpose

The ulcer was simply closed by suture in twenty cases, either purse string, mattress or figure of eight In nine cases, the omentum, and in one case the gall bladder, was sutured to the closed perforation as an added precaution against leakage

TABLE NO 1

Location of perforation According to the anatomical regions of the stomach and duodenum, the perforations were found as follows

1	Cardia	None
2	Fundus	2 Cases
3	Pylorus	10 Cases
4	Gastroduodenal Juncture	1 Case
5	First portion of duodenum	6 Cases
6	Second portion of duodenum	None
7	Third portion of duodenum	None

This makes twelve perforations of gastric ulcers or 63 1 per cent. 1 at the juncture of stomach and duodenum and 6 in the duodenum or 31 6 per cent.

Further delineation of the locations is as follows

1	Anterior fundus	2 Cases
2	Anterior pylorus	5 Cases
3	Lesser curvature of pylorus	1 Case
4	Superior anterior pylorus	1 Case
5	Inferior anterior pylorus	1 Case
6	Superior posterior pylorus	2 Cases
7	Gastroduodenal juncture	1 Case
8	Anterior duodenum I	2 Cases
9	Superior duodenum I	1 Case
10	Anterior superior duodenum I	1 Case
11	Posterior superior duodenum I	2 Cases

In spite of its short comings, and the fact that some surgical clinics report as many as fifty per cent of ulcer recurrences after this procedure, simple suture of the perforation still remains a sane and rational emergency procedure for acute perforations of either the stomach or the duodenum The dangers of an adequately closed perforation reopening, if not combined with gastroenterostomy, and the danger of an acute gastric obstruction due to stenosis of the pylorus and duodenum incident to the infolding of the ulcer, have been grossly exaggerated They have never occurred in this series, and in the experience of others, they have always been exceptionally rare post operative complications

For years there has been an incessant campaign on the part of some ardent enthusiasts to combine the simple procedure of suture of the perforation with gastroenterostomy, but as time has passed, a mass of evidence has accumulated showing that gastroenterostomy as an emergency measure is unnecessary, and as a prophylactic procedure it fails to protect against the recurrence of subsequent gastroduodenal ulceration Moreover, gastroenterostomy often complicates the future picture with the appearance of a gastrojejunal ulceration

Nor can a subtotal gastric resection even in selected cases, be looked upon with favor as an emergency operation in spite of the glowing reports from European clinics which advocate this procedure For, all these patients have a potential peritonitis and even though it is largely chemical, it does not appear to be sane surgical judgment to open up new avenues of contamination, and to increase the shock by performing such a major operation In fact, the last word has not been written on this procedure either Time will probably curb the enthusiasm for this as it did for gastroenterostomy, which not so long ago was hailed as the panacea for all gastric and duodenal ills

At present, a wave of enthusiasm is engulfing the Horsley pylorplasty for acute duodenal perforations This is a commendable procedure, but sufficient time has not elapsed to determine whether this will be justified by future follow-up reports

Drainage was not employed in any of these cases This is a direct variance with the policy adopted in several large clinics in which intraperitoneal drainage regardless of time of perforation, is routinely employed There is no doubt that if some of these perforations were seen at a late period when localized subhepatic collections were present, that a tube may have been inserted Ordinarily, however, it is felt that the peritoneum can handle this type of peritonitis quite effectively, and that the drainage tube may often create difficulties which might have been obviated Certainly no untoward results occurred which may have been attributed directly to lack of intraperitoneal drainage, although the abdominal wall became infected in nine cases In retrospect drainage of the skin and subcutaneous tissues might have been good surgical procedure, and some of the abscesses in the abdominal incision might have been avoided Fortunately none of the infections were severe

The post operative care was that used after any gastric operation After the first two days, these patients were placed upon either a Lenhartz diet or modification because it was felt that the perforated ulcer was but an expression of "ulcer tendency" and that the usual papillary gastritis was present

The post operative course with the exception of wound infection was uneventful in all but two cases The average hospital stay was about twenty days

Death occurred in two patients making a mortality of ten per cent These cases are herewith given in detail

Case No 1 Male, 32 years of age, a chauffeur, who gave the history of slight abdominal pains and indigestion for one week prior to the onset of sudden epigastric pain which occurred while he was walking home The patient called in his private physician, who ordered vigorous massage of the abdomen This was carried out while the patient experienced excruciating pain in the epigastrium, which radiated as shooting pains to the back and shoulders He was finally sent to the hospital nine and a half hours after the onset of his symptoms

Upon arrival, the patient was in shock, the entire abdomen was board-like, more marked on the right side, which was also more tender The liver dullness was obliterated Temperature, 99 2, pulse 72, respiration, 22 The leucocyte count was 18,000, with ninety-four per cent of polymorphonuclear leucocytes

The patient was operated immediately Free gas and gastric contents were found on opening the peritoneum The perforation was 3 m m in diameter with 2 c m induration surrounding it, and located on the anterior surface of the pylorus There was a marked diffuse spreading peritonitis No drainage was used

Following operation, the patient did not do well, but presented the signs of a spreading peritonitis and wound infection In spite of blood transfusions and other treatment, he succumbed five days later with a temperature of 106 F

Case No 2 Male, 32 years of age, a salesman, who gave a history of nausea, vomiting and belching of gas after meals for several years For past weeks the pain had become worse, and one hour prior to admission there was a sudden onset of acute abdominal pain which caused the patient to collapse He was brought to the hospital by ambulance

On examination, the patient was in slight shock, but his general appearance was that of a poor operative risk He had a definite mitral stenosis There was board-like rigidity of the entire abdomen, with tenderness most marked in the epigastrium The liver dullness was partially obliterated Temperature, 99, pulse, 84, and respiration, 24

Spinal anesthesia was used An upper right rectus incision was made A small amount of free fluid was found in the peritoneal cavity, a perforation of 2 m m in diameter on the anterior surface of the pylorus was closed over by double inversion purse string suture, the peritoneum washed with hot saline, 500 cc of which was allowed to remain No drainage was instituted

The day following operation, the patient became dyspnoea and cyanotic and x-ray of the chest revealed a massive collapse of the lower lobe of the left lung In spite of treatment, the patient died that evening

Post-mortem showed the collapse of left lung and local peritonitis The sutured perforation was intact

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THE TREATMENT OF HEART DECOMPENSATION

By MEYER A. RABINOWITZ, M D, BROOKLYN, N Y

THE treatment of heart decompensation will in a measure vary with the etiological factor or factors Among the causes for left ventricular insufficiency are hypertension of no matter what causation, ascending aorta disease, disease of the left coronary artery, either at its ostium or branches, myocarditis of infectious origin, myofibrosis cordis, and aortic valvular defects Among the causes of right heart failure are late left heart failure, mitral valvular defects, chronic pulmonary disease—particularly emphysema, chronic fibroid tuberculosis, bronchiectasis, chronic bronchitis, chronic adhesive pleurisy, acute penumothorax, pulmonary embolism, right coronary disease, and tricuspid valve disease Chronic mediastino-pericarditis, is truly speaking not a cardiac decompensation as the stasis is dependent upon narrowing of the blood vessels entering the heart

Absolute bed rest should be ordered only after the most careful consideration Bed rest should not be advised in so-called heart cases where the patient is suffering from nervousness, extrasystoles, respiratory cardiac arrythmia, in toxic arrythmia the result of digitalization in nervous hearts, or when the patient presents an unimportant murmur Bed rest should never be too long in aged individuals Strict bed rest however, is to be ordered even in mild cases of cardiac decompensation The effect of bed rest on the restoration of compensation serves as a gauge of the severity of the condition With the use of bed rest, if the

condition is not urgent, digitalis may not at all be necessary in cases of cardiac decompensation due to strain of the heart muscle However, if the symptoms do not promptly clear up after a few days rest in bed, digitalis may then be ordered The patient, after a complete rest in bed, should be allowed up very gradually and in that way the period of rest may be protracted without antagonizing the patient—by first allowing the patient the privilege of sitting up with her feet out of bed for increasing periods, and later on resting on the couch or reclining chair or out on the sun porch The doctor should observe for himself the effects of this upon the patient's color, pulse regularity and particularly the respiration An increase of the pulse rate is not necessarily to be accepted as a sign of overstrain Where the above are well borne the patient may be allowed increased periods of these minor activities If these are well borne without dyspnea, pallor, or irregular heart action and the patient's temperature has been normal when taken rectally three times daily for a period of over a week, we may then gradually increase the number of hours that the patient is allowed out of bed However, from time to time, it is important that the patient shall take naps and rests during the day, days of complete rest in bed and short vacations of complete mental and physical relaxation

It is well not to go into extreme detail with the patient with reference to his cardiac status and particularly should the doctor be warned from telling the patient the x-ray findings and blood pressure readings The duties of the patient's occupation should be restricted within his limits of cardiac reserve Causes of overstrain, nervous distress, excitement, irritability and anxiety are to be avoided The patient is not to enter upon any new enterprises He should be ordered sufficient exercise As a rule the patient takes too little rather than too much The high grade mitral stenosis case knows her own limitations The individual with aortic regurgitation should reduce his activities, as the heart always works intensely and he therefore does not get discomfort with increased effort In the presence of a compensated valvular defect in a child, no overstrain, such as climbing, rowing or swimming should be allowed He may, however, indulge in skating, and in mild tennis Ortel exercises may be allowed in the relatively healthy and obese, when the latter is the result of overfeeding, excessive alcoholism or insufficient exercise Intensive walks may be allowed in neurotic cardiacs, young individuals with hypoplastic hearts, or vasomotor disturbances Moderate exercises in the nature of active and resistive movements may be allowed in the slightly decompensated In the markedly decompensated, passive movements, general massage, and deep breathing exercise will be of value—causing a decrease of cyanosis and dyspnea These deep breathing exercises should consist of slow inspiration and expiration first alone, then with the arms raised front, then with the arms raised to the side, and then with the arms raised up—later on with flexion and extension of the legs These movements are first to be passive with the assistance of the nurse, later active, finally when compensation is restored, with resistive movements

Baths No sweat baths are to be allowed even in the mildly decompensated Carbon dioxide baths may be used in milder decompensation The action however is probably to a large extent psychic Open *air* is of value In the badly decompensated, open air sun porches are of distinct psychotherapeutic assistance The altitude may be of moderate elevation in the atherosclerotic hypertensives and in compensated valvular defects High altitude is rarely allowable and particularly to be interdicted where vasomotor regulation is inadequate

The diet must be individualized and will vary with the presence of obesity, chronic nephritis, hypertension or chronic pulmonary disease Obesity must be especially combated because of resulting scant diaphragmatic activity and decreased lung ventilation In general it is best to let the patient eat what he likes, avoiding undernutrition, by giving sufficient for the caloric needs The Karell diet is to be used in the presence of great edema and poor diuresis It accomplishes an intake of less nitrogen and water It should, however, never be used for a period over three days 800 to 1000 c c of milk are given in small amounts divided over several portions during the day It is not to be given in emaciated individuals It is of distinct value in the obese If the patient develops flatulency and diarrhea, calcium carbonate should be added to the milk If constipation results, magnesia may be given with the milk Absolute Karell days are usually not necessary It suffices to put the patient on a solid diet with the fluids restricted to 600 to 1000 or 1500 c c of milk or tea If great restriction of solid intake seems advisable Zwieback, rice, milk soup and oatmeal may be given the first few days In the nature of fluids, instead of milk or tea one may give lemonade, sweetened with lactose, cocoa or coffee Coffee or tea are not to be given if they produce palpitation or insomnia Fresh buttermilk and thick soups are useful The amount of fluid allowed will depend entirely upon the balance between the patient's intake and output of fluids Salt should always be restricted We must find the patient's tolerance If the patient exceeds the amount of

salt tolerance, decompensation sets in the more readily Less salt seems always advisable in the presence of hypertension Fat in the nature of milk, butter, cream and egg yolk may be given Proteins are to be reduced if hypertension or kidney insufficiency is present. Cheese, broiled, baked or roasted meat, clams, oysters, rolled beef, mutton, pork, chicken and fish are allowable where the patient may take solid food A diet rich in carbohydrates is particularly valuable and in a somewhat diuretic connection helps digitalis Zweiback, cereal soups, vegetable purees, fruits, pie, sugar, spinach, rhubarb, and vegetables of all kinds are given These vegetables should be well cooked when there is flatulency present A diet of approximately 45 grams of protein, 225 grams of carbohydrate and fats 110 grams is the equivalent of 2100 calories and is usually sufficient In the undernourished the caloric intake may be raised to 3000 grams when compensation has been restored However, one must avoid overfeeding It is best to give small frequent meals in order to avoid distention of the stomach and pushing up of the diaphragm The heartiest meal is best given at breakfast in the early half of the day Less should be given after dinner and least toward evening Tobacco is best left out altogether The alcohol is to be stopped Where the individual refuses to stop his tobacco and alcohol it is best to tell him that he has heart disease in order to make him realize the necessity of obeying the given orders

Digitalis acting drugs Digitalis should first be given by mouth The standardized tincture, digitan tablets of 1½ grains each, digifoline solution, verodigen (Boehringer) tablets of 1/75 grain each, are best for internal use Digitan tablets are equivalent to 15mms of the tincture or digifoline solution When giving digitalis it is best to determine how much the patient will approximately require in order to obtain full digitalization As a rule 2 minims of the tincture per pound of body weight is the required amount If there has been no previous giving of digitalis and very rapid digitalization is imperative, the initial dose should be one half of the total amount, then one quarter of the initial dose may be given four hours later with the remaining quarter dose in four hours In this way one may obtain very rapid digitalization without running great risks, or one may give one half of the total dose and then give one half teaspoonful every two or three hours until the symptoms of digitalis toxicity, such as slow pulse, irregular pulse, decreased urine, headache, visual disturbances, nausea or vomiting arise. When compensation is established and no symptom of digitalis toxicity has arisen, it is well to give the digitalis for one more day, then stop and wait until the pulse is slightly weaker and more rapid, and then begin with a reduced dose *At least* 7½ to 15 grains of the powdered digitalis is to be given during the period of a month If liver stasis is marked, digitalis by mouth will very frequently fail In these cases it is best given either by suppository or injection hypodermically or intravenously

Where immediate digitalization is neither necessary nor advisable, verodigen, 1/50 or 25th of a grain may be given four times a day, or standardized powdered digitalis 1½ grains one to three times a day It is best to avoid hypodermics as they are apt to result in harm by causing marked excitement Where there is a tendency to edema the suppositories may be combined with theobromine or theophylline or euphyllin

In the presence of insomnia the evening dose may contain 1/12 to 1/6 grain morphine hydrochloride or sulphate One should be particularly careful in the giving of digitalis preparations intravenously, if there has been a previous use of the drug by mouth or rectum or hypodermically

We may class cardiac decompensation into several stages The first stage when rest in bed is sufficient, second stage, when digitalis by mouth proves efficacious, third stage, when digitalis by hypodermic injection or suppository becomes necessary, the fourth stage, when compensation can only be restored by the use of strophanthin intravenously, and the fifth and final stage, when all treatment fails and the patient can be said to be partially dead Strophanthin intravenously becomes our final sheet anchor One must start with very small test doses to see how the patient tolerates the drug and responds to it The giving of Coramin or Cardiazol at the same time either by mouth or intravenously renders the giving of strophanthin much less dangerous and one can accomplish splendid results with smaller and therefore safer doses One may begin with ¼ mgm and two Cardiazol tablets by mouth or one or two Cardiazol ampules intravenously at the same time This should be done daily for three or four days Then, if the case is severe, one may increase it to ½ mgm every second or third day If further stimulation appears necessary one may give ¾ mgm daily and may even increase the dosage and give it at more frequent intervals It is a bad sign if one must increase the dose and shorten the intervals One should try to gradually increase the intervals to see if one can manage without the development of signs of stasis Strophanthin when given together with calcium chloride, 5 to 10 cc. of 10% solution intravenously, very slowly, has proven of

decided advantage Strophanthin, however, is best not given in the presence of aortic regurgitation, aortitis or severe arteriosclerosis

Squill in the form of the 4½ grain doses of the bulb, or the tincture, or best as Scillaren tablets or ampules of one c c may be added to digitalis, if digitalis fails These may substitute digitalis from time to time in the chronic use of digitalis It is also of advantage in those cases where the pulse rate is slow or when one does not wish to prolong the diastole, as occurs in aortic regurgitation Intravenous injections of 10 c c of 10% calcium solution may supply nutriment necessary for the combustion of heart muscle, and slow the heart rate Cymarin has been advised but the writer has had no personal experience with it Caffein may be given to advantage where there is a tendency to bradycardia and may be combined with theobromine

Drugs acting upon the vaso-motor apparatus are of distinct value in the presence of cardiac failure In the more excessive doses it has a tendency to whip up the heart which later becomes the more readily exhausted Camphor is of decided value in myocardial disease, when one wishes to influence the respiratory centers, or when digitalis fails Camphor-like drugs increase the effects of digitalis and strophanthin and render it safe and useful to use small doses of these Camphor triturate ¼-grain with quinine hydrochloride ½-grain and digitan ¼-grain may be given in the form of pills, one or two pills at a time, three times a day If nausea or anorexia arises this may be given by rectal suppository Coramine and Cardiazol are camphor-like acting preparations which have proven of decided value and are indicated in myocardial weakness of sepsis, arteriosclerosis and chronic cases where digitalis fails Coramine may be given intramuscularly or intravenously, 1 to 2 c c three to five times a day or 20 minims several times daily by mouth Cardiazol may be given one or two tablets at a time by mouth or in solution intravenously or subcutaneously Adrenalin by mouth is advised but is of questionable effect Adrenalin injections are of value in diphtheritic myocarditis to raise the blood pressure It may be given intravenously in acute cardiac decompensation However, it is not to be used in the presence of hypertension as it may increase or produce heart failure There is a growing tendency to use the adrenalin-like acting Ephedrin, which may be given by mouth or hypodermically and has the advantage of being slowly absorbed, therefore capable of more prolonged action Pituitrin may be used to advantage in diphtheritic myocarditis to raise the blood pressure and is of value in peritonitis where the pulse is poor and intestinal paresis is present. Strychnine 1/60 to 1/20 by hypodermic injection is useful Caffein is of decided advantage, especially in myocardial disease and when the pulse rate is slow It is best given in small doses There is a great tendency to give it in large doses which probably has a very harmful effect on the patient When necessary to be given hypodermically, caffein sodium benzoate 3 grains every four hours in sufficient Caffein by mouth, 1 to 2 grains to those not heavy coffee or tea drinkers, will prove useful

Diuretics are best given after the heart mobilizes the edema fluid and are indicated in all conditions of dropsy due to myocardial insufficiency One should watch the daily intake and output, restrict the amount of fluid intake and put the patient to absolute rest in bed The purin group because of their great tendency to produce cerebral blood vessel dilatation may result in poor sleep or insomnia In that event, the evening dose should be omitted and it may be necessary to try another type of diuretic during the day *Caffein* 1 or 2 grains by mouth,—caffein sodium salicylate four grains hypodermically, *theobromine* in doses of 10 to 15 grains three times a day, or theobromine sodium-salicylate 7½ to 12½ grains three times a day may be tried for several days, then given twice a day and finally once a day over a long period of time Large doses of the above should not be given over a long period of time because they have a tendency to exhaust the kidney and cause a failure of response when needed *Theobromine sodium-acetate* (Agurin) 7½ to 15 grains three to six times a day is of value. *Euphyllin* 5 grains three times daily is of great value at times to prepare for digitalis action. It is of decided value after digitalis or strophanthin has been given It is particularly to be tried when the patient vomits *Theocin* (pure Theophyllin) may be given in the form of rectal suppositories of 5 grains every morning Because of the danger of toxic symptoms the dosage should not exceed 12 grains a day, and best given every 2nd day only Theocin sodium-acetate may be given by mouth in the form of three grain doses One is not to exceed giving 22 grains in two days The above purin drugs may be given by enema but because they may prove very irritating are best combined with 5 to 10 minims tincture opium to prevent rectal irritation

The *mercurials* are excellent diuretics but require careful watching of the bowels for signs of colitis which may be very severe or hemorrhagic, and marked gingivitis The latter may be avoided by the use of a potassium chlorate gargle as a prophylactic

Mecurials may be given in the form of calomel, 3 grains three times a day for four days with small doses of opium in order to avoid a

cathartic effect on the bowels, or in the form of blue mass one grain three times a day after meals for three to six doses, or Salyrgan, 1 or 2 c c every third or fourth day best given intravenously as it has a tendency to cause necrosis when given by hypodermic injection Novasurol is the most potent of all the mercurials and therefore, the most dangerous, requiring the greatest care in its administration It is excellent to pump out the water where the heart cannot mobilize water It should be given in 1 to 2 c c doses intramuscularly—never over two injections weekly, when there is persistent edema

Urea in tremendously large daily doses of 225 to 450 grains in 5 ounces water may prove of value Thyroid may prove of distinctive value in cases of edema whether or not there is obesity, proving better, however, when obesity is present

Acid therapy may prove of distinct diuretic effect The giving of dilute hydrochloric acid 25 minims three times a day, or large doses of calcium salts, or ammonium chloride 15 grains in capsules six times daily for several days are of value, but these are best avoided if there is associated renal insufficiency Potassium salts in the form of potassium acetate 30 grains three times a day may be given to advantage occasionally in the interval between the use of stronger and more potent diuretics Sweats and pilocarpin are contraindicated If the individual shows a tremendous edema of his legs and the usual therapy is of no avail, incisions down to the fascial layer may prove of distinct advantage The use of Southey tubes is to be condemned as infection may result. In order to avoid infection and secondary erysipelas in the incised areas it is best to apply mercury plaster for twenty-four hours on the washed skin of the legs, then after incising through the mercury-covered skin, covering these incisions with the same ointment and a sterile bandage

Glucose intravenously is insufficiently used and is at times of great advantage in the cases of acute and chronic myocardial weakness, whether the result of diphtheria, sepsis, marked hemorrhages, beginning myodegeneratio cordis, coronary sclerosis with resulting myofibrosis cordis, or insufficiency of valvular defects, and may be life saving in cases of pulmonary edema It supplies combustion material to the heart and is of great assistance in the use of digitalis It may be used together with small doses of insulin to further a proper utilization of the glucose It is important to give it in concentrated solutions Ill results following the use of glucose are due to the introduction of large quantities of fluid into the circulation and the added strain on a badly damaged heart It is best given very slowly intravenously in the amount of 10 to 20 c c. of a 35 to 50 per cent solution Infiltration outside the vein must be scrupulously guarded against as very marked irritation will result

Venesection is at times a life-saving procedure in acute pulmonary edema and in the cases of cor pulmanum (the result of chronic pulmonary disease) with persistent right heart failure accompanied by marked orthopnea, cyanosis, swollen liver and distended jugular veins Morphine, tincture opium, pantopon, dionine or codeine may be needed in cases of severe decompensation Morphine should be given in the form of a small dose hypodermically or suppository at night to insure good sleep Under proper circumstances a small dose of morphine with its resultant sleep may be worth a carload of digitalis The opiates are to be avoided if they produce vomiting, when Cheyne-Stokes respiration is present, or if there is associated lung insufficiency, such as very marked bronchitis or broncho-pneumonia or marked pulmonary stasis Particularly must care be exerted when given together with digitalis in cases of preponderant left ventricular hypertrophy, in which event severe vomiting may result If the digitalis is stopped it may be possible to give large doses of morphine without ill effect The reason for this is unknown Disturbances of this nature do not occur when there is preponderant right ventricular hypertrophy Doses of morphine hydrochloride by suppository will vary from 1/6 to 1/12 of a grain If morphine seems absolutely indicated, the ill effects of it may be avoided by the simultaneous use of Coramine already described

Dry or wet cupping, particularly to the chest, may be of value in cardiac decompensation complicating chronic glomerular nephritis or arteriolar nephrosclerosis with contracted kidneys and hypertension Six leeches applied to the precordium may be of distinct advantage where there are cases of right and left ventricular hyperthrophy and dilatation Six leeches applied over the liver where there is marked liver enlargement and associated tenderness or Head zone will be found of distinct advantage This action is supposed to depend mainly upon a reflex relaxation of the spasm of the unstriped muscle fibre in the hepatic veins

The Talma operation has been advised in cases of marked cardiac cirrhosis and said to have been followed by a decrease of the edema, ascites and the size of the liver

Symptomatic Treatment Anorexia may have to be combated by rectal medication Very frequently very small quantities of food of alternating taste given every hour may be of distinct advantage,—such as giving a salty food as cold meat, an hour later sweet foods as chocolate, cake, sugar or lactose and an

hour later something sour such as egg yolk with lemon *Constipation* in the obese, plethoric and those with right heart weakness will require the use of saline cathartics, such as magnesium sulphate, sodium sulphate or sodium phosphate Magnesium sulphate one dram is combined with an equal amount of potassium bitartrate and given in a half a glass of water on arising every day If weakness is produced, the saline cathartics should be given every second or third day only If the patient's cough is troublesome it is best to avoid the use of morphine Digitalis will often prove sufficient If the expectoration is viscid in chronic bronchitis, small doses of potassium iodide with tincture hyoscyamus or tincture belladonna, and ammonium carbonate will prove of advantage If the patient presents marked *flatulency,* saline laxatives, restriction of carbohydrates, particularly of raw fruit and raw vegetables are indicated Symptomatically, spirits of anise 4 minims with milk of magnesia, up to a teaspoonful every quarter to half hour may be given A half teaspoon of aromatic spirits of ammonia and elixir ammonium eg valerianate, may be given every quarter to one hour as needed

The *dyspnea* is best combated by giving of digitalis or strophanthin, camphor, coramine and Cardiazol, or glucose—10 to 20 c c of a 35 to 50% solution intravenously, oxygen if there is associated lung insufficiency, chloral hydrate in small doses, or nitroglycerin 1/100th of grain three times daily Catharsis is indicated if there is marked renal insufficiency Paracentesis of the chest may be necessary in the presence of persistent hydrothorax causing dyspnea An ice bag to the precordium may allay dyspnea attended with anxiety Morphine 1/6th grain in rectal suppository or hypodermic injection in the evening is of the greatest advantage provided there is not any associated lung insufficiency In the event of the latter, the patient will spend an even more restless night The same applies for the use of opiates or pantpon Morphine and the like are best used when full digitalization has been accomplished and the respiratory centre is not suffering from anoxemia

It is important during the first few nights of treatment for decompensation to secure excellent *sleep* As has already been said, a well slept night after a hypodermic injection of a small dose of morphine is frequently better than a carload full of digitalis Morphine is often the only safe narcotic As has already been stated, 1/6-grain at bedtime by hypodermic injection or suppository, gradually increased to a maximum ¼th grain may prove of great value There is very little danger of oliguria if there is not a marked renal insufficiency Morphine, however, is never to be used in the presence of Chyne-Stokes or irregular respiration or where there is lung insufficiency One must be on the alert to see that caffein, purin derivatives, coffee or tea are not the real causes of the insomnia, or that the insomnia is not the result of the patient's worrying about the financial or domestic conditions at home Often a few kind words on the part of the doctor or nurse or a little assistance given by the social service department of the hospital or dispensary will prove the best hypnotic The nasal passages should be kept free More fluids should be given in the obese if they are thirsty because they do not drink enough, provided there is no excessive edema Chloral may be used where there is hypertension Veronal is, as a rule, dangerous to the heart and will often produce a very poor reaction Sulphonal may be given in doses of 20 grains in hot milk, but is not to be given over more than three successive nights

Anemia is to be combatted by the use of liver, small doses of arsenic and iron The latter may be given as reduced iron, iron and quinine citrate, the elixer of iron, quinine and strychnine phosphate It is most important to combat *obesity* The use of saline cathartics to relieve portal and intestinal stasis and thus get rid of the gas with its resultant intestinal distention, lifting up of the left diaphragm, and interference with the heart action is of extreme importance A reduction of fats, carbohydrates, fluid and salt is indicated Thyroid may be given in large doses in those cases associated with cardiac insufficiency associated with hypothyroidism In all other cases it is to be used with extreme caution *Palpitation* of the heart should be combatted by local use of an ice bag, cantharides blister, or mustard paste The evening meal should be light, laxatives given from time to time to empty the bowels, the use of tobacco stopped and occasional doses of sodium bromide and aromatic spirits of amonia Belladonna, aconite, digitalis and morphine may prove of value

Acute pulmonary edema when fully developed requires most energetic treatment. The patient is to be sat up with the legs out of bed and venesection of 400-500cc done at once, whether hypertension or hypotension is present This is to be followed at once by strophanthin in sufficient dosage intravenously Oxygen inhalations, a hypodermic injection of ¼-grain morphine with 1/50-grain of atropin, gluucose 10-20c c of 35-50% solution intravenously may be used in addition and will, as a rule, bring about a remarkable improvement within half an hour If necessary some of the above measures may be repeated again the next day One fiftieth-grain nitroglycerin

at the very onset of the attack if hypertension is present may prove abortive Calcium chloride 5 to 10 c c of a 10% solution injected very slowly intravenously has proven of decided value Giving 1 c c of pituitrin by hypodermic injection to avoid mobilization of latent edema or giving 1 c c novasurol intravenously to produce diuresis of mobilized fluid will be at times indicated The prevention of attacks of pulmonary edema consists of a previous avoidance of heart strain, restricting fluid intake toward evening, sleeping with the legs out of bed, and giving small doses of nitroglycerin before any untoward effort in the presence of hypertension In the event of cardiac insufficiency due to *coronary closure,* a hypodermic injection of ¼-grain of morphine, repeated in twenty minutes if there is no relief, may be absolutely necessary Adrenalin should not be given A small dose of nitroglycerine 1/100th or 1/200th-grain may relieve the pressure in the aorta or coronary vessel above the point of closure Intravenous injection of a concentrated solution of glucose is advisable Quinine has been recommended in acute insufficiency resulting in these cases but the writer has had no experience with it and would advise caution in its use Theobromine in large doses, or euphyllin intravenously or in the form of rectal suppositories is of decided advantage in dilating the collateral coronary circulation In the event of marked stasis or rapid irregular heart action, small doses of digitalis or strophanthin may be necessary

THE RELATION OF ALLERGY TO SCARLET FEVER*

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The hypothesis that the rash and some of the acute symptoms in scarlatina are allergic has been advanced in the last few years Before the streptococcus was proven to be the cause of the disease, references occurred in the literature pointing out the implications of such an hypothesis Authors (1, 2, 3) with wide clinical experience believed that the rash and fever were reactions to the products of hemolytic streptococcus in individuals who had been previously sensitized to this microoganism This belief was founded on two facts First, hemolytic streptococcus was found in the throat in practically all instances of scarlatina during the acute stage of the angina Second, a similarity was observed between the symptoms of scarlet fever and those observed in disease known to be allergic

According to this hypothesis, scarlet fever might be likened to a disease such as hay fever An individual after frequent exposure to pollens or dust becomes sensitized Subsequent to this sensitization, explosive allergic reactions occur on exposure to the pollen or sensitizing substance In applying the hypothesis to scarlatina, it is necessary to assume that frequent inconsequential exposures to streptococcus result in sensitization to soluble products of the bacterium In sensitized individuals a subsequent severe infection would result in an allergic cutaneous reaction accompanied by fever In a sense, the exanthem might be considered similar to certain eczemas in infants due to food sensitization or rashes due to hypersusceptibility to drugs In 1923, Bristol (1) summarized the literature relevant to this hypothesis and attempted to prove the idea adequate by a series of cutaneous tests with streptococcus His results were only suggestive. In view of more recent observations, the substance with which he worked probably did not contain the fraction responsible for the acute symptomatology For this reason, it is not surprising that his results were inconclusive

Interest in scarlet fever was reawakened in 1923 by the production of a serum of distinct therapeutic value Attempts were also made to immunize persons with filtrates of cultures of hemolytic streptococcus obtained from scarlet fever A therapeutic streptococcal serum had previously been prepared by Moser (4) and transient immunization had been successfully accomplished with streptococcus vaccines by Gabritschevsky (5) This work was subsequently overlooked largely on account of adverse criticism and because a satisfactory explanation of the action of the serum and the vaccine was not immediately forthcoming The successful use of the serum developed by Dochez (6) in 1923, and the demonstration of a toxic substance capable of causing cutaneous reactions by Dick and Dick (7) in our opinion firmly established the streptococcus as the cause of scarlatina Observations with this antitoxin and the toxic substance discovered in filtrates of cultures of streptococcus at first afforded an apparently satisfactory explanation of the disease on previously recognized immuno logic principles

When filtrates of strains of streptococcus recovered from the throat were injected into the skin a reaction occurred resembling the Schick reaction with diphtheria toxin. This reaction was positive in only a small percentage of adults but was obtained in a high percentage of children of the ages when scarlatina is most prevalent. Antitoxin was found in the blood of nearly all adults with negative reactions and their blood serum proved as efficient as the antitoxin prepared by immunizing horses in neutralizing the effect of the toxic substance in the filtrates Serum

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obtained from persons with negative cutaneous reactions, from persons convalescent from scarlet fever, or from immune horses all blanched the scarlatinal rash equally well Mair (8) had already pointed out the probability that the rash was due to a soluble toxin emanating from the streptococcus in the throat, and that the immunity to the disease was antitoxic The idea that Streptococcus hemolyticus produced a true toxin similar to that of the diphtheria bacillus was at first generally accepted because of the parallelism between the action of the sera and the toxins in the two diseases The immunity to scarlatina enjoyed in infancy as well as the negative reactions occurring with streptococcus filtrate in the newly born were attributed to the transmission of antitoxin from the mother through the placenta The immunity acquired from having had scarlet fever was assumed to be due to antitoxin in the blood Adults and children with negative scarlatinal reactions were believed to have acquired immunity through inconsequential infections with streptococcus All this was in accord with the accepted theory of immunity in diphtheria Discrepancies however soon arose making this explanation untenable

The dissimilarity between diphtheria toxin and the toxic substance of Streptococcus scarlatinae first attracted attention. Diphtheria toxin is readily destroyed by heat, deteriorates rapidly, and is lethal for laboratory animals On the other hand, toxic filtrates of streptococcus resist degrees of heat destructive to true toxins, are extremely stable, and are not harmful to animals except in excessive amounts The only generalized toxic reactions which have occurred in normal animals with unrefined streptococcal filtrates have been observed in man During the immunization of children against scarlatina with streptococcal vaccines, Gabritschevsky noticed rashes, sore throat, vomiting and malaise (5) Recent instances of a similar toxaemia have occurred in the immunization of individuals showing positive cutaneous reactions These instances have followed the injection of culture-filtrate

The second dissimilarity between scarlatina and diphtheria, is the dissimilarity in the relationship between the negative cutaneous reaction and immunity in the two diseases A negative Schick reaction is a reasonably reliable index of immunity to infection with the diphtheria bacillus A negative reaction with scarlatinal streptococcal filtrate on the other hand, is apparently an index of immunity to the scarlatinal rash but not necessarily to throat or other infections with Streptococcus scarlatinae (9) Strains of streptococcus producing characteristic toxic filtrates have been recovered from the throat in instances of severe angina not accompanied by a rash Similar strains have also been found in other infections without an exanthem The throat infections are frequently observed in persons with negative skin reactions and must often be considered scarlatina sine exanthemate

The third and perhaps the most significant point of variance is the observation that newly-born infants almost universally fail to react to the filtrates of scarlatinal streptococcus From the observations of Zingher (10) and of Cooke (11) it is apparent that scarlatinal antitoxin may be transmitted from the mother to her offspring through the placenta Cooke has found that 70 percent of twenty mothers and 40 per cent of their newly-born infants had circulating antitoxin, yet only one percent of 200 infants under six weeks of age were sensitive to two skin tests doses of scarlatinal toxic filtrate From these observations it is evident that the negative cutaneous reactions and the immunity to scarlatina observed during early infancy are not due to circulating antibody Man at birth is apparently insensitive to the toxic substance elaborated by the scarlatinal streptococcus In this respect the Dick and Schick reactions are distinctly unlike Infants at birth frequently react positively with diphtheria toxin and in at least 95 per cent of instances (12) the child's reaction agrees with that of the mother Aside from early infancy, negative Dick reactions are seen only rarely in normal adults having no circulating antitoxin Negative reactions occur commonly however in convalescence from scarlet fever where the reaction is negative after the rash disappears but before antitoxin can be demonstrated in the blood

In view of these three gross discrepancies, the idea that the mechanism of the immunity and symptoms of scarlatina and diphtheria are identical must be discarded An alternative hypothesis must be substituted and the one most suitably fitting the circumstances is one based on allergy The essentials of this hypothesis have already been stated From clinical observation and experimentation we believe that the toxic substance in the filtrates is not a toxin but an allergin We prefer to call it a tox-allergin, because it is apparently only toxic mildly to animals and individuals who have not previously been sensitized The hypothetical course of events occurring during the life of man would be as follows:

Three definite periods occur in this sequence First is the period of insensitivity in early infancy The infant is not yet sensitized to the streptococcus, so reacts negatively to cutaneous injections of the tox-allergin and is insusceptible to the rash of scarlatina. With exposure to the streptococcus sensitization occurs resulting in the appearance of positive skin reactions and a susceptibility to the rash in event of infection with Streptococcus scarlatinae Appreciable amounts of circulating antibody are not found at this time Later, due either to repeated mild infections with streptococcus, to absorption of toxin streptococcus carried habitually in the tonsils or to an attack of scarlet fever, antitoxin appears in the blood

The cutaneous reactions then become negative and the individual is immune to the toxic substance produced by the streptococcus This hypothesis apparently satisfies all the known clinical observations

The hypothesis is also supported by laboratory evidence The three stages occurring in man can be duplicated in animals (13) Normal rabbits rarely react to toxic filtrates of cultures of hemolytic streptococcus yet positive skin reactions can be obtained after the animals have been sensitized by the intracutaneous injection of filtrate These reactions can be prevented if the filtrate is neutralized by the addition of scarlatinal immune serum If injections of filtrate are continued the sensitized animals are apparently desensitized because the skin sensitivity disappears before antitoxin appears in the blood Intravenous injections of filtrate may desensitize them immediately Later after injections are continued over a long period of time circulating antitoxin can be demonstrated in the blood The three stages observed in sequence in rabbits are similar to the three phases occurring in man, an insensitive phase, a phase of skin hypersusceptibility and finally a phase of antitoxic immunity Dochez and Sherman (14) were able to induce a generalized erythema followed by desquamation by infecting sensitized guinea pigs with Streptococcus scarlatinae This rash was probably analogous to that of scarlet fever occurring in man Rabbits usually pass through these three phases during immunization but exceptions occur Occasionally an animal never shows cutaneous allergy and does not develop antitoxin Other rabbits develop antitoxin but never show positive skin reactions We have observed that some adults are negative to the Dick test yet have no circulating antibody These individuals are apparently incapable of sensitization The infantile state of insensitivity to Streptococcus scarlatinae is prolonged throughtheir lifetime This state is presumably analogous to that of rabbits which neither become sensitive nor develop antitoxin The study of the immune reactions in scarlet fever is still too recent to indicate whether or not man may in certain instances develop circulating antitoxin without at sometime showing positive cutaneous reactions to scarlatinal filtrate From our study of sensitization to streptococcus in rabbits, we anticipate that such instances must occur The rule however, is that cutaneous hypersusceptibility occurs at sometime during the development of antitoxic immunity to the scarlatinal tox-allergin This cutaneous sensitivity is probably only incidental but a positive cutaneous reaction in children and adults usually indicates the absence of appreciable quantities of circulating antibody

Allergic cutaneous reactions usually have three distinct characteristics First they occur chiefly in sensitized individuals in whom sensitization has followed natural exposure to a substance or has been induced by repeated small injections of the antigen Second, the reactions commonly disappear after a sensitized individual has been shocked by the intravenous injection of protein or has been desensitized by frequent inoculation with small amounts of the sensitizing substance Third, positive reactions may sometimes be obtained in nonsensitive individuals after the injection of blood or serum from a sensitive person Cutaneous reactions with scarlatinal culture filtrate possess these characteristics Brokman and Mayzner (15, 16) injected ten sensitive infants with filtrate or with killed streptococcus Eight were found to be insensitive within seventy-two hours Three remained negative for eighteen days but five had regained their sensitivity at this time Four infants who were insensitive became sensitive within forty-eight hours after similar injections The authors attribute these fluctuations to sensitization and desensitization They observe that the changes are so abrupt that they cannot be ascribed to antitoxic immunity These experiments satisfy two of the necessary requirements for an allergic reaction Cooke has supplied the third experiment (17)—the passive transfer of a positive cutaneous reaction to a previously insensitive person He observed a positive cutaneous reaction in a previously insensitive infant after transfusion from a sensitive donor

Certain local phenomena occurring following the injection of filtrate into the skin lend support to the allergic hypothesis When an individual develops scarlatina shortly after cutaneous tests have been done with scarlatinal toxic filtrate the rash is at times heightened and at other times may be absent at the site of inoculation Where the test has been done several weeks previous to the scarlatinal infection and the inoculated areas are free from rash, we assume antitoxin has been formed locally in the tissues If the tests are done immediately before the rash appears and the rash is exaggerated or diminished at the site these modifications can only be due to local desensitization or hypersensitization of the tissues These changes in sensitivity are too abrupt to be accounted for by fluctuations in the antitoxin content of the tissues and appear analogous to the general sensitization and desensitization reactions obtained by Brokman and Mayzner One other type of local reaction can be explained most readily by assuming that the rash is allergic When toxic filtrate and antitoxin added together in proper proportion are injected into the skin of a sensitive person, ordinarily no reaction occurs The toxic substance apparently combines with the antitoxin and its action is neutralized Occasionally in extremely sensitive individuals the reaction is only delayed and a severe erythema occurs at the site of innoculation after forty-eight to seventy-two hours Apparently the combination of the substance and antibody is dissociated and the tissues of these extremely sensitive persons gradu

ully absorb the toxic substance even in the presence of antitoxin This situation is somewhat analogous to that observed occasionally during the immunization of horses with diphtheria or tetanus toxins (18, 19) Horses occasionally die during immunization after the injection of quantities of toxin ordinarily insufficient to cause death Antitoxin is often present in the blood serum in large amounts Apparently the tissues of these horses have been so sensitized that they attract the toxin from the circulating antibody We have observed an analogous situation occasionally in scarlet fever where excessive quantities of antitoxin intravenously have had no effect on the rash or acute symptoms Presumably the tissues of the persons with these infections were so hyperallergic that they attracted the toxic substance more strongly than did the antitoxin introduced into the blood stream

One might enquire how nearly eighty per cent of children between the ages of two to four become sensitized to the toxic substance of Streptococcus scarlatinae. To sensitize such a high percentage of children at this early age necessitates a wide distribution of this streptococcus Recent observations have shown that Streptococcus scarlatinae is in fact widely distributed and that strains of streptococcus differing morphologically from Streptococcus hemolyticus may produce the same toxic substance as the hemolytic strains isolated from scarlatinal throats—strains of hemolytic streptococcus recovered from a variety of infections elaborate the toxic scarlatinal substance (20, 21) Usually the toxallergin occurs in filtrate of cultures of these strains in exceedingly small amounts—amounts insufficient to cause a rash in relatively insensitive persons or in individuals with circulating antitoxin Such strains have been recovered from chronically infected tonsils, from infected nasal sinuses, from erysipelas, and from acute tonsillitis In view of the wide distribution of Streptococcus hemolytic in normal throats during the winter months and of the fact that Streptococcus scarlatinæ occurs frequently in acute and chronic infections other than clinical scarlet fever, the sensitization occurring during infancy can be readily comprehended

The experimental evidence and the clinical observations substantiate the allergic hypothesis so convincingly, that we are inclined to accept it as a satisfactory explanation of much of the acute symtomatology scarlet fever and of the Dick reaction The insensitivity of children without antitoxic immunity and the sensitization and desensitization of infants with toxic filtrates cannot be explained otherwise Neither can we explain the negative cutaneous tests in the absence of circulating antitoxin in convalescence from scarlatina except by assuming that the convalescent is desensitized The fact that the sequence of events in man from an insensitive phase in infancy to the acquisition of an antitoxic immunity in adult life can be reduplicated in animals by sensitization and immunization with toxic filtrate is still more convincing How far this hypothesis may be extended to explain the symptoms of other streptococcus infections is as yet undetermined Schick and Escherich and Von Pirquet and Schick who suggested the possibilities of this hypothesis in scarlatina as early as 1912, also suggested that some of the complications—rheumatic fever, arthritis, and nephritis—might also be allergic reactions So far no experimental proof that these complications are allergic in nature has been advanced but we believe that such an hypothesis offers a most satisfactory basis for experimental work on these diseases

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THE PRACTICAL MANAGEMENT OF CARDIO-VASCULAR-RENAL BREAKS*

By NORMAN STRAUSS, M D., NEW YORK, N Y

FEW conditions in medicine tax the therapeutic ingenuity of the internist more than does a case of cardio-vascular-renal disease which will not respond to the routine treatment of rest in bed, morphine and digitalis

I employ the term Cardio-Vascular-Renal in an attempt to avoid the confusion of terms presently filling our literature in referring to a case of vascular disease involving primarily the heart and kidneys

I refer to a (any) case whose chief complaints are dyspnea and swelling of the ankles, dizziness, weakness and cough This patient is seen propped up in bed, gasping for air, and is cyanotic His heart is generally irregular, the sounds are distant and of poor muscle quality—murmurs may or may not be heard (depending upon the degree of myocardial damage) There is fluid at both bases, and numerous crackling rales in both lungs The liver is enlarged, tender and occasionally pulsating—the spleen is palpable. There is fluid in the abdominal wall, ascites, pitting edema of the extremities and of the dependent parts

The blood pressure may be low, normal or greatly elevated The urine may be clear, or may contain R B C—W B C and numerous casts of various descriptions The Blood Chemistry may be normal or may show marked evidence of nitrogen retention The eye grounds may be normal, may show venous engorgement or may show marked thinning of the vessels, exudate and evidences of recent and old hemorrhages

I can best present this subject by outlining a plan of procedure that we institute when a case of this nature is admitted to our service at the City Hospital

History

In addition to the routine History taking, we lay special stress on the history of

1 Scarlet Fever—Because of its damaging effect upon the heart and kidneys

2 Diphtheria—Because of the frequency with which it produces myocardial damage

3 Tonsillitis and Acute Rheumatic Fever—Because of the frequent cardiac complications

4 Pneumonia—Particularly of the Influenzal Broncho-Pneumonic type which notably involves the myocardium

5 Metallic Poisonings—Particularly Bichloride of Mercury, for the trade-marks are frequently left on the kidneys

6 Syphilis—Because of the Cardio-Vascular lesions that it produces

7 Heredity

Physical Examination

In addition to the routine physical examination special notes are made on the

1 Heart—Its size, regularity, muscle tone and murmurs

2 Aorta—As manifest by the degree of Retro-Manubrial dullness

3 Blood pressure.

4 Eye ground charges

5 Central Nervous System for Argyll Robertson pupils, knee jerks

The management of these cases I shall outline in chronological sequence·

1 The patient is put to bed and propped up with either pillows or a back rest

2 Morphine is given in liberal doses to diminish the mental anguish as well as the physical strain

3 If the patient be in extremis Digifoline or Digalin is given intramuscularly or intravenously, depending upon the urgency of the case (We have given as high as 5 c c of Digalin intravenously)

4 If the patient is severely decompensated but not in extremis, we use the massive digitalization method One dram of the tincture of Digitalis is given stat—one dram one hour later—one dram two hours later and one dram 3 hours later In other words, 4 drams of the Tincture are given in six hours After that 20 minims of the Tincture are given every 4 hours We are guided by the pulse rate for our subsequent dosage As soon as the rate slows down to 70 per minute we put the patient on a maintenance dose of 20 MM t. i d

5 The fluid intake is restricted to 500 c c in 24 hours

6 The patient is put on a salt free diet (Unless the diet is prepared in a special metabolic kitchen the diet is probably salt poor instead of salt free

7 Mild saline catharsis is also employed to assist in depleting the body fluids

If the patient is going to respond to this regime the signs of improvement should be noted in from 3 to 5 days

The following act as a guide to the progress of the patient

1—The Clinical Course

* From the Medical Service of Dr Harlow Brooks, City Hospital, Department of Public Welfare, New York City

2—The Intake and Output Chart
3—Weight Chart

If the patient fails to respond to the above-outlined treatment within 3 to 5 days, we investigate the possibility of syphilis as a causative or complicating factor The fact that syphilis of the myocardium does occur and that it may act as the primary or contributing cause of Cardiac Decompensation has been established I have discussed this entity in a paper on Circulatory Syphilis published in the *Annals of Clinical Medicine* in 1926 (December)

If syphilis be suspected, either as a result of history, physical examination or serology, a rigid course of Mercury, together with Potassium Iodide is given The Mercury is pushed, in the form of one grain of Mercury Salicylate every other day until the earliest sign of the cumulative effect, namely salivation, presents itself This type of case does remarkably well and when the compensation returns, we put the patient on digitalis together with courses of Mercury at regular intervals

Case—F N, Age 46, Male

Admitted to the Ward

Diagnosis—Of Mitral Stenosis, auricular Fibrillation and Cardiac Decompensation

He gave a definite history of repeated attacks of acute Rheumatic Fever in early childhood For the past year he had been going from pillar to post seeking relief from his present symptoms

Physical examination at the time of admission aside from the cardio-vascular findings, was negative except for a slight irregularity and sluggish reaction of his pupils

He was looked upon as a straightforward case of Rheumatic Heart Disease Digitalization, however, failed to produce the expected effect The patient stated that he had been given digitalis by other physicians with equally poor results We were quite puzzled for a day or two until his Wassermann report came back XXXX He was immediately put on a course of Mercury and K. I together with digitalis with very striking results

If the case does not respond to digitalization and syphilis plays no part, we next turn to our diuretics Numerous diuretics have been employed Those in most common use are 1—The A B C Mixture 2—Caffeine Citrate 3—Diuretin 4—Theopylline. 5—Theocine. In our experience no one given case will respond to any one given diuretic We are, further, unable to classify any group of cases that will respond to any group of diuretics The choice of diuretics depended entirely upon the plan of trial and error We find ourselves in a position directly comparable to the Pediatrician who is confronted with a difficult feeding case

However, our experience with diuretics have enabled us to draw three conclusions

First—If the given diuretic is going to work, it will show its effect within 72 hours

Second—These drugs lose their diuretic effect within 3 to 5 days and it becomes necessary to switch to another The body seems to quickly work up a tolerance to the diuretics, and

Third—When diuresis is once established, the diuretics which proved of no value originally, are frequently helpful

Case—B H F, Age 48, Male

C C Shortness of breath, swelling of legs, and dizziness, for past eight months History of high blood pressure for five years No history of scarlet fever, rheumatism, pneumonia or lues

Physical examination revealed a man with complete cardiac decompensation and general anasarca Fundi were negative except for thinning of the vessels The blood pressure was 220/110 The blood chemistry showed a urea Nitrogen of 23 mgs/100 C C The Wassermann was negative The urine showed occasional R B C and hyaline casts This patient was rapidly digitalized but showed no improvement He was then put on Diuretin with no effect The A B C Mixture likewise proved of no avail The patient grew steadily worse and the edema more marked He was then put on Theocine Gr V t. i d and began to excrete within 12 hours At that time his weight was 144 lbs Within four days the diuresis was so profuse that his weight dropped to 118 lbs, a loss of 26 lbs His general condition began to improve with equal rapidity After 4 days of Theocine he was put back on the Tr of Digitalis and Diuretin (which originally was of no avail) with a resultant complete return of compensation A salt free diet was maintained throughout

If the case fails to respond to the diuretics we turn to Novasurol Our results have been the same as those reported by other clinicians both in this country and abroad It must be definitely emphasized that Novasurol is far from a harmless drug and is absolutely contraindicated in cases with advanced Renal or Liver impairment.

However, in an ideal picked case of general anasarca without evident kidney or liver damage, Novasurol often produces striking results where all other therapy has failed

Our initial dose is 1/2 C C injected deep intramuscularly If the patient shows no ill effects such as salivation or stomatitis, 1 c c is given the following day A diuretic effect is obtained within 6 hours after the initial injection

Case—I K, Age 58, Male

This patient has been known to be a cardiac for eight years to ten I saw him originally in the state of acute cardiac decompensation with a beginning right heart failure as evidenced by marked cyanosis Pulmonary edema and a pulsating liver He was given an ampule of digifoline every 2 hours for four doses, together with liberal doses of morphine He responded very rapidly to the digitalization and his compensation soon returned He was subsequently put on a maintenance dose of the Tincture of Digitalis but he soon decompensated again and it became necessary to put him back on digifoline Numerous attempts were made to find a "mouth preparation" that would keep him compensated but all failed Each time it became necessary to put him on digifoline by mouth and several diuretics

About 6 months ago his compensation broke, and this time not even digifoline produced the desired effect He became progressively worse and was rapidly filling up with water

The Wassermann was negative, the Blood Pressure was 100/65 and urea nitrogen was 24 mgms per hundred C C The fundi showed nothing but venous engorgement—and the urine was negative except for a moderate amount of albumin

In view of the fact that there was no evidence of true Renal pathology 1/2 C C of Novasurol was given intramuscularly Within 8 hours the patient began to excrete The following day 1 c c of Novasurol was given The diuresis was profuse and the conpensation promptly returned From that time up to date (a period of 5 months) he has maintained his compensation on a capsule containing one grain of Squill and one grain of the Powdered Digitalis leaf, taken three times a day for two weeks on and two weeks off

It must be admitted, however, that many cases of Cardio-Vascular Renal disease resist all known therapy and gradually make their exodus by either "drowning" themselves in their own body fluids or "suffocating" themselves with nitrogen retention

CONCLUSION

1—If a case of C V R. disease is going to respond to Digitalis it will begin to show signs of improvement in 3 to 5 days

2—If a case fails to respond to Digitalis, Syphilis should be investigated as a primary or contributing cause Anti-Leutic treatment should be given together with Digitalis

3—The diuretics are selected on a plan of trial and error

4—If a diuretic is going to act, it will produce diuresis within 72 hours

5—Any one diuretic loses its effect in 3 to 5 days

6—In a case of general anasarca, without evident Renal or Liver impairment, Novasurol acts as a drastic diuretic.

A CASE BELONGING TO THE WILSON'S DISEASE—PSEUDOSCLEROSIS GROUP*

By G M MACKENZIE, M D, and WILDER PENFIELD, M D, MONTREAL, CANADA

A GIRL of thirteen years, ill for two and one-half years with the following symptoms drooling, difficulty in walking, occasional headaches, stiffness of legs, stiffness of arms, dysarthria, dysphagia, contractures The onset was preceded by an attack of jaundice No tremor, no convulsions

The disease progressed steadily until her death, two and one-half years after the onset

The general physical examination showed emaciation, decrease in size of the liver, narrow rim of greenish brown pigmentation at the outer border of the iris, spleen not enlarged There were no symptims of cirrhosis of the liver

The neurological examination showed extreme contractures of the extremities, hypertonicity of the entire somatic musculature with a fixed laugh Mobile spasms lasting a second or two, no genuine paralysis, but loss of voluntary control and muscular activity because of rigidity and contractures Deep reflexes and abdominal reflexes present No sensory disturbances except possibly hyperalgesia Magnus and deKlijn reflexes absent No decerebrate rigidity, no constant tremor, spinal fluid negative, Wassermann on blood and spinal fluid negative

Autopsy showed advanced portal cirrhosis of the liver, enlarged spleen, numerous small degenerative lesions 3mm -3cm *in diameter, dis*tributed for the most part in the white matter just beneath the cortical grey These areas of softening were scattered throughout the brain The lenticular nucleus showed no gross changes Pathological findings in central nervous system will be reported in detail later

* Abstract of paper read at the Annual Meeting of the Medical Society of the State of New York at Albany, N Y, May 22, 1928. Complete article will be published in 'Brain' at a later date.

EDITORIAL

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For list of officers of County Medical Societies, see November 15 issue, advertising page xxv

ANTICIPATING 1929

The opening of the year 1929 finds the Medical Society of the State of New York prepared to act more efficiently than ever before The 1928 record of the activities of the State Society is one of achievement in distinction from theory, as anyone may discover on consulting the news department of this JOURNAL. That New York is not alone in achievement is shown by the index to the department "Our Neighbors," which quotes the activities of other state societies as recorded in their Journals Further progress may be anticipated in 1929 toward the assumption of leadership by physicians in all forms of medical service

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About 6 months ago his compensation broke, and this time not even digifoline produced the desired effect. He became progressively worse and was rapidly filling up with water

The Wassermann was negative, the Blood Pressure was 100/65 and urea nitrogen was 24 mgms per hundred C C The fundi showed nothing but venous engorgement—and the urine was negative except for a moderate amount of albumin

In view of the fact that there was no evidence of true Renal pathology 1/2 C C of Novasurol was given intramuscularly Within 8 hours the patient began to excrete The following day 1 c c of Novasurol was given The diuresis was profuse and the conpensation promptly returned From that time up to date (a period of 5 months) he has maintained his compensation on a capsule containing one grain of Squill and one grain of the Powdered Digitalis leaf, taken three times a day for two weeks on and two weeks off

It must be admitted, however, that many cases of Cardio-Vascular Renal disease resist all known therapy and gradually make their exodus by either "drowning" themselves in their own body fluids or "suffocating" themselves with nitrogen retention

Conclusion

1—If a case of C V R. disease is going to respond to Digitalis it will begin to show signs of improvement in 3 to 5 days

2—If a case fails to respond to Digitalis, Syphilis should be investigated as a primary or contributing cause Anti-Leutic treatment should be given together with Digitalis

3—The diuretics are selected on a plan of trial and error

4—If a diuretic is going to act, it will produce diuresis within 72 hours

5—Any one diuretic loses its effect in 3 to 5 days

6—In a case of general anasarca, without evident Renal or Liver impairment, Novasurol acts as a drastic diuretic.

A CASE BELONGING TO THE WILSON'S DISEASE—PSEUDOSCLEROSIS GROUP*

By G M MACKENZIE, M.D., and WILDER PENFIELD, M D, MONTREAL, CANADA

A GIRL of thirteen years, ill for two and one-half years with the following symptoms drooling, difficulty in walking, occasional headaches, stiffness of legs, stiffness of arms, dysarthria, dysphagia, contractures The onset was preceded by an attack of jaundice. No tremor, no convulsions

The disease progressed steadily until her death, two and one-half years after the onset.

The general physical examination showed emaciation, decrease in size of the liver, narrow rim of greenish brown pigmentation at the outer border of the iris, spleen not enlarged There were no symptims of cirrhosis of the liver

The neurological examination showed extreme contractures of the extremities, hypertonicity of the entire somatic musculature with a fixed laugh Mobile spasms lasting a second or two, no genuine paralysis, but loss of voluntary control and muscular activity because of rigidity and contractures Deep reflexes and abdominal reflexes present No sensory disturbances except possibly hyperalgesia Magnus and deKlijn reflexes absent. No decerebrate rigidity, no constant tremor, spinal fluid negative, Wassermann on blood and spinal fluid negative.

Autopsy showed advanced portal cirrhosis of the liver, enlarged spleen, numerous small degenerative lesions 3mm -3cm in diameter, distributed for the most part in the white matter just beneath the cortical grey These areas of softening were scattered throughout the brain. The lenticular nucleus showed no gross changes Pathological findings in central nervous system will be reported in detail later

* Abstract of paper read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y, May 22, 1928. Complete article will be published in 'Brain" at a later date.

EDITORIAL

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For list of officers of County Medical Societies, see November 15 issue, advertising page xxv

ANTICIPATING 1929

The opening of the year 1929 finds the Medical Society of the State of New York prepared to act more efficiently than ever before The 1928 record of the activities of the State Society is one of achievement in distinction from theory, as anyone may discover on consulting the news department of this JOURNAL. That New York is not alone in achievement is shown by the index to the department "Our Neighbors," which quotes the activities of other state societies as recorded in their Journals Further progress may be anticipated in 1929 toward the assumption of leadership by physicians in all forms of medical service

THE PRACTICE OF MEDICINE BY MEDICAL SOCIETIES

It is a popular idea that the practice of medicine consists only in the private practice of individual doctors as they treat individual sick people This was formerly the entire scope of medical practice, and is still the ideal toward which medicine is tending When each person makes provision for medical service for himself and his family, there will be small need for public health work by official departments of health and lay organizations Dr George Vincent expressed this idea in his address in 1925 before the Medical Society of the State of New York, in which he stressed the idea of every doctor a health officer, and cited the realization of this idea by the physicians of Denmark But the fact remains that the laws of health are as complicated as those of sociology, and no one can anticipate every possible condition affecting health or guard against all forms of health hazards while maintaining his position as a producing member of society Neither the patient nor the physician acting individually can control all the conditions which influence health and sickness, but there must be group action on the part of both the doctor and the patient

The community has a responsibility for the health of its individual citizens, and the physician cannot fulfill a reasonable amount of his obligation to the people unless he acts in harmony with his fellow doctors

There is an immense field for the practice of public health in distinction from that of private practice, but the field has been developed within a generation, and its practice is still largely altruistic. Doctors hesitate to enter upon it, because it does not pay financially, public officials hesitate to promote it because they often look upon it as a fad, and people are slow to take it up because they do not know what it is all about, and cannot see that they receive immediate benefit from it, yet the practice of public health and civic medicine is fast becoming the recognized duty and responsibility of both the medical profession and the public

The lay organizations have anticipated the doctors in recognizing the advantages and desirability of the practice of public health, and societies of public spirited citizens have entered those fields with the apathetic consent of the doctors However, physicians have come to realize that if they are to maintain their position as the source of medical knowledge and practice, they must enter upon the practice of civic medicine They cannot remain outside the field and still criticize those who are toiling there They must enter the field and direct the workers and do their own share of the work

The question which confronted the medical prophets a few years ago was how could physicians engage in the practice of public health and civic medicine The answer was that it should be done by means of the County Medical Societies, for a group of doctors could do what the individual physicians could not accomplish Yet medical society practice is done by individual leaders, but with this difference,—the leaders personify the impersonal group called the medical society, as they speak and act in its name

The activities of a county medical society constitute the practice of medicine as truly as the diagnosis of the ills of individuals, and the performance of surgical operations A doctor practices medicine when he arranges a program for a county society, or delivers a public health lecture before a woman's club, or asks a Board of Supervisors to establish a county health department, but the credit goes to the county society which he represents

While group action by physicians is necessary in the modern practice of medicine, it is equally true that group action by the people is also necessary Individual action is aroused by the group An individual hesitates to give money or time to any health project unless it is promoted by a group which will insure the permanence and stability of the work The response of the people to activities of lay health organizations is evidence of the essential importance of the cooperation of the people in any medical work The great accomplishment of the lay health organizations is that of rousing the people to demand the benefits of the practice of public health and civic medicine There must be a willingness on the part of the people to accept medical advice before physicians can practice any form of medicine The people insistently demand relief when they are in pain A responsibility rests on the medical profession to instruct the people regarding the aims and projects of the doctors Giving medical instruction to the people is a function of the county medical society, and the society practices medicine when it fulfills that function

Every physician is under an obligation to support his county medical society as it practices medicine It is not expected that every physician will be able to devote considerable time to county society work, but he can at least support his society just as he supports his lodge and his church He can uphold the hands of the leaders and can take the parts to which he may be assigned when his turn or opportunity comes The Medical Society of the State of New York has developed a consistent plan for the county societies to follow, and its Committee on Public Relations is ready to advise every county society how it may practice public health and civic medicine

INDEXING MEDICAL SOCIETY ACTIVITIES

The State Medical Journals record the activities of the medical societies of the states and their constituent county societies The years roll by rapidly, and when one looks up the story of an activity, he is likely to be surprised to find it recorded two or three years farther back than he had supposed. A State Journal is not ephemeral It is a permanent record, and officers owe it to their successors to record their plans and aspirations as well as their achievements, in order that future officers may have the benefit of the previous debates and experiences If, for example, the physicians of New York State and the promoters of lay health organizations had read the story of the attempts of the Medical Society of the State of New York to establish county departments of health between 1885 and 1889, as recorded in the transactions of the Society, and in this JOURNAL of October 1, 1928, page 1180, there would not have been so much propaganda and publicity of alleged ultra-modern developments which turn out to be the old plans devised by medical prophets years ago Medical history is conducive to humility and respect for the devoted leaders of a half century ago

The last issue of this JOURNAL,—that of December 15, 1928,—contains the annual index to which was added a five-page special index of the activities of the State Society and its component county societies This index was made in accordance with plans set forth in a paper on "Indexing and Abstracting News Items of Medical Societies," presented before the American Library Association and printed in this JOURNAL of October 1, 1928, page 1165 This same subject was also presented before the Tri-State Conference at Atlantic City, on November 10, and before the annual conference of State Secretaries and Editors conducted by the American Medical Association, in Chicago on November 17, both of which were reported in the December first JOURNAL

The Publication Committee of the Medical Society of the State of New York will send a reprint of the index to the State Journals and to the Medical Librarians, as an illustration of what an index of medical society activities may be. The Council of the Medical Society of the State of New York has voted that a similar special index be prepared and published quarterly for the benefit of the officers of the medical societies The editors have therefore planned to publish such an index in the last issue of March, June, September and December of this year

The particular occasion for the publication of the index was that the officers frequently called for the record of plans, resolutions and accomplishments of medical societies throughout the state During the past year medical societies have considered their civic duties to an extent far exceeding that of previous years, and this is only a beginning of what the same societies may be expected to undertake in the future

Moreover, the record of the practice of civic medicine made by medical societies is contained in the state journals to a far greater extent than anywhere else Public health journals and the organizations of voluntary health societies generally ignore the civic activities of physicians, but the state journals are the natural repositories of information regarding the activities of medical societies A special index of those activities will not only render the records available, but it will also stimulate the officers to report their activities fully and completely

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LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Duty of the County Medical Society to the Public The Medical Society of the State of New York some forty-five years ago, proposed that physicians should assume the leadership in public health and should establish a county department of health in every county in place of the boards of health of towns and villages (See this Journal October 1, 1928, page 1180) The leadership of doctors in public health and civic medicine was also advocated by the Iowa Medical Journal and reprinted in the New York State Journal of Medicine of January, 1904, from which the following extract is taken

"The local medical society ought to know all about the doings of its board of health, about its community water supply, the sewerage system, the sanitation of its school houses It ought to lend its influence toward making clean, beautiful streets, regulating various nuisances, smoke, unnecessary noises, etc The local society ought to have something actively to say and do about the grossly immoral advertising and the nauseating patent medicine notices that appear in the local papers"

County medical societies are now approaching the realization of these ideals

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The lay organizations have anticipated the doctors in recognizing the advantages and desirability of the practice of public health, and societies of public spirited citizens have entered those fields with the apathetic consent of the doctors However, physicians have come to realize that if they are to maintain their position as the source of medical knowledge and practice, they must enter upon the practice of civic medicine They cannot remain outside the field and still criticize those who are toiling there They must enter the field and direct the workers and do their own share of the work

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phenomenon Psychic factors may play a role in ordinary icterus and even gallstone disease may be influenced unfavorably —*Klinische Wochenschrift,* November 11, 1928

The Value of Periodic Health Examinations A Grant Fleming, writing in the *Canadian Medical Association Journal,* November, 1928, xix, 5, emphasizes the fact that while community health work does a great deal to protect citizens from communicable diseases it has its limitations and makes very little contribution towards the positive ideal of health Individual health depends essentially upon the individual's practice of what is called "personal hygiene" There is no lack of general health advice, but many of those who read it or hear it fail to see or understand the personal implication or the need of personal application We need to have this pointed out to us, we need to be periodically checked up on it, and that is exactly what the family physician will do in the periodic health examination The discovery of defects or early disease, important as this is, is the lesser value of periodic health examinations Although a large percentage of apparently well individuals will be found with physical defects that require treatment, with early symptoms of disease whose cure or arrest depends upon prompt action, it is the need for advice concerning the maintenance of health that is the more important point There are very few who do not need personal advice in the matter of diet, exercise, rest and relaxation, elimination, and other phases of personal hygiene. This type of advice needs behind it the same type of scientific knowledge and thought as does the prescribing of remedies for the acutely ill The family physician, because of his knowledge of economic, social, and home conditions, and because confidence is reposed in him, is the best qualified for this service. All should avail themselves of this opportunity to safeguard their lives and to attain greater efficiency, by securing for themselves a periodic health examination

Malta Fever Cured by Intravenous Injection of Trypaflavin.—H Darre and A Laffaile report a case of undulant (Malta) fever treated at the Pasteur Institute in Paris with a strikingly favorable outcome The patient was a youth who had apparently been infected through goat's milk He had had his disease 6 weeks before admission to the hospital and after a month's treatment had not improved A first injection of trypaflavin given at this period showed no action on the fever curve, but a larger dose, one two days later gave a positive result, the temperature became subnormal the following day and thereafter stood constantly at normal with general improvement As the spleen was enlarged a third injection was given which caused a reduction in size of the organ After more than two weeks of quiescence a new febrile period set in but quickly yielded to further injections Now after several months the patient has had no further relapse and is enjoying his former good health The case seems an undoubted one of successful chemotherapy and the authors advocate the general employment of trypaflavin intravenously The first dose should not exceed 0 1 cc to feel out the patient's susceptibility If this is satisfactory the next dose, given two days later, is doubled and the third with a delay of three days is 0 3 cc A fourth dose with a four day interval should be given, going as high as 0 4 cc Study of the authors' case shows that this was the plan followed even with the patient making a good response to the treatment Thus when the maximum dose of 0 4 cc was given the patient was free from all symptoms and was putting on flesh The idea of the large dose during the latent period is then purely to prevent or abort or minimize a relapse —*Bulletin de l'Academie de Medecine,* Oct 16, 1928

Psychotherapy of Graves' Disease —E Moos speaks of the occasional psychogenic origin of this affection and quotes Nonne's 10 cases in a series of 39 He was therefore moved to test psychoanalysis in the treatment of the malady The only case reported has been under treatment about two years and is now entirely recovered, and judging from the photographs the patient must be in excellent condition Before the hyperthyroid syndrome had fully declared itself she was placed on the insulin treatment for loss of weight, but without result Her general condition became so bad that operation was contraindicated and even irradiation was thought unsuitable Apparently tuberculous infection of the right apex was complicating the hyperthyroidism Psychoanalysis brought out the fact of an amour with a young man a year before admission The menstrual suppression due to the disease was ascribed by her to pregnancy and she developed a mental conflict with depression and excitement. The author removed the impression that she was pregnant and when she had become enlightened as to her true condition she began to improve and the entire picture of hyperthyroidism left her She gained 28 pounds in weight. The mental cause of some of these cases was very obvious, as breaking an engagement, infidelity, etc A prolonged psychoanalytic treatment would not be worth while, the writer says, in any but severe cases of Graves' disease —*Deutsche medizinische Wochenschrift,* Oct 26 ,1928

Action of Radiation on the Blood-Supply of Tumors —In previous papers J C Mottram has presented experimental evidence to show that the action of radiation on blood vessels and on the blood supply is very important, and that it will explain many experimental and clinical findings besides giving a useful working hypothesis for

MEDICAL PROGRESS

Rider's Leg—Dean F Winn calls attention to a condition which is met fairly frequently in military service and quotes statistics showing that it is of more than passing economic importance Rider's leg is a strain of the adductor muscles of the thigh There is always a history of sudden forceful gripping of the saddle in an effort to avoid being unseated There is partial loss of function and pain which inhibit proper suppleness and render riding uncomfortable and unsafe There is acute tenderness on firm palpation over the upper tendon of the adductor longus, most marked at its bony attachment, this symptom persists long after other complaints have subsided There may be slight swelling over the belly of this muscle Ecchymosis sometimes occurs in the pubic region and may extend along the inner surface of the thigh as far down as the knee In many of the mild cases recovery takes place in from a few days to two weeks, but healing may require months, especially in recurrent cases In the early stages rest and local heat are useful Riding should be interdicted while the acute symptoms persist, walking may be allowed In order to give a degree of support to the adductors strapping with adhesive tape has given gratifying results The adhesive is applied in alternately oblique strips, beginning well up in the crotch, covering the upper half of the thigh and reaching well around the anterior and posterior surfaces In cases requiring prolonged support an elastic thigh stocking has been used with success This is made from the ordinary woven elastic stocking fabric and is formed to fit quite snugly the upper two-thirds of the thigh The outer section of the stocking extends up as high as the trochanter, and carries a vertical strip of whalebone to prevent wrinkling The upper margin is slightly rounded by padding covered with chamois to obviate pressure Two vertical strips of webbing pass upward over the iliac crest where they are buckled to an elastic suspender, passed over the opposite shoulder—*The Military Surgeon,* October, 1928, lxiii, 4

Cancer of the Tongue With Skin Metastases—Prof Du Bois of Geneva relates what is probably a unique case of cancer of the tongue We know that cancer in this locality is distinguished for its regional lymphnode metastases and that on rare occasions the lymphnodes within the thorax may be involved, but of other metastates we know little or nothing The patient was a man of 49 with a leucoplakia patch on the tongue He was placed on a strict regimen of mouth hygiene and watched closely, 14 years passing before there was transition into cancer or rather the suspicion of it The lesion was then excised and the operation served at the same time for biopsy Prof Askanasy found an ordinary pavement epithelioma with epidermic pearls Radium was used in the excision wound There had been no reaction in the regional lymphnodes The radium needle sutured into the wound, however, produced a violent reaction with great swelling of the tongue and necrosis in situ, but finally the organ showed complete resolution Ten months after intervention multiple tumors appeared on the face, called by the author nodular carcinosis The growths resembled the skin metastases sometimes seen in mammary cancer There was no tendency to ulceration Some of the growths underwent spontaneous involution, but others appeared and the patient became cachectic Under the microscope all of the growths were seen to be pavement-cell epithelioma like the primary growth The author admits the difficulty of proving metastasis and the mode of diffusion and also admits that the growths may have been independent of cancer of the tongue—*Schweizerische medizinische Wochenschrift,* Oct 27, 1928

Psychic Icterus and the Influence of Affects on the Bile Flow—E Witkower writes briefly on this subject beginning with the universal popular belief that anger can cause jaundice He has instituted a research to determine the truth or error of this belief Langheinrich claimed that the biliary secretion could be modified in the hypnotic state, although an effective element was not shown to be present. Mention of certain food articles is the only mental influence stated The author obtained bile by duodenal sounding after the test subjects had been subjected to the action of the basic emotions of joy, grief, fear, and anger These affective states were obtained only through suggestion in the hypnotic state All patients tested showed uniformely that the first three of the affective states promptly caused a flow of bile, the effect of anger being, however, quite the opposite This test had to do only with quantitative change Qualitative alterations also occur as indicated by color changes, but the author does not take them up in this brief article Why does anger arrest the secretion of bile? Evidently, he says, secretion is arrested or there is an arresting spasm of the bile passages Evidence thus far shows that the latter is more probable as a causal factor, although the other cannot be eliminated Atropine injection does not interfere with the phenomenon Certain subjective sensations which accompany anger retention suggested a state of spasm somewhere in the bile passages Acute indigestion from vexation is probably a parallel

flooded with colonic contents A number of copious enemata had been given because it was thought the bowels should be moved Murphy says the newly closed abdominal wound presents a problem in physics, and describes experiments which he had carried out demonstrating that the forces drawing the wound apart are not concentrated on the edges of the incision, but extend all around the surface of a cylinder The indication, therefore, is support all around, so that there is no unprotected spot in the whole abdominal wall The best way to imitate nature's plan is to apply an additional panes in the form of a heavy abdominal binder It should be pinned on tightly and held below by wide strips of adhesive plaster extending over the outer surface of the thighs, and above by adhesive plaster extending along the sternum It is essential that the binder have a grip on the thorax and on the pelvis The mechanism of the binder is thus borrowed from the anatomical arrangement of the abdominal muscles and fascia A properly adjusted binder does not embarrass respiration, but lends a degree of comfort such as obtains in a wounded limb after it is dressed and immobilized The third case illustrates the mistake of heroic efforts to move the bowels under such circumstances If there is no response to a moderate sized enema, it should be siphoned back, the patient being given 1/4 grain of morphine, and allowed to sleep Often the bowels move after a few hours of rest without further enemata Too much emphasis has been placed on the paralyzing effects of morphine on the bowel The precious rest it induces in such a case restores the whole physiological stance, and knits up the ravelled threads of nerve exhaustion, so that the bowel comes back from a negative to a positive poise—*Canadian Medical Association Journal,* November, 1928, xix, 5

The Possibility of Increasing Resistance to Disease.—R Heilig and H Hoff have tried to control centrally the formation of antibodies On the supposition that the central nervous system plays a rôle here there is the possibility that injury to the same could weaken the defence In subjects with tumor of the cortex there was no deviation from the normal values of the opsonins and agglutinins, although in one exceptional case both of these indexes were notably lowered, the lesion being a large glioma which compressed numerous important structures at the base of the brain The authors cherished a belief that injury in the vicinity of the strio-pallidum might in some way be concerned with immunity activities, and since lesions in this part of the brain are seen after encephalitis lethargica they studied some of these subjects, but the results as to opsonins and agglutinins were negative Comparing a variety of data the authors believe that the cerebral cortex and the cerebellum can have no connection with an immunity "center" but on the other hand the basal portion of the encephalon does stand in some kind of relationship with the formation of defensive substances, or at least when there is injury here production of the latter is lowered We also know that in depressive functional states—that is, where an emotional origin is evident—the formation of defensive antibodies is interfered with The same effect is seen in connection with addiction to drugs such as morphine and veronal The authors formulate no conclusions for the clinic which is probably just as well, for many with cerebral lesions, affective melancholia, and drug addiction seem particularly invulnerable to ordinary exogenous disease causes—*Klinische Wochenschrift,* October 21, 1928

Modern Morphology Its Importance in the Study of Disease—Philip Rice believes that by substituting the word morphology for constitution it is possible to gain a clearer conception of the basic condition with which the physician is called upon to deal Neurologically, metabolically, and psychologically the organism is a unit. The endocrine system, with its vegetative nervous connections, is the link between the metabolic processes and the higher neural and psychic processes and is intrinsically concerned with the emotional reactions associated with adjustment to environmental situations As Di Giovanni expresses it, "All that which in the individual indicates a morphological discord, or an anomaly in the process of development (ontogeny), is the source, or may be the source, of morbidity" He states that in every epoch of life the cause of special morbidity resides in the special morphology of the organism With this conception the mission of the physician becomes elevated and extended Applying these principles to preventive medicine, experience shows that in certain individuals pulmonary phthisis, certain cardiac diseases, etc, can be avoided when the individual morphologies are understood and intelligently dealt with When founded on the science of morphology preventive medicine becomes something other than empiricism Applying the morphological principle to the study of pharmacology it will be seen that for the study of drug actions and the scientific administration of drugs for the cure of disease, we require laws which are founded on the natural laws of the *human* organism Experiments carried out on the lower animals to determine the physiological action of drugs are by no means devoid of value, yet it is not difficult to see that the more the experimental animals depart from the human type, the greater must be our reserve when we come to apply the drugs thus tested to the treatment of disease A knowledge of the natural laws of the human organism and the scientific methods of treatment founded on these laws can be derived only from a thorough knowledge of the general and special morphology of man—*Medical Journal and Record,* November 7, 1928, cxxviii, 9.

therapy He now describes experiments which deal with the difference between the suspectibility of rapidly growing and of slowly growing tumors Clinically, fast-growing tumors appear to be more susceptbile than slow ones In vitro experiments show that there is no decided difference in susceptibility between tumor cells from rapidly and slowly growing tumors, though the latter are a little more susceptible than the former Experiments in vivo, in contrast to the previous results, show a large difference in susceptibility, the fast-growing tumors are far more easily destroyed The suggestion is that this extra destructive action in the case of fast-growing tumors is due to interference with the blood supply, on which radiation is known to have a deleterious action Mottram finds that in fast-growing tumors the cells are abundantly and closely packed around the blood vessels He has shown that the nuclei of cells swell to about three times their normal size (superficial area) on about the second or third day after irradiation This increase in bulk must take place at the expense of and bring pressure to bear upon surrounding tissues and structures Thus capillaries and veins will be pressed upon, and in fast-growing tumors where the intravascular spaces are closely packed with tumor cells this will take place to a greater extent than where the tumor cells are less closely packed, as in slow-growing tumors Therefore, the rate of growth is not primarily the determining factor, it is because closely packed cells are commonly found in fast-growing tumors that these are especially susceptible to irradiation —*The Lancet,* November 10, 1928, ccxv, 5489

Vaccinal Encephalitis.—H Deicher states in connection with post-vaccinal encephalitis that all efforts to transfer it to animals have been unsuccessful save those claimed by Gorter and van Nederveen who believe that it is directly transmissable The support for their belief is not stated During the past 15 years 10,000,000 vaccinations have been performed in Prussia alone and but three cases of post-vaccinal encephalitis have been recorded among that number Hence it would be unwise and premature to attempt any sort of generalisation whatever from these few cases The Prussian Minister for Public Welfare has asked that all diseases developing after vaccination be promptly reported and further that should a case of encephalitis follow, vaccination should be suspended for that particular locality for several months In the whole of Germany during 1927 there were but 4 cases of smallpox reported and every one of these patients had contracted his disease outside of the country The recent tightening of the vaccination laws in Italy and Roumania has led to a notable reduction of smallpox incidence and mortality The introduction of the right of conscientious objection into Switzerland was followed by notification of more than 14,000 cases of smallpox in 1927 All of these figures above given should be weighed against the risk of encephalitis Fear of the latter will stimulate conscientious objection, and the latter if recognized officially will be succeeded by a marked increase of smallpox morbidity and mortality The writer hopes that the success of compulsory vaccination in Germany will be a sufficient argument against any further experimentation —*Deutsche medizinische Wochenschrift,* November 9, 1928

Syphilis and Frambesia.—F Jahnel and J Lange have been studying the subject of the relationship of these two diseases, in part along experimental lines In 1925 they began experiments in inoculating paretic subjects with frambesia virus Two strains from Central America were used with negative results, and the subjects being shown to be immune Then other strains from the Far East were substituted In various animal experiments different frambesia strains, they say, exhibit different properties The first inoculation made on a paretic was followed by a positive take but there was a marked resistance to the virus, and there is no mention of any but slight local manifestations which, however, showed the frambesia spirochete There is considerable doubt as to the validity of this test and to offset it there were many negative results with several different strains of frambesia virus, including the one which gave the isolated positive result If we regard the weight of the evidence as decidedly negative this does not mean, in the author's estimation, that the two diseases are one, but that subjects with paresis and lues cerebri show a marked resistance to the *Treponema pertenue* and also that the two diseases have a very close kinship One might even speak of frambesia-syphilis as a unit disease of composite character The frambesia member of the group is not known to be followed by the quarternary manifestations of syphilis and there is no metaframbesia to compare with metasyphilis Many observers have been struck with the small incidence of syphilis in localities where frambesia is very prevalent, this including the absence of metasyphillis —*Klinische Wochenschrift,* November 4, 1928

The Post-Operative Accident.—George H Murphy cites in illustration of the points he wishes to emphasize three cases of post-operative accident In two cases coughing on the ninth and twelfth day, respectively, resulted in complete opening of the abdominal wound and disembowelment In the third case, following appendectomy peritonitis developed on the fourth day and, when the abdomen was opened to insert a tube for the relief of distention, the appendix stump was found to have opened and the abdominal cavity was

were isolated After this "fastings and prayers" were had, and then in accordance with the principle that "God helps those who help themselves," a great diminution of diphtheria, typhoid, erysipelas, scarlet fever, measles and other diseases was discovered [5]

Between the years 1849 and 1854, cholera was raging in the cities of the United States Days of fasting and prayer were held, but little else was done, and the plague continued with its ravages [6] During the latter years of this period, New York City lay within the deadly grip of typhus Young Dr Stephen Smith, who had just completed the two years of his interneship at Bellevue Hospital, was put in charge of the tents on Blackwell's Island by the Commissioners of Charities He soon observed that there was a continual inflow of patients from a single building in East 22nd Street Dr Smith visited this tenement, and found it full of fever cases The cellar was partly filled with filthy sewage, the floors were littered with decomposing straw, which the occupants used for bedding, every available place, from cellar to garret, was crowded with immigrants—men, women and children The whole establishment was reeking with filth, and the atmosphere was heavy with the sickening odor of the deadly typhus, which reigned supreme in every room [7] Public records were then inadequately kept, and after an almost incredible search the agent of the man who owned this pestilentious place was found A request to him that the house should be vacated at once and put in decent order, was refused "with a contemptuous remark as to the absurdity of furnishing such vagrants and immigrants better quarters in which to live" [8]

There was then no Health Department, but Dr Smith called at the headquarters of the metropolitan police Through the legal adviser of that department, the owner of the premises was at last found He lived in an aristocratic neighborhood, and was a member of one of the most popular churches of the day The unspeakable condition of his tenement house was called to his attention, but he expressed indignation at any interference with the management of his property, declaring that as the house yielded him no income, he would not expend a dollar for the miserable creatures who lived there in disease and filth [9] Research into the law revealed that there was then neither ordinance nor statute under which action could be taken In despair at this point, Dr Smith called upon Mr William Cullen Bryant, the editor of the *Evening Post*, who readily expressed a willingness to expose the case and suggested that in any event, the police should arrest the owner This was done At the threshold of the court a reporter interviewed him Presently, he was in terror and begged that no further action should be taken, promising the court that he would make the necessary improvements This was done [10]

A consequence of Dr Smith's aggressive action was not only the sanitation of that particular tenement house, but an awakening on the part of the entire community to the fact that there were no laws under which such a glaring violation of the simplest principles of health and common decency could be corrected [11]

It seems at this time there had already been a growing sentiment in favor of reform and of establishing proper health regulations The writings of Dr John H Griscom, Dr Joseph M Smith, Dr Elisha Harris and others, had been stimulating it The Academy of Medicine passed resolutions favoring proper health laws, but nothing effective had been accomplished Presently, however, the "Sanitary Association" was formed, and annually for several years introduced health bills into the legislature, but through the opposition of the "City Inspector," who would lose his position if the new laws were passed, these remedial measures were defeated

Finally, in the early sixties, Peter Cooper organized the famous "Citizens Association," and enlisted in its ranks a hundred of New York's most prominent citizens This association set to work upon the problem One of the objects of this body was the reform of all branches of the municipal government It was in the days when Boss Tweed was at the height of power, and as the proposed reforms would interfere with the political positions of many of his henchmen, the efforts of Peter Cooper and his associates for several years encountered failure [12] Finally, at the instance of this "Citizens Association," a thorough sanitary inspection of the city was made by a corps of competent physicians Its full and accurate report was regarded here, and in Europe also, as a creditable chapter in the history of municipal reform.

The result of all this was the drawing of a comprehensive and a scientific bill creating a Board of Health, with power to abate nuisances "dangerous to life and detrimental to health," and providing that this Board should not be subjected to interruption through injunction The Board was empowered to create its own ordinances, to execute them, and to sit in judgment on its own acts, without interference by the courts [13] This bill was introduced in the legislature of 1865 It was sponsored at a public hearing by the Rev Henry W Bellows, one of the founders of the Union League Club, Dr Willard Parker, Prof John W Draper and other leading citizens [14]

Dr Stephen Smith then addressed the Legislative Committee What he said was a revelation of the all but incredible conditions then existing in New York He told of the inspection which had been made by a house-to-house canvass, and the results thereby revealed He told of the filthy streets which had become the receptacle of refuse, filled with house-slops, decayed fruit, store and shop sweepings, ashes, dead animals, and even human excrements He spoke of filthy alleys,

LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

THE ORIGIN, AUTHORITY AND FUNCTION OF THE HEALTH DEPARTMENT

The subject suggested by this title, which we shall make the eighth in our promised series of editorials, is so large that it might well fill a whole book, instead of a single article A study of the origin and growth of our Health Departments would form an interesting chapter and a commentary upon the development of the science of medicine, and especially of the gradual but sure recognition on the part of laymen, legislators and public officers of the truths of science and of the necessity to observe and to comply with them

For more than two and a quarter centuries, that followed the founding of New York City, there was practically no specialized public health regulation of its inhabitants "The land was practically undrained, the drinking water was from shallow wells, befouled by street, stable, privy, and other filth, there were no adequate sewers to remove the accumulating waste, the streets were the receptacles of garbage, offensive trades were located among the dwellings, the natural water courses and springs were obstructed in the construction of streets and dwellings, thus causing soakage of large areas of land, and stagnant pools of polluted water Later, in these centuries of neglect of sanitary precautions, came the immigrants from every nation of the world, representing for the most part the poorest and most ignorant class of their respective nationalities This influx of people led to the construction of the tenement house by landowners, whose aim was to build so as to incur the least possible expense and accommodate the greatest possible number In dark, unventilated, uninhabitable structures these retched, persecuted people were herded together, in cellars and garrets, as well as in the body of the building, until New York had the greatest population to a square acre of any civilized city The people had not only chosen to conserve all the natural conditions unfavorable to health, but had steadily added unhygienic factors in their methods of developing the city "[1]

The result which followed was inevitable New York City became the home of every variety of contagious disease and the favorite resort of foreign pestilences Smallpox, diphtheria, scarlet fever and measles became so familiar that the people regarded them as the unavoidable consequence of childhood The mosquito-infected marshes were culture-beds for malarial fevers Consumption or the "white plague" as it was then known, befell rich and poor alike To these diseases, were added typhus and typhoid fevers which the immigrant brought with him These maladies swept through the tenement houses, striking down and decimating the poor inmates At times, from the Orient, there came the Asiatic cholera that fell upon the city like an alien conqueror, and gathered in its arms an army of the dead From the tropics, yellow fever now and then appeared and found an unrestricted field for pestilential operation

Effective allies for these enemies of mankind were found in the large increase of the tenement house population, offensive trades, accumulation of domestic waste, and the filth of stables, streets and privy pits In 1865 in New York City there were five deaths reported for every birth, 60 per cent of which were children under 20 years of age In 1927 the official returns in the death rate of New York City were 21 5 for a thousand population[2] This compares most favorably with all other cities of the world

During the same era, England was making but scant headway against disease In 1832, cholera was raging It was believed to be a "visitation of God," against which the only preventive measures were "flight, fasting, and prayer" At the height of this scourge in 1849, the clergy petitioned the Prime Minister to proclaim a day of "fasting and prayer," expressing the belief that the visitation was God's punishment for national vices The Prime Minister, with sound common sense, and an unconscious recognition of the laws of science, answered "Do works meet for repentance First make your homes and their surroundings clean and wholesome, then you may with propriety ask Almighty God to bless your efforts at protection against the approaching epidemic "[3] The religious classes received the Prime Minister's response with sheer astonishment, but the sanitarians even at that early day commended him The people, however, obeyed neither the Prime Minister nor the clergy, and neither fasted, prayed nor cleaned their homes[4]

It was, however, noticed at this time that a small town in the interior of England reported no case of cholera, despite the prevalence of the epidemic elsewhere in the British Isles On searching for the causes of this town's immunity, it was soon found that the leading men and women of that town had gone to work, with the result that streets and public places had been cleaned, every residence and its surroundings had been inspected until all filth had been removed, and those possessing even the smallest symptom of cholera

failures Almost immediately after its organization, it attacked the problem of cholera, it began the scientific study of disinfection In 1869 it started a long crusade against venereal disease and at the same time began its campaign against watered milk It attacked yellow fever, smallpox and typhus In 1874 it launched upon a war against infant mortality and in the same year established a laboratory for the preparation of vaccine virus In 1875 the study of pneumonia was begun in real earnest, and in the same year its report on hydrophobia was issued In 1887 Dr O'Dwyer published his article describing the operation of intubation, the importance of which was demonstrated in the hospitals of the Department of Health In 1892 Dr Ernest J Lederle, acting chemist of the Health Department, began his great work in furtherance of pure milk Four years later the Sanitary Code was amended so that no milk would be sold in the City of New York without a permit in writing of the Board of Health On January 1, 1895, under the leadership of Doctors Biggs and Park of the Health Department, the first anti-toxin produced in the laboratories of the Department, became available for use in hospitals and distribution without charge among the poor of the city Two years later, following a trial of this plan by the city of Boston, the inspection of public school children was begun

The record of achievements on the part of our local Health Department would fill a long and interesting chapter The names of the various physicians who served as commissioners of health or in other important positions in the Health Department of this city would bulk large in any record of the public-spirited leaders of the medical profession Among these might be mentioned Doctors Stephen Smith, Edward G Janeway, Ernest J Lederle, Ph D, Thomas Darlington, S S Goldwater, Haven Emerson and a long list of others

It was not until 1893, that by Chapter 661 of the laws of that year that a full and comprehensive organization of the New York State Health Department was begun The State Department has supervision over the public health of the entire state, except the City of New York, over which it has no jurisdiction [22] There are local health boards in all of the various cities, villages and towns of the state, each under the general supervision of the State Health Department [23] Each town and village has its own health officers and inspectors

In New York City, with its own Board of Health and in the other towns and cities under the supervision of the State Board, modern civilization has set up these public bodies to safeguard the public health, and through the discoveries of science to prevent the scourge of pestilence or plague and all preventable and communicable diseases, which less than three-quarters of a century ago, periodically were wont to terrify the population and to bring their desolations more awful and extensive than the casualties of war

REFERENCES

1 The City That Was, by Stephen Smith, M.D, published by Frank Allaban 1911, pps 18-19
2 Id. p 20
3 Id p 25
4 Id. p 26
5 Id. pps 27-28
6 Id. p 33
7 Id pps 33-36
8 Id. p 37
9 Id. pps 37-38
10 Id. pps 38-39
11 Id. p 39
12 Id pps 40-42
13 Id. pps 44-45
14 Id pps 45-46
15 Id. p 167
16 Greater New York Charter, Sec. 1168 Peo Ex Rel. N Y etc. R. R. Co v Wilcox 2200 N Y 423
17 Id. Sec. 1169
18 Id. Sec. 1172
19 Id. Sec. 1178
20 Id. Sec. 1202
21 Id Sec. 1202-a.
22. Public Health Law, Sec. 4
23 Public Health Law, Art. 3

open privies and cesspools, of slaughter-houses conducted in congested tenement house areas, of people living in damp, unwholesome quarters underground, of "Cat Alley," a group of dilapidated tenement houses on Cannon Street, of "Rag Pickers Row," of all the seeds of disease uncontrolled, of smallpox, dysentery, typhus, and typhoid and scarlet fever, due to domestic filth, overcrowding and deficient ventilation, of cholera infantum, the high death rate, the constant sickness, the filthy habits of new immigrants, and how cleanliness would preserve the city from the ravages of epidemics He told of one Delaware merchant who came to a New York hotel, and later found that the room had just been occupied by a smallpox patient, that had not since been cleansed, and how that merchant contracted the disease and died He told that there was no efficient body or board then in existence having jurisdiction to prevent, to control these horrible conditions

He advocated a law whereby a Board of Health should be created, which should be independent of all political control, which should combine executive ability with the knowledge of disease and the proper measures of prevention It should have upon its staff a corps of skilled medical inspectors who would seek out disease and investigate its causes—a Board that would have a close alliance with the police department Such inspectors as were then employed were ignorant, political appointees Their capacity for their work was revealed by the answer of one of these who, when asked to define "hygiene," replied that "It is a mist rising from wet grounds"[15]

The efforts of the promoters of this new law met at first with failure The bill introduced into the legislature of 1865 did not pass, but the public and especially the medical profession by this time had been aroused The proposed health measure became an issue in the campaign of 1866, as a result of which seventeen candidates for the legislature, who had opposed the law, met defeat In 1866, the reform measure was adopted, and became Chapter 74 of the laws of 1866, entitled "An act to create a metropolitan sanitary district and Board of Health therein for the preservation of life and health and to prevent the spread of disease" This statute was a well drawn and thoroughgoing measure It was the parent of our present statute on this subject

The Health Department of the City of New York thus came into existence Under the broad powers given it, the city was cleaned up, and long strides were made in the prevention of communicable diseases

The present law defining the duties and the powers of the New York City Board of Health is found in Chapter 19 of the Greater New York Charter Under this statute, the enforcement of all laws applicable to the care, promotion or protection of health in the City of New York is vested exclusively in the Department of Health[16] The statute declares that it shall be the duty of the Board of Health "to aid the enforcement of, and so far as practicable, to enforce all laws of this state, applicable in said district (the Greater City of New York), to the preservation of human life, or to the care, promotion, or protection of health, and said Board may exercise the authority given by said laws to enable it to discharge the duty hereby imposed, and this section is intended to include all laws relative to cleanliness, and to the use or sale of poisonous, unwholesome, deleterious, or adulterated drugs, medicines or food, and the necessary sanitary supervision of the purity and wholesomeness of the water supply and the sources thereof for The City of New York"[17] It is given authority to isolate those afflicted with contagious, pestilential or infectious diseases It authorizes the Board to add to, alter or amend any part of the Sanitary Code, and to pass additional provisions "for the security of life and health in The City of New York" Any violation of the Sanitary Code is constituted a misdemeanor[18]

The Board of Health is thus given a vast power and authority One of its powers is "In the presence of great and imminent peril to the public health by reason of impending pestilence to do and order, and cause to be done, such acts and make such expenditures (beyond those duly estimated for or provided) for the preservation of the public health as it may in good faith declare the public safety and health to demand, and the mayor shall in writing approve"[19] It has power to appoint sanitary inspectors and sanitary superintendents to make examinations and surveys

The police department is specifically enjoined promptly to "advise the department of health of all threatening dangers to human life or health, and of all matters thought to demand its attention," and is required to "co-operate for the promotion of the public health and the safety of human life in the city" The members of the police department are required to "enforce and execute the sanitary rules and regulations and the orders of said Board of Health"[20] The Board of Health may make requisition upon the Police Commissioner "for the detail of not more than fifty suitable officers and men of at least five years' service in the police force, who shall be selected for their peculiar fitness for the enforcement of the provisions of the sanitary code."[21]

Running on through the various provisions of the statute, it is seen that the Board of Health is given vast powers for the protection of the community Not only is it vested with powers of legislation so far as amending or changing the Sanitary Code is concerned, but in furtherance of the prevention of the spread of contagious diseases, the violation of any order which it issues is made a misdemeanor

Since its organization, the Board has many brilliant triumphs to its credit and of course, some

Rules

Papers to be presented before the State Meeting must come in one of the three following classes

1 They must contain new facts, methods of practice, or principles of real value
2 They must contain the results of well-devised original researches
3 They must present so complete a review of the facts on any particular subject that the writer can deduce therefrom proper conclusions of importance

A typewritten paper must be handed to the presiding section officer as soon as it is read

A discusser who wishes to have his discussion published must hand it to the secretary of the section before the close of the annual meeting

All papers presented before the meeting become the property of the Society

All papers shall be submitted to the Publication Committee for publication in the NEW YORK STATE JOURNAL OF MEDICINE

It is recommended that the House of Delegates, Council and Executive Committee do not permit the publication of a paper in advance of its reading

Only those members of the medical profession of New York State who are members of the Medical Society of the State of New York may take part in the Scientific Program

Professional men in other fields and states may be invited to address the Society

Any member who has permitted his name to be listed on the program as intending to present a paper or open a discussion, and has failed to attend the session or to give a satisfactory explanation for his absence, shall not be eligible to present a paper before the Society until three years have passed

No paper on the program shall be presented out of its proper order

The time allowed for the presentation of a paper shall not be more than twenty minutes

The speakers appointed to open the discussion shall be allowed ten minutes

Each subsequent speaker will be given five minutes

No member may speak twice on the same subject unless unanimous consent of those present is given

Every member shall receive a copy of these rules when assigned to a place on the program

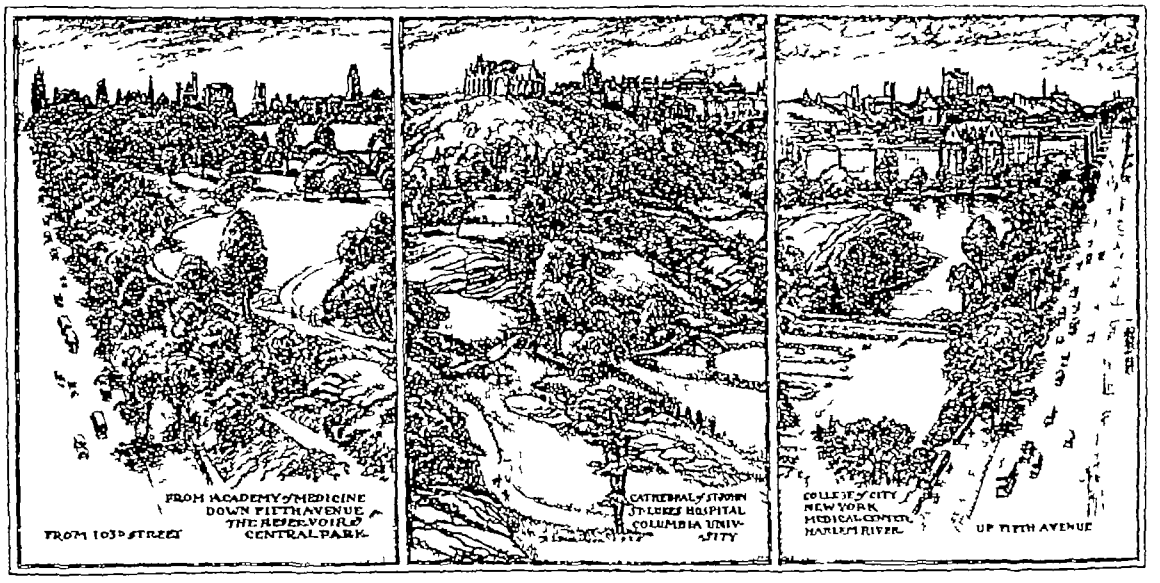
ARTHUR J BEDELL, *Chairman*

PUBLIC RELATIONS COMMITTEE, REPORT TO THE COUNCIL

The Public Relations Committee is keenly impressed with the importance of its task and the tremendous amount of work that will be required before we have a harmonious and working cooperation between the three great agencies concerned in the development of better health conditions in our state I refer to the medical profession, State Department of Health and voluntary health organization, all of which, at the present time, are working more or less alone, and without that force which would ensue from a proper coordination of effort and a definite interlocking of activities, with the medical men in each locality assuming their normal position as leaders, advisors, and active participants in all that has to do with the health, present and perspective of our citizens Likewise are we conscious of the fact that lay organizations, in most instances, have assumed the initiative and with their excellent organization having definite working units in each county are able to dominate health activities both to the disadvantage of the medical profession and questionable advantage of the general public

Your committee was organized during 1926 and up to the present year its activities dealt largely with conferences with leaders of lay organizations and the State Department of Health, relative to agreements and plans defining their respective fields of influence and work In theory this seemed to be the practical and essential plan of action, and probably would have been successful were it not for the violent outbreak in one of our counties between the medical society and lay organization, demonstrating the strength of the latter body and proving to the medical men that in the future they must take a greater interest in civic medicine, and furthermore, that they must perfect their organization to such an extent that in each county there must be a committee whose duty consists of correlating all of the forces working within its borders that have to do with health conditions Therefore, the Committee on Public Relations at its organization meeting held in Albany, July 7th, 1928, determined that it would be necessary to perfect a definite organization by having a Public Relations Committee in each county medical society, which committee could be held responsible to see that the agencies working for the betterment of health within the county were coordinated, and that the medical men assume their proper position as leaders, advisors and participants in all civic medical activities Hence the state was divided and approximately twelve counties allotted to each of the five members of the committee, with the understanding that such member would personally see to it that each of his counties would organize a County Public Relations Committee composed of the best

NEWS NOTES



VIEW FROM THE NEW YORK ACADEMY OF MEDICINE

A Christmas Card from Dr R L Dickinson

Dr Robert L Dickinson of New York City sent to the Editors of the NEW YORK STATE JOURNAL OF MEDICINE one of his Christmas cards which is here reproduced It shows sections of the view from the New York Academy of Medicine, looking south, and northwest and north, with Central Park in the foreground The silhouette shows a skyline of institutions of learning, ecclesiastical, medical, and of the arts and sciences, such as few cities can match, for it ranges from the free high school on the extreme right to the building of the movies on the left, topped with the globe as its symbol

The original drawing which is the kind that runs out of Doctor Dickinson's fountain pen, is about eighteen inches in length The drawing was given to the Academy

The card to the editors reads

"Hearty Greeting, 1928

"Medicine ought to have this kind of wide horizon, facing religion and higher learning across an oxygenated out-of-doors The Medical Center on the right is rather a dominating Norman keep, but it represents Research Uplifted, and not Dogmatism"

COMMITTEE ON SCIENTIFIC WORK

The Standing Committee on Scientific Work of the Medical Society of the State of New York held its first meeting at the University Club, Albany, N Y, July 3rd, at one o'clock Members present Dr Bedell, Chairman, and Drs Trick, Gibson, Kingsbury, Lichty, Leo-Wolfe, Munson, Weed and Lawrence Valid excuses were received from the remaining members of the committee

It was voted that the scientific program of the annual meeting should consist of general sessions on the afternoons of Tuesday and Wednesday, and that the mornings of Wednesday and Thursday be given to the usual section meetings

The innovation will prove to be a decided benefit to every member of the Society The Tuesday afternoon session will be under the general direction of the Chairman of the Section of Medicine, and the Wednesday afternoon meeting will be under the supervision of the Chairman of the Section of Surgery

It was decided that the following rules and regulations be submitted to the Executive Committee of the State Society for approval

September 15th Issue

County Departments of Health—Editorial 1113
How Suffolk County Secured a Department of Health 1127
County Departments of Health—List of 12 References in the New York State Journal 1129
Medical Civics in Texas—Most on Rating Candidates for Political Office According to Their Attitude Toward Medical Affairs 1139

October 1st Issue

Indexing and Abstracting News Items of Medical Societies—(The same idea was given before the Tri-State Conference on November 10, and also before the A M A Conference of State Secretaries and Editors in Chicago on November 17, and reported in the Dec 1st Journal) 1165
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This resume shows that the number of articles dealing with subjects in which the Committee on Public Relations is directly interested in is as follows

News Items	22
Editorials	15
Items on health activities in other states	22
Total	59

We are pleased to note that through the initiative and effort of the Ontario County Medical Society there has been established, under a full time medical director, a County School Health District for that county A similar plan has been established and such School Health District developed by combining a number of the townships in the western part of Montgomery County

We note with pride that the physicians of Oneida County are cooperating wholeheartedly with two governmental agencies of the state—Department of Health and Department of Education—in making a survey of the physically handicapped children in that county, although the survey was initiated without full consultation with the Oneida County Medical Society This is an example of excellent cooperation with other agencies, thereby placing the local medical profession in a strong position with the public This satisfactory solution was brought about through the efficient work of the Public Relations Committee of the Oneida County Medical Society

Your committee feels encouraged and activated by the many inquiries from medical men throughout the state asking for information relative to methods in working out the problems for cooperation with other existing agencies in their district This committee feels that its immediate future work consists in establishing contacts with the county societies and helping them with their problems At the same time many contacts and conferences with state-wide governmental and voluntary organizations will be necessary before proper coordination is obtained and the medical profession assumes its proper position and responsibility in the field of Public Health and Preventive Medicine

JAMES E SADLIER, M D
Chairman, Public Relations Committee, Medical Society, State of New York

CLINTON COUNTY MEDICAL SOCIETY

The annual meeting of the Clinton County Medical Society was held on November 20th, 1928, at two o'clock, at the Witherill House, with twenty-four members and guests present

The meeting was preceded by a luncheon at the Witherill House at 12 30 P M

The report of the Treasurer showed a deficit of over $40, and on motion an assessment of

men of their respective counties, men of known ability as leaders Such county committees are to be instructed to make a survey of health activities at present operative in said county, together with all plans and possibilities for future development of an enlarged scope of activity, and each survey as it is made, is to be published in the NEW YORK STATE JOURNAL OF MEDICINE Further information relating to such survey is contained in the editorial written by Dr William H Ross, and published in the November 15th, 1928, issue of this Journal, page 1363

This work of organizing the counties and developing their Public Relations Committees to a standard adequate to meet present conditions, and also, to make these necessary health surveys will, of necessity, be a slow process and involve the expenditure of much time upon the part of each member of the committee, probably entailing several visits to each county medical society before we have such committees working satisfactorily We are anxious to make progress along substantial lines, and we point with pride to the advancing health conditions in Suffolk County, where the medical men are in charge of all health activities and have already established, without outside aid, a County Health Department, the first to be organized by the medical men of a county We are cognizant of the fact that one other county—Chautauqua—has declared itself in favor of such plan and is developing along similar lines In Dutchess County a most satisfactory coordination exists between the medical profession and lay organizations whereby the Public Relations Committee of the County Medical Society directs the health activities of the county to the satisfaction of all concerned

In order to hasten the formation and to activate the Public Relations Committee in each county society, the chairman of your committee met with all the District Branch Medical Societies of the state at their recent annual meetings, and addressed them upon the importance, to our State Committee, of establishing these county units, and especially advised them with reference to the appointment of leading men as members of such committees In this I received able assistance from the secretary of our committee, Dr Ross, who also visited and addressed several of the District Branch Societies, urging the importance of this great duty of the medical men of organized medicine and its responsibilities

Your committee has adopted the Eight General Principles which were evolved by the Council Conference Committee of your society in conjunction with representatives of Cattaraugus County Medical Society, State Charities Aid Association and Milbank Fund, and were adopted by the House of Delegates of the Medical Society of the State of New York, May 21, 1928, for the purpose of guiding and directing conjoint work between the medical profession and lay organizations in all county civic activities dealing with health

Likewise has it adopted the program devised by the committee on Public Relations of last year, which consists of five definite points of activity for the County Medical Societies, Public Relations Committees These Eight General Principles and Five Points have been published in three different issues of the State Journal, and will receive wider distribution in the near future by being sent as a pamphlet to various officers and committeemen of the county medical societies.

Through the courtesy of our Publication Committee, the Editor, and the Executive Editor of our Journal, we have been favored with an exceptionally large amount of publicity consisting of editorials and reports dealing with the subject of public health and public relations We are especially indebted to Drs Ross and Overton for their work along this very necessary line of medical publicity It is hoped that our entire membership in reading these editorials will include the following list of public health and public relation items in the NEW YORK STATE JOURNAL OF MEDICINE, July 1, 1928 to December 15, 1928

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SUFFOLK COUNTY

From the November issue of the News Letter of the Suffolk County Medical Society

The one hundred and twenty-second annual meeting of the Suffolk County Medical Society was held on Thursday, November first in the Country Club, Riverhead The meeting was called to order at noon by the president, Dr F S Child of Port Jefferson, with thirty-three members present. Public Health nurses and the wives of the members brought the attendance to over fifty. A brief business session was followed by a dinner, while the afternoon was devoted to scientific addresses The meeting was one of the best attended and most interesting that have ever been held The report of the treasurer showed that ninety-three paid-up members were on the rolls, and a balance of $400, in the treasury

The first order of business was the reports of officers and committees Dr William H Ross of Brentwood reported that the Legislative committee had kept track of the legislative bills affecting medical practice and health One hundred and six such bills had been introduced, and all that were dangerous to health had been defeated However, since the Medical Practice Act had been adopted in 1926, the medical profession had not sponsored *any* bills of great importance

Dr Ross reported that the Medical Practice Act was being enforced with efficiency by the State Department of Education and the Attorney General, and that the physicians themselves had been relieved of the duty of investigating complaints of illegal practice, as was the case under the former law A quack of whom a doctor made complaint would set up the plea that the physician was jealous of him, and was acting in self interest, but now the doctor has nothing to do with investigations and complaints

Dr Frank Overton, chairman of the Committee on Public Health reported that the outstanding public health accomplishment of the past year was that of securing the authorization of a County Health Department This would be a great step toward the realization of the ideal of the medical profession—medical service, in all forms, to all classes of persons.

Dr W H Ross described the work of the Cancer Committee and said that it was prepared to supply lectures to civic clubs and societies in every village The lecturers would explain the nature of cancer and the means of its detection and control They had reported that the people generally were ignorant of the modern conception of cancer and were often in needless fear of the disease Medical science could now offer the hope and expectation of cure if the people would accept it

On motion it was voted that a physician in each village should have charge of making arrangements for lectures in his locality

The secretary, Dr E P Kolb, reported that he had received a set of standing orders for the guidance of the public health nurses in their calls upon sick persons before a doctor had arrived On motion the orders were referred to the Comitia Minora for investigation with a view to their approval

Dr F S Child gave the presidential address in which he outlined a plan of examining persons who were presumably healthy, by which the facilities of the general hospitals and their laboratories could be utilized to give a person a complete health audit along the lines of that of the Life Extension Institute This plan received the formal approval of the Society

The sickness of Dr C C Miles, a past president of the Society, was announced and the Secretary was authorized to send him flowers and a letter of greeting

The principal address of the day was given by D Joseph H Globus of 1125 Park Avenue, New York, on the subject, "Cerebral Apoplexy"

Dr Globus received the attention of his audience for an hour and a quarter while he described the modern conceptions of apoplexy He especially emphasized the possibility of detecting the premonitory symptoms of apoplexy and of guarding against its onset, thereby adding years of usefulness for many persons The address was clear and pleasing and drew the commendations of the wives of the doctors as well as the medical men, for whom it was intended.

Officers were elected as follows

President—Dr E R Hildreth, Bay Shore
Vice-President—Dr A E Payne, Riverhead
Secretary—Dr E P Kolb, Holtsville
Treasurer—Dr G A Silliman, Sayville

The choice of censors and delegates to the State Medical Society was left with the Comitia Minora

Dr A C Bowen of Smithtown was elected to membership, and Dr Maria Vinton of Brightwaters and Dr William Neuss of Yaphank were accepted as members by transfer from other County societies

E P Kolb, *Secretary*

SENECA COUNTY

The Semi-annual meeting of the Seneca County Medical Society was held at Willard State Hospital, Willard, N Y, on Oct. 11, 1928, Dr E W Bogardus, President, presiding

The following officers for the ensuing year were elected by unanimous ballot

President, Dr W M Follette, Seneca Falls,
Vice-President, Dr A. J Frantz, Seneca Falls,

$2 per capita was voted to be levied in addition to the regular dues for 1929

Dr Schiff reported on the progress made for post-graduate instruction, and also on the coming meeting of the State Society

Dr William L Munson, President of the Fourth District Branch, spoke of the plans for a meeting of the Fourth District Branch next fall

The following officers were elected President, B R Webster, Dannemora, N Y , Vice-President, A S Schneider, Plattsburgh, N Y , Secretary, Leo F Schiff, Plattsburgh, N Y , Treasurer, F K. Ryan, Plattsburgh, N Y , Censors, Drs Rogers, deGrandpre, and Macdonald, Delegate, Leo F Schiff, Alternate, A S Schneider

Dr McDowell stated that he had appointed a Committee consisting of Drs Everett, Ryan, and Schiff to draw up resolutions in respect to the memory of Drs Clough and Larkin, and the Committee reported with the resolutions which were accepted and appear as part of these minutes on a separate page

A motion to endorse the action of the State Sanitary Officers Association in requesting the State to provide for official automobile license registration for physicians was adopted unanimously

Dr E S McDowell gave the President's Address and chose as his subject "The Place of the Private Practitioner in Preventive Medicine" At the conclusion of this address, it was voted that the President appoint a committee of which he should be the Chairman, to study conditions of maternity in Clinton County and report at the annual meeting in 1929 The President appointed Drs Sartwell and Schiff

Dr I S Haynes read a paper on "The Lumbo-sacral Spine as one Source of Backache," illustrated with X-ray films and pictures This was discussed at length by Dr C D Silver

Dr D T Smith of Ray Brook delivered a lantern slide lecture on "Diagnosis and Treatment of Fuso-spirochetal Diseases of the Lung," taking up both experimental and clinical phases of these conditions Discussion by Drs Houghton, McDowell, Silver, Schiff, and Munson

The President publicly thanked the speakers who had given of their time to make this interesting program, after which the meeting on motion adjourned

LEO F SCHIFF, *Secretary*

SARATOGA COUNTY

The Annual Meeting of the Saratoga County Medical Society was held at Saratoga Springs, Wednesday, Oct 24, 1928, and was opened with a clinical demonstration at two o'clock at The Saratoga Hospital

The members of the Saratoga County Medical Society were invited by the President, T J Goodfellow, to a banquet at 6 P M at the Y M C.A , Saratoga Springs, N Y Following the banquet the business program was taken up

The president appointed the following as a nominating committee Drs King, Van Doren, and Castree, who reported the following nominees

President, T J Goodfellow, Vice-President, A W Johnson, Treasurer, John Maby, Secretary, R B Post, Censors, G H Fish, F Gow, E H King, Delegate to State Convention, G Scott Towne, Saratoga, Alternate Delegate, J MacElroy, Jonesville

These members were duly elected to office

Motion made and seconded that all members who have been in active practice for a period of fifty years shall be given a life membership in The Saratoga County Medical Society, and their dues to the New York State Medical Society be paid from the treasury of the Saratoga County Medical Society, dating from Jan 1, 1929 Carried

Motion made and seconded that the Saratoga County Medical Society extend an invitation to the fourth district branch of the Medical Society of the State of New York to hold its next annual meeting at Saratoga Springs, N Y Carried

Motion made and seconded that we go on record as favoring the resolution of the New York State Sanitary Officers Association in regard to special automobile number plates for physicians' automobiles

The report of the Treasurer was next read and accepted, also the report of the delegate to the State Convention

Dr MacElroy reported progress in regard to presenting a health program to the Board of Supervisors

The guests of honor at our banquet, those doctors who have been in practice fifty years or more, namely Drs Gow, Cotton, Crombie and Stubbs, gave short addresses relating their experiences

Dr M J King, of Mt McGregor, gave a very interesting paper on "Calmette's Vaccine"

Dr C R Comstock gave an interesting discourse on "Some Impressions of an European Trip"

A rising vote of thanks was given to our president, in recognition of the gracious manner in which he entertained the members of the Saratoga County Medical Society

R B POST *Secretary*

Jaques, M D, Lynbrook, executive secretary, J Louis Neff Rockville Centre, board of censors B R Allison, M D J W Bulmer, M D, Ernest Dickey, M D, G A Fensterer, M D, E C Jessup, M D, delegate to State Society for two years Louis A Van Kleeck, M D, alternate Albert M Bell, M D, alternate to Dr Fensterer whose term of office carries over from last year, G Borden Granger, M D, delegate to Second District Branch, M R Jackson, M D

The committees appointed for the purpose of investigating the desirability and possibility of securing, for the County, a central hospital and a public laboratory, reported considerable work accomplished, and in the near future hopes to be able to announce a definite constructive program for these two important needs of the county

The Committee on Post-graduate Education announced that, because of the success of the previous programs, there would be conducted during the season of 1928-29 a larger series than had previously been undertaken These lectures have already been started with three scheduled for November and three for December Beginning with the new year, we shall conduct these lectures on Thursday afternoon at 4 p m in Nassau Hospital

The report of the Secretary-Treasurer showed a net gain in membership in spite of the unusually large loss during the year because of death, removal from the county, and election to retired and honorary membership The financial condition of the Society is sound and shows an improvement over that of last year

The Nursing Committee made a preliminary report on the survey of the nursing condition in the County, and announced that in the beginning of the new year active steps would be taken to remedy certain conditions now existing because of the lack of cooperation of several registries

Acting upon the recommendations of the same committee, the Society voted to approve the standing orders for visiting nurses, drawn by the Queens County Medical Society for the use and guidance of nurses of the Metropolitan Life Insurance Company

The Medical Society was appealed to for assistance in the matter of the misunderstanding which has arisen between the Cancer and Tuberculosis Committees

Dr Bell, retiring president, reviewed the activities of the Society for the past year and outlined the unfinished business which would have to be taken over by the new president, but made it evident that this unfinished business is in such shape that the incoming administration could reasonably expect to witness further advances in the activities of the Society

A letter was read from Dr Charles H Ludlum of Hempstead, who is the second oldest living member of this Society Dr Ludlum was recently elected to Honorary membership, and this action caused him to reminisce in a very interesting fashion He wrote

"When I began my interne service at Bellevue Hospital in the Spring of 1865 we were at the dawning of a new day Cammann and Loomis were teaching auscultation and percussion, and we introduced the fever thermometer and hypodermic needle during my service, I believe. We also learned that cleanliness was essential to successful surgery"

The Society has opened an executive office at 457 Franklin Ave, Mineola, directly opposite the Court House, and employ full-time executive and clerical assistants

A D JAQUES, M D, *Secretary*

CHAUTAUQUA COUNTY

The annual meeting of the Medical Society of the County of Chautauqua was held at the White Inn, Fredonia, N Y, on Wednesday, December 12, 1928 A business meeting was held at noon, followed by a dinner A scientific session was held immediately after dinner

The following were elected to office for 1929 President, Dr B S Swetland, Brocton, N Y, vice-president, Dr F J McCulla, Jamestown, N Y, secretary, Dr Edgar Bieber, Dunkirk, N Y, treasurer, Dr F J Pfisterer, Dunkirk, N Y

Dr A H Aaron, of Buffalo, gave a most interesting and instructive talk on "Recent Advances in Gastro-Intestinal Therapy"

EDGAR BIEBER, *Secretary*

Secretary and Treasurer, Dr R F D Gibbs, Seneca Falls, Delegate to State Society, Dr R M Elliott, Willard, Alternate, Dr R S Pettibone, Willard, Delegate to 7th District Branch, Dr A L Letellier, Alternate, Dr F W Lester, Censors, Drs F W Lester, L W Bellows, C B Bacon

Dr Lester reported on the State Society, and Dr Letellier on the Seventh District Branch meetings

On motion a committee of three composed of Drs Brown, Cole and Gordon was appointed by the President as a public relations committee to cooperate with lay organizations as to public health

The Secretary was instructed to report to the State Education Department any physicians in Seneca County not properly registered

It was decided to hold the May meeting in Romulus, N Y

A paper on "Certain Forms of Heart Disease and Their Management" was read by Dr Herbert Schoonmaker, of the Clifton Springs Sanatorium The paper and the discussion brought out many points of great value and interest to all present

The members voted unanimously thanking Dr Elliott for his courtesy as host of the Society

R F Gibbs, *Secretary pro tem*

BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at the Concourse Plaza, on November 21, 1928, was called to order at 9 P M, the President, Dr Gitlow, in the chair

The following candidates were elected to membership

Jacob Belenky, Harold C Brinn, Harry H Epstein, Abraham Feitelberg, Peter Gaetano, Anthony C Galluccio, Aaron N Gorelik, Irwin I Koslin, Joseph J Kowles, Harry S Mackler, Irwin Mason, Lawrence J McTague, Zalmon A Paperny, Bernard Rabinowitz, Dickinson C Richards, Morris B Schwartzfarb, Augusta Skodnick, Stanley H Steiner, Israel Weinraub

Dr Magid, Chairman of the Committee on Medical Economics, submitted the Report of the Committee on the subjects of formulating definite plans for social service investigation and study in Hospitals and Dispensaries, and conducting a Credit Bureau for the benefit of the membership of the Society General discussion followed on the matter of Hospital and Dispensary abuses, It was moved and carried that additional men be added to the Committee on Medical Economics for the purpose of further study of this matter It was then moved and carried that the Report of the Committee as read be accepted by the Society

Dr N B Van Etten, Chairman of the Committee on Public Relations, submitted the Report of the Committee, with special reference to the Campaign to rid the State of New York of Diphtheria He emphasized the splendid work that has been done outside of New York City and stated that the City of New York should be and now is an active participant in this campaign The committee has held two meetings recently Dr Van Etten urged the doctors to further this campaign of toxin-antitoxin immunization, and to do the work themselves The Committee recommends that all available agencies in the Bronx, under the direction of the Bronx County Medical Society, be utilized to propagandise the citizens of the Bronx Our recommendation is not to allow health agencies to carry on this treatment, but to have everybody go to his own doctor The committee further recommends the appointment of a special diptheria committee comprehensive enough to reach as many lay organizations as possible and to enlist as much assistance, lay and medical, as is possible in this matter It was moved and carried that the report be accepted and that the chair appoint a special committee as suggested by the chairman of the committee on public relations

A Report was received from the Committee on Public Health and Medical Education, which dealt chiefly with the subject of baby health stations The committee is making a thorough study of this subject and will submit a complete Report within the near future

The scientific program consisted of a paper on the Diagnosis and Treatment of Infections of the Hand illustrated with a motion picture by Henry W Cave, M D

I J Landsman, M D, *Secretary*

NASSAU COUNTY

The annual meeting of the Medical Society of the County of Nassau was held on November 27th at the Rockville Country Club, Rockville Centre, N Y

The following officers were elected for 1929 President, Roy D Grimmer, M D, Hempstead, vice-president, Leander A Newman, M D, Port Washington, secretary-treasurer, Arthur D

THE DAILY PRESS

THE HEALTH OF THE PRESIDENT

How a man can preserve his health when he is threatened with submersion beneath a load of care and work has been frequently discussed, and many have been the articles reciting the exercises and the diets followed by those who are prominently before the public The most scientific and sensible of all the articles is that written by President Calvin Coolidge to the editor of the *St Louis Post-Dispatch* on the fiftieth anniversary of the establishment of the newspaper Discussing his own health the President is reported by the *New York Herald Tribune* of December 10, as saying

"As a President about to retire, I feel at liberty to write of certain phases of that office which one who was entering upon its duties might feel some hesitation in discussing I shall briefly express my opinion concerning a subject which is often broached but about which nothing is ever done, although it is recognized by everyone as a matter of the gravest importance I refer to the health and physical condition of the President, not so much for my own sake as for my successors I have often remarked that at least I had one distinction I have been the healthiest President that the country has ever had

"My ability to keep well has not been due to a particularly robust constitution or any extraordinary efforts in physical exercise My habits have been regular It is seldom that I have been late at meal time and I have avoided keeping late hours Very little work has been done before breakfast, but usually I have taken a short walk and, during the winter season, a more extended walk before dinner, which has been my chief mode of exercise. I have kept a couple of vibrating machines in my room which I found helpful It will be seen that in the matter of exercise my efforts have been toward a conservation of time Such activities have been adopted as could be put into operation at once, without the necessity of a change of clothing or travel to some other location before exercise could begin

"At the time I took office there was considerable discussion of what could be done to remove all unnecessary burdens from the President Some legislation was proposed I did not look upon that with much sympathy, perhaps, because unconsciously I may have felt it would be a declaration of weakness, but certainly because my experience in public office made me know that whether I was to be overburdened with work and broken down in health depended more on myself than any act of Congress

"The duties of the Presidency are exceedingly heavy The responsibilities are overwhelming But it is my opinion that a man of ordinary strength can carry them if he will confine himself very strictly to a performance of the duties that are imposed upon him by the Constitution and the law If he permits himself to be engaged in all kinds of outside enterprises, in furnishing entertainment and amusement to great numbers of public gatherings, undertaking to be the source of inspiration for every worthy public movement, for all of which he will earnestly be sought with the inference that unless he responds civilization will break down and the sole responsibility will be on him, he will last in office about ninety days There are certain addresses which the President must make, certain appeals to which he may respond, like this one which you have made to me But in the vast majority of cases he must and should decline

"It is, of course, obvious that the President should not burden himself with details Those should be attended to by his departments and his office staff He should not do any work that he can have done by others Such energy as he has should be directed not so much toward doing work as making certain that the work is being well done"

THE BIRTH OF FOLK SONGS

It has always been a mystery who composes negro folk songs and how The New York *Times* of November 24 records a new spiritual within a few hours after its birth, but its parentage was undiscoverable The account reads —

"A new spiritual was born of the Florida typhoon Red Cross officers, working in the desolation about Lake Okechoobee, heard the negroes singing it as they floated about on rafts, refugees from the storm The Red Cross men do not know who started the song, for negroes while about such business of composition as this frequently build their songs up of separate lines— one person singing the first one and the rest adding to it as they go The result was—

MEDICAL WARES

THE REFRACTOMETER

The refractometer is one of the instruments of precision used in laboratories for research and clinical diagnosis It is also in common use in industry for the purpose of determining the percentage of an ingredient in a liquid, *as in sugar making*

The refractometer is an application of the principles of refraction, or the bending of rays of light as they pass through substances of different densities The simplest illustration of refraction is the apparent bending of a stick thrust obliquely into water The rays of light emerging from the water are bent on entering the air on the surface of the water Rays are also bent when they enter the water from the air, and when they enter or emerge from a prism or lens The amount of bending is called the *index of refraction,* and is a constant quantity for any given substance

The index of refraction may be accurately expressed by a fraction whose numerator is the sine of the angle which a ray in a vacuum makes with a line perpendicular to the surface of the denser surface, such as water or a lens, and whose denominator is the sine of the angle which the ray makes with the same perpendicular inside the denser substance The fraction may be expressed as follows

$$\frac{\text{Sine angle of incidence}}{\text{Sine angle of refraction}} = \textit{Index of refraction}$$

When a ray of light passes through a liquid at an angle which is nearly parallel with the surface, the ray cannot emerge into the air, for the refraction turns it back into the liquid, and thus the ray is totally reflected A refracting prism is used in place of a mirror when the most perfect reflection is desired

The refractometer is an instrument used to determine the index of refraction of a substance, which, in a clinical laboratory, is usually a solution The substance dissolved in a liquid increases the index of refraction of the liquid in proportion to the amount of the substance in solution The index of refraction of pure water is about 1 3 When a substance, such as cane sugar, is dissolved in the water, its index of refraction is increased just as its specific gravity is increased, and so its refractive index is an indication of the amount of a substance dissolved in the liquid

The refractometer, like a microscope, may be extremely simple in plan and construction, or it may be complicated A common type, the "Abbe," is about the size and appearance of an ordinary compound microscope A thin layer of the solution to be examined is placed under a prism which may be rotated with accuracy The prism is viewed with an eyepiece, and is rotated until the dark area of total reflection of light covers exactly one-half of the field of view. The angle of rotation of the prism is then read on a scale by means of a magnifier, but the scale is usually made to give a direct reading of the index of refraction

The index of refraction varies with the temperature, being increased as the temperature is lowered The temperature of 17 5C is the standard temperature at which a reading is usually taken Some instruments are made with devices for maintaining a constant temperature

The most common use of the refractometer is probably that in sugar making, where the percentage of sugar in the plant juice must be determined with accuracy from the time of the purchase of the cane or beets, until the sugar is finally crystallized from the solution

Much research work has been done in order to determine the relation of the index of refraction of biological solutions to various conditions of the body The following table shows the scope of the investigations in which an extensive literature has already been developed

1 Investigation of serum
   (a) Determination of its albumen content
   (b) Determination of the ratio of albumen and globulin
   (c) Determination of the fibrinogen
   (d) Determination of the quantity of blood in a person's body
2 *Determination of the hemoglobin*
3 The Abderhalden reaction
4 Investigation of the cerebro-spinal liquid
5 Investigation of gastric juice
6 *Investigation of urine*

While physicians generally will not often have occasion to ask for refraction tests, yet they should know that the refractometer is one of the instruments of precision that are at their disposal

BOOK REVIEWS

THE PNEUMOTHORAX AND SURGICAL TREATMENT OF PULMONARY TUBERCULOSIS By CLIVE RIVIERE M.D Second Edition. 12mo of 311 pages London and New York, Oxford University Press, 1927 Cloth, $3.25 (Oxford Medical Publications)

The second edition of Dr Riviere's book is most complete for a book of its size

He describes, in a very concise and thorough manner the mode of action of artificial pneumothorax, its indications and contra-indications the pneumothorax apparatus, and the technique of initial operation, together with all the facts relating to the treatment of tuberculosis by the production of artificial pneumothorax

In his discussion of artificial pneumothorax, he sets forth very clearly the various effects produced, and the treatment of all conditions arising in this mode of treatment.

In part two the book is devoted to the surgical treatment of pulmonary tuberculosis and embraces a historical survey, the mode of action of thoracoplasty and other surgical methods, indications and contra-indications, various operations in present use, choice of anaesthesia preparation for operation and after treatment, and final results of surgical treatment

R. F H

FOOD INFECTIONS AND FOOD INTOXICATIONS By SAMUEL REED DAMON, A.M., Ph.D Octavo of 266 pages, illustrated Baltimore, The Williams & Wilkins Company, 1928 Cloth, $4 00

The author has divided his book into three main parts in which food infections, food intoxications, and zooparasitic infections acquired through food, are respectively discussed. Under food infections, chapters are devoted to the paratyphoid group, tuberculosis from milk and meat, undulant fever, septic sore throat, and actinomycosis The bacteriology, pathology, diagnosis differential diagnosis, and treatment of each of these types of food infection receive clear and adequate discussion.

Food intoxications are grouped in the second division of the book. The chapter on botulism is excellent. Considerable space is devoted to the various types of mushroom poisoning Other food intoxications described are ergotism, lathyrism, milk sickness potato, fish, and shellfish poisoning The chemistry, pharmacology, diagnosis and treatment of these intoxications are given in detail

The third part deals with zoo-parasitic food infections The chapters on trichinosis and taeniasis are quite complete, a large number of other parasites are somewhat more briefly described. A plate of the more common ova, and a key for their identification, is a very useful addition.

The book is well illustrated and a good bibliography given at the end of every chapter It should be a valuable reference book for the laboratory and for those interested in public health, as well as for the practitioner of medicine.

ARNOLD H. EGGERTH

A COMPEND OF PHARMACY By F E. STEWART, Ph M., M D Tenth Edition, revised. 12mo of 199 pages Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $2 00

In this revision this excellent compend, now in its tenth edition, maintains its place of prominence among books of its kind

In a concise form it gives the essentials of pharmaceutical operations, the various preparations of the U S P X. and National Formulary, and the preparations of the inorganic and organic materia medica

F S

INTRODUCTION TO THE HISTORY OF SCIENCE. Volume I From Homer to Omar Khayyam. By GEORGE SARTON Quarto of 839 pages Baltimore, The Williams & Wilkins Company, 1927 Cloth, $10 00

This is a volume only for and of the greatest importance to scientists and students of history However, anyone pretending to an educational culture will find it interesting and very much worth while. It is the first volume of a series This volume covers that period of history from Homer to Omar Khayyam. It is comprised of 34 chapters and an Index. Each chapter is devoted to a single period. There is an ample Introductory Chapter which is solid reading and will interest scientist and layman alike. Each following chapter is divided into two parts The first part covers a period of time, (the first chapter to a period of indeterminate length, the next three to centuries, and the remaining, 30 in number, to periods of half a century each), and is really a summary of the main facts The remainder of the chapter is an outline of material for study and reference.

In the Introductory Chapter we read, "The purpose of this work is to explain briefly the development of one essential phase of human civilization the development of science, that is of *systematized positive knowledge*. The acquisition and systematization of positive knowledge is the only human activity which is truly cumulative and progressive."

This is an important work and should be in the library of every scientist and historian

T S W

CLINICAL ASPECTS OF THE ELECTROCARDIOGRAM A Manual for Physicians and Students By HAROLD E B PARDEE, M D Second Edition, revised. Octavo of 242 pages, with 60 illustrations New York, Paul B Hoeber, Inc., 1928 Cloth, $5 50

In this second edition of his work on the electrocardiogram, Dr Pardee has added much to an already valuable book. In Chapter III on hypertrophy of the chambers of the heart, the older terminology of left or right ventricular preponderance has been replaced by right or left axis deviation and a very clear exposition of the whole subect ensues The fact that considerable axis deviation may exist due simply to altered anatomical position of the heart in the thorax and not dependent upon any disease process is clearly shown. The concept of axis deviation will be helpful to all students of electrocardiography

Perhaps the most helpful addition to the book however is the chapter on the description and operation of the electrocardiograph. The reviewer can well remember his difficulties when he became interested in electrocardiography in finding anything in the literature upon the construction of the instrument the principles of physics involved and the technique of taking the electrocardiogram All this is supplied in Dr Pardee's book in very clear and helpful form including suggestions for locating trouble in the instrument when this occurs This chapter is extremely valuable and makes one wish to own the second as well as the first edition.

E. P MAYNARD JR.

A TREATISE ON DISEASES OF THE HAIR AND SCALP By S DANA HUBBARD, M.D Octavo of 500 pages, illustrated. Philadelphia, Lea and Febiger 1928 Cloth $5.50

In this book the author covers many subjects which are not usually found in the ordinary books on dermatology As the book is limited to the hair and scalp and face the author has a limited amount of the body to cover which he does very well He gives very many

On the sixteenth of September
In the year nineteen twenty-eight
God started riding early
And he rode till very late

He rode out on the ocean,
Chained the lightning to his wheel,
Stepped on the land at West Palm Beach
And the wicked hearts did yield

Chorus —
In the storm, oh in the storm,
Lord, somebody got drowned,
Got drowned, Lord,
In the storm

"The song follows faithfully the form and thought of all the spirituals God, who sends desolation to humankind, but always for a moral purpose and is the hero of the story, God, to whom all praise for whatever fragment of life or property He may choose to leave for those who sing His righteousness and glory"

STORY OF CHRISTMAS SEALS

Doctors know about Christmas Seals, but few know how they came to be The *New York Times* tells their story on its editorial page of November 24, in the following words

"The magazine *Baltimore* has done well to recall the story of the Christmas seals and how they came to be used in this country

'A Danish postal clerk in Copenhagen named Elinar Holboell conceived the idea of the stamp for the purpose of helping raise money for a children's hospital A letter bearing one of these stamps came into the hands of the late Mr Jacob Riis in this country, who was at the time interested in the Sea Breeze Hospital

"Mr Riis wrote an article about it that was published in *The Outlook* The idea was taken up by others, including a Miss Bissell in Delaware, who by its use raised $3,000 for a tuberculosis pavilion in that State In 1908, thanks largely to the impetus originally given by Mr Riis and the efforts of Miss Bissell and others, the American Red Cross began a nation-wide sale of tuberculosis Christmas seals In 1910 the National Tuberculosis Association joined with the Red Cross in the Christmas seal sale This partnership lasted till 1920 Since then the National Tuberculosis Association has been the principal mover in the sales This year the American Society for the Control of Cancer has issued special Christmas stamps of its own in order to help raise funds to fight cancer"

GOOD FOR A COLD

A cold is the oldest of diseases It is the form of sickness with which everybody is the most familiar, and yet it is the one about which doctors know the least It is not strange that home remedies are numerous and are most contradictory in their nature James J Montague in his department "More Truth Than Poetry" in the *Herald Tribune* of December 14, discusses some of the sure cures in the following verses

"You never ought to let a cold
Embrace you with a strangle hold,
Which may bring fevers, aches and chills
And even more appalling ills
Be warned when you begin to sneeze,
The remedies for colds are these
Immediately to bed repair,
For colds thrive on chilly air
Stay out of doors the whole day through,
For that will still the worst 'kerchoo'
Tuck three big meals in every day
And they will drive the cold away

No cold, however bad, can last,
If for a fortnight you will fast
If you keep muffled to the neck,
You'll hold the direst cold in check
No cold can get so very bad
If you go always thinly clad
Take lots of quinine every night
And soon the cold will be all right
No medicine that's ever sold
Will cure, or even help, a cold
No cure in all this list I've shirked
And none of them has ever worked'

THE GLANDS REGULATING PERSONALITY A Study of The Glands of Internal Secretion in Relation to the Types of Human Nature. By LOUIS BERMAN, M D Second Edition, revised Octavo of 341 pages New York, The Macmillan Company, 1928 Cloth, $3 50

After "exploring and sifting" some twenty thousand articles and several hundred books, Dr Berman has come to write a volume on the importance of our internal secretory glands to human behavior This book is now revised and in its second edition

The author, rather gallantly, reviews the lives of some of the contributors to endocrinology Exactly twenty-one glands and organs of internal secretion are described and their products named, as if the final word had been said about each one. Then follows a discussion of interrelation of these glandular hormones, their effect on personality and character formation. Dr Berman even goes so far as to state that by knowing one's history "his physical appearance may be described and his future outlined"

Sex life, menstruation and gestation are then described and the value of endocrine effects on them elaborated The role of the glands on the mind is made a subject of rather lengthy oratory The Freudian conception of the subconscious is not recognized because it does not include internal secretions A concise classification of glandular types is then presented with Napoleon, Nietzsche, Darwin and Wilde as examples

A very small part of the contents of this book is scientific, a good fraction is problematic, but its major bulk is melodramatic.

JOSEPH S BENDETSON

A TEXT BOOK OF GENERAL BACTERIOLOGY By EDWIN O JORDAN, Ph D Ninth Edition, revised Octavo of 778 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, $6 00

The ninth edition of this standard text-book, brought up-to-date, contains the latest work on every phase of this science, especially on Scarlet Fever, Erysipelas, Rheumatic Fever, Tularemia, the bacteriophage, etc

The work is comprehensive, clear and readable. It takes up not only all the organisms pathogenic for man, but also the bacteriology of plants and of industry, detailed examination of soil, water, air, milk and milk products

I COHN

URINARY ANALYSIS AND DIAGNOSIS BY MICROSCOPICAL AND CHEMICAL EXAMINATION By LOUISE HEITZMANN, M.D Fifth revised Edition Octavo of 366 pages, illustrated New York, William Wood and Company, 1928. Cloth, $5 00

The analysis of the urine is a routine in the clinical study of all cases A carefully prepared manual on such a common subject of importance cannot fail to find a large field of receptivity Dr Heitzmann has admirably come up to that criterion, and we are happy to recommend this book for the daily use of anyone engaged in urine examinations

The care which the author has devoted to the study of epithelial cells in the urinary tract is worthy of much notice. It is quite a well known fact that many patients are cystoscoped in an endeavor to localize the lesion in the urinary tract. The author says that this is quite unnecessary as a study of the epithelial cells will show whether the lesion is localized or generalized. There is probably much skepticism on this point, but more attention can well be paid to the ideas of the author than is probably done at present. There is practically nothing taught about this in the medical schools today

The statement that presence of sugar in the urine means diabetes mellitus needs modification The remark that a blood sugar determination should be made on all patients showing sugar in the urine is more to the point, as only by that method can a true failure of carbohydrate metabolism be determined

The illustrations are not very clear in the delineation of cells When this part of the work from the author's viewpoint is so important, it does not seem amiss to urge that in subsequent editions that more care be devoted to this part of the work

J ARTHUR BUCHANAN

THE HEALERS By B LIBER. 12mo of 455 pages New York City, Rational Living, 1928 Cloth, $3 00

"The Healers," by B Liber, is a book written to all intents and purposes to review and deride all the healing cults of the past and present including medicine. The author does state that of all these evils, medicine is the least evil

The story, to our mind, is incidental It is the history of a boy ordained by his mother and destiny to become a doctor We follow the boy, William straight from his childhood through his premedical schools days, his medical course and then into his practice or rather his attempts to establish a practice. We see his disappointments and disillusions in the medical world, his inability to commercialize his inadequate knowledge and finally his desertion of the medical profession.

The author points out all the fallacies of the healing cults and destroys all of them without offering any substitute. He even adds confusion by raising doubts against some of the old established facts of medicine, such as vaccination and diphtheria antitoxin He makes no attempt to show us the heroic aspects of medicine.

WILLIAM RACHLIN

PRACTICAL CLINICAL PSYCHIATRY FOR STUDENTS AND PRACTITIONERS. By EDWARD A. STRECKER, A.M., M D, and FRANKLIN G EBAUGH, A.B, M.D Second Edition revised Octavo of 458 pages Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $400

There are too few excellent treatises on Psychiatry, considering the importance of this branch of medicine. And many of those issued in recent years are hardly available to the general practitioner, because of the fact that they have been written from the viewpoint of some one school of psychological research

But this volume of Strecker and Ebaugh is one of the best books on Psychiatry for the family physician which has been issued in recent years Showing a breadth of scholarship, and quite evidently the product of men of wide experience, it avoids the use of a style too common to many neurological and psychiatric writers, which cloaks rather than clarifies much of what they intend to say

Their management of the subject is more descriptive than analytical. The case method is followed throughout. But each mental syndrome is fully described I can most heartily recommend this book to the man who would like to have a good psychiatric book in his library For the general practitioner, it has another advantage, in that the discussions are brief and to the point. As psychiatrists we know that because of the nature of our work, most of our descriptions and analyses have to be somewhat sustained Yet these authors furnish all the necessary facts to enable one to understand each disorder, without encroaching too much on the reader's time.

Though there have been other books on Psychiatry, stressing the case-history approach to the subject—Kraepelin's for example—we know of no small book following this method which is as good as this one The only criticism one might make is that the authors, while not out of sympathy with Psychoanalysis, have utilized too little the psychoanalytic literature. But we must recognize that they are dealing with Psychiatry and not with Psychoanalysis And because of the high regard which we have for them as leading American psychiatrists, what they say bears the stamp of authenticity

JOHN F W MEAGHER

interesting insights into the different branches of medicine which have developed in recent years as a result of the changes in the styles and desires of the female sex which has lead to the development of the so-called beauty shop The book is well illustrated throughout, many of the cases so represented being from the author's own clinical service or practice. In his treatment the author devotes a great deal of space in many of the diseases discussed and especially in those conditions which are most commonly seen, such as ringworms, superfluous hair, eczema of the scalp and dandruff He takes particular pains to write out many of his treatments in prescription form and closes his book with a very complete appendix containing many useful prescriptions and suggestions There are however several small errors to which the author's attention should be called On pages 352 and 353 the word erythematosus is misspelled beneath the illustrations On page 326 the author uses the term "tinea sycosis" synonomously with the term "staphylococcus aureus and albus" On page 50 under the title of "Number of Hairs" he quotes "according to Withof one square inch of scalp has 5072 black hairs, 608 brown hairs and 790 fair hairs" From these figures the author deduces that a flaxen haired beauty has from 140,000 to 150,000 hairs on her head and a black haired girl has from 100,000 to 110,000 hairs on her head It appears as though the opposite would be true.

G F Price.

Gynecology for Nurses By Harry Sturgeon Crossen, M D Octavo of 281 pages, illustrated. St. Louis, The C. V Mosby Company, 1927 Cloth, $2 75

This little volume, two hundred and eighty-one pages, with three hundred and sixty-five engravings, comes from the pen of H S Crossen This statement insures to all gynecologists a high standard of authorship No greater compliment can be paid the work than to say that it is a fitting supplement to the two internationally known works of the author Diseases of Women and Operative Gynecology Like its predecessors it is freely and beautifully illustrated.

The work is divided into two parts Part one dealing with gynecologic anatomy, physiology, examination and treatment. This section is clearly and ably presented in a manner suitable for the medical student and nurse. It is short but complete, there being an excellent paragraph on radium in gynecology Part two, Details of Gynecologic Nursing is new in its text and arrangement. It should be of great value to instructors in nursing as well as the student nurse. The chapter on operative technic seems to the writer to be out of place in a book for nurses and the excellent illustrations of gynecologic operative technic could have been omitted to advantage Surely we should make no effort to produce operative technicians amongst our nurses

As a whole the book is of great value not only to student nurses but to those to whom their training is entrusted It presents clearly but briefly the salient points in gynecological anatomy, physiology and examination It covers in detail the duties of gynecologic nursing including operating room and operative technic. Coming from H S Crossen the standard and quality of illustrations is assured

Onslow A. Gordon, Jr

Filterable Viruses By Harold L. Amoss, and others Edited by Thomas M Rivers Octavo of 428 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1928 Cloth, $7.50

In this work are presented in a systematic manner some of the chief problems encountered in the field of filterable viruses. The different diseased conditions seen in the animal and plant life which are considered to be due to filterable viruses are discussed by ten different authors each of them a well recognized authority on the subject.

The epidemiological aspect, immunity, prevention, effects of viruses on cells, and their resistance to physical and chemical agents are fully discussed.

The subject matter is up to date and reflects the state of affairs as it now exists in the field of filterable viruses

The text contains a number of illustrations, plates, and a detailed bibliography follows each chapter

E. H Nidish.

Aluminum Compounds in Food Including a Digest of the Report of the Referee Board of Scientific Experts on the Influence of Aluminum Compounds on the Nutrition and Health of Man By Ernest Ellsworth Smith, Ph D M D Octavo of 378 pages New York, Paul B Hoeber, Inc., 1928 Cloth, $7 00

This is a comprehensive résumé of the work done by the author and others interested in the same field, that of aluminum compounds in food as related to the animal economy Most of the work grew out of the dispute as *to the deleterious action of alum baking powders* As always, such work leads to an enormous accumulation of interesting and important data often only remotely related to the original question. Thus the properties of aluminum in relation to the individual cell and the higher organisms have been studied with the care and patience that are lacking in our knowledge of other elements

The author states his own beliefs with great clarity and time with its harvest of more facts seems to bear out his early ideas on the subject. It is an admirable book for those interested in the newer work on nutrition with special reference to the effect of small quantities of elements or compounds on the health of a living organism The subject matter as presented here falls into three groups The occurrence of aluminum in the food, the action of this element on isolated cells and tissues, and the effect on growth and well-being of the animal organism

A. Goerner.

The Principles and Practice of Obstetrics By Joseph B De Lee, A.M., M D., Fifth Edition, revised. Octavo of 1140 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, $12 00

The worth and integrity of Dr. Lee's work are such that little need be said in this review of the fifth edition, save to point out that every new advance has been incorporated and its value assayed. New illustrations add to the value of the book in a material manner, while its full bibliography completes its value for the research worker

G W P

Epilepsy Comparative Pathogenesis, Symptoms Treatment By L. J J Muskens, M D., Octavo of 435 pages, illustrated. New York, William Wood & Company, 1928 Cloth, $8 00

There are but a few medical subjects that are as baffling as is epilepsy The general medical practitioner as well as the specialist in the different branches of medicine frequently meets the epileptic and is confronted with a malady that is puzzling from an etiological as well as from a therapeutic aspect. It is therefore with a sense of relief that one comes across a book written by one who has studied the subject from an anatomical, pathological and clinical aspect. A great portion of the book is devoted to experimental data. The various types of epilepsy are thoroughly discussed, and the different theories of their mechanisms are critically evaluated There is an introduction by Sherrington, which adds considerably to the authenticity of the work. It is a valuable book, and one that should appeal to every physician It is an indispensable work for the neurologist

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OUR NEIGHBORS

THE SHEPPARD-TOWNER ACT IN OHIO

The November issue of the Ohio State Medical Journal contains a two-page comment on the Sheppard-Towner Act which gives Federal Aid to States doing child welfare work approved by the Childrens' Bureau of Washington, D C New York State has received funds under the Act, and the State Department of Health has thereby been enabled to undertake demonstration activities, some of which have been carried on by County Medical Societies Ohio has also accepted Federal funds and has carried on an extensive series of child health activities However, opposition to the acceptance of Federal aid is widespread as is shown by the following abstracts from the Ohio State Journal

"There is much propaganda and many indications of renewed activity on the part of those who will request the next session of Congress to make an additional appropriation for the extension of the Sheppard-Towner Act Under the present Federal appropriation, the operation of this law will expire on June 30, 1929

"Many official documents have been issued by the Childrens' Bureau of the United States Department of Labor which either directly or by implication take credit under the Sheppard-Towner Act for the decreased infant mortality rate As commented upon and analyzed from various angles in previous issues of this Journal, there are many economic and social factors contributing to the decrease in infant mortality, and even if some of the official maternity and infancy activities are helpful, especially from an educational standpoint, they could be handled much more economically and perhaps much more effectively through local and state health administration rather than through detached and costly administration from Washington

"The latest publication of the Childrens' Bureau, known as Publication No 186 and comprising a booklet of 150 pages, recently off the press, sets forth in detail work under the maternity and infancy act in the various states for the fiscal year ending June 30th, 1927 and with a general review since the Sheppard-Towner Act was passed by Congress, and approved on November 23, 1921"

Ohio expended from $10,000 00 to $25,000 00 annually out of a possible maximum of $48,000 00 allottment The article continues

"In commenting on the renewed activities for further extension of the provisions of the Sheppard-Towner Act, the October *Bulletin of the Toledo Academy of Medicine* says in part

"'Two easy methods of defeating such inroads of medicine are in the hands of every practitioner First, he can explain to his many patients, in just a few words, that the Sheppard-Towner, or "maternity and infancy" act, is just a large piece of masked socialism He can show that this legislation will keep the Federal government forever in the business of paying money to the states for local medical and nursing work He can truthfully state that the money has been used for many purposes other than those intended in the act, that bureaucracy, ever exalting itself, will make additions ad infinitum until it covers the general field of medicine, until the governmental subsidy will require additional tax burdens on the citizen Second, he can write, wire and personally visit his Congressmen and prevail upon them to kill the Sheppard-Towner and such socialistic acts for all time'

"Too frequently the attitude of the medical profession is misunderstood on legislation and administration of the character of the Sheppard-Towner Act The medical profession always has advocated and supported constructive and practical legislation on public health The profession is at present as consistently interested in the reduction of unnecessary maternal and infant mortality as ever before The objections to governmental activities such as the Sheppard-Towner Act are based on the sound policy of opposition of Federal centralization, impersonal and detached supervision, unnecessary expenses, duplication of activities which should be strictly local or within the supervision of each state, the general and widely varying activities possible under such an appropriation, coupled with the possible development from 'education' to actual 'care and treatment' In Publication No 186 (above referred to), the section devoted to Ohio is of sufficient interest to warrant reproduction as follows * * * "

The article then gives a lengthy quotation from the bulletin, giving statistics regarding the lectures, clinics, demonstrations and other activities carried on The impression given is that an immense amount of useful work has been done However, the report closes with comparisons of mortality and morbidity rates in two sets of counties, one with the Federal assistance and another without, and the differences are not large enough to convince the

(Continued on page 57—adv rv)

(Continued from page 54)

physicians of Ohio of the superlative value of the Sheppard-Towner assistance.

The impression of a disinterested observer is that the statistical method of judgment may be one sided and unfair The educational work that has been done in both New York and Ohio is of very great value, even if sick rates continue high. It is probable that a small group of children not reached by any means furnish the greater proportion of cases of sickness and death

PUBLIC HEALTH AND THE DOCTOR IN TEXAS

The November issue of the *Texas State Journal of Medicine* has the following editorial remarks on the practice of public health by physicians.—EDITOR'S NOTE.

If the medical profession will not interest itself in practical public health, and recognize public health as a specialty in medicine, it may find itself eventually in a serious predicament, in fact, several serious predicaments The doctor has been the leader in public health thought for many generations Changing conditions of civilization have tended to divorce him from this service, which has never been a remunerative one and which has always been a traditional obligation on the profession

It is up to the medical profession to make its leadership felt in public health matters, whether or not it is going to specialize very extensively in that work There are boards and committees and groups of varying make-up and designation, all over the state, having to do with public health. Some of them are doing some very familiar things, and all of them likely will be doing it if we don't have a care Few of these groups will refuse to listen to the doctor Indeed, the doctor will be welcomed into their organization Generally, the trouble is that he will not bother about it That is where he makes his mistake

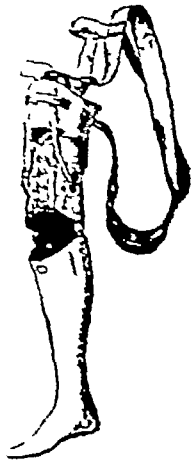
Someone who knows what it's all about must serve in preparing the way for the prevention of disease That someone should, beyond any doubt, be the doctor

Leadership should remain in the hands of the medically educated worker We cannot blame the lay worker in public health for assuming the responsibility of and becoming active in leadership when opportunity offers The blame must rest with those who permit it, and, as a rule, these do not themselves know the fundamental principles involved It is up to the medical profession to see that they are informed

If our people are familiar with the story of scientific medicine, both preventive and curative, they will be quick to appreciate the necessity of

(Continued on page 58—adv xvi)

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(*Continued from page* 58—*adv xvi*)

2 Regulation relating to the sanitation of public eating and drinking establishments

3 The establishment of a tuberculosis bureau or division in the Department of Health under which economical and efficient co-ordination of all tuberculosis control work in the city may be effected

4 Provisions of more hospital beds for the tubercular especially for hospital cases and proper recommendations for tubercular children for whom no provision is made at the present time

It is most interesting to note that of the 115 members of the fifteen committees of the Health Council engaged in the appraisal, seventy-four are doctors, and two doctors on each committee or thirty in all were official representatives of the Medical Society of the City and County of Denver

The combination of prominent members of the County Medical Society, officials of the City Health Department and earnest and experienced leaders of private organizations working in close and cordial relationship on a revision of public health methods ought to effect changes for far-reaching importance

The mayor and city council may be relied upon to appreciate the importance of the appraisal and to act upon its recommendation

RABIES IN NEW ORLEANS

The threat of human rabies is far more widespread than even doctors are aware, and there is a large group of persons who deny the existence of the disease in dogs as well as in men Parts of Westchester County, New York, are under the certification of the State Commissioner of Health that dog rabies is prevalent and constitutes a human menace, and there have recently been human deaths from rabies But it takes several human sacrifices to the god of American independence, or liberty, or license, or other fetish, in order to awaken the people to take precautions for their very lives

New Orleans, too, is threatened with human rabies A child died of human rabies in the early fall after receiving treatment for dog bite in a hospital of New Orleans, and this death was made the occasion for free advertising of two chiropractors who sponsored a "kindness to animal week" in protest against a campaign of dog catching Further, a prominent newspaper supported the chiropractors and ignored the protests of the Orleans Parish Medical Society

These facts are set forth in a letter in the *New Orleans Medical and Surgical Journal* of December Commenting on the letter, the *Journal* says editorially

(*Continued on page* 60—*adv xviii*)

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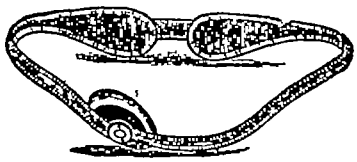
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(*Continued from page 57—adv xv*)

placing both curative and preventive medicine in the hands of thoroughly educated doctors And when they come to that point of view, adequate salaries will be paid for adequate service Then, indeed, will public health come into its own as an organized specialty in medicine. However, the public will never understand these things until we go to them with the story There are ways and ways of doing this Dr Prothro is approaching the people mainly through the public schools Here and there efforts are made through disjointed public health lectures, to bring about a realization of scientific medicine in the prevention of disease as well as its cure These lectures are delivered on a catch as catch can basis to luncheon clubs, meetings organized for other purposes, and the radio These are all good as far as they go, but they do not go far enough There should be a supervising, coordinating agency for public health education, with ample means and talent at its command Such an agency has been provided for through the State Health Department It is expected that there will arise in the process of the reorganization of the department, a bureau or division devoted to the education of the public on health matters If this bureau is organized and given ample funds and the undivided support of the medical profession, and other health workers throughout the state, the problem will be well on its way to a happy solution In the meantime, the pitfalls in the way should be borne in mind, and some of them are pointed out in the health articles in this number of the JOURNAL

HEALTH APPRAISAL OF DENVER

[The November issue of *Colorado Medicine* contains the following editorial comment on an appraisal of the health needs of the City of Denver, conducted by a Public Health Council that was largly dominated by physicians—EDITOR'S NOTE

The idea of a thorough analysis of all health activities in the city and county from which could naturally follow economy through elimination of duplicated activities and greater efficiency through logical revisions of method and through better co-ordination between municipal official management and voluntary enterprise first took shape in 1925 but was temporarily shelved until revival this year by the Health Committee of the Community Chest and finally carried out under the auspices of the Public Health Council

Among the more important recommendations of the preliminary report are

1 Construction of a new contagious disease hospital

(*Continued on page 59—adv xvii*)

(Continued from page 60—adv xviii)

ical meeting Eighth Councilor District Meeting, Southern Illinois Medical Meeting, the Sunday afternoon lectures sponsored by the North Side Branch of the Chicago Medical Society, the special meeting of the McDonough County Medical Society

"Sixty-seven special items sent out to Chicago papers about meetings of the Chicago Medical Society and its branches

"Two poster exhibits arranged for a County Medical Society and the Kankakee High School

"Three moving pictures on health subjects

"Sixteen folders of suggested material on special health subjects made up for physicians (This was entirely aside from the material which is ordinarily sent out to speakers)

"The Educational Committee had an exhibit at the annual meeting of the American Public Health Association Those visiting the exhibit were given copies of an article on the value of the periodic health examination"

Physicians in New York State will be interested in this report, for it is a precedent on which the leaders of the State Medical Society may use as the basis for an opinion regarding the value of direct instruction of the people by medical societies as contrasted with that done by lay organizations

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Address

(*Continued from page 59—adv xvii*)

"In this connection it might be said that rabies is rife among the dogs of New Orleans It is the stray, unwatched animal that is potentially dangerous to children particularly, but to adults as well It is this animal that the chiropractor would protect As an example of unthinking interference we would say that recently in New Orleans considerable notoriety was attained by the action of an individual who objected physically and pugnaciously to the methods employed by the official dog catcher in collecting stray animals to be impounded If this man had ever seen a child die in the horrible agonies of hydrophobia never, we are sure, would he object to any measures to get rid of one of the most frightful of diseases bred in the curs of the alleys He would utter words of thanks that the authorities are attempting to control the source of the disease He, the general public and the press, would bless the name of Pasteur, the greatest of Frenchmen who made possible a treatment which will prevent, it is true in not every case, but in by far the great majority of cases, the development of one of the most agonizingly horrible and frightful diseases, rabies"

POPULAR MEDICAL EDUCATION IN ILLINOIS

The December issue of the *Illinois Medical Journal* contains the following summary of the November activities of the Educational Committee of the State Medical Society

"One hundred and seven speaking appointments were filled Twenty-six of these talks were given in Illinois High Schools in observance of Health Day of American Education Week The other appointments represent women's clubs, parent-teacher associations, men's clubs, factories and teachers' institutes

"Women physicians of the Chicago Medical Society have been secured to give talks on sex hygiene before the girls of the Juvenile Detention Home of Chicago The request for this service came to the Educational Committee from the Chicago Woman's Aid

"Sixteen radio talks have been given

"Twenty-three articles have been written and approved by the Committee

"Six hundred and sixty-six educational health articles were sent out to newspapers using the regular health column

"Nine special articles were sent to community newspapers in counties where there were epidemics

"One hundred and eighty-five items were sent out to newspapers about the Quincy Clin

(*Continued on page 61—adv xix*)

NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 29, No 2 | NEW YORK, N Y | January 15, 1929

THE USE OF RADIUM IN DISEASED TONSILS*

By J COLEMAN SCAL, M D, F A C S, NEW YORK, N Y

From the Oto-Laryngological Dept. Beth Israel Hospital

THE uniformly excellent results obtained in the treatment of inoperable diseased tonsils by radium seeds warrants my enthusiasm for this method

The greatest obstacle to the application of this method for the relief of diseased tonsils is the opposition of the family physician The point usually raised against it is the supposition that the action of the radium cannot be controlled after the insertion of the seeds, and that the radiation would affect all the structures adjacent to the tonsils This surmise has no foundation, as it has been proved definitely that lymphoid tissue is much more sensitive to radium than is skin, muscle, or connective tissue structures This accounts for the selective action on the tonsillar tissue without affecting the adjacent structures

In a certain few cases, however, a repetition of the radium implantation proved necessary, but this I attribute to either the radon seeds being non-potent (technician's error in the preparation of the seed) or to the seeds not being centrally implanted, thus resulting in the upper or lower poles of the tonsils not being in the zone affected by the radium The amount of radiation can be measured so accurately that a definite amount is assured This can be accomplished by eliminating the caustic beta and irritating alpha rays, thus permitting only the therapeutic gamma rays to act without causing any burns or destruction of tissue At the same time the applicators can implant the seeds with such exactness that there is an equal and complete distribution of radiation throughout the tonsil While the same results can be obtained with needles which contain the element, or glass or gold seeds containing radium emanation I am now using the platinum removable seeds about 4 mm long and about 1 mm wide, containing an average of 2 56 mc radium emanation Each of these seeds has a strong silk thread attached to one end so that after the seed has served its purpose it can be removed by pulling on the thread The screenage amounts to 0 33mm thickness of platinum, enough to eliminate practically 98 5 per cent of the caustic beta rays The seeds can be sterilized by boiling After implantation these seeds lose about 0 75 per cent of their activity each succeeding hour, so that after four weeks the activity has entirely ceased The initial main activity, however, is affected during the first week since the period of half decay of radon emanation is 3 85 days In all, the maximum dosage for each millicurie of radium emanation amounts to 133 millicurie hours

The method on implantation is simple Cocainization of the pharynx is seldom necessary and is used only where the gagging reflex is such as to prevent depression of the tongue The radon seed is placed in a radon seed implanter This implanter consists of three parts, a trocar which is needle pointed and fits into the lumen of a cannula, obtruding from the lumen just far enough to make entrance of the implanter into the tonsil easy The cannula has a shoulder about 1 cm from the distal end so as to prevent its penetrating too far into the tonsil After the trocar and cannula are in position in the tonsil the trocar is withdrawn and the third part of the implanter, the obturator, is introduced The obturator is a blunt plunger which drives the seed home into the small space previously prepared by the insertion of the trocar The entire instrument is now withdrawn, leaving the seed implanted in the tonsil about 1 cm from the point of entrance of the needle, with its thread still attached and protruding from the point of entry The thread is now cut off with a long scissors about 1 or 2 cm from the tonsil This length thread does not cause the patient the slightest inconvenience

The seed is removed on the fifth day by a forceps which grasps the end of the protruding thread By the use of this technique hospitalization is unnecessary, it is purely an office technique without any disability A few patients complained of soreness of the throat but upon examination no inflammatory reaction was evident With a little local treatment this symptom promptly disappeared

Where a seed is implanted superficially it may

*Read at the Annual Meeting of the Medical Society of the State of New York at Albany, N Y May 23, 1928

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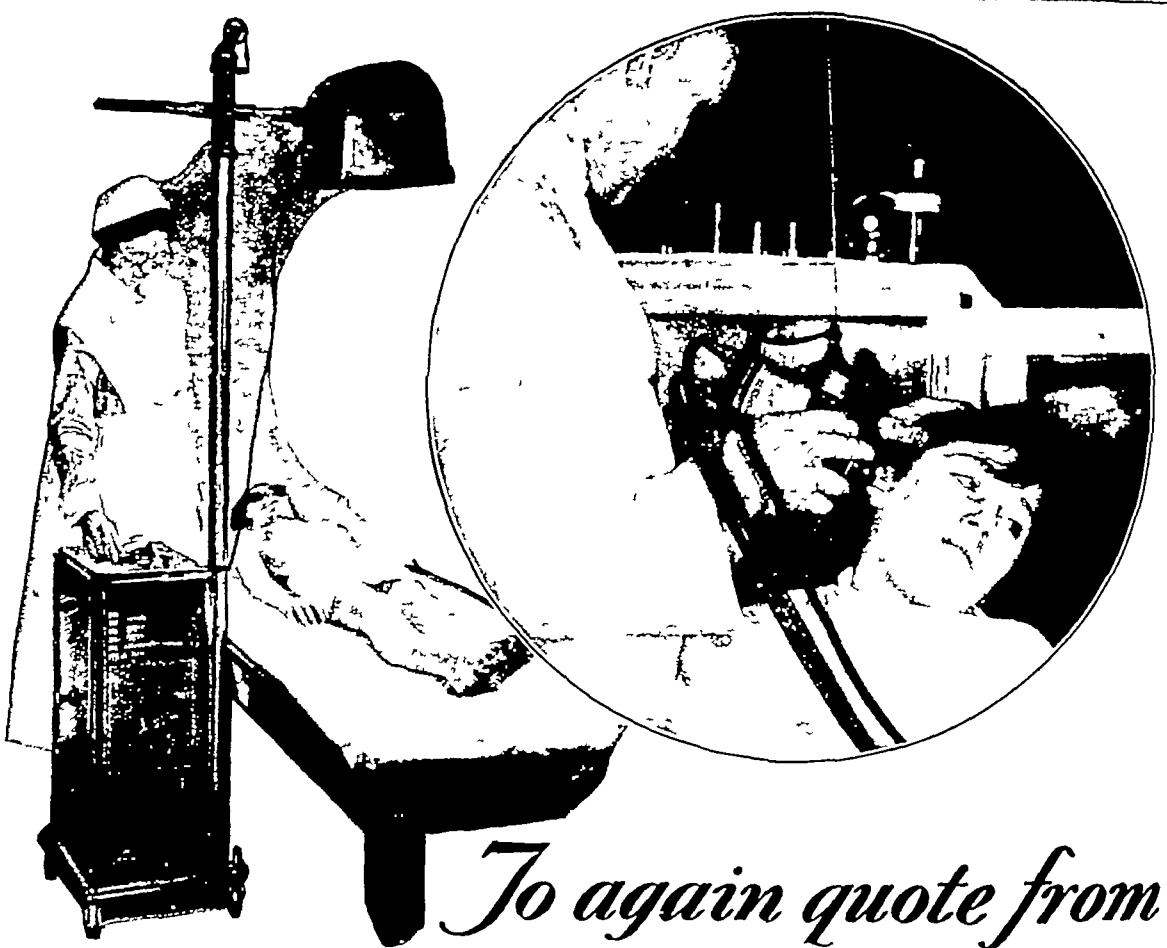
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Dr George T Palmer, of Springfield, Illinois, in a letter in the November issue of the *Illinois Medical Journal,* discusses free medical services given by industrial establishments and says

"During the past summer I visited Poland for the purpose of looking over the general public health problems and especially the tuberculosis problem of the enormous Anaconda Copper Company interests The company is responsible for the material welfare of about 125,000 people

"As you of course know, Poland is entirely organized under a system of health insurance with most of the physicians employed with meager salaries in life time jobs The result is, of course, the smothering of all medical initiative and the situation is deplorable

"The very interesting feature of the situation is that the control of all medical affairs by general and local government, and by the government controlled insurance companies, results in the stamping out of all volunteer health activities and seriously impedes the ordinary measures which would be taken by a large corporation for the protection and care of their employes There are practically no private physicians

"It has occurred to me that a brief article on this situation might be timely for the *Illinois Medical Journal* and I should be very glad to prepare it if you care to have me do so I think that you are convinced that volunteer health organizations are contributing to the tendency toward state medicine It is interesting to find in Poland that state medicine, when it is finally obtained, absolutely abolishes and strangles out these very volunteer health organizations

"I believe it is an angle which has not been given emphasis or publicity"

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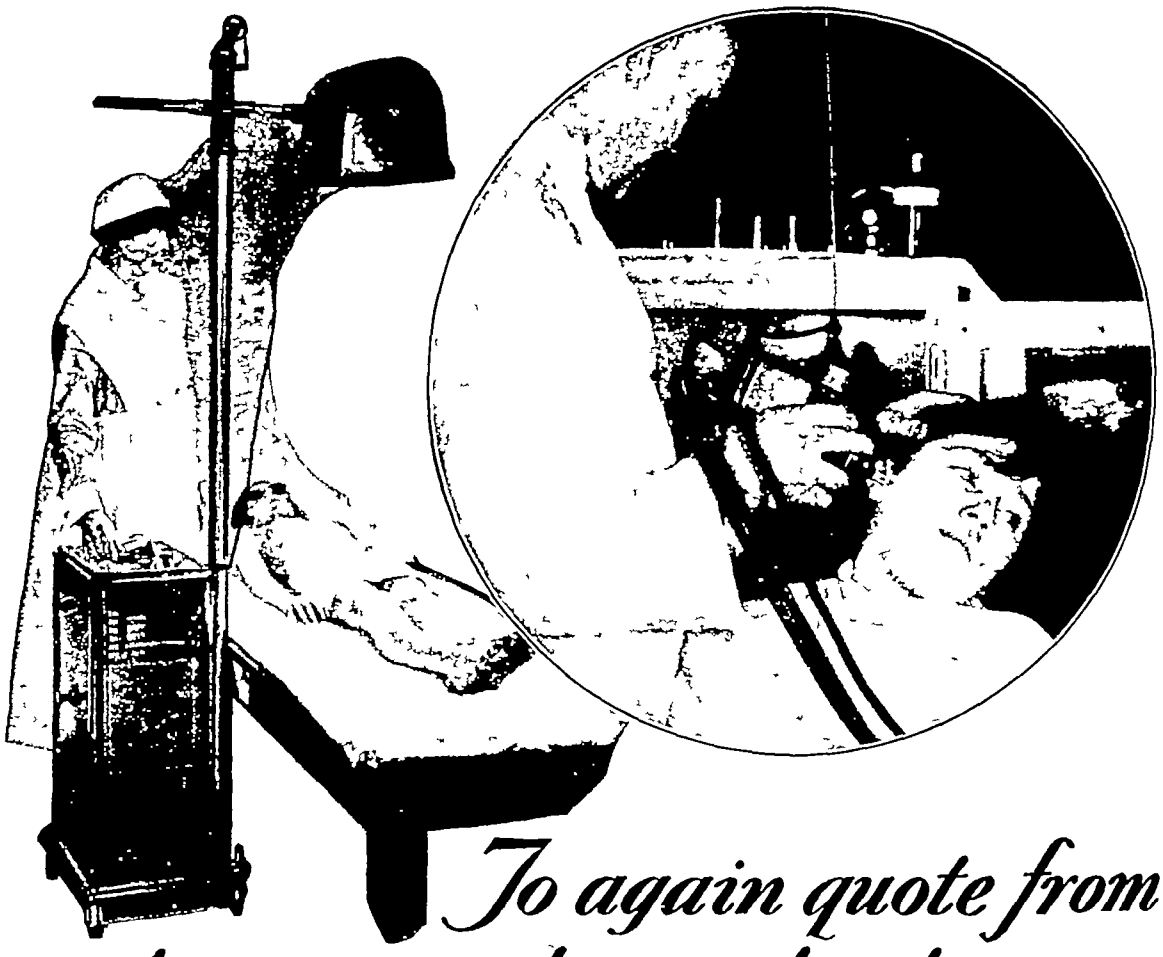
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THE USE OF RADIUM IN DISEASED TONSILS*

By J COLEMAN SCAL, M D, F A C S, NEW YORK, N Y

From the Oto-Laryngological Dept., Beth Israel Hospital

THE uniformly excellent results obtained in the treatment of inoperable diseased tonsils by radium seeds warrants my enthusiasm for this method

The greatest obstacle to the application of this method for the relief of diseased tonsils is the opposition of the family physician The point usually raised against it is the supposition that the action of the radium cannot be controlled after the insertion of the seeds, and that the radiation would affect all the structures adjacent to the tonsils This surmise has no foundation, as it has been proved definitely that lymphoid tissue is much more sensitive to radium than is skin, muscle, or connective tissue structures This accounts for the selective action on the tonsillar tissue without affecting the adjacent structures

In a certain few cases, however, a repetition of the radium implantation proved necessary, but this I attribute to either the radon seeds being non-potent (technician's error in the preparation of the seed) or to the seeds not being centrally implanted, thus resulting in the upper or lower poles of the tonsils not being in the zone affected by the radium The amount of radiation can be measured so accurately that a definite amount is assured This can be accomplished by eliminating the caustic beta and irritating alpha rays, thus permitting only the therapeutic gamma rays to act without causing any burns or destruction of tissue At the same time the applicators can implant the seeds with such exactness that there is an equal and complete distribution of radiation throughout the tonsil While the same results can be obtained with needles which contain the element, or glass or gold seeds containing radium emanation I am now using the platinum removable seeds about 4 mm long and about 1 mm wide, containing an average of 2 56 mc radium emanation Each of these seeds has a strong silk thread attached to one end so that after the seed has served its purpose it can be removed by pulling on the thread The screenage amounts to 0 33mm thickness of platinum, enough to eliminate practically 98 5 per cent of the caustic beta rays The seeds can be sterilized by boiling After implantation these seeds lose about 0 75 per cent of their activity each succeeding hour, so that after four weeks the activity has entirely ceased The initial main activity, however, is affected during the first week since the period of half decay of radon emanation is 3 85 days In all, the maximum dosage for each millicurie of radium emanation amounts to 133 millicurie hours

The method on implantation is simple Cocainization of the pharynx is seldom necessary and is used only where the gagging reflex is such as to prevent depression of the tongue The radon seed is placed in a radon seed implanter This implanter consists of three parts, a trocar which is needle pointed and fits into the lumen of a cannula, obtruding from the lumen just far enough to make entrance of the implanter into the tonsil easy The cannula has a shoulder about 1 cm from the distal end so as to prevent its penetrating too far into the tonsil After the trocar and cannula are in position in the tonsil the trocar is withdrawn and the third part of the implanter, the obturator, is introduced The obturator is a blunt plunger which drives the seed home into the small space previously prepared by the insertion of the trocar The entire instrument is now withdrawn, leaving the seed implanted in the tonsil about 1 cm from the point of entrance of the needle, with its thread still attached and protruding from the point of entry The thread is now cut off with a long scissors about 1 or 2 cm from the tonsil This length thread does not cause the patient the slightest inconvenience

The seed is removed on the fifth day by a forceps which grasps the end of the protruding thread By the use of this technique hospitalization is unnecessary, it is purely an office technique without any disability A few patients complained of soreness of the throat but upon examination no inflammatory reaction was evident With a little local treatment this symptom promptly disappeared

Where a seed is implanted superficially it may

*Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y May 23, 1928

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The cervical glands on the right side of the neck were somewhat enlarged

The treatment consisted in the application of a removable platinum radon seed into each tonsil, each seed containing 2 5 millicuries radium emanation These were removed on the fifth day The patient complained of a slight sore throat for the next ten days, but nothing of a pathological nature was evident The sore throat cleared up after gargling with milk of magnesia Examination of this patient two months after the radon implantation showed a marked atrophy of the tonsils, with the dilated crypt on the right tonsil practically closed Examination six months after treatment showed the tonsils to be mere fibrous masses with the dilated cryptic follicle at the right side obliterated The cervical glands are not palpable now, while the patient has been free from attacks of sore throat Examination one and one-half years after treatment confirmed my previous findings

Case 4—S L, age 57 Male. Gives a history of repeated attacks of tonsillitis, with rheumatic symptoms Has been treated for some time for repeated attacks of tonsillitis and rheumatism Examination January 5, 1927, revealed extremely hypertrophied tonsils which almost touched at the centre The right tonsil was very large and consisted of two lobes divided by a large crypt. A removable radon platinum seed was inserted into each tonsil, each seed containing 3 6 mc radium emanation There was no reaction noted except a slight sensitiveness at the right tonsil three days later, but this passed off in a few days Re-examination on March 18, 1927, revealed the left tonsil almost three-quarters gone while the right was only half its original size. On account of the size of the right tonsil, I implanted another seed on that side on May 12, 1927, the seed containing 2 7 mc. radium emanation Re-examination June, 1927, showed the left tonsil practically gone, a small fibrous mass being visible only The right tonsil was atrophied so as to be visible only on retraction of the anterior pillar The patient felt well and has had no further attacks of tonsillitis, and has not since complained of rheumatic pain He returned again for examination five months later and I found the condition had not changed He is still under observation.

Case 5—M C, age 33 Male Past history negative. Present history dates back to ten years ago when he had severe attacks of tonsillitis and has been complaining of sore throats ever since. Examination of the throat showed his tonsils to be very large, almost touching at the centre, the lower poles extending very low Both tonsils contained numerous crypts filled with cheesy material Examination of the nose revealed a hyperplastic ethmoditis with several nasal polypi present The treatment given on September 23, 1925, consisted in implanting a removable platinum radon seed into each tonsil, each seed containing 3 1 millicuries radium emanation No reaction was noticed At the next examination, October 15, 1926, the tonsils were considerably smaller, having shrunk to about one-half their original size. Three months later they were about one-quarter their original size. On March 15, 1927, the tonsils were found to be well behind the anterior pillars The follicles were practically closed and no cheesy material could be expressed Re-examination June 16, 1927, showed a similar condition except that the tonsils appear to be of a fibroid consistency No further sore throat or tonsillitis has occurred He was discharged as a "good result"

Case 6—L S, age 30 Female Previous history negative except for repeated sore throats Present history dates back to two years ago when after a severe attack of tonsillitis she began to have pain in her joints Examination of the throat revealed both tonsils considerably enlarged, the left being much larger Both contained several dilated follicles, the crypts of which did not contain any cheesy secretion on squeezing On December 24, 1926, a removable platinum



Case 6 Before Radium *Case 6 After Radium*

radon seed containing 2 7 millicuries of radium emanation was implanted into the left tonsil. In inserting the seed into the right tonsil, she jerked her head and grasped the instrument so that the seed came out of its container and before I was able to recover it, she had swallowed the seed I re-inserted another seed on December 28th, when the first seed inserted into the left tonsil was removed The second seed contained 2 6 millicuries of radium emanation An excellent result followed in this case The tonsils atrophied so that at the present time they are small fibrous nodules only She has had no further attacks of sore throat.

Conclusions

After watching results for the past five years, it is my opinion that we now have a satisfactory method for the eradication of diseased tonsils by means of radium in the form of radium emanation This is accomplished without any risk of fatality in inoperable cases The process has been so improved that we are able to obtain a complete atrophy of the tonsils without producing

fall out and be swallowed This has happened in several cases but without any ill effect

The macroscopical result of the radium action on the tonsil can be noticed between the third and fourth week after implantation At this time the tonsil has shrunk to about one-third or one-fourth of its former size From this time until about the sixth month after implantation a further shrinkage of the tonsil is noticeable and the open crypts become obliterated, thereby eliminating the focus of infection Where the radon seed has been placed centrally the end result should be apparent between the sixth and ninth months, at which time the tonsil should be distinguished as only a small fibrous mass just behind the anterior pillar

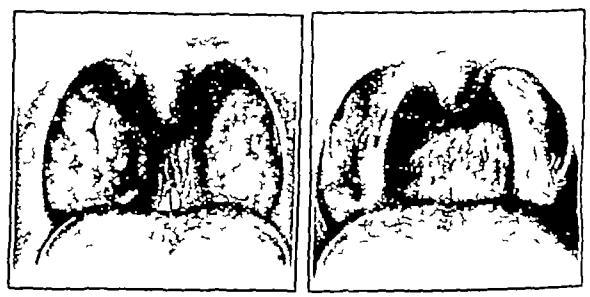
It is interesting to note that in a great number of cases with rheumatic and arthritic symptoms that were treated by this method, the symptoms disappeared at about ten days or two weeks after implantation Those in which the symptoms did not disappear admitted relief and improvement The history of sore throat which was present in practically all cases was eliminated There were a few cases in which the ideal result was not obtained These cases always gave a history of frequent attacks of severe tonsillitis complicated by peritonsillar abscess These unsatisfactory results I attribute to the fact that because of repeated acute attacks on the tonsils they become partly fibrous in nature and hence remain more or less resistant to radiation since radium exerts action on the lmphoid tissue only The crypts and their foci of infection in such cases become obliterated

As I have published a considerable number of cases elsewhere and time here not permitting, I am citing only six characteristic cases

Case 1—M R. F, age 43 Referred for badly infected tonsils He had been suffering with repeated attacks of tonsillitis which confined him to his bed He also complained of hoarseness which has annoyed him for the past three years Examination of the tonsils showed them to be very large, almost touching at the center of the pharynx The crypts were numerous and prominent Examination of the larynx showed two small fibromas on the anterior margin of the left vocal cord which accounted for his hoarseness He was advised to have a tonsillectomy performed but chose this method on account of sheer cowardice The treatment consisted in implanting on December 11, 1926, a removable platinum radon seed into each tonsil, each seed containing 2 9 mc radium emanation The seeds were removed on the fifth day, no reaction resulting

Examination one month later revealed the tonsils to have shrunk about one-half in size Six months later the tonsils were visible under the anterior pillars only The crypts were practically obliterated Examination ten months after implantation showed the tonsils very small, fibrous in character with all crypts obliterated No further attacks of tonsillitis have occurred The polypi on the vocal cord have not been affected and he intends to submit to an operation for their removal at some future date He is still under observation

Case 2—P B, age 32 Female Referred for several attacks of tonsillitis complicated by rheumatic symptoms The tonsils had been operated upon fifteen years ago, but only partially removed Her husband being a hemophiliac and having undergone the radium treatment of his tonsils successfully, she insisted upon this method, despite my assurance that a tonsillectomy could be performed successfully Examination of the tonsils showed them to be flat with the crypts dilated, some containing cheesy material which could be expressed by the wooden tongue depressor The left tonsil was considerably larger than the right She also had a marked maxillary sinusitis (confirmed by X-ray)



Case 2 Before Radium *Case 2 After Radium*

The treatment given on March 5, 1927, consisted in implanting into each tonsil a removable platinum radon seed, each seed containing 2 6 mc radium emanation The seeds were removed on the fifth day without any reaction following One month after treatment was started the patient felt better and the tonsils looked much smaller Three months later the right tonsil was just visible while the left was exactly beneath the anterior pillar Six months later, the right tonsil was only a small fibrous mass while the left was just visible The crypts were entirely obliterated No further attacks of tonsillitis occurred, while the rheumatic symptoms entirely disappeared

Case 3—P S, age 31 Male This patient had suffered from frequent attacks of tonsillitis for the past ten years and has been complaining of pain in his right knee recently This condition was attributed to his tonsils by his family physician Examination December 28, 1925, revealed the tonsils to be somewhat hypertrophied, cryptic in character and of a reddish appearance There was one noticeably enlarged and dilated crypt present on the right tonsil near its upper pole

patients and poor are human alike and it takes the same careful investigation for each to arrive at a conclusion More patients can be seen in a clinic by one man than in office practice because much unnecessary conversation can be eliminated

Any patient who comes to a medical dispensary should be considered sick until he has been proven otherwise If it is a pain in the knee, or swollen eyelids, or headache, the local symptom is not to be treated first They should give their chief complaint and follow it up with symptoms relative thereto

In Medical Clinic work, it is unnecessary to put down negative symptoms unless they relate directly to the case Negative symptoms are important in bedside histories for hospital records For the large number of cases handled in hospital Out-Patient Departments time and space does not allow the recording of all negative symptoms In a cardio-respiratory history complaining of weakness and cough, it should be recorded positively or negatively whether haemoptosis occurred, or night sweats, or dyspnoea But in a case complaining of headache, it is not necessary to record a negative history of haemoptosis, unless haemoptosis goes with the symptomology of the disease The principal points of the man's habits and past history should have their place, and any facts in the family history bearing on his condition A complete physical examination should be made on every new patient admitted, including deep reflexes If anything suggests a neurological condition, superficial reflexes, sensory and special tests for coordination and sense of position, etc, should be recorded in the medical examination

A Medical Clinic whose popularity has grown so that patients cannot be properly handled by the personnel should be limited in the number of new patients admitted A patient for medical consultation who cannot receive sufficient attention to have his history carefully recorded and a proper physical examination made had likely been better off if no visit had been made and he had sought advice elsewhere There are always extenuating circumstances when clinic cases are limited In emergencies, exceptions must be made and if the clinic is pressed to capacity there is the general examining room of the hospital to decide whether the case is a hospital case or not In private practice, a doctor must limit the time in his office and sometimes must make his appointments a day or two later than the patient planned A clinic and office sees comparitively few acutely ill patients, and it is not often that either must make exceptions to acute illness In two hours that a physician may give three times a week to the clinic, he is able to give a proper examination to three new cases in addition to the old cases that return to him for advice and treatment. The number of doctors must be limited to the space the dispensary affords, and as that space gives room to a given number of doctors, the number of new patients admitted should be in proportion to the doctors who handle them If clinic areas or districts supply more patients than the dispensary can receive, then either the dispensary facilities should be increased or the areas allotted to dispensaries made smaller, and new clinics built

The special laboratory tests, except in emergency, are rarely made on the patient's first visit to the clinic, unless the urine is done for some special purpose of quick examination The examiner, from the patient's anamnesis and status praesens, may not have the material required for a well worked up diagnosis Nevertheless, it is most important that a tentative diagnosis be put down Often, the physician's first impression is of great value to himself or the physician that takes the case up later The first impressional diagnosis is often a key to the situation It is no harm to put down on record a conclusion of one's thoughts from the data at hand It may be necessary to correct the diagnosis from further developments of later physical examinations or the aid of laboratory findings Too many histories are passed into their niches without a diagnosis The possibility of forgetting to put down a diagnosis is great unless a rule is made to record it on the first visit If, on further examination, there is reason to correct the original diagnosis it will, in all probability, be done Another danger of missing a diagnosis for record is that the patient may not return to the clinic again, or it may be several months or years before he does Even the same doctor, seeing this case several years later, would find his first impression of value, despite a thorough and painstaking history and physical examination

Every medical case in the clinic should have a routine urinalysis made A physician in his office who is not fortunate enough to have an electro-cardiogram, fluoroscope, or laboratory facilities for blood chemistries and other highly specialized tests, must send his patients to these different departments or specialists handling them to build up a framework for a diagnosis, if the case warrants it The clinic is more fortunate in this, especially the Medical Clinic, which makes the greatest use of these departments It is just as important to make a diagnosis in the clinic as in the hospital It is easier to bring these special analyses or tests to the patient when in bed in the hospital, and usually very much quicker But every patient coming to the clinic for diagnosis does not want to be put in bed for several days and the

any inflammatory reaction or injury to the surrounding structures of the tonsil There is no post-operative hemorrhage no danger of lung abscess, no aspiration pneumonia, no middle ear involvement The procedure is practically painless and should be performed in the office, the patient is permitted to return to his occupation and eat his usual meals without any discomfort or pain

In hemophiliacs the bleeding from the needle puncture is annoying sometimes but is never alarming and usually ceases after local treatment

Where the average dose consists of 2 6 mc radium emanation, it will be noted that in case number 5 a dose of 3 1 mc was used without distressing reaction The size of this dose was determined by the tremendous size of the tonsils

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IMPRESSIONS OF A MEDICAL CLINIC

By BEECKMAN J DELATOUR, M D, NEW YORK, N Y

The Dispensary or Out-Patient Department of a hospital is divided into many specialties A doctor who has worked for a number of years in one of them becomes cognizant of the significance of the department he is in and knows the type of work to be done, the procedure of handling the sick, the method of examination and of keeping records It may be of interest to write out some of these opinions and ideas taken from a Medical Clinic

All roads of the hospital lead, directly or indirectly, to the medical clinic Patients requiring further treatment after leaving the wards and who have no private physician are referred to the Dispensary People who are sick and cannot afford to go to a doctor's office come to the clinic to find out the cause of their trouble and be treated for their ailments

A medical clinic should be, first, a diagnostic clinic in the hands of doctors who are equipped mentally, by training and judgment, to decide the best method of procedure for handling sick people It is necessary that physicians in the medical department of an Out-Patient Clinic should have a good, sound training in medical school and hospital training of at least one year They should have sufficient knowledge of disease based on school training, and a familiarity of hospital procedure, so that they may use the available means of the hospital, laboratory, r-ray and the special departments, for formulating a diagnosis

It is generally conceded that men starting out in practice should be associated with a hospital, and their first duties begin in the dispensary It is not to be expected their field of medical knowledge is of great scope, or that their diagnostic ability is infallible But the newcomer will find men of longer clinical experience than themselves whom they can consult with or refer to the chief of the medical clinic

It is in the medical clinic that the physician comes in personal contact with his patient It approaches more nearly a real responsibility than the house physician on the ward The interne is either checked up or supervised by his next superior officer or by his attending physician In the clinic, a pale-faced man may come in complaining of numbness, headache and digestive disturbances and be given a tonic or rhubarb and soda with no instructions to return, and the neglect of taking a blood count fails to reveal a pernicious anaemia Or again, he may come in complaining of pain in his chest and the neglect of a proper physical examination prevents the diagnosis of an early pneumonia The patient is sent out of the hospital to take salicylates in some form He may die at home or be fortunate enough to call in a more careful opinion Had the dispensary physician observed his patient was sick, in the absence of any positive findings on his part, he could readily call in one of his colleagues who might be of assistance in finding what he had overlooked

A great responsibility is given over to the doctor of a medical clinic, a trust to his honesty and integrity It is for this reason that men for this work cannot be selected too carefully They are trusted by the hospital authorities and, through the hospital, by the people with the responsibility of lives and gross errors or carelessness may produce serious results

There is nothing that simulates more closely the relationship of doctor to patient in office practice than in the medical clinic There is no reason why the same painstaking efforts in history-taking and physical diagnosis should not be made in the clinic as in the physician's office It is fair to the patient and excellent training for the physician, for if he attempts to slide through with slipshod work he will do the same with private patients Surely, private

of admitting patients to the general clinic and classifying them to the different branches of medicine. If there is the slightest question of diagnosis, the case should be referred to the medical clinic and when once this procedure has taken place, it is up to them to give the patient a free bill of health from that department before he is turned over to any of the specialties I go so far as to say this in cases of cataract and varicose ulcers, for if they reach the medical department they have a right to a general examination and the necessary investigations to rule out any underlying cause that contributes to any one of these conditions Of course there are many such cases that never reach the diagnostician, and in that way chance plays its part Then it is up to the specialist, if there is any element of doubt in his mind as to the cause of the particular pathology in his department, to decide whether further medical investigation should be made

It is a great help in the care of patients in medicine to have some branches of medical treatment classified, such as diabetic, gastro-enterological, tubercular, cardiac, arthritic, thyroid and cardio-renal, and have the patients treated in separate clinics It is not the purpose of this paper to go into the details of each or any one of these clinics, but it is important to stress that the chief medical clinic is the source and avenue of approach of each one It is not for the admitting clerk to decide from the patient who complains of cough, spitting up of blood, weakness or loss of weight and night sweats, that the case should go to the tubercular clinic It is a case for diagnosis, just as a case with swollen painful joints, and should be sent to the general medical clinic With the variety of cases to treat and diagnose in the medical department, the special branches are in a position to handle with greater facility and efficiency their particular branch of case They have their own social worker in their department to investigate the home conditions and the type of work the patient pursues, with possibilities of bettering the conditions and making them more suitable to the handicap of the patient. They can follow up diet and treatment and investigate the means and willingness to cooperate The tuberculosis clinics have their sanitariums and lists of convalescent homes suitable for treatment, and their tables for record The arthritic clinic and other medical specialties have special procedures for case records and treatment so that they can observe and treat patients more efficiently, with greater ease and less waste of time than could ever be dreamed of in a clinic where general treatments and diagnosis take place With all the convenient specialties at hand, there is a great tendency for doctors to hold cases over in the medical clinic, treating them in their own way and complaining of the large number of chronic cases that return each day, when they could readily turn them over to the specialties waiting for them Medical specialties are good in a clinic and they should be made use of freely by the doctors, both for the good of the patient and to relieve congestion in the parent clinic

The Out-Patient Department of a hospital should be a part of the hospital proper, and a liason should exist between the attending staff and the Out-Patient staff It may be difficult to find beds in the hospital for cases needing investigation or immediate attention because of acute illness In urgent cases, the best that can be done is to transfer to other hospitals where there are vacancies or with the aid of the social service, in mild infections, prescribe treatment to be taken at home If the patient becomes worse, as could be seen by a visiting nurse, they could be advised to go to a hospital at once They should be instructed to call up the hospital and the examining physician see to it that the patient is placed in a hospital, if his condition warrants A case sent in for diagnosis in the hospital from the diagnostic clinic should be of enough interest to the physician who sent him there to make occasional visits to see the results And, for his part in sending the patient to the hospital, he should give a fair resume of the case with his impression, which gives his reason for having the case admitted On the other hand, the house physician on releasing the patient unimproved, improved, or cured, should instruct the patient to return to the Out-Patient Department, provided he has not a private physician, in order that the clinic may follow up their patient and have a final record, if cured Each case returning to the clinic should have a summary of the history in the hospital, the essential points in special investigations, and the impressions and diagnosis in the case, together with the treatment If the patient is to return to the Out-Patient Department for further treatment, any suggestions from the wards for treatment should be put down on the same record as the summary of the hospital record

It is of great help to have visits from the attending staff There are often cases that need them for consultation and it is a valuable procedure to gather together any interesting cases that are under discussion and have them presented once a week by the physician in charge of the case to the attending staff It is helpful in clearing up many questionable cases and is stimulating to the clinical staff, and establishes a relationship between hospital and clinic

Summary

The medical clinic of the hospital holds an

hospital does not want to receive them, if the work can be done outside The hospital beds are kept for those who need them It is, therefore, of great importance that the X-ray Department, electro-cardiography, chemical, bacteriological and clinical laboratories be at the disposal of the dispensary as well as the wards It is also important that the physicians in the clinic be acquainted with the labor and expense of special tests so that routine blood chemistries and Roentgen Rays are not ordered on every headache or every cough The accessibility of the laboratory often inspires the new physician in the dispensary to great heights, and kindly supervision of his orders for the first few weeks may greatly lessen the burden of the laboratory

The importance of the follow-up of a patient is as worthy of attention as a careful diagnosis The person consulting a physician should be told when to make his next visit which, on the first return, should allow time enough to elapse for the returns on special tests or examinations that have been ordered The physician may heedlessly advise a return sooner than reports from the X-ray laboratory can come through and thus cause the patient a great deal of unnecessary time and effort Many of the people coming to clinics are hard-working individuals, or have families at home that require their attention, and it is with no little effort that they keep their appointments

Reports coming from the laboratories should be noted on the clinical sheet. All X-rays should be seen by the clinician and the findings and opinion noted down for record The reports sent in on slips from the different departments are easily lost and a space should be provided on the clinical sheet, after the history and physical examination, in order to have a complete record for the physician who has taken over the case, or the doctor who may carry on the case at a later date Of no less importance in the follow-up is the notation of medications and treatment, for one is at a loss to give proper care to a patient unless he knows the treatment that he has given before and the reaction Clinical notes are put down too infrequently and vaguely in many instances, and new developments or improvements in physical examination often fail to have notation Just because a patient has an excellent history recorded and a careful physical examination is no reason that should be his last chance Any new symptoms developing that may even suggest examination should awaken the physician to his duty to make a further one A chest that is under suspicion should be repeatedly gone over until a definite diagnosis of chronic lung trouble is made, or an acute bronchitis has cleared up This does not mean that if a positive diagnosis of tuberculosis is made the patient should be condemned, and never have a chance of examination again This, as we will see, comes under the head of another department, to be taken up in a general and brief way later Aside from the symptoms of diseases that may lead one to make repeated examinations, every medical clinic patient should have a re-examination every four months In this way, findings may be made which would prevent the patient from great inconvenience later and, at the same time, might avoid considerable embarrassment to the physician when a colleague is more thorough and, in going over the case, discovers a lesion or pathological condition that might have been discovered long before

Carelessness and laziness in medicine is inexcusable, and it is just as important for a man to be on the alert in the clinic as in private practice If he is so busy with his outside work that he must slide through his work with his clinic patients, then he had better give up his work there entirely If he is tired, or feels so below par that he cannot carry on with interest and enthusiasm and protect his work with care and painstaking headwork, then he had better lay up and take a rest.

A patient came to a medical clinic complaining of epigastric pain and vomiting The physician that the patient was assigned to immediately wrote out a slip transferring him to the stomach clinic Fortunately, a fellow-worker close at hand noticed the man looked sick and advised having his temperature taken He had a temperature of 103° and physical examination showed a large area of consolidation in his lung Such errors of neglect are inexcusable and show the fallacy of treating without diagnosis A doctor has no creed other than "Do unto others as you would have them do unto you" His duty is to find out to the best of his ability and senses what is wrong with a person and to use all his available means to that end If he cannot find out and is uncertain of himself, then ask for help He is *not to treat symptoms alone* or use any set system of treatment There are never two cases exactly alike, and no cult or cure-all was meant for a real doctor When he adopts this point of view, it were best he dropped out of the medical profession and became a bone manipulator for the treatment of colds, headache, or any other such ridiculous reason

The different branches of medicine that are so conveniently located in a general clinic are a great assistance many times in contributing to the medical clinician in making a diagnosis and also in cooperating in treatment But this convenience is not there to relieve the diagnostician of responsibility or allow him to play "the old army game" of "passing the buck" An experienced clerk is given the responsibility

weak and tired, though he continued his University work He did not have good night sleep, and frequently had early morning profuse cold sweats He consulted a physician, had marked migraine and anorexia He was finally admitted to the University infirmary Pulse 100, Resp 22, Temp 105°F The patient had a persistent cough, expectorating a purulent exudate, with pain in the anterior chest He had a diarrhea, with thin watery yellow stools, abdomen soft spleen enlarged, urine, a trace of albumen, 01% sugar, oxalates, a few casts Sputum, negative, Widal, negative r-ray showed increased density and some mottling over right upper lobe, left, some peribronchial thickening from periphery to hilum

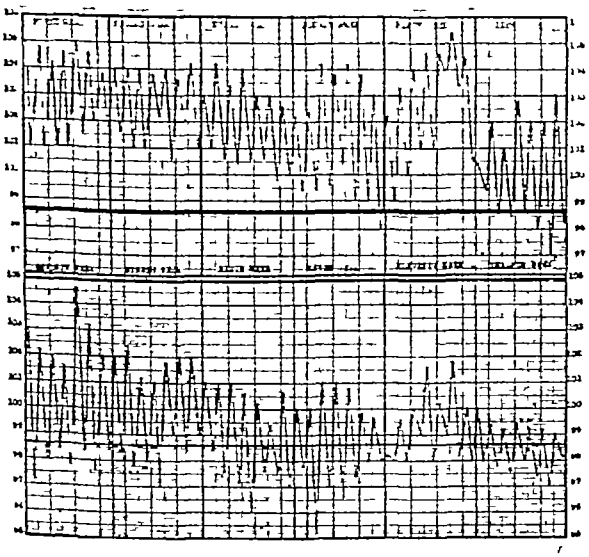


FIG 1 CASE 1

This ran a course of 12 weeks Two intravenous doses of mercurochrome were given, one with a severe reaction, succeeding the second dose a period of colitis again raised the temperatures This first patient was tentatively diagnosed typhoid miliary tuberculosis and malaria The diagnosis was finally established by the agglutination with abortus, the leucopenia, and by blood culture studies by Dr Carpenter[8]

These symptoms prevailed for a month with the sweats now occurring during each afternoon, with their concommitant period of anxiety (facial and mental), and the subsequent resultant prostration There also followed the resultant emaciation, anemia, the continued cough The patient developed an intense appetite, which when satisfied resulted in stomach pains whose reflex was located at the sternal notch There were wearing back pains, and the patient was constantly tired So he continued to March, when after an attack of indigestion, due to overindulgence, when the temperatures slowly but gradually returned to normal, at the end of the twelfth week This patient has had no recurrence (See Fig 1)

II A graduate student in economics, in the University, aged 36, married, negative family and personal history, had spent his summer upon a dairy farm Left the farm the last of September and upon the first week of November felt weak and tired In the second week had swell-

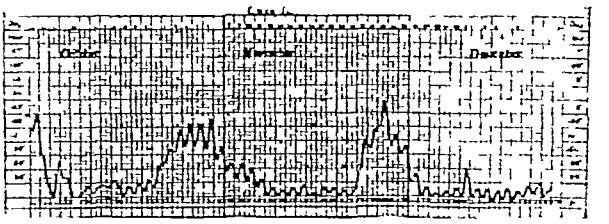


FIG 2 CASE 3

An undulant variant, showing two recurrences with short periods of temperature and covering a total of some twelve weeks There have been no recurrences since

ings of the ankles, legs and knees Had much pain, thought he had rheumatism, and sought a physician For two weeks he had no relief under salicylates At the latter end of November he had a temperature of 100.2°F Had had chills and periods of afternoon sweating The pains in the legs continued, often with blotches that for a time continued red and edematous Blood serum examination, as in I, was confirmatory of Malta fever, leucopenia, negative Widal, low agglutination There was a low glycosurea This patient continued to the end of December, gradually dropping to normal with no recurrence

III A laboratory worker, who had had during October, November and December, 1926, three exascerbations of the temperature and pulse, and during these exascerbations showed all the classical clinical symptoms, but due to these periods being short, had little resultant anemia and prostration (See Fig 2)

IV An adult mother of family, through May, June, July and August, 1927, presented all the characteristic symptoms and blood findings Also, has had no recurrences

V, VI VII, VIII All young adolescent students admitted to the University infirmary during a period of prevalence of winter colds and grip—January, February and March, 1928 They were each differentiated by blood serum tests, Widal, paratyphoid, malaria, undulant, and true Malta They illustrate the short forms of undulant fever, with relatively little of prostration, anemia and emaciation (See Fig 3, Cases 5 to 8)

IX In February and March, 1928, an adult matron had a fever running a course simulating undulant fever, giving many and most of its classical symptoms, including its leucopenia and to some extent its resulting anemia The blood serum, though taken at several intervals, at no time would give the agglutination characteristic of Malta fever There may yet develop in time

important place, and is the hub around which much of the work centres and radiates from

The responsibility of the physician in the dispensary is great, and although chosen for the work in early experience, the choice should consider the personal responsibility of the doctor, hospital training, and medical education

The first consideration of work in the medical clinic is diagnosis, using all available means to draw the right conclusions A comprehensive history and complete physical examination should be made on every patient

Dispensaries should not be overcrowded beyond the capacity of work of the physicians This will avoid hurried, careless work.

A tentative diagnosis should be made and recorded on the first visit, both for record and to assist the doctor It is often a great help to know the first impression gained from the patient's story given on the first visit, and the physical examination

Special laboratory tests should be available and used with discretion Laboratory work in collaboration with the clinic is necessary All procedures of investigation that can be done without discomfort or danger to the patient should be done, both as a convenience to the patient and to avoid hospital crowding, and save beds for those who have the greatest need

Treatment of patients is as important as diagnosis, and to secure proper treatment, careful clinical notes should be kept and notations made of all medications and treatment

Patients should be examined and treated in a medical clinic when once referred there, and not transferred to another department of the general clinic until they are proven exempt from general medical treatment The other departments should be used as a means of investigation for general medicine

Several branches of medical treatment should be classified and treated in separate clinics, which will facilitate the work and give greater efficiency

The Out-Patient Department should be a part of the hospital proper and in transferring cases, summaries of each should be sent from the clinics to the ward and vice versa

The attending staff should make weekly visits to the clinic to aid in consultation and to add a stimulating interest to the physicians of the clinic

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UNDULANT (MALTA) FEVER (A)*

By LUZERNE COVILLE, M D, AND CHARLES M CARPENTER, M D, ITHACA, N Y

A BRIEF review of the work of Dr Bruce[1] and the British Admiralty, the Army and Civic Organization of Malta, 1905 to 1910, the reduction of incidence in British troops from 643 in 1905 to 1 in 1910,[2] the infection being about 10% in goat herds

Review of Bruce's Septicemia *Melitensis* of 1888 with locus in the spleen, the succeeding work of Bang upon *abortus* in 1897,[3] followed by the work of Miss Evans,[4] Wright,[5] Semple, Lake,[6] Hardy,[7] Smith,[9] Carpenter,[8] and[10] Wadsworth, Thomas and King

Review—Malta or undulant fever,[11] due to Brucella Melitensis or its variant, Brucella Abortus—an ingestion septicemia due to raw infested goat's milk or the raw cow's milk infected by contagious abortion The incubation is 15 days There is afternoon rise of temperature to 102-3°, or more, often succeeded by a profuse daily perspiration, by an attending anemia and weakness, constipation or diarrhea, anxious afternoon facies, abdomen flat, spleen enlarged, insomnia, often joints simulating arthritis

Treatment—General hospital care, urotropin in the late stages Commercial vaccines give no results

There have been offered many scattered reports giving incidence of undulant or Malta fever throughout the world and in many states in America The history of the first appearance of this disease in a community is rather an anomalous and a disconcerting one Many diagnoses may be given and many unsatisfactory explanations had until by fortunate laboratory findings it is at last—often at long last—determined The characteristic leucopenia should at once put it under suspicion Once found in any one community, other eruptions of the disease are sure to follow and diagnoses made

The source of the disease, the epidemic abortion in our herds, is distributed widely throughout the state The wonder is not that there are so few known cases, but that there are not many many more and many of those fully diagnosed The exact determination is almost purely a laboratory one Many of our laboratories are now equipped for the blood determination

No effort has been made by us to give the "textbook" picture of undulent fever

Of the eight patients in one community whom we are considering now, two appeared in the spring and fall of 1925

I A student in the poultry husbandry, aged 26 years, Cornell University, had enjoyed good health until the latter part of January Past and family history were negligible He began to feel

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 23, 1928

DIABETES AND INFECTION *

By HENRY JAMES SPENCER, M D , NEW YORK, N Y

THE lot of a diabetic patient improved greatly with the better understanding of the roles of the foodstuffs, which grew rapidly in the years centering about 1914 when Allen presented the results of his work on the role of the fats and allied topics Again in 1922 the isolation of insulin promoted the well being of these individuals Coma was successfully subdued by diet and insulin Years were added to the average length of life of diabetic persons This longer period greatly increased the chance of acquiring infection Joslin has pointed out that one out of every two or three subjects of diabetes is now a potential subject for surgery Root and Warren have shown that in the Naunyn statistics of 1906 the great majority of the deaths were due to coma and pulmonary tuberculosis while in their own statistics covering the years 1925-26, conditions are exactly reversed, surgical conditions providing the chief causes of death

Three opinions have long been held concerning diabetes both by the laity and by many physicians

First, that the diabetic is rather more likely than the non-diabetic person to acquire and then suffer severely from infection

Second, that his disease becomes more severe (i e the carbohydrate tolerance is reduced) and less easily controllable and acidosis is more easily established when infection is present. We have all seen examples of the mild, previously unsuspected diabetic who acquires an infection and suddenly undergoes rapid dissolution The infection spreads or progresses very rapidly, acidosis and coma supervene, septicemia sets in and collapse and death follow so rapidly that the patient is gone before we can start to fight

Third, that surgical procedures, always dangerous for the diabetic individual, are much less safe when infection is added Any of us can recall some emergency operation on a diabetic followed by coma and death or by later infection of the wound, failure of healing and death from inanition or sepsis

Insulin has changed all of this and saves many who formerly would have died Surgical procedures today can be as safe, or nearly as safe, for diabetics as non-diabetics The unrecognized diabetic is now the one who suffers from surgical procedures We must watch for and diagnose diabetes earlier and more accurately I am tempted to advise a blood sugar determination as well as the routine urine examination and blood count for every patient about to undergo operation It would save us some disasters There are a good many untreated diabetics, especially those over 40 years of age, who excrete sugar in the urine not at all, only occasionally, or only in one or two of the day's voidings

The physician can face with greater assurance the problems of a patient under good dietary control who develops an infection than those of one who has had poor or no treatment and having an infection at the first visit What an argument we have here for urging patients to seek control and do their important part toward it when one in three will profit so greatly by correct care when his time comes! And control today is nearer normal living than it has ever been and affords great likelihood of maintaining a physical state and stamina equal to active, productive living

Infection works havoc with the diabetic even when insulin is available The tolerance is reduced, the effectiveness of insulin is greatly reduced as measured by the amount of carbohydrate over and above the self-tolerance which each unit of insulin will handle, and acidosis and coma very often follow I saw two striking examples early in my experience with insulin The first was a middle aged woman who was brought into the hospital at night in deep coma, and with an elevated temperature, marked acidosis, vomiting, rigid abdomen, and a blood sugar of 0 70 per cent I spent the night at her bedside making blood sugar determinations every two hours and administering glucose and insulin in heroic doses By eleven a m she was conscious, her blood sugar had fallen to 0 25 per cent and diacetic acid had about disappeared from her urine Her total leucocyte count was 28,000 and fell only slightly with the clearing of acidosis Her urine contained a large quantity of pus We made a diagnosis of infected left kidney and worked vigorously to prepare her for an operation The second morning an interne thought he detected signs of insulin shock and took it upon himself to discontinue the insulin and administer glucose without consulting anyone The patient straightway returned to deep coma and died in 5 or 6 hours despite all we did for her Her terminal blood sugar was 1 03 per cent. and her acidosis was profound Autopsy revealed a sound right kidney and a left kidney riddled with abscesses and surrounded by a huge, perinephric abscess At that day I am not sure that I could have prevailed upon a surgeon to touch her

The second was an old Italian woman who had developed gangrene of a foot which spread, became infected and in the course of four weeks killed her The surgeon would not am-

*Read before the Rockland County Medical Society, Sept. 26 1928

this quality We are including this temperature chart (Fig 4) in our memorandum

The prevalence of contagious abortion in our milk herds throughout the state is so general, that it follows there must continue for a considerable time occurrences of the fever in many communities

The disease first appeared in Ithaca in the Spring of 1925 [8]

It is interesting to note that from cultures of

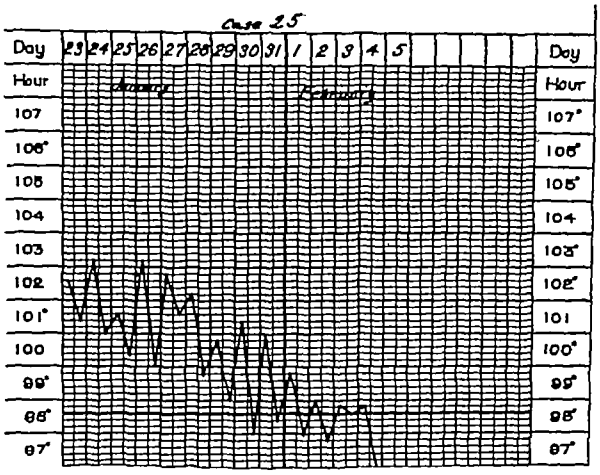


FIG. 3 CASES 5 TO 8 .

These simulated typhoid They showed characteristic leucopenia and are remarked for their short course Both agglutinated with fairly low titers, but only one gave a blood culture

three of these patients virgin heifers were infected and all three aborted

Again, we wish to reiterate the axiom that undulant fever once found and demonstrated in a community, other occurrences of the disease surely are found and identified

Milk herds throughout New York State seem to show about 10% are infected with *abortus*

Laboratory assistants are prone to be infected and several such undulants have been noted

The laboratories at present equipped for diagnosis are those at Ithaca, at Albany, at Clifton Springs and at Mt McGregor

The differential diagnosis in the laboratory is to be established as between influenza, malaria, tuberculosis, typhoid, paratyphoid A, paratyphoid B, Malta, undulant, and tularemia

The occurrence of undulant fever in this state at this date is approximately as follows

Bellevue Hospital, 4 plus, Buffalo, 1, Ithaca, 10, Clifton Springs, 9, Albany (laboratory), 22, Newark, 4, Utica, 3, Auburn, 1, Olean, 1, Cortland, 1, Rochester, 1, Little Falls, 1, Watertown, 1

Undulant fever due to Brucella abortus in cows is possibly a variant of Malta fever in goats (Angoras) In Iowa, Albert,[12] 1928 announces his belief that "there are three types of the bacil-

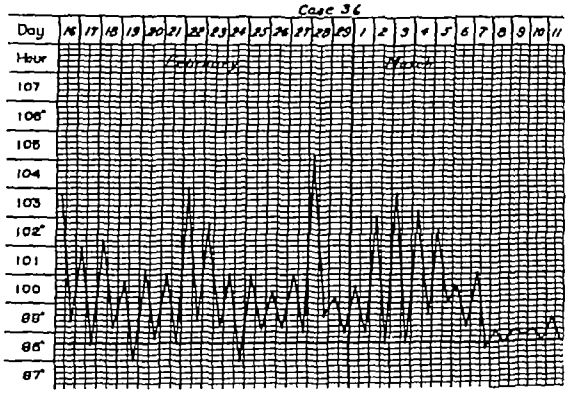


FIG 4 CASE 9

This is a somewhat similar chart and clinical history accompanied by the characteristic leucopenia There were no results with agglutination nor culture

lus abortus, one affecting sheep, another cattle, and a third one hogs To differentiate the type requires the application of agglutination absorption tests"

There seemingly has been a stepped-up virulence in *abortus* during the past 20 or more years since the work of Bang

One worker, Theobald Smith,[9] may be noted as urging delay in assuming abortus to be coequally the cause of contagious abortion in cattle and undulant fever in man He seems to believe that we have as a cause of undulant a variant simply of Brucella Melitensis

Undulant fever has appeared in Texas, Arizona, California, Iowa, Michigan, Ohio, New York and Massachusetts, as well as many another state, many not yet recorded

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which lead to calcification of the arteries This process is not limited to patients of advanced age but begins early in life, even before 20 years of age For a while, that is before calcium is deposited, the process is reversible, in the sense that larger carbohydrate metabolism can lead to the removal of the cholesterol deposits

As a working rule do not think of infection as the cause of diabetes Think of it, even in its least impressive forms, as able suddenly to render florid a previously mild diabetes The extraction of a tooth, a tonsillitis, a furuncle of the neck has led to the sudden unveiling of a diabetes so mild that it was not discovered previously, and now so severe that control is difficult If with this a septicaemia sets in, the die may be cast despite our aid I assure you that if you ever work much with diabetic patients you will gain the healthiest respect for the most trivial of infections Clear them up as fast as you can by advising extractions of teeth, tonsillectomies, and the like while you carefully keep the patient's diabetes in control

Because coma with infection is so much more serious, never rest from looking for infections while you are treating a comatose patient, until he is rendered free of acidosis and subsequent observations and results prove that no infection exists It is the undiscovered or overlooked tonsillar or peritonsillar abscess, paranasal sinusitis, mastoiditis, pneumonia, tuberculosis, empyema, cholecystitis, kidney abscess or pelvic abscess that humbles the physician and kills the patient. Surface infections such as carbuncles, erysipelas, cellulitis, local abscesses, are more easily found Blood cultures should be taken whenever possible, for their prognostic value if for nothing else

Do not trust these affairs to a young assistant or a hospital interne Such matters call for the utmost skill Do not be casual about your diabetic patients Learn about foodstuffs and diabetic dietetics and prescribe diets as accurately as you would your most critical prescriptions Make greater use of blood sugar examinations Do not depend upon urine examinations alone I have many true diabetic patients who pass considerable quantities of sugar in the urine while repeated blood sugar examinations at various times during the day show very satisfactory figures I have other patients with blood sugars of 0 3%-0 4% who never show sugar in the urine. I can relate other irregular states which would never have been found without blood sugar determinations Patients must have lifelong and frequent supervision by their physicians They must be taught not to treat themselves

When it comes to surgery, I can speak only as a physician who has seen all degrees of surgical skill employed on diabetic patients There is only one surgeon who should be employed—the very best you can get The best is never too good If he has modern experience with the surgery of diabetes so much the better Nowhere is there so great a need for the closest, finest, most harmonious team work between physician and surgeon In hospitals, surgical diabetic patients should be seen at least daily by both physician and surgeon The surgeon, whenever possible, should wait the word of the physician that the patient is ready for operation

In order of importance, the *pre-operative aims* are—1 Freedom from acidosis, 2 Freedom from dehydration, 3 Reserve store of carbohydrates in the tissues, 4 Reasonable carbohydrate-insulin balance Since general anaesthesia leads to more rapid glucose utilization, it is well to give more rather than less carbohydrate before operation, and to be guarded about the dose of insulin. *After operation* Control the sugar balance with great care, examine the blood or urine or both every hour or two, and supply carbohydrate by mouth, rectum, or vein, with or without insulin Avoid both hyperglycemia and its companion, acidosis, and hypoglycemia and shock The total daily dose of insulin should be given for 24 hours before and two or three days after operation, in frequent, fractional doses which can be increased, decreased or omitted as the findings indicate, thus attaining a smoother course

A few days after operation, regular diet usually can be resumed and the insulin required can be judged closely from the post-operative experience

Wherever a simple, quick proceedure for release of pus can be carried out it should be done Examples of what I refer to are 1 Excision of the necrotic center of a carbuncle and free undermining of the skin and laying back of flaps until healthy subcutaneous tissues are reached 2 Simple mastoid opening to release pus, leaving the radical operation until later 3 Simple incision and drainage of a perinephric or other approachable abscess with radical measures undertaken as soon as enough ground has been gained Local anaesthesia, gas and oxygen, ethylene, and spinal anaesthesia have proved safest. Ether can be used at moments when good relaxation is desired

Beyond this you should refer to the writings of Joslin, Lahey, Jones, Root, McKittrick and others for the details of medical and surgical procedures

I shall now speak of some specific infections and interesting facts about them, first some chiefly medical infections

putate her foot, only incised the areas where fluctuation appeared She died of septicemia Her initial blood sugar was over 0 60 per cent and despite 150 to 200 units of insulin per day never fell below 0 40 per cent whether carbohydrate was given freely or restricted

Oftentimes the precomatose or comatose patient has a history of severe pain in the epigastrium or chest, shows an elevated temperature and pulse rate, vomits, and has a rigid, tender abdomen and an elevated leucocyte count with a relative polynucleosis Not all of such patients will favor us with a pyuria or other unmistakable localizing sign of infection Is an infection present with the coma? The greatest degree of common sense in judgment is called for The antecedent history may point out an active infection which precipitated the coma The risk of operation during coma is very great, but, in a favorable case, bold surgery, under local anesthesia if needed, can give a margin of safety which increases the chance of recovery If my patient's perinephric abscess simply had been drained, she might have had a better chance of recovery Usually we should attack the acidosis first Frequent leucocyte counts may help us to determine whether we are dealing with the white cell increase which accompanies acidosis and disappears with its relief or the sustained or increasing numbers which mean active infection Remember that the leucocytosis of acidosis without infection may rise very high—(25,000 or 30,000) and include a high polynuclear percentage (80—90 per cent)

Often huge doses of insulin must be used to relieve severe acidosis with coma 150 to 200 units in 12 to 24 hours is usual With infection the required dose tends to run higher I have frequently used 300 to 400 units to bring a patient back to consciousness The kidney abscess case which I cited required over 500 units in the first 16 hours The ideal method is to give frequent doses of insulin with as many grams of glucose as units of insulin I am in the habit of giving part of the insulin by vein and part subcutaneously for the first dose or two, thereafter using only the subcutaneous route I stay with the patient until consciousness is restored, taking blood and urine samples every two hours for quantitative or qualitative tests for sugar and acetone bodies It takes little equipment to do these tests at the bedside

Great is the danger of frequent, rapid or large changes in establishing the regime of a severe diabetes with or without grave complications Omitted doses of insulin during mild acidosis may precipitate a sudden severe acidosis with coma

The subnormal temperature of the precoma and coma stages must be combatted by external heat Fluid must be furnished to the dehydrated tissues rapidly and by every available route, mouth, rectum, vein, subcutaneous tissues, and the peritoneal sac The rise in temperature which frequently follows hypodermoclysis is at times so confusing that I do not use this method as often as many physicians do The rectal route is available, after a cleansing enema, and may prove useful for several days though it has often disappointed me Absorption is often slow and the rectum frequently becomes irritable and rejects fluids I have had pleasing results when using the venous or the peritoneal route, the latter especially in children For over three weeks I gave 20% glucose solution by vein (50 to 100 gms of glucose at a time, with insulin added) 3 and 4 times in the 24-hours, to a non-diabetic patient for whom this was the chief food Only enough food could be given by mouth to insure her receiving her protein and fat requirements Her veins were so well preserved that she was given two "replacement" transfusions, of 800 and 1000 c c respectively, towards the latter part of this period without any trouble The first time that a 50% solution of glucose was injected into a larger vein it caused a phlebitis

Removal or drainage of a focus of infection frequently leads to a marked increasing of the carbohydrate tolerance Therefore care must be exercised to see that the amount of insulin used after such treatment is not large enough to induce insulin shock The urine, and blood sugar, are the best guides If insulin is not used, the diet should be increased if there is evidence of hypoglycemia If insulin is used, both the dose of insulin and the dose of carbohydrate may be manipulated to offset danger

Whenever possible it is well to manipulate these so that the diet contains a total of 100 gms of carbohydrate plus 1 gm of protein for each kilogram or 2 2 pounds of weight Fat can then be added to increase the caloric intake If necessary, as much as 175 gms of fat can be given to most adults taking such a diet We should use less fat if the patient's weight can be maintained while he is physically active You will find that patients taking diets proportionally high in fat require relatively large doses of insulin to keep them sugar free, and, conversely, when the fat is decreased the patient can be kept in balance with less insulin

High fat diets should be avoided for another reason Joslin and others have shown that in diabetes the blood fat and the blood cholesterol are easily increased by high fat diets Furthermore, these substances have much to do with the establishment of arterial sclerosis, being laid down in the arterial intima and there forming the basis of calcium soap deposits

COMMON PROBLEMS OF THE SPECIALIST AND INTERNIST*

By FRANK M SULZMAN, M D, TROY, N Y

When your Chairman requested a paper, the question of what topic would appeal to both sections of our Society came up for consideration Whatever specialty you follow, we all agree that our work and that of the internist is very closely associated, in fact, a large proportion of our cases are referred How then, can we handle these problems that naturally come up so as to avoid controversy, promote good feeling and encourage the close relationship with our medical and surgical conferers, including also the X-ray, laboratory, pediatrician, neurologist and the dental fraternity?

Can I ask your cooperation and suggestions as how to best put over this program? That we should in our County Society meetings take for subjects papers that will cover these questions and so place them where full discussion will aid and clear much that now is subject to discussion and doubt Help solve in a practical way what we all desire and give something that can be read with profit and interest at such a meeting Where a subject pertaining to our specialties often fails to hold the attention it deserves and which only is appreciated by a group such as this section and is wasted effort for a general meeting

One of the first questions asked by our conferers and one we all are interesed in is the diagnosis This may be simple or require much time, repeated examinations and still be a questionable point when everything is done to determine it

How, then shall we act when a diagnosis is already made, so reported to the patient, and come to us for its treatment? You examine the case and find differently with corresponding change in treatment Here tact and excellent judgment must be exercised to keep peace and make everybody happy

Would it not be wise for us to suggest to our friends to send their diagnosis which we all are interested to know, on a card, sealed or in some way, so the patient will be unaware of it and avoid the misunderstanding the old method is likely to cause?

The above is common experience with nose, throat or ear condition, rarely this happens with eye cases

Eye—One of the most common conditions, an every day accident in manufacturing establishment, a superficial or deep foreign body of the cornea

I know, but I repeat what you have all seen and experience an eye that has had repeated attempts made to remove these foreign bodies without proper light, many times pure guess work as to exact location, cause severe trauma to cornea, intense pain to patient, infection and ulceration follows with more than necessary loss of time from employment and still worse a 50 per cent or more loss of vision from resulting scar on cornea Is it any wonder that the insurance people who pay these bills but who in turn pass it on to the manufacturer in extra premium, etc, and who in reality pay, have begun to eliminate this extra and unnecessary hazard by sending them to properly qualified men How many cases do you see where attempts have been made to remove without even using cocaine or similar anaesthesia? What better way could we help stop this unfortunate practice than by showing how foreign bodies should be removed, how impossible it is to remove without proper light, anesthesia and instrument How these wounds heal with practically no scarring Far different is the result when extra corneal tissue is injured in attempting to remove with resulting infections and scarring, show what this means to vision and last but not least, the appearance of the eye

Another group that we could with profit spend some time, is the gastric symptom associated with glaucoma It is not rare to see a case with well marked glaucoma, with no light preception remaining hopeles as to vision that you get a history of nausea and symptoms attributed to dyspepsia or some stomach disorder and be so treated and the eye be the cause The eye condition is often given as the sequel of the gastric symptom overlooking the fact that the reverse is the truth, have mentioned these two types as typical of the cases that we could all develop and elaborate on in our work before our County or mixed society meeting A purely technical paper before such a group is not appreciated and now that post graduate instruction is in order I feel it opportune to ask your cooperation and thought in these matters

Optician—Explain what we do in examining an eye, its importance and the detail gone into to get facts Contrast this with the optician's examinations—the result in the majority of their cases is to get a pair of glasses

(a) How many are treated for neuralgia, hysteria, and allied conditions when an eye examination will clear up a large percentage A test of vision alone—of very little value in these cases Under a mydriatic, accommodation at rest, how different the result, we order glasses for more with normal vision, so called, yet suffering from astigmatism accommodative errors, muscle and other conditions than we do for those with diminished vision Explain focal infections, a real condition where they have a case that is not doing well, don't wait until the patient becomes dissatisfied and seeks the specialist who may find the cause in the common sources of focal infections, teeth, tonsils, and simuses Let them suggest seeing one who will examine these import-

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y May 23 1928

Pulmonary Tuberculosis When your diabetic patient is doing poorly, constantly shows urine sugar or a high blood sugar, or continually loses weight, be sure whether, besides pyogenic infections, you are not dealing with one of two great enemies, serious alike for the diabetic and the non-diabetic person, namely *Tuberculosis and Cancer* Examine the lungs of your patients frequently Take, or get them to take, their temperatures by rectum several times a day for two or three days at a stretch and keep the readings in your records Watch their pulse rates and their blood pressures Secure roentgenograms of their lungs when you first see them, for comparison with later records Urge them to come to you regularly If you fail in this you will surely lose a patient here and there whom you could have saved

Acute Medical Infectious Diseases Beyond the usual methods of treatment plus painstaking care of their diabetes there is nothing we can do for our patients who contract pneumonia, typhoid, measles, scarlet fever, diphtheria, whooping cough and mumps Insulin helps a great deal Somehow I have had less trouble with the diabetes of such patients than I have where tonsillitis or influenza has intervened The number of diabetics in whom these infections have developed are so few in my records that statistically they are worth nothing I have the impression that they have done about as well as non-diabetics with the same disease

Gall Stones The pleasing improvement in tolerance which followed removal of gall stones in several patients with acute symptoms lead me to advise others with less fulminant symptoms to undergo operation A few (3 or 4) followed the advice, none died, all are more comfortable, and all but one has had a considerable improvement in tolerance For example, one woman dropped her insulin dose of 12 units a day, increased her carbohydrate intake 40 gms per day, and has a lower average blood sugar level 12 months after operation

Appendicitis One male patient with a chronic catarrhal appendicitis which periodically became mildly acute, had the appendix removed after much urging and now takes a more liberal diet and seldom shows sugar in the urine whereas previously it appeared with every exacerbation of the appendical infection His blood sugar levels are nearer normal

A patient fifty years old with marked hypertension surprised us by having an appendicitis with so little distress that she did not speak of it but developed a peri-appendiceal abscess which gave her pain and this called her attention, and then ours, to it. She had been taking a low protein—low salt diet, with about 60 gms of carbohydrate and 15 units of insulin for some months, and kept very well on it. She was physically so inactive and so far overweight, that I had not increased her ration The abscess was opened under local anaesthetic, drained and healed She kept the same diet but gradually reduced the insulin to 5 units She died two years later of cerebral hemorrhage

An Overfunctioning Thyroid Gland can so increase the metabolism as to lead to suspicion of infection and can change a mild diabetes into a severe one Either iodine therapy followed by surgery or surgery alone, together with insulin are of great aid here. I mention this complication principally to put you on your guard Such a situation is very difficult to handle

Arterial Sclerosis and Gangrene This accounts for the disabling or death of most of the diabetic patients over 50 Prevention should be our aim Consider every diabetic over 40 as the subject of arterial sclerosis which must be actively combatted I have already spoken of the importance of keeping the proportion of fat in the diet within moderate bounds, especially if little carbohydrate is being utilized There is reason to feel that well controlled diabetic patients develop gangrene much less frequently than those out of control. Aside from this general measure of diet we have local measures which aim (a) to prevent injury to the feet, which opens a portal for infection, and (b) to foster a more vigorous circulation by developing the arterial by and end paths, and bringing on hyperemia Cleanliness of the feet, prompt, active care of skin diseases or skin injuries, proper shoes, proper nail paring, and treatment of calluses, are examples of methods for meeting the first aim The ultra-violet ray, Buerger exercises, bed gymnastics, and local heat and cold are examples for the second aim

Once gangrene and infection have set in, I see no safe way out except through surgery, radical and early surgery Time should be taken to prepare the patient thoroughly for operation The occasional case will recover by medical means, but I would be ready moment by moment for the surgeon Too many patients I have seen who appeared to be holding fast and demarcating, when suddenly the process appeared inches above the original site or the patient developed a septicemia and died

told that he lost it in the bath room This occurred finally the third time He was warned not to disturb his dressings and our suspicions were confirmed when he was sent down to the X-ray room and an X-ray made of his stomach Here we found the three tubes pushed down into his stomach by this young rascal I show you a picture of the X-ray taken at this time An attempt was made to look into the stomach with a short esophagscope but due to the fluid in the stomach, it was impossible to get a clear view Dr McGarrahan, Jr, by palpitation and forceps was able to remove these tubes through the gastrosphy wound Here was a case where several agencies all had to work in conjunction The end result, a boy restored to health and usefulness

UNUSUAL LOCATION OF SOLITARY TUBERCULOMA*

By MORRIS GLEICH, M D, AND A. M. SALA, M D, NEW YORK, N Y

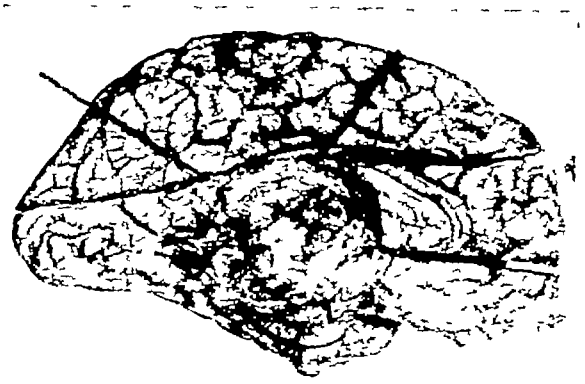
H. M, a colored girl of 3 years, had had a cough for four months, had lost weight and was constipated One week before admission she was unable to raise her right arm over her head and could not walk She was acutely ill There were stupor, rigidity of the neck and internal strabismus Broncho-vesicular breathing was heard over the left upper lobe anteriorly and moist subcrepitant rales persisted at the left base anteriorly and posteriorly Her tongue deviated to the right and there was a drooping of the left side of the mouth There was a lower right facial paralysis, the right arm and leg were held in flexor position and were spastic The deep reflexes were hyperactive, the right more than the left. Both knee jerks and the right abdominals were active, the left abdominals barely present. There was a definite left Babinski and a questionable Babinski on the right side

Spinal taps on several occasions revealed clear fluid under markedly increased pressure Examination for glucose and globulin was negative, a few mononuclear cells were present, but no acid-fast bacilli The eyegrounds disclosed nerve heads clear in outline, with veins somewhat enlarged and the right disc elliptical The Mantoux test was positive The blood counts averaged 8000 W B C, 76% P and 24% L Kahn test on blood and spinal fluid negative

Two weeks after admission the pneumonia still persisted and was confirmed by *x-ray* The latter showed an area of consolidation through the right pulmonary field due to lobar pneumonia and some infiltration of tubercular origin The child succumbed in a few days

The autopsy revealed an encapsulated, solitary tubercle 4 cm x 3 cm x 2 5 cm in the left cerebral hemisphere, above the optic chiasm It had a caseating center There were no signs of a meningitis The brain meninges were moderately edematous The right lung was studded with tubercles and a cavity 3cm x 3 cm was present in the posterior upper portion of the lower lobe The left lung presented a well marked apical tubercular infiltration The mesenteric lumph nodes were enlarged There was internal hydrocephalus The histology of the tumor was that of tuberculosis

Comment Solitary tuberculomata are rare, are most frequently found in the cerebellum



Unusual location of solitary tuberculoma

and are superficially located They usually arise from the meninges and grow inwardly

The tubercle herein described, was in the cerebrum, was centrally placed and showed no meningeal involvement Of distinct interest also is the fact, that in spite of its size and location, the tubercle gave few eye signs and no neurological manifestations, until two weeks before death It is quite easy to be misled if one looks for the cardinal signs and symptoms of brain tumor, e g, headache, choked disc, slow pulse, vomiting, convulsions Our patient had a rapid pulse, no convulsions no choked disc and seldom vomited

* From the Pediatric and Pathology Departments Harlem Hospital New York City

ant sources of infection and get proper reports Our co-workers, the *x*-ray and laboratory are of great value to us in settling the question of diagnosis Valuable information is given to all from such a study

(b) Would it not be wise to suggest at least a yearly examination after forty, of the eye for possible changes that many times show first in the eye grounds?

Strabismus—Told in some cases by the family doctor to let alone and so several years elapse before we see the case It is not difficult to show the value of getting these cases early The result speaks for itself Training, proper refraction, contrast with the neglected case

Ear—Impaired hearing associated with various nasal conditions If operated on for these nasal conditions, the patient naturally expects a result Believe a more guarded prognosis wise There is a tendency to say nothing can be done, it is hopeless Do not give up the case of impaired hearing without a fair trial at treatment If we can arrest the condition and hold the hearing we have certainly accomplished something for them The writer appreciates that the treatment in many cases is unsatisfactory Take the operation case that progresses well and wishes to go home, this request also made by the doctor, sending you the case Do we do right in sending cases where sinus treatments, mastoid dressings and the like are needed, back to the general practitioner who has had no special training in the care of such a case? My personal experience has been it is best to keep these cases under your own care This may seem selfish but a knowledge gained after a varied experience in attemtping to follow the former course has been to see a fatal issue occur, prolonged convalescence and an unsatisfactory result in more than one case

Foreign Bodies—Air and food passages They are always in a haste to have something done You are called and told a child has swallowed some foreign substance and that they will send him to your office for examination As these cases are largely beyond where they can be seen by ordinary means as used in the office, believe it better for patient saving time and getting the case under proper conditions, to send to the hospital as in a large majority of these cases there is no great need for haste unless dyspnic and of course proper measures must be instituted at once to relieve this Rest and quiet, proper attention to water hunger and *x*-ray examination are the things the case needs

Tonsils—Repeated attacks of inflammation and often followed by rheumatic symptoms Here removal offers wonderful possible results Not so with every attack of rheumatism, here close cooperation by history and clinical course results in brilliant work for both specialists and internists It is common knowledge that some are relieved by operation, others not so Here a preliminary study by both will insure a much better result

Tonsillectomy—Whitish membrane where capsule and muscle is separated, a purely normal reaction, not pus, as often told parents by some doctors and cause needless alarm Question of diphtheria, etc

Catract—Always in the hospital for at least ten days, never any question or trouble in my experience in these cases from the general man They do not wish to dress or care for them

The man who has had one or two cases, one of the most dangerous, how far should we go with our house staff In a rotating service in a general hospital they serve several months with you as a reward for assisting you and taking care of house service, you arrange for them to do some operative work under your supervision This goes through without incident You do not mean they have acquired the knowledge that would fit them as specialist but I fear it often gives a false impression as to their ability Have seen these young men start to do operative work with no further training and while I do not wish to belittle the work I gave them feel it inadequate for them to assume the role of operative surgeon without further assistanceship or post graduate work Would it not be proper for the hospitals to soon limit the right to operate except to those they know personally, are properly qualified or who present proper credentials Believe we will soon see this as a proper check for unqualified operators

Report J P Case History—About three years ago swallowed, innocently thinking that he had taken a drink of water, a glass that contained lye It was noted he was losing weight and had great difficulty in swallowing He was seen outside and referred to the hospital The medical department had an *x*-ray as he came in on this service and as the result of the *x*-ray a stricture of the esophagus was noted, a study and examination with the esophagscope of this stricture followed and it was not considered wise to attempt any instrumentation The child's condition became grave through a lack of food and water and while the Murphy Drip was used, associated with other measures to get fluid into the body, the improvement was not marked He was referred to the surgical division and Dr J D McGarrahan did a gastrostomy By this means the child was fed and a marked improvement followed He was sent after a few weeks to Philadelphia and Doctor Tucker introduced and started to use his retrograde bougie this we have continued for two years, first twice a week, and then once a week and now has it passed every two weeks He was rather mischievous type of a boy His wound was dressed daily and on two occasions the rubber tubing that kept the wound in his stomach was missed by his nurse, this was promptly reported and on questioning we were

vate venereal disease and that it acts as a predisposing cause of epithelioma of the penis and mention only one treatment, namely, circumcision

Some time ago I read an article by a doctor in the public health service of Virginia I regret my inability to mention his name, but he stated that he believed that national circumcision would do more good to rid this country of venereal disease than all the salvarsan, mercury, or potassimum-iodide that was ever made He also believed that in time the venereal problem would be permanently settled if this little operation was routinely adopted Prof Roseneau mentions in his text book of Hygiene and Sanitation that routine circumcision is an aid to genital cleanliness and a prophylactic against Syphillis, chanroid, venereal warts, herpes, epithelioma, balanitis and phimoses as well as a deterent to masturbation In another part of his book, routine circumcision and medical examinations are mentioned as a desirable preliminary to marriage

I was very much amused while reading various articles on the subject to find one, Dr E D Morgan of Independence, Mo , who stated, "Circumcision of the infant not only contributes to cleanliness, minimizes masturbation and venereal disease, but it prolongs participation in the sexual act"

The Elective Indication

When we realize that the foregoing indications are true and a parent asks us to circumcise their baby, I am inclined to say that there is sufficient reason for the doctor to say that a circumcision should be done I believe that a parent has just as much right to say whether or not their baby should be circumcised as they have to say whether their child should part his hair in the middle or on the side

Contra-Indications

The contra-indications to the operation are inflammation or balanitis due to the ammoniacle diaper, bleeders, prematurity, anemia, general weakness, a loss or no gain in weight since birth, febrile conditions, obstinate diarrhoea, intracranial injury and diseased conditions of the skin such as impetigo, scabies and urticaria

The Objections to Circumcision

Dr Sutherland of India, says "This little mutilation is seldom necessary" He does not do the operation because First a slit under the surface of the prepuce longitudinally with subsequent stitching of the incised ends widens the tight part and thus remedys the trouble *Second* he does not believe that masturbation is in any way influenced by the operation and says that boys will be boys whether their foreskins are on or off *Third,* the operation does not protect against disease because the glands become leathery and easily develop a fissure in which the treponae may enter *Fourth,* asthetics is not in its favor or else the Greek artists would have their statutes show denuded glands *Fifth,* he states that the delicate sensibility of the parts is blunted by the results of the operation

Dr Thomas H Lannan of Boston, says that boys with a large pad of suprapubic fat rendering post operative care and cleanliness very difficult, should not be circumcised He likens the appearance of the results of such operations to a "Toad in a Hole" or an Umbilical ployp He mentions that out of 57,000 cases up to three years of age, admitted to their outpatient department, only two required operative intervention and those merely a dorsal slit From that he deducts that the operation of circumcision is practically never absolutely indicated

The Favorable Time for the Operation

It is a time-honored custom, I believe, among the Hebrews to circumcise their babies on the eighth day Dr F F Burgard of the Kings College Hospital, states, "This operation should always be done at the earliest age possible, owing to its simplicity"

Dr Lannan of Boston, believes that the ideal time is after they have ceased to wear diapers Perhaps his reason for this is because he believes a general anaesthetic is necessary

When requested, I do the operation as near as possible to the eighth day, but I first make sure that the parents understand both the objectionable as well as the beneficial results of the operation

Technic of the Operation

The fact that circumcision of the male infant is occasionally attended by conditions which are decidedly worse cosmetically and otherwise than the original condition, makes the operative procedure one of great importance Even with men of superior operative skill and perfect technic, not infrequently there is to be found a baggy flap of tissue on the under surface near the frenum Broad scars and deep fibrous tissue often mark the line of incision and occasionally so much of the skin is removed that the remaining portion is broken during erection or coitus The blood clotting time should be determined routinely on each case before the operation

I believe that an infant circumcision in order to be successful must secure five results

1 The excess preputial tissue must be removed, thereby diminishing sensibility and the area of secreting surface and smegma collections

2 It must prevent the contraction of the

N Y State J M
Jan 15 1929

INFANT CIRCUMCISION

By WILLIAM B D VAN AUKEN, M D, TROY, N Y

INFANT circumcision is the oldest and most widely spread operation known According to Herodotus it began among the ancient Arabians or Egyptians There is biblical evidence to show that the Israelites derived their knowledge of circumcision from the Egyptians

It is defined as the removal of all or part of the foreskin Hence a dorsal slit or any stretching of the foreskin cannot be classified as a circumcision operation

It is a matter of record that the females of Arabia, Egypt, Nubia as well as portions of Asia and Africa observe a custom of amputation of the prepuce of the clitoris or the labia minora Dr Belle C Eskridge of Houston, Texas, after a study of school girls over a period of 27 years, calls attention to the similarity of development and physical discomforts from adherent prepuces of those she has studied She recommends and practices the operation of circumcision of the female as a means of relieving nervousness and masturbation due to retained smegma or adherent prepuce

Nevertheless in the presentations of this subject, I shall confine myself to the indications, contra-indications, objections, the favorable time, technic and complications of the operation of circumcision of the male infant

The Indication for Circumcision

For purpose of clearness I shall describe the indications under five headings

1 *The absolute indication* according to Prof John Fraser of the University of Edinburgh, Dr F F Burgard of the Kings College Hospital, London, Prof J Lovett Morse of Harvard, and the late Prof Holdt of New York City, is when the preputial ring, i e the junction of the inner and outer folds of integument, is normally or has become pathologically so narrow and unyielding that it is impossible to withdraw it over the glands

The Religious Indication

Dr Isaac Abt of the Western Medical School of Chicago, mentions Religion as an indication We are all aware that the members of the Hebrew race practice this as a routine in infancy, with religious ceremony

The Hygienic Indication

It is my belief that the hygienic benefits to be derived from infant circumcision may likewise be derived by the complete retraction of the foreskin and by proper care and subsequent cleanliness of the part The question is, however, do those cases that we leave for the mother and later for the individual himself to care for, actually get that care which will be equivalent to circumcision? I do not believe that very many do

Dr W D Sutherland of India, argues against the commonly accepted hygienic results of circumcision by asking the question, "Which is better to remove the secretion of the glandulae odoriferae by daily ablution or to remove it by friction on the clothes?" There is not a doubt in my mind as to the answer of this question, but I wonder how many are taking their daily ablutions Very rarely we find a newborn with a foreskin that *only reaches half way over the glands penis* and in this class of patients I believe that the hygienic care given by the average individual to such an organ will be equal to that to be derived from circumcision Long prepuces always have a tendency to catch the last drop of urine and to make the trousers of the young lad moist and to give the adult a feeling of discomfort till the moisture drys

The Prophylactic Indication

Infant circumcision may be performed to prevent balanitis, Smegma retention, Phimoses, Paraphimoses, Masturbation, Nervousness, Convulsions, Epilepsy or other reflex disturbances Holdt mentions that phimoses of infancy may be so pronounced as to cause hernia or varicocele from the straining effort required for micturition

Dr Thomas A Timmons of Columbia, Tenn, at their state medical meeting in 1905, stated, "Circumcision has a splendid effect in helping to check nocturnal emissions when the prepuce is long It will stop certain forms of epilepsy (those that the prepuce itself produces) in male children, to say nothing of the chances at veneral diseases it reduces It's the thing to do whether there is a disease or not"

Dr J C DaCosta of the Jefferson Medical School, says that congenital phimoses may induce irritability of the bladder, incontinence of urine, prolapse of the rectum and various nerve symptoms and believes that the treatment is circumcision Rose and Charless state the congenital phimoses may be so pronounced as to occasionally prevent micturition or there being such a tiny opening that it causes irritability of the bladder from obstruction They state that definite concretions may be formed from the retention of the inspissated smegma Distention of the bladder and even hydronephrosis may supervene in neglected cases They further add that it is certain to aggre-

Read at the meetings of the Rensselaer County Medical Society in April 1928 and The Medical Society of Bay Ridge Brooklyn in October 1928

rect the error The area from which the skin is displaced is allowed to granulate

5 Oedema of the parts on the second or third day is generally due to rough handling and subsides after a few days

6 Other less frequent complications are Inflammation, Suppuration, diphtheria, erysipelus and gangrene from too tight a bandage These conditions are treated the same as they would be at other points of the body

Summary

Infant circumcision is over 5,000 years old, but in spite of that fact one often sees a circumcision which has not been done properly

There is only one positive indication for the operation, namely Any narrowing of the prepuce which absolutely prevents complete retraction

It is alleged to be indicated for Religious, Hygienic and Prophylactic reasons

It is contra-indicated on all babies showing a lack of normal healthy development and on "Bleeders"

The operation is objected to by a great many doctors for various reasons, but chiefly because of the loss of the natural protective covering of the glands penis, and because it is alleged that all of the advantages of circumcision can be obtained by complete retraction and daily cleanliness

I believe that the best time to do the operation is on the eighth day of the infant's life

The simplest and most desirable operative procedure for the attainment of the results desired is the double flap operation

The complications of the operation are Hemorrhage, Meatal ulcer, Secondary phimoses, Para-phimoses, Oedema, infection and gangrene

Conclusions

Infant circumcision as a routine procedure is not recommended by very many of the doctors of English-speaking countries Most of those who recommend it as a routine are men particularly interested in public health It would be very interesting to have some reliable statistics on the relative frequency of venereal disease among the circumcised and uncircumcised males

Parents have the right to ask their obstetrician to circumcise their offspring and the operator should be sufficiently versed on the subject to talk intelligently on the pros and cons of the operation He should also be sufficiently skillful with the operation to do it properly, or if not he should leave it for some one else to do Every operator should realize the results to be obtained by the operation and should strive to prevent the undesirable complications or sequelae that are too often prone to follow infant circumcision

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LABORATORY CONTROL OF MILK UNDER THE NEW STATE CODE*

By MORRIS MASLON, M D, GLEN FALLS, N Y

I PRESUME you all are, or at least most of you must be familiar with chapter three, as amended May 6th and December 14th, 1927 of the Sanitary Code, which goes into effect July 1, 1928

May I call your attention to a few of the important changes, from a laboratory standpoint as noted by me

First, It is made mandatory for the local health officer to have bacterial counts made by an approved laboratory before he can issue a permit to a dealer to sell milk or cream This, as I interpret it, creates no added financial burden on the dealer

Regulation 5 says "He shall cause to be taken samples of such milk and cream, and shall cause bacterial counts to be made for the purpose of grading and determining whether the condition of such milk and cream is such as to be in compliance with the requirements of this chapter A bacterial count to be used for the purpose of grading, shall consist of the average of successive counts made by the standard agar plate method, upon not less than three samples of milk or cream, each sample to be taken on a different day Such bacterial counts to be so used, shall be made only in laboratories approved for such purpose by the State Commissioner of Health Thereafter, at intervals of not more than three months, samples shall be taken and bacterial counts made The standard direct microscopic method may be substituted for the standard agar plate method in the grading of milk which has not been pasteurized

Regulation 4 of the supplementary rules and regulations to Chapter Three of the State Sanitary Code (Milk and Cream) says "The terms standard agar plate method and the direct microscopic method means the method as contained in the Standard Methods of Milk Analysis of the American Public Health Association, latest edition

Lack of time will not permit me to go into detail just what all of these standard methods require of us laboratory men, but because of

*Read at the annual meeting of the Medical Society of the State of New York, at Albany N Y May 23 1928.

scar with the resultant phimoses or paraphimoses

3 It must prevent readhesion of the inner fold of the prepuce to the corona during the healing period

4 The work must be rapid with a minimum amount of traction or other trauma so that it can be justly said that no anaesthesia is needed or if one is used that it be the briefest possible

5 It must be capable of being performed without the necessity of an operative assistant.

The type of operation which I have found most satisfactory is the double flap operation which I will now describe

The articles used are as follows

A plain towel and one with a central hole large enough for the penis to pass

Six small gauze sponges, a piece of one-inch bandage 8 inches long, with its mesh well impregnated with sterile vaseline One tube of 00 plain catgut. One small skin cutting curved needle A pair of curved scissors A short probe A pair of small thumb forceps and a needle holder

Technic The nurse prepares the parts by thorough cleansing with soap and water and a subsequent wash with alcohol immediately before the operation Then the circumcision towel is placed over the penis and the mosquito clamps are placed about one-sixth of an inch apart on the mid dorsal line of the prepuce, being careful to take so small a bite that the infant will not suffer pain The probe loosens all adhesions down to the corona Then while the forceps are held well forward the foreskin is slit up the middle line back to, but never past the corona This cut should be accomplished with a single closure of the scissors The two preputial flaps are now reflected

All adhesions and smegma are removed and sufficient redundant tissue with the curved scissors to expose the glands and at the same time leave just enough to cover the corona so as to prevent undue irritation As the scissors pass around the dorsum to the frenum they approach the frenular arteries and if the prepuce is not too long it is wise to terminate the incision on the free margins just before reaching the frenular arteries Sutures in the vicinity of the frenum frequently cause considerable swelling and irritation Four or five interrupted sutures then approximate the folds of integument and the operation is complete Continuous suture is never used as it has a tendency to cause constriction I have read of one operator who uses that type of suture, but I believe that his sutures were sub-cuticular and inserted loose

For the first twenty-four hours, I use gauze well impregnated with vaseline as a post operative dressing After the first day the nurse is instructed to bath the parts with boric acid and after dry to dust with bismuth formic iodide or stearate of zinc powder She is told to watch frequently for bleeding during the first twelve hours

The entire operation seldom takes more than fifteen minutes and occasionally by using the sugar nipple, we hear little or no crying except when the adhesions are removed I have tried giving the babies ether but am convinced that the discomfort and crying from the ether is worse than the operation itself

The Complications of the Operation

1 Hemorrhage is usually due to improper tieing of the cut surface or very rarely to "Bleeders" If it is impossible to stop it by using local styptics, it is necessary to expose the wound and suture the bleeding area or transfuse

2 Meatal ulcer is caused by retention of the urine in the meatus with decomposition and subequent irritation also by the absence of the protecting prepuce, which condition further devitalizes the part and permits slight trauma especially when the old-time tight triangular diaper is used Dr Joseph Brennemann of Chicago, presented a comprehensive paper on this subject before the American Pediatric Society in May, 1920 He believes that the ulcer always is due to the ammoniacle diaper and further states that it almost never occurs in infancy being most commonly found soon after the first year He treats the condition dietically and by thorough rinsing and boiling of the diapers, night clothes and bedding due to the possible alkali or certain bacteria as etiological factors The sore should be kept as dry as possible and a small quantity of adrenalin or cocaine and zinc ointment should be applied

3 Secondary Phimoses is a complication due to insufficient skin being removed It is certainly a very embarrassing complication I will assure you, inasmuch as I had the undesirable experience of trying to handle such a case which I operated in the early days of my general practice I must add that the treatment is usually given by the next physician at your expense

4 Contraction of the skin and mucous membrane at the corona due to the removal of too much tissue Prof John Fraser describes the treatment of this annoying condition He says that this area being under considerable tension is liable to remain persistently irritated or even ulcerated The only way to correct the condition is by making a circular incision around the penis which only passes through the skin A cuff of skin is thus mobilized which can be slipped downwards so as to cor-

ORGANIZED MEDICINE ON LONG ISLAND

Five addresses before the Second District Branch of the Medical Society of the State of New York, December 6, 1928

KINGS COUNTY

By CHARLES H GOODRICH, M D, BROOKLYN, N Y

IT MAY be trite to repeat the words of my predecessor in the presidential chair of the Medical Society of the County of Kings, and yet it is true in reviewing the work in Kings County since the last meeting of the Second District Branch to say "that the year shows progress in the same general lines of community activity and professional work"

Our cooperative community activities are based upon participation rather than mere endorsement or approval of some other organization's work We have maintained reasonably close contact with the Department of Public Health, with the various health and welfare agencies, with the Visiting Nurse Association, to which organization we act as Medical Advisory Board, with the Nurse Official Registry, on whose governing board the County Society has representation, and have continued to maintain our efforts, in regard to illegal practice, to make the Webb-Loomis Bill work, to provide popular talks to lay audiences, and to make our own professional activities increasingly more effective

Analysis of our Society meetings show that at the stated meetings 29 papers were read by nine members of the Society and 20 visitors, 23 papers covered scientific topics and six papers covered health and general topics

In addition, three extra or special meetings were held in the Society building devoted to "Socialization and Paternalism in Medical Practice" (Fishbein), "Syphilis of the Viscera" (Prof Franz M Groedel of Bad Neuheim), "Medical Journalism" (Sir Squire Sprigge, Thur S Welton and Lewis S Pilcher)

In the field of popular education we have given, or assisted in arranging for, some fifty lectures

One staff conference of the Visiting Nurse Association has been held in our auditorium and addressed by members of the Society One staff conference of the teachers of the Home Making Division of the Board of Education has been held in our building and the work of the County Society explained

Our Friday Practical Lecture Series has continued as in the past with large audiences and the interest maintained

Graduate Education as conducted during the past six years still continues

The Society has acquired property which in addition to the actual library building, gives us the corner plotage of Bedford and Atlantic Avenues, which will enable us to expand if and when the necessary financial arrangements are made

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QUEENS COUNTY

By E A. FLEMMING, M D, RICHMOND HILL, N Y

Under the farseeing and effective leadership of Dr Francis G Riley, of Jamaica, as President, we have rounded out a successful year in 1928 In the brief time allotted we desire to refer to some of our activities in Queens under the following headings

1 Society membership and meetings
2 Society finance
3 Medical economics
4 Publicity
5 Public health matters
6 Graduate education
7 Our new society home

During 1928 our society's roster has increased 16½ per cent The average attendance at a stated meeting in the same period of time has been increased five per cent There has been a notable increase in interest at our stated meetings and more men are taking part in the discussions

In the spring of this year we revised our constitution and by-laws In so doing, we incorporated our financial activities on a budget basis In this matter we had the wholehearted cooperation of our able treasurer, Dr James Dobbin This budget basis has begun to produce results We have learned not only how we can better spend our money, but how we can save it, a much harder lesson, for either an individual or a society to learn This system is giving us a better insight into what activities are really paying us, not in a matter of dollars and cents alone, but on the basis of scientific results attained per dollar invested We feel assured it will help us to cut out some of our fruitless activities and leave us with

its direct bearing on regulation five, I will call your attention to only one of its many important items Because we know that the bacteria present in the milk are found in clumps, standard methods require us to shake the milk specimen twenty-five times before taking the required amount for the first dilution bottle from which plate cultures will be made We are endeavoring by this procedure to break up the clumps of the bacteria present in the milk and thus obtain a fair count for the dealer and consumer

Standard Methods also establish uniformity in technical methods, apparatus and, culture media used, length of incubation period, and method of colony counting One can easily visualize the serious discrepancies which would arise if different laboratories doing milk work would each use different methods Some time ago a series of experiments was done along these lines with very interesting results

To my mind, one of the most important points of regulation 5, more important by far to the dealer than to the consumer, is the requirement which says that the final bacteria count on which the grading of the milk is made shall be the average of three bacterial counts, each individual count obtained from a different sample of the milk taken on three different days Heretofore Health Officers could grade the milk on any one bacteria count From many years experience in laboratory, and Board of Health work, I cannot condemn this method too strongly Knowing the many opportunities for error in doing efficient milk counts, the many technical breaks which can easily be made unintentionally, each break which may result in an unfair bacteria count, I have always contended, in our local health work, that it was most unfair to the milk dealer to grade his milk bacteriologically upon the result of one bacteria count. The authors of this particular regulation in the new code are to be congratulated on their work. If this particular requirement, and the many other excellent provisions found in the new code for the protection of the milk producer could be brought to their attention, I am sure the many criticisms and dissatisfactions which we read about from the producers, would be done away with These provisions prove to me the intent of the State Health authorities to be as fair with the milk producers as they can possibly be and at the same time adequately protect the milk using public

Two methods of the laboratory control of the milk supply are permitted

A—The standard plate count

B—The direct microscopic count.

The first is the most popular, the longest in use, the most frequently used, and is applicable to all milk samples, that is, both raw and pasteurized The latter is one which has come in use within the present years, is very simple and time saving, and is a very valuable method, but can only be used for raw milk

We laboratory workers must remember that the code calls for the following grades of milk

Pasteurized Grade A	Final	count	not	more	than	30,000	colonies
Certified	"	"	"	"	"	10,000	"
Pasteurized Grade B	"	"	"	"	"	50,000	"
Raw Grade A	"	"	"	"	"	30,000	"
Raw Grade B	"	"	"	"	"	30,000	"

The bacterial content of cream calls for a final count of not more than 500,000 colonies per c c I am sure all health officers and laboratory workers will agree the above counts are not excessive, and one that can easily be lived up to by any careful and conscientious milk dealer

The bacteriological examination of the milk is of the greatest assistance to the health officer in enforcing the milk code It gives him a clew as to the age, temperature, and the cleanliness of the milk A high bacteria count in a milk specimen can mean only one or all of three facts, namely, warm milk, dirty milk, or old milk, none of which is desirable from a public health standpoint As was pointed out a long time ago by Doctor M J Roseneau, the bacteria count serves also to confirm conclusions arrived at by the health officer on his inspections of dairies It provides him with a cheap, and ready method of determining the general sanitary quality of the milk supply of a community And in conclusion, be sure the milk specimens are brought to the laboratory properly iced

NASSAU COUNTY

By A. D JAQUES, M D., LYNBROOK, N Y

In reporting the activities of the Medical Society of the County of Nassau for the year 1928, it is necessary to resort to a hackneyed expression and report "progress," for the reason that most of our accomplishments for the year are in the nature of progress toward an ultimate goal rather than an actual accomplishment of the end in sight There are, however, a few projects which might be considered as closed or brought to a sufficient state of completion to justify calling them accomplished

In December of 1927, we instituted the publication of a monthly bulletin Since that time, through the cooperation of the Nassau County Committee on Tuberculosis and Public Health, we have increased our circulation to include approximately 1250 lay residents of the county and have added to the scope of the publication so that it now bids fair to become a definite factor in the fields of public health and preventive medicine in the county It is our intention to still further increase the size and circulation of the publication during the coming year, and we confidently expect that within a few months we shall have a medium for the distribution of the announcements of our committee on Public Health Instruction and Publicity which will very much justify our effort

In the field of Post Graduate Education, we have continued our successful activity of last year and during the winter months of 1927-28 we conducted twenty afternoon lectures which were uniformly well attended and of high professional standards Encouraged by this success, we started our program for this season during the early part of November and will hold a total of six lectures before the first of the year so that our complete program will probably include between 25 and 30 meetings

Committees appointed for the purpose have done considerable preliminary work which indicates the ultimate and imminent success of our program to secure for the County a central laboratory and a county hospital for the care of acute communicable, chronic and indigent cases To this end, the hospital survey made by the Society in 1923, is being revised The Society has been much gratified within the past few months to witness the opening of hospitals in Glen Cove and Rockville Center, both by private subscription, both erected at points recommended by this Society in its original survey, and both made possible, at least in part, by the use for propoganda purposes of our published report of the survey

We hope that by securing the county hospital we shall also solve the problem of our patient and venereal clinics We are keenly aware of the handicap to the county by the non-existence of any agencies for carrying on these two important public health activities We also hope through the same source, to be able to do considerably more work in the way of well children's and pre-natal clinics

In general, we can make the definite statement that the Medical Society of the County of Nassau is assuming its rightful place as a dominating factor in the fields of public health and preventive medicine, lay groups and organizations are recognizing this fact and are turning to us with increasing frequency for advice, and we confidently expect that within a very short time, we can be certain that no project in either of these fields will be undertaken by any group without the Medical Society having guided and participated in the preparation and the execution of the plans

The activities of the Society have increased in variety and size to the point where it has become necessary for us to choose between the alternative of limiting them or providing the material facilities to carry them on to a larger end

We are happy to report that we chose the forward step rather than the backward, and we have opened executive offices, centrally located in Mineola, and engaged the full time services of the necessary executive and clerical assistants This involves a serious problem of finance when it is remembered that our total roster includes but 156 names To solve this problem of financial support, we are organizing a business bureau supported by stock subscriptions and fees, and we were most gratified to enroll for purposes of organization, in excess of 50 per cent of the membership of our society, and have the pledge of sufficient funds to assure the new bureau at least a year in which to find itself financially Aside from financial considerations, its success is already apparent as witnessed by the immediate increase in the calls made upon the society for legitimate public health information and service

We hope that in time this business venture will enable us to emulate the Queens County Society and secure our own permanent home

Among the proposed activities of the new bureau are the cooperative exchange of credit information and the collection of delinquent accounts We are also planning to supervise and coordinate the activities of the several nurses' registries in the county, with the ultimate aim of providing the Society with a mechanism for a disciplinary supervision of personnel and the more flexible listing of available

more money to spend in broadening our field of endeavor Without seeming to give gratuitous advice we would recommend it as a progressive measure, worthy of adoption in any County Society

Another outcome of the revision of our constitution was the birth of a new committee, new at least to our society, the Committee on Medical Economics One of the first things this committee did for us was to start a course in public speaking for the members of our society This course was limited to forty men, and the limit was quickly reached Its sessions were held weekly, were well attended though they ran over a period of several months The men who took part in them felt they had gotten a something from their county society that they had long desired The net result was so satisfactory that we are considering the formation of a similar class, in the year 1928

Undr the meticulous care and literary skill of our Secretary, Dr E E Smith, who is also the Chairman of the Committee on Publicity, the Bulletin, our official mouth-piece, has been increased in size and improved in the quality of its "copy" Under the same guidance this publication has been made to stand upon its own legs financially This committee proposes to sell the County Medical Society to the laity by means of a newspaper campaign, using such topics as the periodic health examination and the examination of the child of the pre-school age as a basis for such propaganda You will probably see and hear more of this movement at a later date

Our Public Health and Public Relations Committee has done three good things for us this year First—it has, through its members, pushed a campaign, for a County Hospital which we need very badly in Queens Its propaganda has gone out to some sixty-five lay, health and civic organizations, stimulating them to cooperate in this splendid movement The matter to date has reached the Board of Estimate of the City of New York and we are looking forward to tangible results in the near future Secondly—this committee advocated throughout our county a movement for the health examination of the pre-school child by its family physician In this matter its efforts were ably seconded among the laity by the cordial cooperation and energetic work of the Queensboro Tuberculosis and Health Association Thirdly—in conjunction with the Medical Economics Committee, our Public Health Committee organized a speakers' bureau to provide speakers from our County Medical Society for lay health organizations, civic bodies, Parent-Teachers associations, whenever, and wherever such speakers were desired to discuss matters of public health within the borders of our borough We desire here also to publicly acknowledge the aid of the Queensboro Tuberculosis and Health Association in this matter We feel these measures by our Public Health Committee, has served to elevate our county society to a commanding position in public health matters in our county A position which we have long neglected much to our chagrin

Our Committee on Graduate Medical Education has provided during 1928 twenty-seven Friday afternoon talks In addition it has inaugurated six courses on subjects in the field of Graduate Education A notable element in this field of work this year has been the increased capital cost, due to small attendance, in spite of timely topics and good speakers This spirit of lack of interest and apathy we have not met before in any great degree Is this situation unique in Queens This for us—is the question that surges to the front when we discuss Graduate Medical Education

The capstone of our endeavors for 1928 has been the consummation of a drive, for a new and permanent home for our society on one of the main thoroughfares of our Borough This movement was started by our Board of Trustees, as far back as 1923—by the purchase of a plot of ground 200 x 100 on Queens Boulevard Under the efficient leadership of Thomas C Chalmers, Chairman of our Board of Trustees, a drive for two hundred and fifty thousand dollars for our home, which began last February, is rapidly drawing to a close We will have in this building an auditorium which will seat at least three hundred and fifty to four hundred persons We will have at least two section rooms, that will accommodate one hundred and fifty each There will be office room for allied public health organizations like the Red Cross and the Metropolitan Nurses Association, etc Within the walls of our new home, our members will find offices for private physicians, a surgical supply store, a twenty-four hour telephone service and many other features which we feel the field in Queens is ripe for The heart of our home will be our Medical Library The aim of our Board of Trustees will be to bring this library to a place that will make it compare in time, favorably, we hope with your library here in Kings

We feel that we are near the point when we can give our chosen profession proper and dignified surroundings, and that all the time, energy and labor we have expended in this direction, will come back to us ten-fold in an unfailing dividend over the years to come by raising higher, the standard of the practice of medicine in Queens

about public health affairs and became involved in a bitter controversy when they asserted their independent judgment regarding the administration of the county health department The State Committee is now available at any time for advice and assistance to any county society on any subject involving the relations of physicians to other health agencies Already the State Committee had given advice to a county society in which the State Department of Health had instituted a survey of crippled children for the purpose of securing accurate data on which to found state-wide legislation The members of the County Society were uncertain of the objects of the survey and were inclined to resent the coming of investigators without previous consultation and investigation The State Committee on Public Relations recognized the justice of the contention of the members of the County Society, but it also informed the County Society that the oversight of the State Department of Health was a small matter compared with its good intentions The State Committee advised the County Society to cooperate fully with the State Health Department so that the data secured would be reliable, and the legislation should be acceptable to the physicians

The programs of the Second District Branch for the last two years have been unique in that they have emphasized the activities of the component county societies The State Committee on Public Relations had sent representatives to all the other District Branch meetings, but they occupied subordinate places on the proceedings The plan of the program of the Second District Branch is recommended to the other Branches

THE RELATIONS OF ORGANIZED MEDICINE TO PUBLIC HEALTH

By LOUIS I HARRIS, M D, NEW YORK N Y

Abstract of an address before the Second District Branch of the Medical Society of the State of New York in Brooklyn on December 5, 1928

YOUR chairman has introduced me as a specialist in the practice of civic medicine alluding, no doubt, to my years of service in the Department of Health of the City of New York in which the practice of civic medicine is the predominating activity It is unfortunate that the practice of civic medicine in public health service is not rewarded as adequately as that practice deserves Perhaps it is because physicians as a professional group have not shown that deep concern for this specialty which would invite a reasonably adequate financial reward However, they are now beginning to recognize their responsibilities and duties in civic medicine, and with their increasing participation in public health medicine they may enhance its influence and accomplishments

Public health practice should not be the Cinderella of medicine, an afterthought of uplifting reformers It is the peculiar concern of organized medicine The medical societies give concrete embodiment to that vague conception called "organized medicine" which has been more potent in name than in action The representatives of the medical societies should be the counsellors and aids of Departments of Health in organizing public health programs—at least they have been in New York City in recent years

But advance in public health depends on an intelligent public quite as much as on interested medical societies Voluntary health associations are springing up by the hundreds—in fact there are now three thousand tuberculosis and public health associations in the United States They have certain definite rights and functions The Committee on Public Relations of the Medical Society of the State of New York is formed in order to harness and tie this force up with the desires and functions of the medical profession While doctors frequently are civic minded, yet as a group they will always show apathy until they are directed and encouraged by some higher source of inspiration into specific channels and method of civic service such as the Public Relations Committee of the State Society There is need that doctors form an alliance with voluntary health organizations so that physicians who have certain definite rights as well as obligations shall not be relegated to play an insignificant role or be pushed off the stage entirely The practice of medicine has not only a scientific aspect, but also a social side which doctors have just barely entered upon Take the cancer campaign for example It would seem that this is peculiarly a medical problem and yet some of the most active leaders in the field of preventive service that we aim to accomplish through public education is performed not by doctors but by laymen It is non-medical leaders who promulgate their views on various scientific developments and as to diagnostic criteria, the hunger for finances to indulge the modern craze for publicity has led to an unfortunate competition with the Tuberculosis Health Association in a special seal sale Why cannot physicians go to men of wealth and secure funds with which to conduct a cancer campaign managed with dignity and scientific accuracy and without ballyhoo, by organizations of physicians, as an evidence of an interest that is not merely academic? It would seem feasible that the Committee on Public Relations, for example, could secure an endowment with which it could carry

nurses on a county-wide basis At present it is not uncommon for a shortage of nurses to exist in one section of the county while a registry located in another geographical section might at the same time have on call nurses who are most eager for engagement Likewise, it is not at all uncommon for a doctor to find on his case a strange nurse with no recommendation other than that of her state registration card, which unfortunately does not carry with it any guarantee of her personal qualifications

Further activities planned for the business bureau will include the purchase and exchange of apparatus and supplies, and provision is being made for accounting service which eventually will include the preparation of income tax reports, the mailing of bills and the auditing of members accounts

Meanwhile, with all of these activities, we have by no means neglected our scientific duties and privileges During the past year we have conducted nine regular meetings at which one and occasionally two scientific papers were read by men of distinction and ability Evidence of the interest taken in these scientific sessions can be found in the fact that within the past five years our membership has increased from 85 to 156 with several applications pending, and the further fact that the average attendance at meetings has increased from 15 to 20 to 50 or 60, with at least two meetings at which the attendance considerably exceeded this figure Our membership gain for the past year was very slight due to the unusually high loss we have sustained during the year by reason of death, removal and retirement No members have been dropped for two years because of non-payment of dues

In conclusion, we wish to report to the Second District Branch that the Medical Society of the County of Nassau is in a very healthy and thriving condition, and that without neglecting in the least the scientific aims of our organization we have been able to increase our activities to the point where their scope and value is quite beyond that of the average small rural or semi-urban medical organization

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SUFFOLK COUNTY MEDICAL SOCIETY IN 1928

By WILLIAM H ROSS, M D, BRENTWOOD, N Y

THE outstanding accomplishment of the Suffolk County Medical Society during the year 1928, was the securing of the establishment of a County Health Department under the provisions of 21-b of the Public Health Law This is the second county to establish a health department, and the first to accomplish it as the result of a spontaneous movement of the physicians of the county The campaign was begun two years ago by the passage of a formal resolution by the County Medical Society The campaign was conducted on a high plane, principally by means of articles in the *Monthly News Letter* which is published by the county society and is copied widely in the newspapers of the county The movement was endorsed by the health officers and by the Suffolk County Tuberculosis and Public Health Association, and many civic organizations The only assistance received from outside the county was that of the State Department of Health under whose supervision the county department will be The personnel of the County Board of Health is entirely satisfactory to the physicians, and three of the members were nominated by the county society The Board has held three meetings and has appointed Dr Frank Overton as acting health officer to hold office until the full-time appointee, Dr Arthur T Davis, Health Commissioner of the State of Delaware, can assume the office, which will be about the first week in January

The Board plans to work in full cooperation with the physicians of the county, and so far as possible, to have the health officer conduct his office as if he were the executive officer of the County Medical Society

As secretary of the Committee on Public Relations of the Medical Society of the State of New York, I am expected to use the accomplishment of Suffolk County as an illustration of the medical leadership which the Committee wishes the members of the medical societies of other counties to assume The two years' campaign for the establishment of a county health department in Suffolk County was preceded by several years of a growth in leadership The Committee on Public Relations does not expect a wave of emotional excitement to sweep through the county societies leading them to assume impractical activities The work must be an evolution for which preparation must be made Neither will the establishment of county health departments be the sole or even the principal object of the Committee on Public Relations The first work of the committee is to inspire each county to make a survey of the needs for medical service and public health work The next step will be that each county will develop a plan suited to itself

The State Committee on Public Relations was formed as the result of the experience of the medical profession of Cattaraugus County where the local physicians had little to say

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Next Annual Meeting in Utica, June 3-6, 1929

For list of officers of County Medical Societies, see November 15 issue, advertising page xxv

TECHNICAL WORDS IN POPULAR MEDICAL TALKS

Doctors are often accused of using technical terms in popular medical talks Examples are the technical expressions used by physicians on the witness stand of law courts As a matter of fact, carpenters and dressmakers use technical terms to a greater extent than doctors, and workers in every trade and profession are prone to use the technical terms of their crafts when they talk to those outside of their own guilds

A well-defined branch of medical literature is that of popular health talks The most effective writers in this field are those who translate the technical language of doctors into colloquial speech

on its work in a broadening field of civic medicine

However, the following suggestion deserves special consideration When doctors go before legislative committees, the advocates of the many cults that are either opposed to medicine or that would become practitioners without the benefit of education declaim that physicians are mercenary and are seeking special privileges because they fear competition Doctors may grow apoplectic in trying to stop quacks from practicing medicine on a people that are asleep, but how about arousing the editors, the preachers, the lawyers, the educators, the engineers and others of our educated citizenry who are mentally sound, and galvanizing them to action in their own protection in health matters This has been the policy of the Committee on Legislation of the State Medical Society, but the inspiration and counselling of these groups must be continuous throughout the year Doctors burden themselves with restrictions that make it hard for anyone to qualify as a physician This is as it should be But the public put up with uneducated quacks Physicians can point out the problem and leave it to the laymen to protect themselves All this calls for partnership of doctors with the public, through the press, the lecture platform, and all other means of public information Organized medicine should make the public realize that the medical profession is alive to its civic duty

When preventive medicine is mentioned to the ordinary layman, does he think of the medical profession? Rather, he thinks of some lay organization that has gained public notice by extensive advertising Probably the health organization that is best known to the public is the Life Extension Institute because of its extensive campaign of advertising Then there are the publicity enterprises of health demonstrations The result is that people generally go to the lay rather than to medical organizations for leadership in furthering preventive medicine

A unique opportunity in preventive medicine is offered to the physicians through the examination of the four million children of New York State, and in the correction of their defects at a time when the conditions are remediable. Compared with the benefits deriving from preventive work among children, that among adults is indeed small The examinations have been made to some extent by Departments of Health and of Education—but the field belongs in large part to private doctors Are they meeting their obligations? The initiative in this field belongs to County Medical Societies to stimulate the members to take a personal interest in the health of the children of the families of their patients The examinations must be thorough and the follow-up work must be guided by conscience and good sense

The avowed justification of demonstrations conducted by endowed lay societies is that they arouse the people to consult their family doctors, but physicians have sometimes found them to be competitors A tendency of the lay organizations is to establish clinics without previously taking into account the medical organizations, and to continue the demonstrations after the need for them has passed The plans of the demonstrations have usually sprung full grown from the brains of "experts," and their promoters have every incentive to conduct propaganda on their favorable side only, for imposing statistical compilations are the magnets which continue the endowments Where do the local doctors appear in the demonstrations? The success of the lay organizations is an indication of even greater success which would follow the entrance of physicians and their medical societies into the field of genuine public service.

Physicians in private practice must recognize the peculiar field of usefulness of public health workers outside of their own ranks Physicians must also recognize their duty and responsibility to cooperate with Departments of Health and lay organizations The Department of Health of New York City, for example, has held conferences with the presidents of the five county medical societies on practical methods of controlling diphtheria and other contagious diseases and on other matters of mutual concern Yet surgeons and other specialists frequently declare without hesitation that they have no interest in public health The apathy of the physicians is reflected in the attitude of office holders For example, the Board of the City Record cut the circulation of the Bulletin of the Department of Health of New York City to 5,000 copies because only a few doctors wrote to the department asking that the Bulletin be sent to them

Physicians are touching only the fringe of their duties and opportunities in civic medicine, but a very great step has been taken in surveying the field and diagnosing the conditions—and when a diagnosis has been made, effective correction should be applied The Medical Society of the State of New York, of which this Second District Branch is an integral part, has diagnosed the situation correctly, and has initiated a public health survey of every county, with the intention of stimulating the physicians to assume a definite place in leadership in those forms of preventive medicine which meet the peculiar needs of that community

MEMORIAL—DR LUCIEN HOWE

Dr Lucien Howe, who had practiced ophthalmology in Buffalo for fifty years, died in Boston on December 27, 1928, aged 80 years He had held the chair of ophthalmology in Buffalo University, and was ophthalmic surgeon to the Buffalo General Hospital, and the Eye and Ear Infirmary

The National Committee for the Prevention of Blindness in 1917 awarded him the Leslie Dana Gold Medal for the best work during the year for the conservation of vision

It was through his efforts that the first law was passed in New York State in 1890, seeking to control sore eyes in babies—a law which has since been passed by almost every state in the Union

About two years ago Dr Howe presented Harvard University with $250,000 to endow a laboratory for special research At the same time he moved to Boston in order to be Director of the laboratory

Dr Howe was deeply interested in the Medical Society of the State of New York, and in 1906 he presented $1,500 to the Society to found the Lucien Howe Prize Fund "For the best original contribution to our knowledge of some branch of surgery, preferably Ophthalmology" The last recipient of this prize was Dr Arthur J Bedell, of Albany, whose winning article "Photographs of the Fundus Oculi" was published in the September 1, 1927, issue of this JOURNAL

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

The Business Side of Medicine—The first article of this JOURNAL of January, 1904, is the following editorial on the money side of the practice of medicine.

"Physicians as a class must in the future be more business-like in their method of dealing with the public than has heretofore been the case, if they are to be fairly successful from a worldly point of view, and able to support their families and themselves in reasonable comfort, making proper provision for their old age and for those dependent on them

"While we hope that physicians, individually and as a class, will continue always to make the welfare of their fellow-beings the chief object of their professional life, and that they will never willingly place in advance of this the desire to make money, we do hope that better business methods in professional circles will soon be recognized as necessary and proper

"Those engaged in commercial pursuits rightly consider that a business is only properly conducted when it pays its expenses and leaves a reasonable profit to those who have invested their capital in it, hence physicians, individually and collectively, must come to recognize the lack of wisdom in freely giving their time to individuals, institutions and communities who are able to pay for such services, but who are unwilling at the present time, for some reason or other, to do so

"Physicians in estimating the money value of their services should take into consideration the daily and yearly cost of living, to which must be added the interest on the money invested in their education, plus the value of the experience gained year by year in the practice of their profession, and the moral and legal responsibilities involved in the services rendered

"Too much stress cannot be laid on the importance of keeping proper accounts and rendering bills to all patients at short and regular intervals and the sooner these things are generally recognized by the members of the profession the better it will be for all concerned"

THE COUNTY MEDICAL SOCIETY IN THE CORRECTION OF PHYSICAL DEFECTS OF SCHOOL CHILDREN

The Committee on Public Health of the Saratoga County Medical Society has demonstrated a practical method by which the physicians of a county may promote efficiency in the correction of physical defects of school children The report of the Chairman of the Committee on Public Health, Dr J R MacElroy, which is printed on page 104 of this issue of the JOURNAL, describes a survey of the school children of Saratoga County made by members of the committee Not only did the committee discover the defects that needed correction, but it suggested a method by which the correction could be secured It recognized the fact that whatever the method of cure, the corrective means must be applied to each individual child by an individual doctor.

The question frequently arises, "Why don't the doctors attend to the correction of defects of the children of a community?" One great reason is a physician does not feel a personal responsibility for those to whom he is not the family physician People assume that every family has its own physician—which is by no means true Probably only ten per cent of the families claim a doctor as the family physician who is called for every condition of health, and whose advice is accepted However, the failure of nine-tenths of the families who have family doctors does not excuse the medical profession for neglecting to devise means for bringing to that group the service which family doctors give to the minority ten per cent of the population Everybody knows that physical defects are extremely prevalent, and everybody also expects the doctors to suggest the means for their discovery and correction This is what the Saratoga County Medical Society has done, by taking the first step toward the double ideal—(1) that every family shall have a family doctor, and (2) that every doctor shall give heed to the physical defects of the families to which he is called

Another reason for the failure of doctors to make a general practice of correcting the defects of children is that it has not yet become the custom or style of the people to seek or expect the corrections Who can set the style better than the practicing physicians of the county? One great benefit of the survey in Saratoga County is that it will popularize the examinations of the children When teachers and parents realize that the examinations have been made with care and precision, and further, when they have the ready means of correction offered to them, then there will be an acceptance of the services offered, followed later by a general demand for the corrections

The physicians of Saratoga County have done well in the first part of the correction of defects—that of their discovery and diagnosis The law provides that every school district shall employ a doctor for the purpose of detecting the defects of the pupils When the Saratoga Medical Society made the survey, it used the means already at hand, but its peculiar contribution was that of collecting and tabulating the data obtained from the examiners It has made a great difference to the examiners whether their reports were to be filed away never to be seen again, or were to be studied by a committee of their Medical Society, and made the basis for correction of the defects in the future There is no doubt but that under this stimulus the school physicians have made the best possible examinations

The Saratoga County Medical Society went further than discovering and diagnosing defects, they devised a practical means for securing their correction They might have established a School Hygiene District under provisions of section 577-b of the Education Law, but they chose the simpler method of asking the Board of Supervisors to provide four public health nurses under the provisions of Section 44-a of the County Law The duty of the nurses would be to assist the examining physicians, to keep the records of the children, and to assist the parents to secure the correction of the defects

The actual correction of the defects would necessarily be done by physicians The committee of the Medical Society offered the voluntary assistance of the physicians for the present at least

The physicians have the support of prominent office holders and civic organizations in their request to the Board of Supervisors for an appropriation of $25,000 00 to secure the correction of the physical defects of school children on a county-wide basis, and they have set an example of liberality and generosity by volunteering their personal services if the means of making these services available are supplied by the business men and officers of the county

The action of the Saratoga County Medical Society is tangible evidence of the increasing participation of the physicians of New York State in civic affairs under the leadership and stimulation of the State Committee on Public Relations It is a demonstration of practical cooperation among the trinity of essential health organizations,—medical societies, official governmental agencies, and civic associations

ed best to massage The chief emphasis is laid on the fact that patients in a desperate condition could be made to respond to massage and could dispense with medicinal treatment—*Klinische Wochenschrift*, November 25, 1928

Neurogenic Disorders of the Heart.—Ernst B Boas, writing in the *American Journal of the Medical Sciences*, December, 1928, clxxvi, 6, describes the mechanisms underlying neurogenic disorders of the heart and classifies these disorders under the following headings (A) Disorders of the nervous structures in end-organs of the ganglionic arc, of the segmental arc, of the hypothalamic arc, (B) disorders due to excessive or exaggerated afferent stimuli, (C) disorders due to increased irritability of the visceral nervous system of unknown localization, (D) disorders secondary to neurogenic vasomotor disturbances Focal lesions of the extrinsic nervous apparatus of the heart play no significant rôle in the genesis of cardiac disorders Neurogenic circulatory disturbances fall chiefly within the last three categories The cardiac disorders due to excessive afferent stimuli are of little clinical importance Of more significance are reflexes initiated by visceral disorders—the simple tachycardias and occasional bradycardias Of greater import are the occasional cardiac irregularities that are initiated by reflex stimuli from diseased viscera It has been shown that stimulation of the heart nerves will not provoke extrasystoles or auricular fibrillation unless favoring circumstances, such as some toxic injury of the myocardium, coexist Reflex stimulation of the cardiac centers from the brain is a most important cause of neurogenic heart disease The influence of mental and emotional states on the heart is common knowledge It is less often realized that psychic stimuli may provoke extrasystoles and even paroxysmal tachycardia Of equal importance are cardiac disorders due to increased irritability of the visceral nervous system Such a state of "autonomic imbalance" is often hereditary and constitutional, it may follow severe infectious disease, or it may accompany disturbances of the internal secretory glands Irritability of the visceral nervous system causes circulatory disturbances which may result in rapid pulse, dyspnea, vertigo, and fainting The several elements discussed may be closely interwoven in any particular case. The diagnosis of neurogenic heart disease must be made primarily by the method of exclusion, by eliminating every possible organic cause The positive signs do not differ from those of other cardiac disturbances Successful therapy depends upon the study of the individual patient in the light of his disturbed physiological process

What Kinds of Newborn Children Should Be Subjected to Vaccination Against Tuberculosis—Jules Renault asks this question and in answering it suggests three categories 1 Those who have been in daily contact with tuberculous parents and when previous children have succumbed to the disease as presumably transmitted by heredity (as a matter of fact we know that actual hereditary transmission is very rare) Earlier child conservationists have thought of protecting such children by segregation from their parents and others 2 In this group the parents are sound but there is reason to accuse some other contact, as that of a grandparent or nurse In these supposed transmitters the general condition may appear to be good, but exhaustive study may show a pulmonary lesion This class of tuberculous subjects has long been known and it has been advised never to allow a presumably healthy infant to sojourn in close contact with an adult unless the latter has been duly studied for the possible presence of masked tuberculosis 3 In this group there is absolutely no evidence of exposure to an active or latent tuberculosis, yet the inference is that such contacts have taken place The author cites many figures of mortality from the disease in young children in earlier times, and also others from the 100,000 or more who have been vaccinated by the Calmette method He finds a group in which 28 vaccinated children succumbed to tuberculosis and where an antagonist might have accused the vaccination of propagating the disease. It is, however, remarkable that the Calmette method has not bred hostility, but rather support.—*Bulletin de l'Académie de Médecine*, November 6, 1928

Preventive Vaccination of Infants Against Tuberculosis—Calmette given an analysis of the results of vaccination with his product known as BCG Results before 1924 are briefly outlined and he then proceeds to cover the past four years One special group comprises such infants as were actually predisposed to contagion These were made up of two subgroups, viz, 879 born of tuberculous mothers and 1,489 raised in a tuberculous milieu Control figures of other material are used as a check, and the author believes on a basis of these figures that he has brought the mortality down to almost three-fourths of the expectation As by-products the author cites much evidence that the vaccinated children show an increased immunity against the ordinary diseases of infancy and childhood although he is unable to suggest how this is brought about As for actual comparison with controls he regards the normal expectation of tuberculosis in unvaccinated children as 18 per cent, as against 10 per cent in the vaccinated Many minor statistics are quoted which tend to uphold the author's contention. A discussion followed the reading of the paper in which Roux spoke of the mixed attitude toward all innovations in medicine Thus Pasteur was accused of spreading in place of preventing rabies Calmette has first of all

MEDICAL PROGRESS

Accidental Transfusion of Leucemic Blood—Karl Gramen reports a case of accidental transfusion of leucemic blood which seems to be the first case of its kind published The donor, who was apparently in good health at the time of the transfusion, was admitted to the hospital seven weeks later He then presented signs and symptoms of acute leucemia Two weeks after admission he died and the clinical diagnosis was confirmed at autopsy The recipient, who was transfused for anemia due to a severely bleeding duodenal ulcer, died two weeks after the transfusion The writer raises the question whether leucemia can be transferred from man to man through blood transfusion Alfred Petterson grafted bone marrow from a case of acute myeloid leucemia into the myeloid cavity of the tibia of six apes with negative results Again four patients with inoperable cancer were given intravenous injections of blood, three from patients with myeloid and one from a patient with lymphatic leucemia The results were negative in all cases Experiences of this subject are too few and imperfect to justify one in drawing conclusions, but there is nothing in favor of the possibility of such a transmission Myeloid leucemia is a rare disease and it is still rarer to find a person with this disease in such good condition as to be considered a suitable donor Nevertheless, it seems advisable for the present to add to the number of preliminary tests in blood transfusions also one for leucemia in the donor—*Acta Chirurgica Scandinavica,* November 22, 1928, lvix, 3-4

Some Considerations in Relation to Functional Diseases of the Heart.—Thomas J Horder discusses the problem of assessing aright the cardiac factor in patients, from whatever disease process they may be suffering In the majority of cases we are dealing not with a disorder of the heart—still less with a disease of the heart—as distinct from the rest of the body, so much as with the cardiac reference in the patient's consciousness It is important to give the heart-conscious patient the knowledge that the serious diseases of the heart are for the most part silent as regards heart sensations, whereas innumerable ailments that are relatively minor in their significance are garrulous with the heart as a mouthpiece It should not be assumed that early structural changes are present, since that policy may lead to the production of invalidism and an exaggeration of heart consciousness Nor should one hastily resort to cardiographic methods, for the graphic school of cardiologists makes heart invalids in no small number The symptoms in functional heart affections (palpitation, fainting, precordial discomfort, lassitude, giddiness, breathlessness, and pain) do not differ from those found in many cases of structural heart disease, but their relative incidence is quite different Thus, in proportion as palpitation is prominent the probability of functional disease is high Even with the symptom of breathlessness, there are pitfalls for the unwary The efficiency tests, such as running upstairs, may be vitiated by a little emphysema, a set of atonic muscles, a distended stomach It is the combination of all the symptoms of the syndrome in the absence of defects elsewhere which signifiy cardiac insufficiency After discussing the toxic heart, the tobacco (and tea) heart, the pubescent heart, the nervous heart, etc, Horder states that these are not really toxic hearts or nervous hearts, but hearts in toxic patients, in nervous patients, etc To judge these cases aright, and to treat them adequately, it is essential to decentralize, to move away from the heart and its complex symptoms to the rest of the body, to inquire about everything and to observe everything—*The Practitioner,* December, 1928, cxxi, 6

The Possibility of a Peripheral Treatment of Cardiac Patients—H Eppinger and K Hinsberg, after a discussion of this subject, sum up in part as follows It is possible by massage not only to bring about an improvement in the general condition, but to cause a change in the metabolism The authors are far from denying that psychic influences may have played a rôle here, but the fact that the chemistry of the individuals was changed by these peripheral manipulations is not to be sidetracked either Aside from the three patients who figured in the test we must not forget that cardiacs are often benefited by massage and that the results have at times been brilliant This is of course contraindicated in cases of decompensation at its acme and when there is marked edema, but not in the intervals, after digitalis treatment Massage of course stimulates the sluggish peripheral circulation and as the authors say "capillarizes" the muscles Doubtless massage will do much to prevent the abuse of digitalis and an acquired tolerance to this valuable remedy In the first case cited by the authors, one of marked decompensation, there was little benefit from digitalis and diuretics No drugs were taken for three weeks before or after the massage treatment The patient received several seances of massage in the course of a rest cure The second patient responded to drugs, but the success of the massage treatment led to suspension of medicamentous measures The third patient was the worst off of all, yet respond-

when they occur tend to group themselves under the disease known as thromboangitis obliterans There is evidently a basic disease which may or may not terminate in gangrene Recently a group of three cases, shown at a meeting of a local medical society, might have been comprised under "Buerger's disease," but in the absence of a histological study the author would prefer to leave the diagnosis open and term the condition an "arteritis of unknown origin" Long before the time of Buerger's disease, clinicians spoke of an arteritis obliterans, clinically expressed by intermittent limp, etc If the problem is approached from a different angle, such as chronic nicotine abuse, with or without the contribution of other factors such as exposure to cold, cases may come to light which do not fit into the frame of Buerger's disease Of particular interest is one case reported in great detail in which with every reason to anticipate gangrene of the upper extremity, this sequela did not develop The patient was a dentist aged 33, who had symptoms of defective circulation in the right upper extremity The hand was painful, pale, and cool The radial was pulseless to the finger and sphygmograph The patient was a neurotic, a heavy smoker Various symptoms which developed under observation suggested that the same arterial constriction occurred in other portions of the organism, including the brain Nevertheless the brunt of the disease was limited to the right forearm, in which the symptoms had at times been so acute that a diagnosis of thrombosis of the brachial artery had been made —*Munchener medizinische Wochenschrift,* Nov 16, 1928

Oral Sepsis —Rudolf Weber accepts the American conception of focal oral infection, but with many important reservations To be scientific, he says, this subject demands proof of alterations in the blood which indicate a pathological condition He finds that in the acute parodontitides, whether apical or marginal, the entire organism reacts, as shown by changes in the sedimentation and differential blood count On the other hand he is skeptical that encapsulated apical lesions are able to infect the blood and tissues at a distance The role of acute flare-ups of chronic root troubles appears to be in doubt He seems hostile to a belief in a bacteriemia, being inclined rather to the view that streptococcus toxins are a factor in disease production In this connection the author asks whether the virulent cocci in the teeth and alveoli should not form antibodies in the blood These might be demonstrated to be present and from another angle their presence might produce immunity of the distant tissues to injury He investigated some acute cases with results quite negative He also devised a skin test by means of a polyvalent serum prepared from dental granulomata in order to determine the possible presence of an allergy, but his experiments here were also negative The problem is enormously complicated by the possibility of other foci of streptococci in the body—tonsils, nasal sinuses, gall-bladder, etc Even if biological reactions could be obtained it would be difficult to associate them with a purely dental origin It is evident finally that many clinical cases of alleged oral infection and cure by extraction, etc, have a much too short period of observation. These patients ought to be followed up for many years —*Munchener medizinische Wochenschrift,* November 2, 1928

Thrombophlebitic Angina. — H Doerfler writes at length on septic sore throat which is in reality ordinary tonsillitis or angina with secondary sepsis and bacteriemia resulting from venous thrombosis He does not speak of any mass incidence or of epidemics traced to milk, but the disease is apparently the septic sore throat which has occurred of late years in the United States One case is described at great length in which the internal jugular was resected, the patient surviving despite double embolic pneumonia The mortality is staggering and although no totals are quoted, Bertelsman was unable to find more than 9 cases of recovery after the development of thrombophlebitis, and the total death rate is estimated as at least 90 per cent The affection is regarded in some quarters as new—a disease mobilized by post-bellum conditions The deadly nature is a mystery at present, for either we must invoke a new exciter of unusual malignancy or there is an unknown factor which makes possible the complication of thrombophlebitis starting in the tonsillar veins It is conceded that operation alone can save the patient after this complication sets in, but the records show that this does not work out in practice, for the resection or ligation of the internal jugular has frequently failed Evidently failure has often been due to delay, hence the author, bearing in mind the malignant character of the affection, would operate as soon as the tissues about the vein have begun to swell The author's patient had an ordinary bilateral follicular tonsillitis but she had repeated chills which recurred daily The regional lymphnodes were hardly involved The internal jugular was examined daily with negative results, but the development of a focus of pneumonia appeared to incriminate the vein and the operation was at once performed —*Münchener medizinische Wochenschrift,* Oct 26, 1928

shown the harmlessness of his vaccine, and of his vaccination The parallel figures seem to speak for themselves but other questions come up—how long does the protection last? Must it be repeated, and when? Lignières was somewhat skeptical and in several directions The vaccinated must be controlled in regard to growth and weight gain in order to make sure that vaccination is entirely innocuous Another element is the application of the tuberculin test to the vaccinated, this may, as in a case cited, be positive—*Bulletin de l'Académie de Médecine,* Nov 6, 1928

On Clothes—Leonard Hill, writing in *The Practitioner,* December, 1928, cxxi, 6, states that the clothing should be the lightest that can be borne without the wearer being pinched with cold or feeling the need of artificial heat when the weather is mild It should not be so heavy as to reduce the heat production of the body to a lower level and interfere with the taking of vigorous exercise It is absurd, he says, to put on an overcoat when going for a walk It is good to go out and be braced by the cold and so be impelled to take vigorous exercise It is only the old, the underfed, and the feeble who require very warm clothing The reduction of clothing has done women no harm, they have suffered no more than men from "colds," pneumonia, and rheumatism, their death rate has not been put up People of all classes overclothe children and confine them far too much to hot, stuffy rooms Babies are not delicate but able to withstand exposure to cold When they are well-fed, and exposed naked to open air and sun, with plenty of kicking and crawling exercise, long sleeps out of doors, and light clothing, they grow up virile, with strong muscles and firm bones The properties of garments depend almost wholly on the nature of the weaving so far as concerns air-holding, evaporation, and permeability to wind and light Comparison of knitted cotton, wool, and linen, made with the kata-thermometer, show that the nature of the material makes little difference and that it is the air entangled in the meshes which protects The loss of body heat by evaporation is greatly increased through wet clothes Wet flannel entangles more air next to the skin and is warmer than wet cotton or linen The observations of Argyll Campbell and the writer on the rate of heat loss from the body exposed to wind or to sea waves either naked or in light clothing, or in such clothing plus a waterproof suit, showed that the protection afforded by the last was great, reducing the heat loss by one half It is not food and drink, but a waterproof garment which is required to keep life in shipwrecked folk on rafts until succor comes The cooling power of the wind is enormous when the temperature is low and the velocity of the wind great To resist this, flying or Arctic clothing must consist of wind-proof material or water-proofed cloth, and inner layers of soft fluffy wools, and must be so constructed that no wind is admitted at the neck, wrist, or ankle.

The Treatment of Patients With Inoperable Cancer—In discussing the difficult problem of dealing with the mental state of the patient with inoperable cancer, R B Wild believes that whenever possible it is better to avoid telling the patient the nature of his disease, since this knowledge may make him at once a chronic invalid, although no physical change has taken place in the disease If the patient knows he has cancer, it is most desirable to hold out the hope of recovery even to the last For the cachectic state he advises fresh air, tonics, and alcohol As a tonic he relies upon small doses of arsenic with ammoniocitrate of iron, and either calumba or gentian If iron disagrees, the arsenic can be given with dilute hydrochloric acid and compound tincture of cinchona Alcohol is a most valuable agent, it acts as a euphoric, relieves pain, and is a food which requires no digestion It helps the patient to bear his troubles and prolongs his life by four to six weeks The amount need not be large—the equivalent of two ounces in twenty-four hours It is best to put off as long as possible the use of opium or morphine In the early stages acetosalicylic acid is most useful and does no harm, 10 to 20 grains may be given every eight hours so long as it is effective Then it may be replaced by phenacetin, pyramidon, or acetanilide, but care must be taken lest the anemia be increased The luminal group of drugs Wild has not found useful When these agents no longer afford relief, there should be no hesitation in giving opium or morphine For regular use over long periods opium is preferable in the form of the liquid extract, beginning with 10 minims every eight hours In the most severe forms of pain we must resort to the hypodermic use of morphine, either as a substitute or in addition to oral administration Local anodynes may be applied to ulcerated surfaces, the most useful being phenol or guaiacol in solution, the subacetate of lead as a lotion or paint, and orthoform in fine powder For ulceration of the mucous membrane, the use of a lotion containing borax, chlorate of potash, and a balsamic extract gives relief The best internal remedy is tincture of belladonna, doses of 20 to 30 minims may be required For a continual oozing of blood from a large ulcerated surface there is nothing better than a solution of perchloride of iron—*The Lancet,* November 24, 1928, ccxv, 5491

Gangrene of the Extremities in the Young—C Handwerck discusses briefly this subject which occasionally becomes of interest By the term "young" as used in this connection any age up to forty may be understood Cases of this description appear to be rare in Germany and

Read the orations of the greatest orators of time and you will find running through all of them a subtle grasp of the feelings, emotions and susceptibilities of the audience addressed One of Lincoln's supreme attributes was tact He possessed, as perhaps no other American before or since has had, a "fine perception," an intuitive sense of what is true, right and proper When he assumed the Presidential office with most of the Southern states already out of the Union preparing for war, he closed his Inaugural with these words "We must not be enemies, but friends The mystic chords of memory stretching from every battlefield and patriot grave to every living heart and hearthstone all over this broad land, will yet swell the chorus of the Union when again touched as surely they will be by the better angels of our nature" It was statesmanship, it was tact in the truest sense, for tact is statesmanship

No shrewder American than Benjamin Franklin has ever lived His autobiography is a veritable storehouse of wisdom He understood human nature and the value and importance of tact In his autobiography he has told how he schooled himself in the use of "terms of modest diffidence, never using when I advanced anything that may possibly be disputed, the words *certainly, undoubtedly*, or any others that give an air of positiveness to an opinion, but rather say, I conceive or apprehend a thing to be so and so, it appears to me, or I should think it so and so, for such and such reasons, or I imagine it to be so, or it is so, if I am not mistaken This habit, I believe, has been of great advantage to me when I have had occasion to inculcate my opinions and persuade men into measures that I have been from time to time engaged in promoting, and as the chief ends of conversation are to inform or to be informed, to please or to persuade, I wish well-meaning, sensible men would not lessen their power of doing good by a positive or assuming manner that seldom fails to disgust, tends to create opposition and to defeat every one of the purposes for which speech was given to us "

King Solomon, if he is correctly reported in the Proverbs, estimated tact at its true worth "Even a fool," he said, "when he holdeth his peace is counted wise, and he that shutteth his lips is esteemed a man of understanding" And again "A fool's lips enter into contention and his mouth calleth for strokes" And still further "Surely the churning of milk bringeth forth butter, and the wringing of the nose bringeth forth blood, so the forcing of wrath bringeth forth strife"

Perhaps there is no calling or profession in which the use of tact is more indispensable than in the practice of medicine The physician is constantly in contact with human beings Their ills, deformities, physical and mental states and conditions, form the subject-matter of his life work In his practice he encounters all kinds and conditions of men and women, kind as well as malicious, appreciative as well as critical, intelligent as well as ignorant, reasonable as well as unreasonable, fair as well as mean, generous as well as selfish He will find patients who will become his warm friends, and those who will become his enemies He will find those who pay him promptly appreciating all that he has done, and those who reward him by abuse, criticism and perhaps an action for malpractice

Every patient is a human being requiring special study and special handling Some will require more special study and more special handling than others, but he will need to use his discernment and his perception of what is right or proper in treating every patient

The laity too often forgets that the physician himself is a human being, with human emotions, subject to weariness and fatigue, depression and discouragement, just as all men are The physician will have much to irritate him, annoy him and harass him He will have much to outrage his sense of justice, and he will receive slights, coldness or abuse where he should receive courtesy and appreciation Yet, the outstandingly successful physicians are the men who not only possess unusual knowledge and ability, but who have so mastered their own feelings and emotions, that they can deal with their patients without permitting their own feelings to influence their conduct or their speech A soft-spoken or a friendly word will do more than any sign of anger or irritation, regardless of the provocation

In my study of the causes which give rise to litigation between patients and their physicians, I have not infrequently been able to trace the trouble to some hasty or ill-considered comment made by a physician in a spirit of pique or annoyance It has been easy for me to sympathize with the doctor when the provocation was understood, at the same time I have been able to see how the patient took umbrage at what was said or done, which umbrage grew and developed into a desire to injure the physician, and publicly to condemn him in court or elsewhere

Especially is this true in dealing with the gentler sex Women, even in our day of liberation, are less acquainted with the ways of the world and have less experience in life than men, and therefore frequently are more unreasonable and more difficult to deal with Everyone knows this Any lawyer will tell you that it is so I have been told by some members of the New York Stock Exchange that they will not accept women customers, having found to their regret how difficult it is to explain to a woman why her particular venture in the market has not turned out to her advantage.

The physician obviously cannot draw the line of sex between his patients Indeed, many physicians deal almost exclusively with women patients The gynecologist, the obstetrician and the pediatrician, for example, spend necessarily most of their

LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

THE IMPORTANCE OF TACT IN THE PRACTICE OF MEDICINE*

Every professional man, whether doctor, lawyer or clergyman, must have observed that much of the important and useful information conducive to a successful professional career is not included within the curriculum of the college or professional school which he may have attended In the handling of hundreds of malpractice actions against physicians, it has often occurred to me that had the particular physician involved been more conversant with his legal rights and obligations, the lawsuit might not have resulted I have been told that the medical schools of England provide a complete course in medico-legal jurisprudence The graduates of such institutions therefore, embark upon the practice of their profession with some knowledge of the complicated principles of law which govern and surround the practice of their profession I am likewise told that a similar course is seldom found in the curriculum of any medical school in this country My experience would lead me to believe that this is true I have sometimes been amazed to discover how imperfectly some medical men have understood their legal rights and duties A knowledge of some of these principles, and a proper application of them, would be of untold benefit to the profession

Much that a lawyer or a clergyman should know is utterly unknown by the average well-grounded graduate of the theological or law school No lawyer or spiritual adviser can give really helpful advice or assistance until he has learned a great deal of human nature. Great lawyers and judges have become such only through a thorough knowledge of their fellowman, his motives, his prejudices, his generosities, his selfishness, his hopes, his fears and his aspirations No less is this true of the medical practitioner

In my observation of and acquaintance with hundreds of lawyers and doctors, it has often impressed me that one of the most valuable, yet least appreciated qualities is that of tact. The word "tact" is defined as "mental perception, especially, fine perception, intuitive sense of what is true, right or proper, fineness of discernment as to action or conduct, especially, a fine sense of how to avoid giving offense, ability to say or do what is best for the intended effect, adroitness, cleverness, address" Perhaps the simplest, and for my purpose the most useful, definition of the term is embodied in the words "fineness of discernment as to action or conduct." A further study of the definition reveals that tact is not unakin to conscience or a sense of right and wrong It is the "intuitive sense of what is true, right or proper" What I have in mind through the use of the word "tact," is not mere "adroitness" or "cleverness" or "ability to say or do what is best for the intended effect" Such a use of the term might carry with it an invidious meaning, which should be absent from what I am endeavoring to discuss Tact is not mere adroitness or cleverness, but the fine sense which enables a person, under a given set of circumstances, intuitively to do what is right and proper

A tactful person is a person possessing "nice discernment" Discernment means "acuteness of judgment, discrimination, a considerable power of perceiving differences in regard to matters of morals and conduct"

A reading of history and biography, especially the history of diplomacy, demonstrates how large a part tact has played in the success of great men Emil Ludwig in his brilliant life of "Napoleon," which you all have read, paints a fascinating picture of one of the greatest geniuses of all time In the whole record of human annals there is no more astonishing performance than the young Corsican's conquest of Italy at the age of twenty-seven But however much we must admire the valor and the brilliant strategy with which the future First Consul rushed from one victory to another, we find perhaps even more impressive the tact which this young general showed in his dealings with the kings and generals who opposed him When, for example, he made his victorious entry into Milan and was greeted by the venerable Archbishop with his train of counts and dukes, Napoleon listened and then answered "France wishes the Lombards well," remounted, saluted and rode on The crowds were amazed and impressed at the absence of arrogance of the conqueror By these simple words he demonstrated himself "a master of the ruler's art" What he employed was nothing more nor less than tact All great generals have used tact as well as tactics

When the Apostle Paul stood on Mars' hill and said to the Athenians that he perceived that they were a religious people, he furnished one of the greatest of all examples of tact With this prelude he gained the ears of the Athenians for the new religion which he was preaching

*Delivered before the meeting of the New York County Medical Society at the Academy of Medicine on December 21 1928.

LONDON LETTER

WINTER SESSION IN LONDON MEDICAL SOCIETIES

The familiar work of the Winter Session is in full swing in the London Medical Societies The Royal Society of Medicine has held its Annual Dinner under the chairmanship of Lord Dawson, and the May Fair Hotel was thronged with a record attendance So great indeed was the demand for tickets that it was impossible to find room for any guests other than the official guests This was due probably to the fact that two of the most famous orators of the day were speaking, Mr Rudyard Kipling replying for the guests, and Mr Winston Churchill, Chancellor of the Exchequer, proposing the Royal Society of Medicine Mr Kipling carried the great gathering with him in a whimsical though scholarly survey of the emotions which would assail Mr Nicholas Culpepper, the astrologer-physician of 300 years ago, if he could revisit the scientific world of to-day and he felt quite sure that when the old time physician was introduced to wireless and to the wonders of radium he would exclaim "What was the aspect of the Heavens at the time these phenomena occurred?" "And," queried Mr Kipling, "what answer would he get?" Mr Winston Churchill in more serious vein spoke o the important part which medicine took in Imperial work and referred also to the invaluable assistance to the cause of world medicine rendered by the League of Nations The beautiful diction of this polished speaker secured for him a *success d'estime*

London is moving at last in its determination to possess a supply of radium commensurate with its constant and growing needs Perhaps in no other department of surgery has such rapid progress been made as in the radium treatment of cancer For cancer affecting certain organs of the body radium is taking a foremost place. Particularly hopeful is the outlook in cancer of the tongue and buccal cavity, of the larynx and of the uterus, and reports are constantly coming in of successes in treating cancer of the rectum and of the urinary bladder Perhaps the most striking results are seen in cancer of the buccal cavity, a region which when attacked by cancer could be dealt with only by the most severe and crippling operations, operations which carried with them a high mortality and a sad record of recurrence. With the aid of the "radium gun" which ought in its most modern guise to be better termed the "radium revolver" the tongue can be treated in a few minutes and the immediate result attained is the disappearance of the growth with a minimum of scarring and freedom from fixation It is too soon yet to speak of the final results, but I was privileged a short time ago to see cases which had been operated on three years ago, and found them free from recurrence and with almost perfect function Within the last few days St Bartholomew's Hospital was received £14,000 for the purchase of radium, the Westminster Hospital is spending almost as much in adding to its supply, and a Poor Law Institution in the North of London has applied to the Municipal Authorities for a grant of £12,000 for this purpose We see here many indications that the great impetus given to radium therapy by the London Radium Institute is bearing fruit at last If there is any wealthy philanthropist in the United States who wishes to provide a parcel of radium for use in the Old Country, I can help him to place it to the best advantage!

Sir Berkeley Moynihan, President of the Royal College of Surgeons is particularly gifted in that he is not only a brilliant surgeon and teacher, but he is also a profound thinker, and can clothe his thoughts in words of real oratorical beauty His latest pronouncement was delivered on the comparatively modest occasion of the opening of a Bazaar in aid of the Beeston (Leeds) Parish Church I fear he must have shocked some of his hearers when he announced his disbelief in the doctrine of original sin! "I believe," he said, "that children are born the purest things the world knows, and that whatever vice creeps into the life of a child is something that creeps in from outside I believe there is far more of the saint than of the tiger in mankind, and that there is a nugget of pure gold in the heart of everyone of us" As may be imagined it was not long before such a profession of faith was challenged and by no less an authority than Sir John Bland-Sutton who maintained that heredity is the basis of everything in human nature It was not he but another who quoted Jeremiah "The fathers have eaten a sour grape and the children's teeth are set on edge" The discussion, if carried on as it has started, should prove amusing, if not instructive

H W Carson, F R C S, Eng

working hours with women Women especially need tactful and gentle handling They require patient consideration, infinite patience ofttimes is needed successfully to deal with them How difficult, how trying and how nerve-racking this ofttimes is, you gentlemen of the medical profession know far better than I do What I am here advocating is not merely "a good bedside manner," but "a fine sense of how to avoid giving offense"

A course in medico-legal jurisprudence may be feasible in the medical schools I doubt if the study of tact could be added to the curriculum If it could be, it would be of infinite value to the prospective doctor Some physicians may succeed without it, although I believe that many fail because they lack it Certainly the development of this rare quality could injure none of them Some men are naturally tactful, others naturally brusque Those who are tactful by nature may indeed deem themselves fortunate, those in whom this quality is less developed, might strengthen it by study, practice and application

Not only is tact important in the physician's relations with his patients, it is equally important with his brethren in the profession, and with others The physician does his work alone He usually must make his decisions unaided In the sickroom or the operating-room, his position is not dissimilar to that of the general on the field of battle It has been said that military men do not make good statesmen, because of their arbitrary point of view They are accustomed to give orders, and to see them obeyed without question They brook no discussion, no argument In this respect, the training of the military leader is not wholly dissimilar to that of the doctor and the surgeon The quality of decision and self-confidence is indispensable to a successful professional career, but with this there should be developed a generous tolerance for the views of others In the various disputes between medical men which I have encountered, I have usually felt that the differences might easily have been avoided, had more tact been employed on both sides of the controversy

Tact is "the intuitive sense of what is true, right or proper" This sense should preclude one physician from unjustly or unnecessarily criticising the diagnosis or treatment of his predecessor If what his predecessor may have done is wrong, he should do what he thinks is right, but this does not justify unnecessary and unwarranted attack upon the other doctor More rather than less cooperation among the doctors is desirable This requires a mutual sympathy and understanding—"a fine sense of how to avoid giving offense"

The doctor is an individualist, his whole training makes him one He should be one, but there are dangers, as well as advantages, in individualism Sometime ago, I wrote an editorial under the title "Individualism, Its Merits and Its Dangers" Some of you may remember it. Individualism is not incompatible with tact No matter how outstanding a man may be in his chosen calling, how extraordinary his gifts or how celebrated his attainments, it is possible for him in his dealings with his fellow man, to display modesty and consideration for the feelings and the opinions of others Some of the greatest individualists have been the most tactful of men

Tact does not mean weakness Tact does not require the surrendering of honest opinions formed as a result of profound knowledge and deep reflection Tact is not a synonym for cowardice Tact does not require a weak or indifferent acquiescence in what is wrong or untrue. Tact is the high ability of a broad-minded man to conduct himself with his fellowmen in such a way as to avoid needless and unnecessary friction, annoyance and hatred Tact involves an effort to understand another's point of view and to give it due weight and consideration Tact prevents a man from arrogance or the needless wounding of another's feelings and susceptibilities The development of tact requires the fostering of large-mindedness, openmindedness and fairness A truly tactful man is an understanding man, usually a big man

I could multiply ad infinitum instances of tact employed by members of the medical profession in the treatment of their patients On the other hand, I could cite examples where unintentional tactlessness led to trouble *The less the understanding, the smaller minded the patient, the more important that his medical adviser should be tactful with him*

In concluding these observations, I might justly be charged with tactlessness myself were I to leave unanswered the possible suggestion that what I have here said implies that the members of the medical profession are more tactless than those of other callings or professions I disclaim any such suggestion *What I do say, however, is* that there are very few callings in which the employment of tact is more important, more necessary or more productive of reward

follow-up work attendant upon the discovery of defects in school children 3 The establishment of a regular routine of clinics conducted by members of the County Medical Society, covering all the non-tuberculous conditions, extending to all parts of the county, for the more complete diagnosis of the gravity of the defect, for the supervising and advice leading toward preventative or curative treatment

In offering this program, the committee explained that it is not its desire in any way to encourage pauperism or dependency through the medium of these clinics, but it rather hopes by them to bring home to the parents their full responsibility in the matter of preventative and curative care However, the committee recognizes that there will be a certain small percentage of instances where the parents are either unable or unwilling to provide proper care or treatment, and in such instances, the town, city or county should provide the medical care indicated, in a manner similar to that which now prevails in the treatment and care of all tuberculous children, from which all the stigma of charity has been so successfully concealed The committee asked the Board of Supervisors to make an appropriation of $25,000 00 for the first year, to initiate the program, the principal item of expense to be the salaries of the four public health nurses Among those who appeared before the Board of Supervisors in support of the program were the County Judge, the Surrgoate Judge, the four School Commissioners, representatives of the Mechanicville Rotary Club, of the State Departments of Health and Education, and the County Grange

The chairman of the committee explained that the principal reason why so many uncared-for defects should be discovered among children is that adequate examination of school children is almost impossible under present conditions Most of these children are apparently sound and healthy Their defects are discovered only after careful examination, but the school inspector, who has from one hundred to one thousand children in his district, is seriously handicapped in his examination of them by several conditions, first, he has no examining room in the school building nor facilities for making a careful examination, second, in the rural districts where there are no school nurses, he lacks means for adequately impressing upon the parents the nature of the defect and the need for its correction, third, without clerical service it is almost impossible for him to notify the family physicians of the children of his findings And then, finally, he is, in every instance, inadequately compensated for the work that he is doing now, and in all fairness could not be asked to do more under present conditions

The committee's idea that, for the present, the school physicians should be assisted by volunteer clinical service from all of the physicians of the county, is in accordance with a program which is working effectively in sections of Montgomery County Eventually, however, it is the committee's idea that the physicians should all be paid for their clinical service The program calls for the immediate cooperation of the family physicians in correcting the defects found, and the committee believes that, if the nurses employed to do follow-up work are properly instructed, they could impress the parents with the importance of having the child placed immediately under the care of the family physician

Favorable action is hoped for by the Board of Supervisors at an early date, but the expenditure for the tuberculous children's hospital and maintenance being in excess of $135,000 00 for 1928 and 1929, the Board may be chary about entering into another welfare project at once.

ANNUAL REGISTRATION

The editors have received the following letter from Charles B Heisler, Assistant in Higher Education, in the State Department of Education, Albany, N Y

"May I call to your attention subdivision 6 of section 1260 of the Education Law which appears on page 68 of the inclosed medical handbook Will you be good enough to insert a notice in your JOURNAL calling the attention of the physicians in the state to this provision of the law which requires us to exact an additional fee from those who have failed to register by the first of January? The Department does not desire to enforce this provision any more than it is obliged to, and hopes that all physicians in the state, who have not yet registered for 1929, will cooperate by sending in their application cards immediately"

The section of the law to which reference is made reads

"Any licensed physician who fails or neglects to register by January first of any year as required by the provisions of this section shall be required to pay for registration, in addition to the fee of two dollars, a further fee of one dollar for each thirty days or part thereof, that he is in default, and any licensed physician who wilfully refuses or omits to register hereunder and engages in practice shall be subject to a civil penalty for one dollar for each day that such practice shall continue, and if the same continues for more than thirty days the penalty thereafter shall be five dollars per day so long as the said

N Y State J M
Jan 15 1929

NEWS NOTES

SARATOGA COUNTY SURVEY OF SCHOOL CHILDREN

A report on the defects of school children, by the Public Health Committee of the Saratoga County Medical Society, John R. MacElroy M D Chairman.

SARATOGA COUNTY is enlarging its tuberculosis hospital by the addition of a building for children The County Medical Society has supported the project and contributed its influence and advice At a meeting about a year ago, when the need for such hospital was under discussion, the question arose as to what other incapacitated children there were in the county aside from those afflicted with tuberculosis The outcome of the discussion was to have the Society appoint a committee, of which the writer is chairman, to make a survey of the children of the county and report at its earliest convenience upon the number and types of incapacitated children This committee set to work immediately, but soon found that it would be practically impossible to include in the survey a satisfactory proportion of the pre-school children It concluded, therefore, to pursue its study among children between the ages of six and fifteen pears This committee made the following informative report at the last meeting of the County Society

There are 12,507 children of school age in the county Of this number 9,903 were examined and the following defects noted

Infected tonsils	2140
Defective eyesight	1248
Malnutrition	768
Nasal defects	570
Glandular enlargements	388
Cardiac defects	170
Defective hearing	94
Goitre	88
Bronchial and pulmonary conditions	73
Orthopedic conditions	66
Mental abnormalities	62
Nervous instability	59
Hernia	32
Asthma	1
Kidney disturbance	1
Total	5760

The report amazed the physicians, particularly when it was learned that only forty-three children from the county between the ages of one and fifteen had been reported to the state as having tuberculosis up to May, 1928, and these were therefore the only children of the defective group of more than five thousand that will benefit by the erection of the hospital

The committee supplemented its report with the following information, secured from the State Department of Health, with regard to the causes of death of children in Satatoga County in the years 1920 to 1927 inclusive In that period of time there were 378 deaths of children between the ages of one and fifteen years, of which 70 were due to accidents The following deaths might be considered as due to preventable causes

Scarlet fever	32
Diptheria	18
Heart disease	17
Measles	11
Pulmonary tuberculosis	8
Diabetes	4
Diseases of the ear	2
Hernia	2

a total of 94 deaths occasioned by what may be ordinarily considered preventable conditions, and of all these 94 deaths, only 8 who died from pulmonary tuberculosis are in the group for which the county takes special preventative precautions

Attention was also called in the report to the need for improvement in conditions attending upon maternity In the period from January 1, 1922 to January 1, 1927, the State Department of Health reported 5,486 births in Saratoga County, and the following list of mortalities Stillbirths —224, deaths under one month—219, deaths under one year—406, maternal deaths from childbirth—28

Program suggested by the Committee In conjunction with its report, the committe offered a program which, in its opinion, if adopted by the county, would in time secure to all children handicapped by defects, correctional services such as are now offered to thos having pulmonary tuberculosis Briefly, the plan is in three parts 1 The appointment of a public health council, consisting of not less than five regularly licensed physicians, one of whom shall be the president of the County Medical Society, and three non-medical members, at least one of whom shall be a member of the Board of Supervisors 2 The employment of four public health nurses, one being assigned to each school commissioner's district to do pre-natal, infant and child hygiene work in cities, villages and rural sections, and school hygiene work in the rural districts where no school nurses are employed, and, as a particular task, to assist the examining school physicians with the

of Oneonta, Alternate to State Convention, Dr F J Atwell of Cooperstown, Censor, Dr E C Winsor, Schenevus

Dr F L Winsor, who has been Treasurer of the Society for over twenty years declined to accept a reelection A most hearty vote of thanks was given him for his long and faithful service

The following resolutions were adopted

Resolved, that in the death of Dr John W Swanson of Springfield Center, who had been a loyal member of the Society for over fifty years and had served as President and Censor, the Medical Fraternity of the County has lost one of its most valued members His interest in the Society was unfailing and his service freely given to any project designed to aid in the advancement of medical progress,

Resolved, that the remembrance of his genial disposition and professional conduct serve as a lesson from the life of a gentleman and a model physician

HARRIE FRINK AND H L CRUTTENDEN,
Committee

On motion the Secretary was directed to send the following word of cheer and good will to our oldest member of the Society, Dr S G Pomeroy of West Oneonta

'The Otsego County Medical Society assembled in Annual Meeting has directed me to send you a word of good cheer and a Christmas greeting Many kind words were expressed by those who knew you in your active life Your worthwhile-ness has been an inspiration to us We wish for you all comfort and happiness during the days left to you to spend on earth May they be as long as you desire them to be

"The bunch of flowers are but a token of our love for you"

Dr Marjorie F Murray and Dr F F Harrison of Cooperstown were received into membership

After the dinner, Dr George McKensie of Cooperstown gave a most instructive paper on Serum Treatment, its dangers and advantages, its accidents and diseases, together with suggestions of administration

Twenty-four members were present

A H BROWNELL, *Secretary*

BRONX COUNTY

The Annual Meeting of the Bronx County Medical Society, held at the Concourse Plaza, on December 19, 1928, was called to order at 8 45 P M, the President, Dr Gitlow, in the Chair

The following doctors were elected members Drs Murray Berger, William G Chorba, Louis Dantzig, Aaron Feldman, Jacob Feldman, Charles A Halberstam, Benjamin J. Margolius, William Reich, Samuel R Schielcrawt, and Harry Weintraub

The following amendments to the By-Laws were proposed

1 Six out of the nine regular meetings of our Society shall be devoted exclusively to the transaction of economic and business problems
2 The Chairmen of all the Committees of our Society shall be nominated and elected by the members of the Society
3 The Board of Censors shall consist of six members, all members to be elected by the Society The retiring President shall be a member of the Board without vote to act in an advisory capacity
4 The Officers of the Bronx County Medical Society shall be nominated by Primary Nominations preceding the election, the details of which shall be perfected by a Committee elected from the floor

It was also proposed that there be a revision of the Code of Medical Ethics It was moved and carried that a Committee be appointed to study this question and make recommendations for the revising of the Code of Medical Ethics

Dr William Goldstein spoke on behalf of the Diphtheria Immunization Campaign that is now being carried on and appealed to the members for their cooperation

The following officers for 1929 were elected President, Harry Aranow, First Vice-President, Joseph H Gettinger, Second Vice-President, Irving Smiley, Secretary, I J Landsman, Treasurer, J Adlai Keller, Board of Censors, Maurice O Magid, Harry Shiffman, Delegates, J Lewis Amster, Cornelius J Egan, Vincent S Hayward Edmund E Specht, Alternates, Milton J Goodfriend, Nathan B Jacobson, Nicholas Lukin, Samuel F Weitzner

The following were elected as members of the Nominating Committee Joseph A. Landy, Sidney Cohn, Moses H Krakow, Louis Sheinman, David Deutschman, Joseph O Smigel, Henry Friedland, Michael Rosenbluth, Adolph Rostenberg, Charles S Rogers, J Bernard Cohen

The program of the evening proceeded as follows Address The State Society's Group Insurance Plan—Up to Date, by Harry F Wanvig, Esq

I J LANDSMAN, M D, *Secretary*

practice shall continue, said penalty shall be recoverable in an action by the attorney-general of the state maintained in the name of the people of the State of New York

"The penalties provided in this section for failure, neglect or omission of a duly licensed physician to register under this articles shall be the only penalties that may be imposed therefor, and the legality of his license shall not be affected thereby, and such penalties may for good cause shown, in the discretion of the regents, be remitted or compromised"

COURSES FOR COUNTY HEALTH OFFICERS

Dr Matthias Nicoll, Jr, Commissioner of Health of New York State, has sent the following letter to the JOURNAL

"There has never before been a greater need of bringing to the attention of physicians, who are considering full-time health officer work as a career, the splendid academic courses for proper qualification for such work

"The enclosed letter is a copy of one I have sent to each of the District State Health Officers in regard to the above subject Any publicity which you might care to give it through the columns of your JOURNAL would be appreciated and would, I believe, serve a useful purpose"

The letter of Dr Nicoll to the District State Health Officers is as follows

"Since the inauguration of the Cattaraugus and Suffolk County Health Departments, added stimulus has been given to the full-time county health-officer movement in the state

"You may know of certain physicians who have made good local health officers in your district, and who either desire or with some stimulation might consider qualifying for such positions, or for future full-time city health officer appointments

"There is enclosed a copy of a two-page circular describing a short health officer course which will be given at the School of Hygiene and Public Health at Johns Hopkins University in Baltimore from March 13 to June 1, 1929, if ten candidates enroll

"Will you kindly bring this course to the early attention of any physicians in your district who would be interested in it or whom you consider good material? I am personally anxious to see New York State represented in the 1929 class Additional copies of the attached circular may be secured from the Department, or copies of a more extensive catalogue of the School of Hygiene may be secured directly from Baltimore."

The essential parts of the circular are as follows

"The primary purpose of the course will be to review and broaden the student's knowledge of those subjects underlying the practice of public health, Statistics, Epidemiology, Sanitary Engineering, and Public Health Administration, by means of special classes given throughout the course, and to acquaint the student with recent advances in the allied biological sciences, Bacteriology, Immunology, Protozoology, Entomology, Helminthlogy, Physiological Hygiene, Chemical Hygiene, and in the Filterable Viruses, by means of a series of lecture demonstrations by workers in these subjects Instruction will be as far as possible by laboratory exercises and field demonstrations

"Candidates for admission to the course must be graduates in Medicine or have had such other scientific training as will fit them for the course Each candidate must give evidence of having had adequate laboratory instruction in bacteriology

"The tuition fee for the course will be one hundred dollars, payable at the time of registration A certificate of attendance will be given those students who complete the course satisfactorily"

The physicians of New York State will be pleased to know that one of their own number was chosen to be Health Officer of Suffolk County, although Dr Arthur T Davis, the successful candidate, spent two or three years in Delaware as State Health Commissioner It is to be hoped that New York State will have a sufficient number of its physicians take public health courses so that the State may supply its own officers

OTSEGO COUNTY

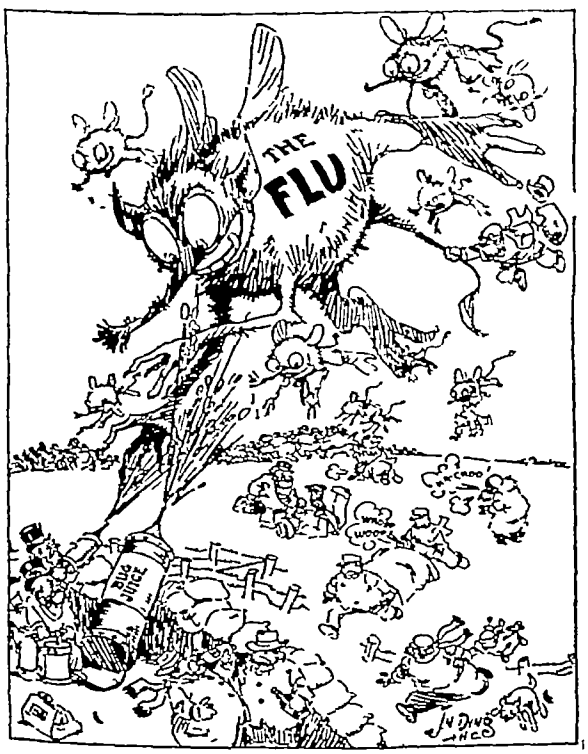
The Annual Meeting of the Otsego County Medical Society was held at the Elks Home, Oneonta, Tuesday evening, December 11, 1928, with President F J Atwell of Cooperstown in the Chair Minutes of the June meeting and of the September meeting were approved

The following officers for 1929 were elected President, Dr D H Mills of Oneonta, Vice-President, Dr George McKensie of Cooperstown, Treasurer, Dr F E Bolt of Worcester, Secretary, Dr A H. Brownell of Oneonta, Delegate to State Convention, Dr F H Mar-

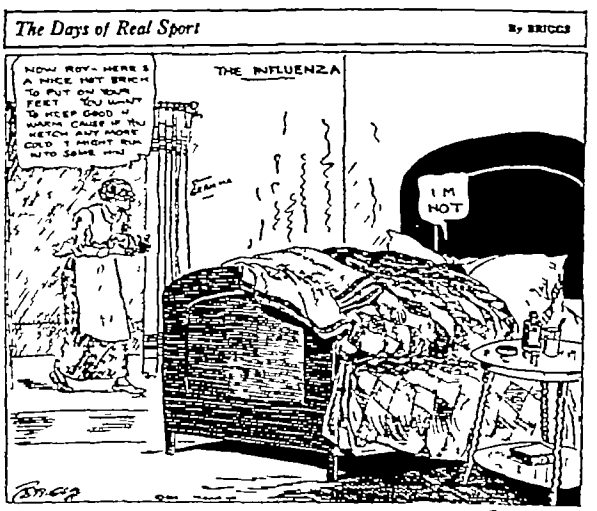
THE DAILY PRESS

INFLUENZA

Influenza is a stock subject of record in the daily papers, although it has not attained front page notoriety Its prevention is always of interest to the public as well as to physicians, but success in its prevention implies a knowledge of its cause,—and here is where medical men fail to agree. On the one hand there are those who emphasize the old-fashioned conception that influenza, or the more plebian cold, is caused by wet feet and exposure to drafts On the other hand, there are those who emphasize the contagiousness of influenza



—New York *Herald Tribune* Dec. 16 1928 by J N Ding



—New York *Herald Tribune* Jan 7 1929 by Briggs

Two illustrations showing what the cartoonists of the New York Herald Tribune think about the cause and treatment of influenza Their attitude is justified by the quotations from medical authorities which are here printed

Dr Alvah M Doty, Medical Director of the Western Union Telegraph Company, and former Health Officer of the Port of New York, seems to be among the believers in the bad weather theory, for he is quoted by the *New York Sun* of January 4 as saying

"The flu, and the grippe, and a cold are all about the same thing, and the condition to which all three terms are applied is not dangerous, except in so far as it may lead to pneumonia or other complications Much can be done by the individual to avoid falling a victim to the disease, but these preventive measures are very different from those mentioned in the flood of propaganda with which the country is now engulfed The preventive measures consist in such things as wearing warm clothing, keeping one's feet dry, avoiding drafts—in the subway for example—and washing one's hands frequently during the day"

"These elementary precautions are rarely mentioned in the broadcast admonitions of public health authorities and insurance companies Their propaganda, because it deals with matters beyond the practical control of the public, is not helpful, but may even work harm by spreading the illusion that the individual can do nothing for himself to prevent contagion"

The *Sun* then quotes Dr Doty as saying that the contagiousness of influenza is only a theory, for its exact germ has not yet been demonstrated, yet Dr Doty states an explanation that is entirely theoretical, and is the old idea of the "Lowering of Resistance" of the body by coldness and wetness thus permitting germs already in it to grow

MEDICAL WARES

THE INTERFEROMETER

The principles of the interference of light may be applied in the determination of the constituents of liquids and gases Light does not travel so fast in a gas or liquid as in a vacuum, nor so fast in a dense gas as in one of less specific gravity If, therefore, two parallel rays of light from the same source are focused on a screen, but the first passes through air, and the second through a mixture of air and another gas, the second ray will be retarded in its speed and will reach the screen later than the first ray The screen will then either be doubly lighted, or it will be dark, or it will show bands or rings of colors If the crest of the second ray falls on the crest of the first, the light on the screen will be doubled, if the crests and hollows coincide, they neutralize one another and there is darkness, but if the crests and hollows partly overlap, light bands with colored borders will appear

A standard form of interferometer consists of two units, one for examining the substance to be investigated, and the other for examining the standard with which it will be compared One source of light and one eye-piece serve for both units

In each unit light passes first through two slits That from one slit then passes through the substance to be examined and the other through the air The two sources are then brought to a common focus If, for example, a sample of expired air is being examined for carbon dioxide, the ray passing through the sample will be retarded and the image of its slit will be part of a wave length of light behind the other image The result will be a series of colored bands instead of a bright slit

The second unit is for the purpose of measuring the retardation It also admits light through two slits One ray passes through the air, just as did that of the first unit The second ray passes through a piece of plain glass which can be tilted so that the ray will pass through it obliquely and be retarded according to the length of its path through the glass Images formed by the two rays make a second series of colored bands which lie alongside of the first series, and are viewed together by means of the magnifying eye-piece The observer adjusts the angle of the glass until the two series of bands appear exactly alike, indicating that the retardation by the glass is the same as that by the sample

Interferometers of various designs are manufactured, some small and simple in construction, and others large and complicated They are designed for the examination of either gases or liquids, and are often made for special purposes They are used in research laboratories for the examination of gases and serums, and are especially adapted for the measurement of autolysis Practicing physicians may use an interferometer for the rapid determination of carbon dioxide in bedside examinations for basic metabolism

Special interferometers are in common use for testing firedamp in mines Other forms are used for the examination of water and other liquids

Interferometers are also in common use in research laboratories for determinations which need to be far more accurate than those made by a refractometer The wave lengths of the various colors of light are exactly known, and the interference of the waves affords a visible means of measurement of great delicacy

Almost the first extensive use of interferometers was in oceanographic studies for the determination of the salinity of deep-sea water, which is now known to have a consistent variation according to the hour of the day, the location, and the currents

While the instruments were formerly used largely in laboratories for research in pure science, they are now being added to the equipment of clinical laboratories and industrial establishments Scientists formerly looked to Europe for intense research in fields which offered no immediate application either medically or commercially But at the present time the scientists of the United States are coming to have the reputation of leading the world in scientific research of all forms Modern science consists of records made with an exactness that was not anticipated a generation ago Whenever a scientific fact is established, its practical application soon follows Advances in clinical medicine will follow the discovery of new facts by the increasing use of interferometers, refractometers, and other instruments of great precision

BOOKS RECEIVED

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.

PHYSICAL EDUCATION ACTIVITIES FOR HIGH SCHOOL GIRLS By the Staff of the Department of Physical Education for Women, University of Michigan, Ann Arbor, Michigan. Octavo of 322 pages Philadelphia, Lea and Febiger, 1928. Cloth, $3 50

BACTERIOLOGY GENERAL, PATHOLOGICAL AND INTESTINAL. By ARTHUR ISAAC KENDALL, B S, Ph.D Third Edition. Octavo of 733 pages, illustrated. Philadelphia, Lea and Febiger, 1928 Cloth, $7 00

TEXT-BOOK OF UROLOGY FOR STUDENTS AND PRACTITIONERS By DANIEL N EISENDRATH, M D, and HARRY C. ROLNICK, M D Octavo of 942 pages, illustrated. Philadelphia and London, J B Lippincott Company, 1928 Cloth, $9 00

AN INDEX OF DIFFERENTIAL DIAGNOSIS OF MAIN SYMPTOMS. By Various Writers Edited by HERBERT FRENCH, C.B E., M.A., M.D Fourth Edition Octavo of 1171 pages, illustrated. New York, William Wood and Company, 1928. Cloth, $18 00

CRITERIA FOR THE CLASSIFICATION AND DIAGNOSIS OF HEART DISEASE. By a Committee, HAROLD E. B PARDEE, M D., Chairman, and others appointed by the Heart Committee of the New York Tuberculosis and Health Association, Inc. 12mo of 92 pages New York, Paul B Hoeber, Inc., 1928 Cloth, $1.50

CHEMISTRY IN MEDICINE. A Cooperative Treatise Intended to Give Examples of Progress Made in Medicine with the Aid of Chemistry Edited by JULIUS STIEGLITZ. 12mo of 755 pages New York, N Y., The Chemical Foundation, Inc., 1928 Flexible leather, $2 00

THE VALIDITY OF THE APPRAISAL FORM AS A MEASURE OF ADMINISTRATIVE HEALTH PRACTICE. By PHILIP S PLATT, B.A., M A., Ph.D Large octavo of 102 pages New York City American Public Health Association, 1928 Paper, $1 50

MEDICAL CLINICS OF NORTH AMERICA. Vol 12, No 2. September, 1928 (Nebraska University Number) Published every other month by the W B Saunders Company Philadelphia and London. Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12.00 net.

A TEXT-BOOK OF PHARMACOLOGY AND THERAPEUTICS By HUGH ALISTER MCGUIGAN Ph.D., M D Octavo of 660 pages, illustrated Philadelphia and London, W B Saunders Company, 1928 Cloth, $6 00

SURGICAL CLINICS OF NORTH AMERICA. Vol. 8, No 5 October, 1928 (New York Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12.00 net.

PROBLEMS IN SURGERY University of Washington Graduate Medical Lectures, 1927 By GEORGE W CRILE M D Edited by AMY F ROWLAND Octavo of 171 pages illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, $4 00

FINAL REPORT OF THE LEAGUE OF NATIONS INTERNATIONAL COMMISSION ON HUMAN TRYPANOSOMIASIS Octavo of 392 pages, illustrated. Geneva, League of Nations—Health Organization, 1928 Paper, $5 00

A HISTORY OF PATHOLOGY By ESMOND R. LONG, Ph.D., M D 12mo of 291 pages Baltimore, The Williams & Wilkins Company, 1928 Cloth, $5 00

NEUROLOGICAL EXAMINATION An Exposition of Tests with Interpretation of Signs and Symptoms By CHARLES A MCKENDREE, A B, M D 12mo of 280 pages, illustrated Philadelphia and London, W B Saunders Company, 1928 Cloth, $3.25

THE ELEMENTS OF THE SCIENCE OF NUTRITION By GRAHAM LUSK, Ph.D., Sc.D Fourth Edition Octavo of 844 pages Philadelphia and London, W B Saunders Company, 1928 Cloth, $7 00

REGIONAL ANESTHESIA. Its Technic and Clinical Applications By GASTON LABAT, M.D Second Edition, revised Large octavo of 567 pages, with 367 illustrations Philadelphia and London, W B Saunders Company, 1928 Cloth, $7 50

NAVY (HEALTH)—STATISTICAL REPORT OF THE HEALTH OF THE NAVY FOR THE YEAR 1926 Octavo of 149 pages London, His Majesty's Stationery Office, 1928 Paper, 4s 6d

MEDICAL RECORD VISITING LIST OR PHYSICIAN'S DIARY FOR 1929 16mo New York, William Wood & Company, 1928 Flexible leather, $2 00

METHODS AND PROBLEMS OF MEDICAL EDUCATION (Tenth Series) Quarto of 343 pages, illustrated New York, N Y., The Rockefeller Foundation, Division of Medical Education, 1928

MODERN MEDICINE. Its Theory and Practice in Original Contributions by American and Foreign Authors Edited by SIR WILLIAM OSLER, Bart., M.D Third Edition General Index. Octavo of 126 pages Philadelphia, Lea and Febiger, 1928 Cloth, $1 00

MEDICAL CLINICS OF NORTH AMERICA. Vol 12, No 3 November, 1928 (New York Number) Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12 00 net.

A TEXT-BOOK OF PATHOLOGY By W G MACCALLUM Fourth Edition Octavo of 1177 pages, illustrated Philadelphia and London, W B Saunders Company, 1928 Cloth, $10 00

LIGHTING IN RELATION TO PUBLIC HEALTH By JANET HOWELL CLARK Ph.D Octavo of 185 pages, illustrated Baltimore, Williams & Wilkins Company 1924 Cloth, $4 00

EPILEPSY By WILLIAM G LENNOX and STANLEY COBB Octavo of 197 pages Baltimore, Williams & Wilkins Company, 1928 Cloth, $3.50 (Medicine Monographs Vol XIV)

The Department of Health of New York City bases its campaign against influenza largely on the theory of the contagiousness of the disease, and its spread by means of the excretions of the nose and throat The justification of the theory of the Department of Health and its wide publication is the low incidence of influenza and indeed, most other contagious diseases, compared with their prevalence in places where precautions are not widely published The *New York Sun* of December 17 says editorially

"Commissioner Wynne and his colleagues in the Health Department will do all the official worrying that is required and will take all the official precautions that are possible to safeguard the population Little can they do, each individual can do more for himself and his fellows than all the municipal machinery can accomplish

"The average man can control his nerves, keep cheerful, mind his diet, keep clean, exercise intelligently, rest sufficiently He can keep away from sneezers and coughers who do not cover their noses and mouths while in action He can cover his own nose and mouth when he sneezes and coughs He may be able to avoid some crowds, let him do so, even though it involves an unaccustomed walk And if he is out of luck and the grip grips him, he can call the doctor, as all men of sense do"

The *Weekly Health Review* of the Department of Health of the City of Detroit for December 22 combines the two theories and says

"A mild type of influenza is prevalent in Detroit at present There is no doubt but that large numbers of persons are at present ill with some respiratory infection, but not all of them by any manner of means have influenza, some have colds, others grippe, and some have influenza The line of demarkation between these three conditions is not well defined The primary difference between the three seems to be one of effect upon the individual rather than one of specificity of the causative organism or organisms Whether one has a cold, grippe or influenza depends upon three factors,—first, the amount of infection the individual gets, second, the resistance, or in other words, the state of health of the individual, and third, the care which that person takes of himself as soon as he knows infection exists"

This *Weekly Health Review* is intended for the information of the public, and therefore the expression, "The specificity of the causative organism," will give peculiar satisfaction to negro preachers and others who delight in long words

AUTOMOBILE GRAVEYARDS

How to dispose of discarded automobiles is a problem of sanitation as well as economics Every village dump is cluttered with dead autos which form an open framework supporting garbage and rubbish of all sorts and making ideal homes for rats The automobiles are useless for filling low land, and no one wants them They are the greatest hindrance to the solution of the problem of village wastes, and even New York City is having trouble with their disposal as is shown by the following editorial from the *New York Herald Tribune* of December 29

"Horses, cows and other livestock which pass from this life may be sent to the incinerator or to some manufactory which converts all that is left of them into hides and tallow and other marketable products But when an aged motor gasps its last, its usefulness for any purpose whatever is over and done

"Inasmuch as a good many thousand cars are self amortized every year the question of how to dispose of them has become serious The most prevalent method employed at present is to tow them to some vacant lot, and there leave them to rust their bones away But this must be done surreptitiously and in the dead of night Nothing is as undecorative as a deceased and rusting automobile, and nothing is quite as objectionable not only to the owner of the lot upon which it may be left, but to all the residents of the neighborhood

"So unlovely have become these increasing piles of tonneaus in the Bronx that the board of trade in that borough is seeking relief from the local administration Many plans are suggested, among them being the erection of a smelter to reduce the useless metal to pig iron, or an arrangement by which the vehicles may take passage on garbage barges, consigned to the deep sea, where they will forever cease from troubling That some such solution of the problem may be reached is earnestly to be hoped Not only in the Bronx, but in the outskirts of all the other boroughs land owners seldom visit their holdings without finding that more and more deservedly deserted cars have been dumped there during the watches of the night

"What is true in New York is true not only in all great cities, but in villages and countrysides A motor journey in any direction from New York will go through great tracts that are literally sown with cars, which, if left to the slow process of extinction by oxidation, will remain there many decades Seeking to get rid of them by dumping them into hollows is futile, for earth settles slowly about them, and "made land" composed of scrap sheet iron is likely to be as treacherous as a quicksand or a quagmire In view of rapidly mounting motor production this question must soon be disposed of by city governments Until this is done all plans for making what aesthetic people call 'cities beautiful' might as well be abandoned"

The Hunterian Oration, to the last, The Mitchell Banks Lecture—The Gall Bladder and Its Infections—there is a world of stimulating and constructive thought.

Of particular interest to the young man are the paragraphs upon Surgery and its Limitations To quote "There is nothing in the craft of any Art so exquisitely beautiful that it can surpass that shown by the skilful master of Surgery To watch such an Artist is to realize that only infinite practice, the most solemn devotion to the details of craftsmanship and a profound sense of spiritual dedication to a high purpose, are capable of creating and so ennobling the work of a man's hands"

"The training is arduous must begin under a master's eye must not be lightly undertaken Since the war the incompetent and ill-trained operator is allowed too free a hand." "I am amazed at the ready acceptance by patients of the eager ministration of incompetent operators, when adequate skill and experience are at their command"

The lectures are interesting and instructive and entertaining throughout. Reference is made to the advisability of operating in the early stages of disease rather than after disabling complications have resulted. The Author quotes statistics which show the advisability of early operating not only in cancer but in duodenal and gastric ulcer, cholecystitis and allied lesions The book should be read by the Surgeon, the Medical man and the Surgeon-in-embryo

RUSSELL S FOWLER.

RECENT ADVANCES IN HAEMATOLOGY By A. PINEY, M D Second Edition 12mo of 318 pages Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $3.50

In this little volume of approximately 300 pages the author has given a most lucid description of the morphologic changes observed in the blood and blood forming organs The illustrations, while limited in number, are excellent. The first chapter is devoted to a discussion of the reticulo-endothelial system The author considers Hodgkins disease as a malady affecting the reticulo-endothelium and describes it under the chapter entitled 'reticulo-endotheliosis" An appendix of 35 pages giving the details of hematological technique and text book references will be found very useful

H M FEINBLATT

THE DUODENUM Medical, Radiologic and Surgical Studies By PIERRE DUVAL, JEAN CHARLES ROUX and HENRI BECLERE. Translated by E. P Quain, M D Octavo of 212 pages, illustrated St. Louis, The C. V Mosby Company, 1928 Cloth, $5 00

This book is a valuable contribution to the study of mechanical deformity of the duodenum It treats of duodenal deformity by calculous cholecystitis, essential and stenosing periduodenitis, chronic compression of the third portion of the duodenum by the mesenteric pedicle and the various operative treatments of these conditions There is also a reference to the medical treatment in a Translator's note. In addition there is a chapter upon the radiologic signs of ulcer of the duodenal bulb and a chapter on Intoxication in Duodenal Retention The subject is covered in a comprehensive and well illustrated manner

The book has been written by a physician, a surgeon and a radiologist with the assistance of a chemist. It is not a collaboration in the ordinary sense, for nothing has been put in the book to which all the authors have not agreed It represents the authors' personal experiences but includes many references to the literature.

The book is recommended not only to the general practitioner in that it may aid him in the diagnosis of obscure cases of 'indigestion," but also to the surgeon as a well balanced review of the subject

RUSSELL S FOWLER.

DIATHERMY ITS PRODUCTION AND USES IN MEDICINE AND SURGERY By ELKIN P CUMBERBATCH, M A, B M Second Edition Octavo of 332 pages, illustrated St. Louis, The C V Mosby Company, 1928 Cloth, $7 00

This is a revision of a particularly thorough and authoritative volume dealing with both the medical and surgical applications of diathermy The opening chapters are devoted to an interesting historical note and a clear exposition of the physics of high frequency currents These are followed by three chapters describing both the early and modern machines used for producing the diathermy currents The final chapters present in an interesting and complete manner the use of the currents, their characteristics in medical and surgical use, and their indications The application of both medical and surgical diathermy to the specialties is particularly well described. The book is well written and clearly printed, with excellent illustrations, and can be highly recommended to all students and practitioners

JEROME WEISS

THE PRESCRIBING OF SPECTACLES. By ARCHIBALD STANLEY PERCIVAL, M.A., M B, B C. Third Edition 12mo of 239 pages, illustrated New York, William Wood and Company, 1928 Cloth, $5 00

This little work occupies a very unique place among the numerous compact works on refraction It is a very attractive blend of the practical and theoretical features of the subject It is distinctly modern in its attitude in having adopted the improved values for the optical constants of the eye as worked out by Gullstrand and Tscherning The recent advances in our understanding of the act of accommodation are briefly and clearly brought out

Glancing through the pages of this volume gives one the impression that the subject is beyond the mathematical comprehension of the average ophthalmologist. Such is not the case however, because the explanations are particularly clear and take one in logical sequence through the various steps to a simple solution

We find this little work full of those points which most of us acquire only through years of experience. For instance, Percival shows why some patients see better when their lenses are tipped There is a table to show the cylindrical effect produced by a strong lense when tipped out at the top and in at the bottom Percival says it is a good practice in cataract cases to tip their first lenses downward to attain the correction for some of their astigmatism, as this adjustment can be modified as their astigmatism changes, and so saves grinding a new lense.

All of us would do well to have this book close at hand, not only for its tidbits of wisdom, but also for its real scientific stores

J N EVANS.

CALCIUM THERAPY The Fundamental Principle Underlying Rational Therapeutics By JOHN AULDE, M D Octavo of 420 pages Philadelphia, John Aulde, M D, 1928 Cloth, $5 00

Probably the most bountiful element in nature's bosom, Calcium, seems to have been the most neglected as a weapon in the physician's armamentorium Like aluminum, we were late in recognizing its value, possibly because both are such common commodities A generation of practitioners employed "hypophosphites" and other similar salts of calcium and gave the acid radical credit for such results as materialized when as a matter of fact, the calcium did the work!

According to Aulde most pathologic conditions present a state of sub-calcification, and his reasons for thinking so are plausible and based on good clinical evidence. While the text is more or less redundant, it is, nevertheless, very interesting reading and should be profitable food for thought for those who are employing "mixed endocrines treatment and giving the glands credit for results rather than the calcium salt that serves as an excipient. Certainly, too little thought has been given to the physiologic importance of calcium

M F DEL.

BOOK REVIEWS

A MANUAL OF SURGICAL ANATOMY By CHARLES R WHITTAKER, F R C S Fourth Edition, revised 12mo of 471 pages, illustrated. New York, William Wood and Company, 1928 Cloth, $5 00

This revision brings up to date this very condensed manual of surgical anatomy suitable for quick reference in the more common dissecting problems of clinical surgery The text matter is well supported by a fair number of comprehensive illustrations and diagrams The choice of operations described in the book is somewhat unusual and does not enhance the value of the manual

GEO WEBB

MODERN METHODS OF TREATMENT By LOGAN CLENDENING, M D Second Edition Octavo of 815 pages St. Louis, The C. V Mosby Company, 1928 Cloth, $10 00

This second edition of Dr Clendening's excellent book has all the ear-marks that were so favorably commented upon in the first edition. Many of the newer practices have been added in order to justify the book's title. As an aid in the utilization of therapeutic measures this book has few superiors It is an essential part of the modern therapist's equipment

M F DEL.

PRACTICAL PHYSIOLOGICAL CHEMISTRY By SYDNEY W COLE, M A Seventh Edition Octavo of 479 pages Baltimore, Williams & Wilkins Company, 1926 Cloth, $5 00

This book is exactly what the title implies—an intensely practical presentation of the subject of physiological chemistry Minute directions are given for conducting experiments and the experiments are excellently chosen

Theory, however, has not been entirely neglected The discussion of the principles of mass action and of the general theory of hydrogen-ion concentration in the first chapter is very clear and helpful The same can be said of the chapter on biological oxidations and reductions, which, by the way, is probably the first summary of this work in a text-book. It is a great thing to understand and master a difficult subject, but to be able to explain it in a simple manner is a still greater achievement

The author describes his own method for quantitative estimation of sugars It depends on the time required for complete reduction While it is comparatively rapid and perhaps more accurate than the well-known Benedict method, it is not as simple and will probably not replace it in clinical work

The book has been written by an excellent teacher and is designed for students and teachers It serves its purpose admirably

BENJAMIN DAVIDSON

HEALTH AND HAPPINESS SERIES

HEALTH HABITS By S WEIR NEWMAYER, A M, M D, and EDWIN C. BROOME, Ph D, LL.D 12mo of 207 pages, illustrated New York, American Book Company, 1928 (The Health and Happiness Series)

THE PLAY ROAD TO HEALTH By S WEIR NEWMAYER, A.M, M D, and EDWIN C. BROOME, Ph D, LL.D 12mo of 144 pages, illustrated New York, American Book Company, 1928 (The Health and Happiness Series)

THE WAY TO KEEP WELL By S WEIR NEWMAYER A M, M D, and EDWIN C. BROOME, Ph D, LL.D 12mo of 264 pages, illustrated, New York, American Book Company, 1928 (The Health and Happiness Series)

THE HUMAN BODY AND ITS CARE. By S WEIR NEWMAYER, A M, M.D, and EDWIN C. BROOME, Ph D, LL.D 12mo of 314 pages, illustrated New York, American Book Company, 1928 (The Health and Happiness Series)

These books have a very important place in a health educational series They are particularly suited to children and should be a valuable aid in promoting routine daily health habits

"Health Habits" is written in story form and should portray to the younger child the procedure for keeping well.

"The Playroad to Health" has been written for the slightly older child and in the same way brings home the rules of health in story fashion It combines reading with acting and visualization.

"The Way to Keep Well" is more advanced than the *"Playroad to Health"* It depicts very clearly to the younger teen child how he can keep his body functioning properly

"The Human Body and Its Care explains very vividly and concisely the necessary hygienic rules for health, with very clear and plain illustrations It fills a great need in the latter grades of grammar school and particularly in the "Boy Scout Age" boy

We recommend all four books for use in the school, graded according to the age of the child. The set would be a valuable asset to any family library

J J WITTMER.

SYSTEMIC INFECTIONS Their Diagnosis and Treatment. By A. KNYVETT GORDON, M B, B C. Octavo of 176 pages New York, William Wood and Company, 1928 Cloth, $4 00

The author, a pathologist, writes on systemic infections for the clinician. He is especially interested in focal infections and vaccines Much that he says is of importance and value to the average physician, for whom many paragraphs of this book are exceedingly instructive. It is unfortunate, however, that the author, like many others, gives so much space—about fourteen-fifteenths of the whole volume—to trite medical statements, useful perhaps to the medical student or nurse, but certainly not to the practitioner, for whom the book was written The author hides some first rate teaching by adding an excess of elementary facts, facts known to all who have ever studied bacteriology But if one has the patience to plow through material that is old and simple to him, he will be rewarded by finding scattered here and there information of great use, knowledge gleaned by years of experience on the part of the author as a pathologist in his contact with clinical problems

ISRAEL H MARCUS

ADDRESSES ON SURGICAL SUBJECTS By SIR BERKELEY MONYNTHAN, Bart. Octavo of 348 pages Philadelphia and London, W B Saunders Company, 1928 Cloth, $6 00

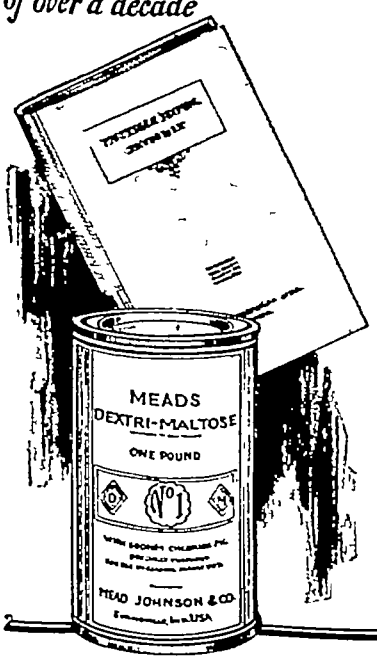
These addresses embody the faith of one who has spent his life in Surgery, a faith which unwaveringly holds that there is no finer craft nor any more sacred mission than the practice of our Art They seek to show that even supreme excellence in our Art is not enough, that Surgery is also the most powerful weapon of research ever placed in the hands of man that the Art of Surgery made perfect is the hand-maid of its Science. So speaks the Author in his preface. A careful reading of these essays bears out the Author's contention There is a repetition but repetition which enforces his teaching or affords illustration From the first lecture,

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OUR NEIGHBORS

A SPECIAL HEALTH TRAIN IN TEXAS

The December issue of the *Texas State Journal of Medicine* has the following description of a special health train—*Editor's Note*

The first page of a folder describing the third annual Missouri Pacific Health "Special," says

"The Missouri Pacific Lines, in cooperation with the Texas State Department of Health, will operate over our lines in Texas, a special train, conveying a comprehensive message designed to stimulate increased interest, in the strictest observance by the people of the state, of all advanced rules and regulations of better health and sanitation

"Before the tour of the better health special train was started, letters were sent to the station agents of the towns where stops were to be made, and literature was mailed to the various civic organizations, schools, and public health officials of these towns The selected groups in these towns then arranged for the proper, and orderly handling of the crowds upon the arrival of the train Placards bearing the date and time of arrival, and departure of the train were placed in conspicuous places about the town, several weeks before its arrival

"The train was composed of seven cars, the first of which, a chair car, was used as a buffer, but, at times, was brought into service as a lecture car The second car, a baggage car, carried the supplies of the train The third car was especially prepared by Dr Carence E Smith, of the United States Public Health Service for the demonstration of measures of milk sanitation Two chair cars were next, which were used as lecture cars The sixth car was especially fitted out containing models and placards, presently to be described, on typhoid fever, malaria prevention and rat control This car was the one into which the public was first shown The last two cars were for the personnel use of the train, and consisted of a dining car and observation Pullman car The two exhibit cars contained more than eighty separate displays and exhibits In the front end of the first car were models of mosquitoes, made chiefly of wood, in characteristic poses Models of the common Culex mosquito and of the Anopheles mosquito were shown, emphasizing the differences in the lighting postures of the two species and some of the other easily recognized differences These models drew a wide range of comment Beside these mosquito models were models of their respective eggs, showing the differences as usually recognized In tanks about two feet square, and two feet deep, were kept some live Gambucian Affinis, or what is usually spoken of as pot-bellied minnows In reality, these are grown fish In vials near this tank were specimens of those fish in their various phases of life The specimens were preserved in alcohol Fly swatters were given to each lady visiting the exhibit

"The various kinds of rat and mice traps were exhibited and the proper method of baiting them was explained

'Pamphlets describing malaria and yellow fever, and the role of the mosquito in the transmission of these diseases, were handed out to everyone who visited the train The prevention of malaria, by killing the mosquito or destroying its breeding places was discussed In this connection, the use of the small fish as a means of doing away with the mosquito larvae, the value of cleaning grass around ponds, draining stagnant pools, and covering rain barrels and cisterns was clearly brought out Demonstrations of poorly screened windows and the contrast of well screened ones were shown The need of a small size of wire mesh was emphasized in the models and exhibits In connection with the mosquito exhibit, as a practical demonstration of malarial prevention, were models of farm places, showing poorly arranged farm buildings, ponds with grass growing around the edges, and uncovered rain barrels and cisterns In contrast to this, models of well-kept premises with everything in accordance with the recognized principles of sanitation, were exhibited

The third car of the train contained the milk exhibits Here were placards advising the drinking of a quart of milk a day, and the use of more milk, and its products in the daily diet, more especially in the case of the younger children Models of pure and impure milk were shown The correct bottling of milk was demonstrated There were also models of sanitary barns for the cattle, demonstrating the proper arrangement of the stalls Model milk pails were exhibited

At the entrance to the first exhibit car was some one of the train's personnel, usually Mr Tom S Bond, assistant chief engineer, Missouri Pacific Lines, who directed traffic, as it were, and who held the official counter, checking each person who visited the train Usually the visitors were asked to line up, in single file, with the youngest school children going through the train first Lectures were not given to the very young children After the people passed into the first car (the sixth of the train), they were requested to move slowly through this car, observe the

(Continued on page 117—adv xv)

(Continued from page 114)

models on either side and pass into the second lecture car ahead and be seated As soon as this car was filled, some one of the physicians of the train personnel lectured for about five minutes on the ordinary communicable diseases of childhood, and some aspects of other public health problems, especially birth and death registration Of the communicable diseases discussed, special emphasis was placed on vaccination against smallpox and immunization against diptheria Measles and scarlet fever were also discussed The greater number of these lectures were given by Drs J C Anderson, Oscar Dowling, E B Parsons, A H Flickwir, J A King and S P Cunningham

"After this car was filled the second lecture car was opened to the visitors and lectures on safety and accident prevention were given here The importance of crossing railroads at the points designed by the railway was stressed as was the necessity for looking carefully in both directions before crossing the tracks Messrs J P LaBarge, L. A Henry and L Q Linson delivered most of the lectures on these subjects

'Each town was allotted a certain period of time for the train to remain there This period was governed chiefly by the population of the town. It was necessary, in some places, to lecture to the public on the station platforms and outside the train because the crowds in attendance were greater than had been anticipated and it was imperative that the original schedule be maintained The schedule was adhered to practically throughout the twenty-six days of the tour In a few places some of the train officials visited the schools and colleges and gave lectures The train was greeted everywhere with enthusiasm and attention The crowds were most orderly and well behaved Committees met the train practically everywhere and gave it a formal welcome

"To recapitulate somewhat, the train covered about 2,500 miles in 26 days, and visited 110 towns By actual count, 63,450 persons were shown through the train Over 150,000 health educational pamphlets were distributed, and about 10,000 fly swatters were given out.

"Before the tour of the Better Health Special was completed, some striking visible results began to show themselves Immediately following a visit of the train several towns instituted the standard milk ordinance, as promoted by Dr Clarence E Smith That the tour accomplished great good there can be no doubt, however, most of its accomplishments cannot be pointed out as tangible, but are results which are obtained by more accurate knowledge of public health problems, better health, better sanitation, fewer accidents and more rightful living, generally

"Upon the Advice of My Physician"

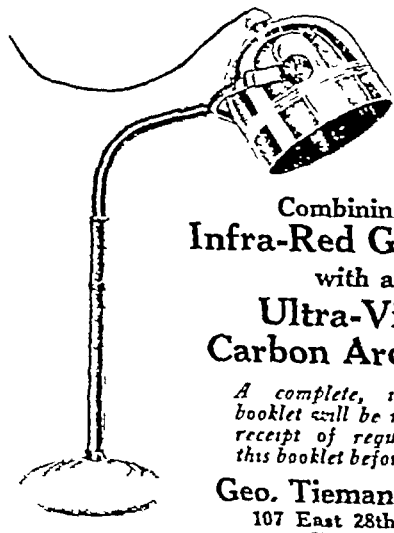
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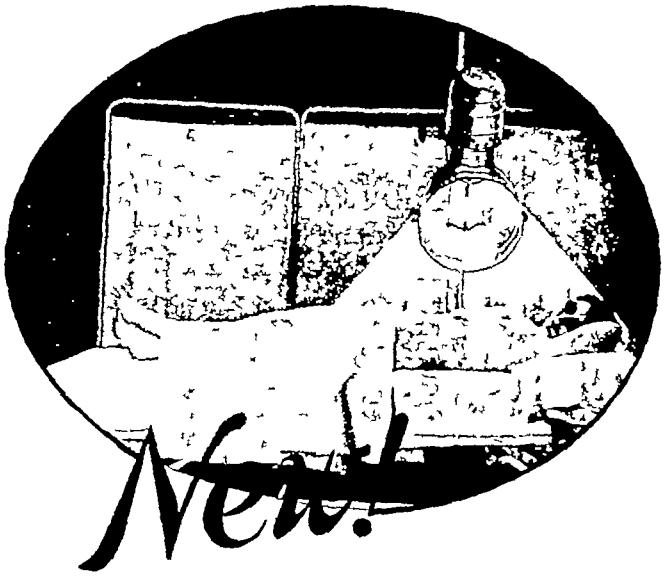
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A most efficient appliance for making local applications of heat It combines the essentials of many expensive therapeutic lamps in one simple effective appliance

(Continued from page 118—adv xvi)

feasible to predicate prosecution for practicing medicine without a license, on failure to register under this measure, should it become a law Prosecutions will, as heretofore, be based on the Medical Practice Act The only right to practice medicine under the Medical Practice Act stands temporarily suspended when a physician fails to register annually He can cure such discrepancy at any moment by registering, which must stop any prosecution incident to failure to thus register

Manifestly, if any physician who has thus failed to register has no right to practice medicine under the Medical Practice Act, registering will not extend to him that right In fact, the measure specifically so states It is felt that the two laws have been coordinated in this respect with absolute safety to the physician who is legally practicing medicine It is also felt that an additional law, such as this, will make the Medical Practice Act more readily enforcible and more easily administered Certainly there will be an established, accepted state agency for the enforcement of the Medical Practice Act, and with the power and the means to succeed in its endeavors

HOME FOR THE MASSACHUSETTS MEDICAL SOCIETY

A campaign for securing a home for the Massachusetts Medical Society and the Boston Medical Library is described in the following abstracts from the November first issue of the *New England Journal of Medicine*—EDITOR'S NOTE

The Boston Medical Library and the Massachusetts Medical Society have united in a $650,000 campaign to provide and maintain the long-desired addition to the Library

A campaign, begun last spring among the members of the Massachusetts Medical Society to raise funds for its headquarters and for the offices of the *New England Journal of Medicine*, was suspended for a time when it appeared possible that the two organizations might unite in an effort to secure funds which would provide for the needs of both under one roof

The Massachusetts Medical Society will have its headquarters and the *New England Journal of Medicine* its offices in the new addition A new reading room, individual study rooms and added stack rooms which are now much needed will be provided

The present campaign is the first public appeal of the Library in the 52 years which have elapsed since its founding by Dr Oliver Wendell Holmes and a group of physicians of whom Dr William L Richardson is the sole survivor It first occupied two rooms at 5 Hamilton Place Members of the young library association deposited their private collections in order that they might be

(Continued on page 120—adv xviii)

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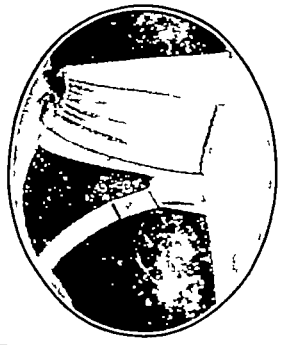
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ANNUAL REGISTRATION OF PHYSICIANS IN TEXAS

The physicians of Texas are planning a bill for the annual registration of physicians modelled after the law of New York State, p 105 The following abstracts from an editorial in the December *Texas State Journal of Medicine* give the general plan of the bill—Editor's Note

The legislative committee of the State Medical Association has prepared, as per instructions of the House of Delegates, a measure which if enacted into law will place in operation the plan of annual registration of practicing physicians, as per the discussion which has been in progress in our midst for the past several years

Under this measure, all persons engaged in the practice of medicine in this state, as defined in the present Medical Practice Act, will be required to register with the State Board of Medical Examiners by the first of January of each year, and pay a registration fee of $2 00

If any person required to register fails to do so within sixty days, his license to practice medicine in the State of Texas stands forfeited, and he cannot continue in the practice of medicine until he has registered Should he continue to practice in the fact of his failure to so register, he may be prosecuted under the Medical Practice Act, for practicing medicine without authority of law However, it is definitely and affirmatively provided that the forfeited license shall be restored immediately upon the filing of the registration blank and payment of the accumulated fees, plus an addition fee of $1 00, the sum calculated as being necessary to pay the additional expense of collection It will be noted that there is here no jeopardy to the right of any physician to continue to practice medicine in this state, once he has been extended that right and the same never having been cancelled by due process of law

All funds resulting from the collection of the registration fees, are placed in the state treasury, subject to voucher by the State Board of Medical Examiners, under regulations anticipated by the measure and compiled by the State Board of Medical Examiners This money may be used in paying the salary of a permanent secretary for the board, and for the maintenance of a central office, with the necessary inspectors, legal service and the like, incident to the enforcement of the law and its administration in general The fees coming to the board as the result of its activities in examining and licensing physicians, will continue to go to its members, as heretofore, as their compensation, the necessary expenses of administering that part of the operation of the law having been taken from the amount thus received before the distribution of the balance

The legislative committee did not deem it

(*Continued on page* 119—*adv xvni*)

ENFORCING THE MEDICAL LAWS OF IOWA

It is interesting to read what the physicians of Iowa say about the enforcement of the medical laws of the State The December issue of the *Journal of Iowa State Medical Society* says

"The fundamental basis on which the treatment of the sick is conducted and public health work is being done is on a lower basis in Iowa than it is in any other state in the Union

"You may be surprised to learn that the Iowa State Department of Health is relatively the most inadequately supported department of its kind in this country Your State Department of Health receives for health work, a smaller per capita appropriation than does the same department of every other state in the Union According to figures prepared by the International Health Board (see accompanying chart), the Iowa Department receives for health work, an annual per capita appropriation of only two and one-half cents, whereas, the average for the State Health Departments of the country is nearly nine cents The annual per capita appropriation for the work of licensing physicians and carrying out the 'medical practice act' is only one-fifth of one cent—also the lowest, we believe, of any state in the Union

"Now what are the remedies for this unfortunate situation? There are many things that should be done I have space to mention at this time only one"

The editor then discusses the machinery for law enforcement, and compares it with that in New York State The Iowa editor says

"The present law places the machinery of law enforcement in the office of the attorney general The attorney general informs us, however, that he does not have the necessary assistance to secure the proper evidence in case complaint is made and he will not, of course, start action without proper evidence Those who complain usually have difficulty in securing evidence in a form satisfactory to the attorney general Furthermore, they claim —and very properly so—that it is the business of the state to secure such evidence Even if evidence in proper form is secured, the attorney general informs us that he does not have sufficient assistance to prosecute all of the cases for which evidence has been presented It is a rather strange thing that the state will make provision for the licensing of professional people, insist on certain qualifications and spend considerable state money as it does in some of these professions, and then after licensing them does not make provision for the reasonable enforcement of the law which

(*Continued on page 122—adv xx*)

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(*Continued from page* 119—*adv xvii*)

accessible to all physicians of the city In 1878 the Library was forced by congestion to move to larger quarters at 19 Boylston Place

In 1900 the quarters were again overcrowded and a sum was raised among physicians to erect the present building at No 8, the Fenway In this building there is a stack capacity of 50,000 volumes, but the Library's collection has increased to 150,000 volumes besides 100,000 pamphlets Reading and assembly rooms have necessarily been used as temporary stack rooms, and books and pamphlets for which there is no shelf space are piled in basement and corridors Several valuable collections have been placed in storage warehouse on account of lack of room The proposed addition will increase the stack capacity to 300,000 volumes, providing for the present overflow and the average increase of 4,000 volumes a year for the next thirty years

The Massachusetts Medical Society, founded in 1781, is the oldest state medical society in America It now has a membership of about 4,500

(The issue of November 22 contains an account of a large meeting to promote the campaign)

ANTIVIVISECTION IN ILLINOIS

The December issue of the Illinois Medical Journal has the following editorial on a proposed antivivisection bill

"According to press reports, Senator Thomas J Courtney, recent Democratic candidate for attorney general of Illinois, will introduce in the next session of the legislature for the antivivisection society which is known as an Antivivisection Bill

"The people of Illinois therefor will be confronted at the forthcoming session of the Illinois Legislature with a measure for the prevention of animal experimentation This sort of legislation strikes at the very foundation of research work Physicians do not need to be convinced or even reminded of the benefit to medicine for the use of animals in experimental work, but they do need to have it forcibly impressed upon them that if they take no cognizance of this movement the public may believe the untruthful statements and extravagant illustrations in the propaganda that will be distributed by the sponsors of the bill

"Aside from any organized effort which the profession might make it is possible for physicians in their daily contact to give the public much information as to the truth about vivisection In our next issue we will furnish the profession with detailed information of what animal experimentation has done to save human life and lessen morbidity"

(Continued from page 122—adv xx)

cal institutions of the city, in order that she might be certain that the dog was not being 'vivisected'

"Because at times the activities of the organized antivivisectionists have brought into existence ordinances and laws, based on what might be called at best only kindly or maudlin sentiment but which once on the statute books become inimical factors against the progress of medical science and of human welfare, this example of how antivivisectionists pursue their work, is here given space

"The statements in the post card speak for themselves It is left to our readers to form their own opinions of what they would call the persons sending such stuff"

MEDICAL FOLKLORE IN VIRGINIA

The *Virginia Medical Monthly* for December carries the following editorial appeal

"Members of the Medical Society of Virginia, who may have knowledge of beliefs of diseases and folklore remedies of the past, will materially assist the Committee on History of Medicine in Virginia of our State Society, if they will reduce to writing any of these and send same to Dr Wyndham B Blanton, Richmond, chairman. Since the special circular sent with the November number of the *Virginia Medical Monthly*, some responses to the request have been received, but it is certain that much remains to be unearthed and to be put into writing It is hoped that members will take interest in the collection of this material in old Virginia, which has long since been permitted to remain a matter of word of mouth.

"Folk medicine is a chapter of medical history rich in interest, if not in scientific value, and it should be preserved in writing if possible

"In old days on the Virginia plantations, and in rural communities, in remote sections of the state, among the slaves and negro 'grannies,' there developed a sort of medical practice that passed by word of mouth from one to another through the years These 'old sayings' and trifling medical folklore merit collection and recording before time and lack of a need for such in modern life cause them to be lost Physicians have heard many of these 'beliefs' and 'practices' and it is only necessary to take the time to reduce the same to writing and to forward them to the committee on history"

MALPRACTICE SUITS IN WISCONSIN

The December issue of the *Wisconsin Medical Journal* contains a concise article on the prevention of malpractice suits by Mr J G Crown-

(Continued on page 124—adv xxii)

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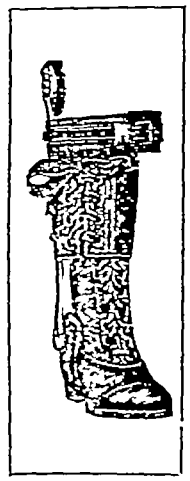
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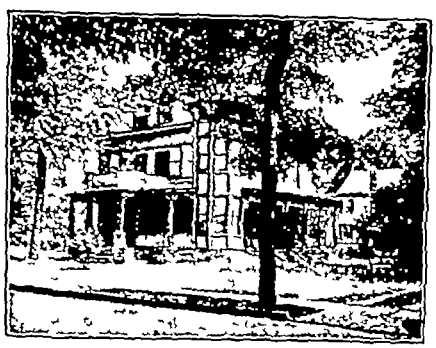
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Treatment given by graduate technician

Rooms available for resident patients

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Attention is given to special diets as ordered by their physicians

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Regular reports of progress are sent to the physician who refers the patient.

VISITING PHYSICIANS ARE ALWAYS WELCOME

FRANK L. HOUGH
Licensed
PHYSIOTHERAPIST

(*Continued from page 121—adv xix*)

aims not only to protect the members of the profession from unfair competition, but chiefly to protect the people from incompetent and illegitimate practitioners, many of whom are pure charlatans, preying on the public

"The members of the several professions pay a certain sum for their license and a certain annual renewal fee to keep their license in force These are obviously intended to be used for the administration of the law pertaining to these professions They are not, we believe, intended to be a source of revenue Nevertheless, for the year ending June 30, 1928, the receipts from examination and renewal of licenses from physicians amounted to $8,228, whereas, the expenditures in the behalf of the administration of the Medical Practice Act was only $4,643 47

"It will thus be seen that there was turned into the state treasury as unexpended receipts the sum of $3,584 53—which sum could, with great benefit to the people of the state, have been used for better administration—more especially law enforcement of the Medical Practice Act"

ANTIVIVISECTION IN CALIFORNIA

An example of antivivisection propaganda, as related in the December issue of *California and Western Medicine,* is of special interest to New York physicians because it involves the New York Antivivisection Society The journal says

"A friend lost a dog The animal was not pedigreed, but because of its affection and temperament, had become very dear to the husband and wife, who were in well-to-do circumstances The dog, a wirehaired terrier, disappeared, was advertised for in the papers and police bulletins, and a reward of one hundred dollars was offered for the return of the animal This advertisement brought to the wife a post card dated Los Angeles, on the reverse side of which was printed the following gem

"'New York Antivivisection Society
'1860 Broadway, New York City'

"'If you have not already found the dog advertised we suggest that you search in the nearest medical laboratory, as animals are often stolen and sold for experimental purposes Do not let them bluff you off, but be persistent

"'You may be a believer in vivisection, in which case you would be as willing to have your own dog sacrificed as another, but, if not, you will justly wish to save your dog from torture'

"This post card was brought to the writer by the wife of his friend, with the request for aid in obtaining permission to go through the medi-

(*Continued on page 123—adv xxi*)

(*Continued from page 124—adv xxii*)

tain period of time has elapsed after the alleged malpractice took place In Wisconsin the time stated is two years When a patient does not pay his bill, many physicians threaten him with suit or turn the bill over to a collection agency who may start suit in the physician's name

"It seems hardly necessary to state that in full records lies your greatest protection Such records, made at the time, are the best evidence in court of conditions you found and treatment you advised If your patient is not following your advice be sure to make note of that at the time.

"If your operative reports are typed, read them carefully and sign your name in full Do not just initial typed records Never sign hospital operative records in blank to accommodate the hospital

"Assuming that some day you are given summons in a suit, or a suit is threatened, these pointers may be helpful

"1 Report the suit or threat to your insurance company (and to the Society if you carry defense) at once

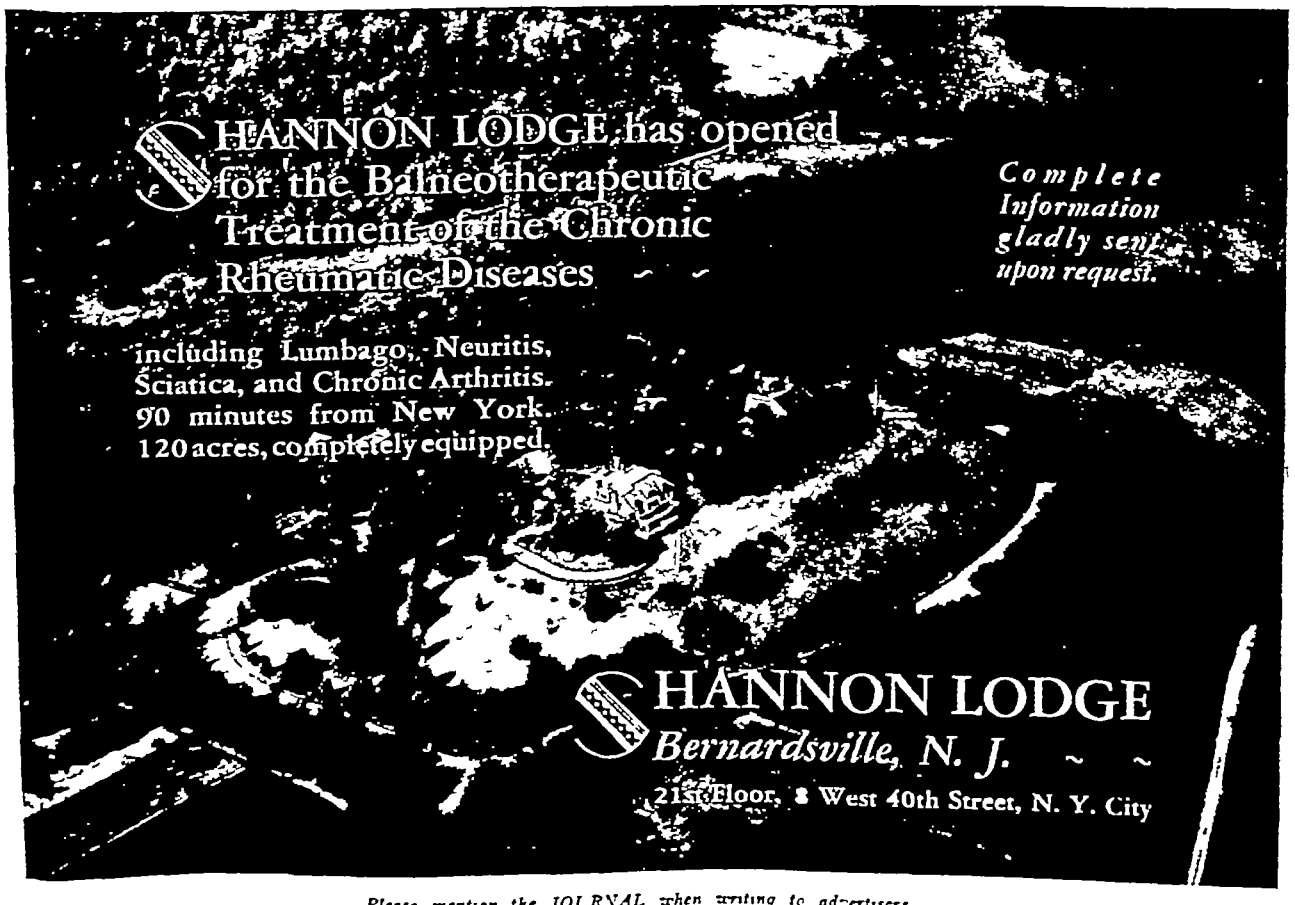
"2 You may be invited to call on the patient's attorney to 'avoid' a suit. Let your attorney do that for you

"3 Tell your own attorney all the facts even though some do not reflect credit on your judgment. He can not help you if you 'hold out' on him

"4 Do not be offended if a friend of yours is going to testify for the plaintiff Better a friend who will give you a square deal than a quack whose testimony is purchasable

"5 Be careful of too positive statements Tell what you know in terms the jury can understand and admit that you do not know everything in medicine. When the plaintiff's attorney gets you to making one wholly positive statement after another, he is soon apt to discredit your entire testimony by showing that authorities do not agree with some two or three statements and q e d—you are all wrong

"Every malpractice action undermines the confidence of the public in all physicians, and it is said that a dozen new suits are commenced based upon the publicity of a new case You are your brother's keeper in maintaining a justified public confidence. Let no act of yours lead to a betrayal of that trust"



(Continued from page 123—adv xxi)

hart, the lay secretary of the State Medical Society A malpractice suit is a legal matter of which a layman can judge better than a physician What Mr Crownhart says is therefore of special interest to physicians Some of his points are as follows

"It is nothing less than folly for the physician to make unnecessary positive statements when it is but human to err and particularly easy in diagnosis or treatment in the broad field of human ills When you say 'It is nothing but a cold Take these, go back to work and forget it' and subsequently it is found that the patient had incipient tuberculosis all the time he saw you, he is sure to at least resent your too positive attitude if nothing more

"Few of the laity understand that an exact anatomical alignment in a fracture is not usual or necessary, that you are trying to attain it but that you are primarily interested in the functional result When this is not explained and the patient subsequently sees an x-ray showing only a fair anatomical result, who is to blame him if he thinks he has had poor treatment?

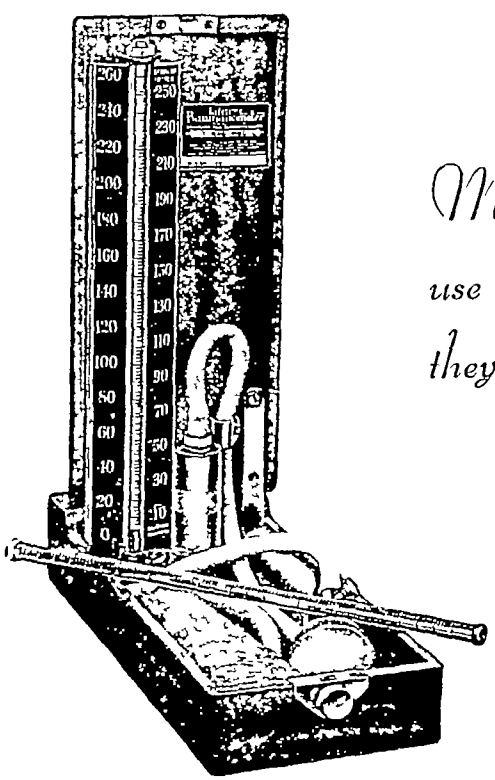
"Physicians that promise quick results and fail to attain them frequently find their patient is presently someone's else now

"Attorneys frequently tell us that street corner advice is worth just what one pays for it, yet it occurs with a fair degree of frequency that an attorney will ask a physician for street corner advice on a supposed course of treatment Be careful what you say for he may be trying to arrive at conclusions whether a client has a real malpractice case What he tells you will likely be but one side of the case and when all is known to you, your first opinion may be reversed

"In these days of compensation insurance a new cause for misunderstandings between physicians exists It is an everyday occurrence for the insurance carrier to demand that 'their physician' sees the case I have seen reports written by such physicians scoring the acts of the family physician The insurance company may show this report to the claimant to show how his period of recovery was prolonged by faults of the family physician, explaining that the company could hardly be expected to pay for that period

"In most states the law provides that a physician may not be sued for malpractice if a cer-

(Continued on page 125—adv xxiii)



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VITAMINS IN SHELL-FISH

The *Journal of the American Medical Association* for July 28 discusses shell-fish editorially from the standpoint of their editorial content, and says

"Recent studies in the Bureau of Chemistry and Soils in Washington have shown that these shell-fish are comparatively rich in the accessory food factors, but present some rather surprising differences For instance, while oysters are rich in the vitamin B complex, neither hard nor soft clams contain it in appreciable quantities Again, vitamin A is found in oysters in larger concentration than in clams The latter on the other hand, are richer in the antirachitic potency than are oysters It has previously been shown that oysters contain the antiscorbutic vitamin in abundance The foregoing facts furnish a justification if, indeed, any is required, for eating these delectible shell-fish It is interesting from a scientific point of view, that the high antirachitic potency of the edible portions of these food animals is consistent with the facts known of other marine forms in this regard, notably the potency of the fish liver oils"

MEDICAL PUBLICITY IN NEW JERSEY

The November issue of the *Journal of the Medical Society of New Jersey*, in reporting the October meeting of the Bergen County Medical Society, says

"Dr S T Snedecor, for the Public Relations Committee, outlined the plans which they had formed The public education campaign will have two parts The first will be indirect advertising in the form of bi-weekly releases to all of the county newspapers, on general medical topics These will be published under such a title as Bergen County Medical Society" From various other societies, particularly those of Toledo, Minnesota and Wisconsin, we have obtained a considerable number of suitable topics The second part will be direct paid advertisements They are awaiting the formation of the details of copy and circulation from Mr V C Pratt who has had a large experience in general medical advertising We hope to be able to start this campaign in about a month with complete copy prepared to carry on for a period of six months This report was approved"

AUTOPSIES UPON PHYSICIANS

The December number of *Colorado Medicine*, page 416, records the following resolution adopted by the House of Delegates on September 12—*Editor's note*

WHEREAS popular prejudice against post mortem examinations is an obstacle to medical progress and

WHEREAS the laity properly expects leadership in health programs from the physician, therefore be it

RESOLVED by the House of Delegates of the Colorado State Medical Society that we urge upon our membership the advisability of fore-ordering post mortems upon their own bodies to the end that we may with better grace ask for post mortems from the laity Be it further

RESOLVED that a copy of this resolution be forwarded to our constituent County Societies with a request for official action

The Associated Physicians of Long Island adopted a similar resolution some ten or more years ago, but the idea died of neglect rather than opposition

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THE SIGNIFICANCE OF VARIOUS AND LABORATORY FACTORS IN THE DIAGNOSIS OF PEPTIC ULCER*

By T GRIER MILLER, M.D, PHILADELPHIA, PA.

From the Gastro Intestinal Clinic of the Hospital of the University of Pennsylvania

PEPTIC ULCER, having no pathognomonic signs, must be diagnosed usually on the basis of the patient's complaints, of the special physical signs that he presents and of the results obtained by gastric analysis and by roentgenological study The personality, the general make-up, the sex and the age of the individual also are matters that must be taken into consideration The significance of these several groups of data varies, but usually all are factors of more or less value in the final diagnosis Some idea of their relative importance may be gained by a determination of the frequency with which the specific abnormalities present themselves in a miscellaneous series of gastric and duodenal ulcer cases such as is encountered over a period of years in our general hospitals This paper consists of an attempt to pick out and evaluate the points of diagnostic importance discovered by the writer, Pendergrass and Andrews[1] in an intensive study of the records of the 279 such patients who have been operated upon in the Hospital of the University of Pennsylvania during the past ten years Particular attention in that investigation was given to a selected group of 36 gastric and 100 duodenal cases on which the records were very complete, but all were used in the determination of the age and sex incidence, of the duration of symptoms and of the frequency of certain complications Each case was proved and the exact nature and location of the lesion was demonstrated Because of the brief time available I shall limit myself largely to the findings in that study, and in the main shall refer to peptic ulcer, irrespective of its localization, pointing out the difficulty, except by roentgenological procedures, of deciding before operation whether the ulcer is gastric or duodenal

The existence of a special physical type of individual that predisposes to peptic ulcer, as demonstrated by Draper, Dunn and Seegal[2], is fully appreciated, but our data on this aspect of the disease, while confirmatory of their findings, were insufficient for analysis The sex and age incidence, however, were carefully studied, and it was disclosed that at the time of diagnosis peptic ulcer, whether gastric or duodenal, is essentially a disease of men in the middle period of life Eighty-six per cent of our cases were males, and at the time of admission to the hospital 80 per cent of the entire group, male and female, were between 30 and 60 years of age, the largest number occurring in the fifth decade This represents the age at the time of admission to the hospital, but even when the age for the onset of symptoms was determined, it was found that 52 per cent of the gastric cases fell into the fourth and fifth decades and that 64 per cent of the duodenal cases fell into the third and fourth with 18 per cent in the fifth The somewhat more advanced average age for the gastric cases is interesting in view of the common statement in textbooks that the gastric cases occur earlier in life than the duodenal ones The age variation for sex was too slight to be of practical importance, though the women were older in each group (gastric and duodenal) No woman under 40 was operated upon for ulcer in our hospital during the ten year period

The symptomatology of peptic ulcer, particularly of duodenal ulcer, is commonly regarded as of great diagnostic value, and yet all clinicians have encountered patients with a typical history who at operation presented no such lesion Under such circumstances gastric or duodenal adhesions, gall bladder disease or even appendicitis may be found, or indeed no organic disease Gray[3], especially, has emphasized this point, finding no roentgen ray evidence of ulcer in 32 per cent of 250 patients having a duodenal ulcer symptom complex. Some of these symptom complexes, he claims, were due to tobacco smoking, others to gall bladder disease, chronic appendicitis and constitutional disturbances Although his cases, in most instances, were not proved negative for ulcer by operation, and his high percentage cannot be accepted unreservedly, it is certain that the duodenal symptom complex does not in-

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y., May 22 1928.

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monly results from spastic or organic pyloric obstruction, and was demonstrated in from 60 to 70 per cent of our cases having simple test meals This percentage of cases with retention was confirmed by the fluoroscopic finding of a gastric residue six hours after the barium meal An ascending and sustained curve of acidity, based on fractional gastric analysis, is also considered of some value in the diagnosis of ulcer, particularly duodenal ulcer, but it occurs in other conditions leading to a failure of the duodenal regurgitant mechanism, and so can be looked upon as suggestive of ulcer only when associated with a typical history and the usual roentgenological signs

The factors thus far considered, with the exception of fractional gastric analysis, have been available to the profession for many decades, and yet until the comparatively recent development of satisfactory roentgen ray technique for the study of peptic ulcer, this disease was poorly diagnosed The roentgenologists, therefore, must be given the credit for our present high degree of accuracy in diagnosis It is not possible for me to state how often a false positive diagnosis has been made on the basis of the roentgen ray findings in our hospital, but of the cases proved at operation to have ulcer, 94 per cent of the gastric ones and 88 per cent of the duodenal ones had been correctly diagnosed by our roentgenologists (H K. Pancoast and E P Pendergrass) These workers advocate and routinely practice a combined ten to fifteen minute fluoroscopic study with serial film exposures They consider neither procedure in itself sufficient, for in a fair percentage of cases the fluoroscopic findings are not typical and a defect alone may be due to other lesions, particularly to adhesions When, however, in addition to a constant defect, the fluoroscopic phenomena of ulcer (gastric or duodenal) are present, the diagnosis is almost certain

Differentiation Between Gastric and Duodenal Ulcer

Some years ago it was customary to diagnose a case with peptic ulcer symptoms as having gastric ulcer, now the tendency is to diagnose such a case as one of duodenal ulcer It is possible, as Dr Thomas McCrae has suggested to me, that there once were many young women with gastric ulcer, just as there were cases of chlorosis, and that for some unknown reason these do not now occur Certainly autopsy reports, even those compiled from records of the past quarter century, show a predominence of gastric over duodenal lesions The surgical statistics of recent years, however, including our own, show that duodenal ulcer is the more common, in the ratio of about 4 1 Roentgenological records indicate even a greater preponderance of duodenal lesions, Sutherland[4] of the Mayo Clinic finding 9 1 This latter method of determining the relative clinical frequency is doubtless the most accurate for it most nearly represents the total number of persons with suggestive symptoms The lower surgical ratio is to be accounted or by the fact that operation is not so commonly performed in the instance of duodenal ulcer It may be said, therefore, that for any individual having ulcer symptoms the probabilities are about 9 to 1 that the lesion is on the duodenal side of the pylorus

Beyond this there is little justification, except on the basis of the roentgen ray examination, for a statement as to localization The age and the sex incidence are practically the same, although our data show a tendency for the patients with gastric ulcer to be older The symptoms may occasionally give a hint as to which side of the pylorus is involved in our series we found a burning type of pain more common in the gastric cases, a gnawing sensation more common in the duodenal, the interval between the taking of food and the onset of pain longer in the duodenal, and the presence of pain in the left lower anterior chest more often associated with ulcers of the lesser curvature of the stomach None of these findings, however, was of sufficient frequency to be more than merely suggestive. It has been said that pain referred to the back favors a localization along the posterior wall of the stomach but we found an equal percentage of duodenal cases with such pain reference This depends upon penetration into or adhesions to posterior wall structures, and such adhesions are not uncommon in duodenal ulcer Ulcers of the second portion of the duodenum also give back pain Gastric hemorrhage and the complications of perforation and pyloric stenosis occur in each group and with a more or less equal degree of frequency

The gastric analysis is of less help in differentiation than was formerly supposed It has been pointed out already that, with the exception of achlorhydria which occurs rarely in gastric ulcer, any secretory response may be found in either group and that gastric retention, demonstrable by a simple test meal study, occurs with almost equal frequency Thus, until we consider the roentgen ray findings, the localization of an ulcer to the stomach or to the duodenum must be based almost entirely on the probable frequency of occurrence When so-called pyloric stenosis has developed the localization of the original ulcer often is made impossible, even by roentgen ray study, though one may be sure under such circumstances that the lesion is in the neighborhood of the pylorus

The skilled roentgenologist, however, is able usually, except in the instance of pyloric stenosis, to state quite accurately where the lesion is This is accomplished by his determination of a constant filling defect in the films and by his observance fluoroscopically of certain abnormal motor phenomena

When stenosis is present he can determine this also, but our study shows that it is impossible usually to state whether the obstruction is exactly

variably mean duodenal ulcer to the extent that Moynihan would have us believe On the other hand, and perhaps with equal frequency, peptic ulcer may be present in the absence of a suggestive history, indeed some such lesions perforate before a symptom has occurred In spite of these reservations it remains true that a characteristic history is one of the most important factors in the diagnosis of ulcer Such a history usually includes a story of prolonged attacks of pain, and sometimes of vomiting, gaseous eructations and nausea, alternating with periods free of symptoms that last from weeks to months Of the symptoms, pain is by far the most important and, with the exception of the vomiting of gross blood, is the only one that in itself is of diagnostic value It was localized in the epigastrium in 90 per cent of our series, was of a dull and gnawing or sharp and severe nature in most instances, of a burning character in a third of the gastric cases, came on in a fixed relation to meals in 70 to 80 per cent, and was relieved by the ingestion of food in 50 per cent, by the administration of alkalies in 38 per cent and by vomiting in 25 per cent Pain with such features, and particularly when it occurs periodically, no matter what the other symptoms, always suggests ulcer as the probable diagnosis, a diagnosis to be abandoned only after the most careful study

Vomiting occurred in three-fourths of our cases, but unless the vomitus is bloody or contains food material eaten many hours before, it cannot be regarded as of significance, since vomiting is frequently encountered in other gastric and even extragastric conditions When the vomitus is bloody, as it was in more than a fifth of our series, ulcer is strongly suggested, and when it contains material eaten more than twelve hours previously, the complication of pyloric stenosis must be considered Gaseous eructations, an impaired appetite and sluggishness of the bowels occur frequently, but are so common in hospital cases generally that no diagnostic significance can be attached to any of these Periodicity of symptoms needs further emphasis it occurred in more than 60 per cent of our cases, and, although it may be present in the absence of ulcer, should direct attention first of all to that condition When, therefore, a patient gives a history of epigastric distress of characteristic type, of bloody vomiting and, in addition, of prolonged periods of relief from all symptoms, the diagnosis of ulcer is rendered extremely probable

The physical examination of the patient usually adds little to the probability of ulcer unless a complication has occurred, in the event of perforation or of pyloric stenosis it is of the greatest value Aside from such developments the only frequent finding is a definitely localized spot of tenderness, usually just above the umbilicus and slightly to one side or the other of the midline This was present in about one-third of our cases While such soreness may occur in association with other lesions, such as cholecystitis and adhesions to the anterior abdominal wall, it is usually, under such circumstances, more diffuse in ulcer the patient himself can ordinarily indicate the exact spot and cover it with the end of a single finger Such a single small spot of tenderness rarely, if ever, occurs in a functional gastric disturbance, and when present, together with a typical history, is a factor adding much to the probability of ulcer A mass is occasionally felt and should not always be looked upon as evidence of a malignant lesion it occurred in 8 per cent of our gastric cases and in 4 per cent of the duodenal ones, being due sometimes to pyloric spasm and sometimes to an indurated ulcer with adhesions Visible peristalsis always suggests the complication of pyloric stenosis, but in itself gives no clue as to the primary lesion. Muscular rigidity, when generalized and board-like and associated with acute pain and tenderness, no matter what the history, suggests perforation, when localized, it may be due only to a penetrating lesion with peritoneal inflammatory reaction None of these findings, however, with the exception of generalized tenderness and rigidity, is helpful in the exact diagnosis of ulcer unless it is associated with a typical history or suggestive laboratory findings

This brings us to a consideration of the gastric analysis Peptic ulcer probably never develops in the absence of free hydrochloric acid in the stomach contents, but at the time of diagnostic study some gastric ulcer cases show an achlorhydria, duodenal ulcers rarely, if ever, do Most cases show high acidity or what is often called hyperchlorhydria The latter designation is open to question, however, since it is now fully appreciated that some presumably normal persons present a similarly high gastric acidity Half of our gastric cases, taking the highest figures when fractional analyses were done, showed figures for the free hydrochloric acid that are commonly regarded as normal and 41 per cent had what has by some been considered hyperchlorhydria, the duodenal cases on the whole tended to show slightly higher figures It is important to note, however, that 59 per cent of the gastric cases and 31 per cent of the duodenal ones gave figures that were within or below the accepted normal range It seems hardly justifiable, therefore, to attribute any special diagnostic significance to the gastric acidity findings alone high figures were far less frequent in our cases than was a typical pain history This point is made stronger when it is considered that pain always indicates some disturbance, organic or functional, whereas high gastric acidity frequently occurs in the absence of any symptoms and of any demonstrable disease What is perhaps of greater significance is the determination of gastric retention, indicated by the recovery of 100 c c or more of gastric contents one hour after an Ewald meal Such retention com-

used There have been severe reactions, local and general, but only five with symptoms sufficiently alarming as to demand hospital care following any injection The above statement does not include deaths due to a terminal broncho-pneumonia in very weak infants with marked evidence of syphilis

The first death was that of a girl, age ten years, who had a chronic swelling of both knee joints for eight years She had been to many physicians and clinics and had been studied pretty thoroughly, including negative Wassermanns, however without a positive diagnosis and with no improvement of symptoms She was sent to me by an Orthopedic Specialist, who had congenital syphilis in mind as a diagnosis, and, concurring with him, I decided to do a provocative test and gave her 0 2 gram, neosalvarsan, intravenously, and one week later, 0 3 gram From the first injection there was not the slightest reaction, local or general The mother was told to bring her one week later for a Wassermann, and she left my office with no ill effects Ten hours after the second injection she began to vomit. The family physician was called in and he used palliative measures but the vomiting continued He called me on the second day of the vomiting She seemed comfortable except for the incessant vomiting and a coarse tremor of hands and arms, with no fever and a normal pulse Glucose and fluids by rectum were given, but the next day she had not improved and when hospitalization was advised another consultant was called and I did not see her again The child died three days later, or six days after the last neosalvarsan The consultant told me later that she had cerebral edema, due to arsenical poisoning The urine was normal and the spinal puncture revealed nothing A blood chemistry was not done

The second death was that of a seven year old boy with definite congenital syphilis tarda He received 0 3 gram, neosalvarsan, intravenously, at the clinic and one week later, having had no reaction from the previous, 0 35 gram He began to vomit ten to twelve hours later, which continued until the following morning when he began twitching The vomiting and twitching continued all day and by four p m the latter had become convulsive in character An ambulance was called and he was brought into the hospital He was vomiting continuously between convulsive seizures and had passed no urine for eighteen hours Immediate measures were resorted to for controlling the clonic convulsions, also 0 3 gram of sodium thiosulphate was injected intravenously His stomach was lavaged with two percent bicarbonate of soda solution He was catheterized and fifty cubic centimeters of straw colored urine was obtained which was negative except for a faint trace of albumin and sugar A spinal puncture was done and was found negative from every standpoint While preparations were being made to get a blood chemistry and administer intravenous glucose, he suddenly expired at eleven-thirty p m on the day of admittance to hospital The autopsy revealed, in brief, central necrosis in the liver and a few terminal infiltrations of the lung, the brain, kidneys, heart, spleen, lymph glands and suprarenals were normal

A twelve year old girl was admitted to the hospital October 20, 1927 with a complaint of vomiting everything she ate since October 13th, seven hours after receiving 0 4 gram of neosalvarsan, intravenously, at the clinic She was a congenital syphilitic with a persistently positive Wassermann, in spite of vigorous treatment since the early part of 1924, at which time she was sent to me with a very severe bilateral interstitial keratitis Since that time she has had three full courses of neosalvarsan, intravenously, and mercury intramuscularly, and two full courses of sulpharsphenamine and mercury, both intramuscularly, with intervals of one to three months between courses The smallest amount of arsenical that she received at one time was 0 3 gram and the maximum, 0 7 gram She had not shown a severe reaction before, and this one started after the second injection of neosalvarsan She received 0 3 gram September 29 1927 and 0 4 gram October 13, 1927 Her last Wassermann was one plus September 23, 1927 She had received sulpharsphenamine and mercury since February 26, 1925, having had on February 19, 1925, her last neosalvarsan (0 6 gram)

The family physician treated her one week before sending her to the hospital He told me he gave bismuth subcarbonate and told the mother to force fluids especially orange and lemon drinks, but she had received no alkaline drugs He said owing to her vomiting and persistent abdominal pain he at first thought it appendicitis

Upon arriving at the hospital her positive physical findings were a moderately rigid neck, positive bilateral Koenig, bilateral ankle clonus, bilateral increased knee jerks, a coarse tremor of hands and feet, dullness mentally but not comatose There were in addition a slight opacity of

Oct	NaCl	CO_2	Non-Protein Nitrogen	Urea Nitrogen	Creatinin	Sod Thio GM	Glucose & CaCl	Glucose & NaCl
20						0 2	250	
21						0 3	350	
22	383	86	198	109	7 5	0 6	540	
23						0 6	660	
24	380	78	163	90	7.5	0 6	700	
25	409		123	60		0 6		600
26								140
27								320
28	465	64	67	34	2			300
31	520	60	44	28				
Nov 7	634	55	26	17	1			

at the pylorus or within an inch beyond it In 23 of our cases diagnosed pyloric stenosis or gastroduodenal ulcer the lesion at operation was found to be on the gastric side three times, to involve the pyloric ring itself three times, and to be in the duodenum within a distance of one inch of the pylorus seventeen times Though this exact localization is not important diagnostically, since stenosis in itself is an entity justifying operation, it should be appreciated that the expression "pyloric stenosis" applies to stenosis in the region of the pylorus, usually on the duodenal side

Conclusions

This review of the data accumulated on 279 proved cases of peptic ulcer and reported in detail elsewhere leads to the following conclusions

(1) That gastric and duodenal ulcer have essentially the same age and sex incidence, the same symptomatology and physical signs and the same gastric analysis findings,

(2) That the differentiation between the two groups of cases can be made with certainty only by roentgenological examination, including both fluoroscopic observation and serial film exposures,

(3) That pyloric stenosis occurs as a complication in both varieties of ulcer and as such can usually be diagnosed by the clinical as well as the roentgenological findings, but that no means are available for determining with certainty in many instances the exact location of the stenosis in relation to the pyloric ring or the situation of the ulcer that produced it,

(4) That the roentgenological examination is of greatest help in the diagnosis, being correct in approximately 90 per cent of our proved cases, and that the history is of next greatest importance, the physical examination and the gastric analysis being of only secondary value

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ARSENICAL REACTIONS IN CONGENITAL SYPHILIS COMPLICATED WITH ALKALOSIS*

By THURMAN B GIVAN, M D, BROOKLYN, N Y
From the Department of Pediatrics, Long Island College Hospital, Brooklyn, N Y

THERE is a certain amount of risk entailed in the modern treatment of syphilis However, the better results obtained far overbalance the occasional untoward symptoms In order to combat the devastating effects of the spirochoete, more or less powerful drugs are used, drugs which have a tendency at times to accumulate in certain vital organs of the body and in a few sensitive individuals produce toxic effects Arsenic, the most powerful of these drugs, is the one I am dealing with in this paper Hence in administering arsenic in one of the usual forms, as, for instance, arsphenamine, neoarsphenamine or sulpharsphenamine, the operator must keep in mind toxic developments which may be classified under the following heads

(1) Nitritoid crisis, so-called because of the close resemblance of the symptoms to those produced by amyl nitrite poisoning, flushed face, choking cough, a subjective sense of impending death, many times accompanied by vomiting This occurs during or soon after the intravenous use of the drug and may be very alarming but not fatal, if adrenalin chlorid is given promptly by hypodermic

(2) Herxheimer reaction, occurring usually six to twelve hours after an injection although it may be delayed for days, as in syphilis of the central nervous system into which the drug does not enter at once It is now thought to be due to a flare-up of the lesion or lesions with varying degrees of general symptoms It is produced almost invariably by the first injection and probably the immediate signs are brought on by the massive destruction of spirochoetes with a resultant toxemia It is, then, a therapeutic shock Many other phases of the Herxheimer can not be discussed at this time

(3) Familial idiosyncrasy to arsenic, a condition clearly demonstrated in two families treated in my clinics, and in the reports of many others treating syphilis

(4) A toxic state with a syndrome apparently not due to any of the above causes, and it is with this that the present report deals

During the past seven years of handling congenital syphilitics on a large scale during which time many thousands of injections of various drugs have been administered, there have been only two deaths which could be laid to the drug

*Read before Medical Society of the State of New York, May 22 1928 at Albany N Y

tion being relieved by replenishing the chlorides of the blood with one per cent sodium chlorid, intravenously, and hydrochloric acid by mouth This type of treatment relieved alarming symptoms in one case of arsenical poisoning for us, and we have strong evidence to believe the other two cases that died could have been saved had we known the above facts

(3) The importance of getting a detailed blood analysis very early in cases showing signs of arsenical toxemia

(4) I am not hazarding a guess, at the present time, as to the mechanism of the above findings in such cases

(5) Glucose was given as a diuretic and secondly, in as much as the liver bears the brunt of attack in arsenic damage, because it is known as an aid in the return to normal of liver function

(6) Sodium thiosulphate was given for its supposedly neutralizing effect upon the arsenic

(7) Calcium chlorid was given early to combat the tetany, however, it was not a low calcium tetany, but one due to alkalosis

THE PARANASAL SINUSES IN RELATION TO DISEASE OF THE OPTIC NERVE*

By EMORY HILL, M D., RICHMOND, VA.

THIS communication is not concerned with the grosser manifestations of sinus disease. The extensive ocular disorders in the form of muscle palsies, optic neuritis, exophthalmos, orbital cellulitis and abscess, are well-known and fairly easy to diagnose The possibility that the sinuses are responsible for these conditions is always before us, but there are equally menacing visual disorders, with less conspicuous signs, which may lead to blindness unless the sinuses are suspected and investigated promptly I refer mainly to retrobulbar neuritis and to slight ophthalmoscopic alteration of the nerve head and adjacent retina in which the common causes (diabetes, multiple sclerosis, toxic amblyopias, syphilis, etc) are absent Gross evidence of sinus disease may also be absent, and radical attack upon the sinuses would not be warranted except for the grave danger of blindness Certain cases are also included in which purulent sinusitis acts as a focus of infection through the medium of the blood stream, giving rise to metastatic lesions in the uveal tract mainly, precisely as other more remote foci act

It is not my purpose to discuss the diagnostic signs of sinus disease, nor the methods of treatment which are in the jurisdiction of the rhinologist. I wish merely to call attention to the urgency of the ocular condition, to the diagnosis from the ophthalmologic standpoint, and to mention some very striking results of the treatment carried out by my rhinologic colleagues in the more obscure forms of sinusitis

It is unnecessary in this audience to go into details of the history of the subject or to cite the enormous literature which has accumulated A few references will be quoted We are all familiar with the intimate anatomic relationship of the optic nerve to the posterior sinuses and the many variations in this relationship, with the extreme thinness of the sinus walls and even the direct passage of the optic nerves through the sphenoidal cavity These facts have been emphasized many times by numerous writers My impression is that some rhinologists have gone to extremes in attributing a great many ocular disorders to sinus disease, and that they have confused the signs of intracranial pressure with inflammatory lesions of the optic nerve to the detriment of the patient who has been subjected to unnecessary surgery and has lost time in getting relief from intracranial disease My impression is, also, that some ophthalmologists have erred on the opposite side (myself among them), in denying the responsibility of sinus disease for a small group of optic neuropathies While I have not seen, or not recognized, many such cases, I have been forcibly impressed by a comparatively few in which there can be no reasonable doubt that vision was saved by the prompt clearing up of sinus infection

There is much difference of opinion as to the frequency of the sinus origin of optic neuropathies Francis and Gibson[1] believe that very few cases occur in spite of the paper-thin bone separating the optic nerve from the sphenoid cavity Von Hippel[2] believes the cases are rare, but regards them as extremely important, since proper treatment is necessary to save vision Lindenmeyer[3] points out that cases regarded as proven may eventually be explained by a multiple sclerosis, and cites two such cases Loeb[4] places the frequency as 15%, while Cheval and Coppez,[5] find 35% to 40% Woods and Dunn[6] found 12 7% of optic neuropathies due to sinus disease, and called attention to the acute cases in which the picture is one of retrobulbar neuritis without evidence of inflammation or elevation of the papilla Van der Hoeve,[7] whose investigations deserve the utmost respect, described the characteristic sign of central scotoma with enlarged blind spot The scotoma is at first a relative one for colors The enlargement of the blind spot appears first. One scotoma may appear alone and invade the region of the other The exact pathway of infection is not known He mentions the following possibilities (1) by direct spread of sinus inflammation, (2)

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y May 22 1928

left cornea and evidence of birth paralysis of her left arm. Her temperature was ninety-eight and four-fifths, Fahrenheit, pulse eighty-eight, respiration twenty She also had slight bleeding from the gums, and moderate oedema of the legs, ankles and feet.

Soon after admission she was given a high colonic irrigation and orange and lemon drinks, also 0 2 gram, sodium thiosulphate, intravenously This was followed by a Harris drip of four per cent glucose and two per cent bicarbonate of soda Two hundred and fifty cubic centimeters of twenty per cent glucose were given intravenously She did not void for forty-two hours, when she passed sixteen ounces of urine which was essentially normal as were daily specimens thereafter On admittance her blood showed two million eight hundred and ninety thousand red blood cells with fifty-five per cent hemoglobin, but normal leucocytes

October 21, she received three hundred and fifty cubic centimeters of ten percent glucose, intravenously, 0 3 gram of sodium thiosulphate, intravenously, besides the Harris drip of glucose and bicarbonate of soda A spinal tap showed negative findings except a decided curve in the luetic zone of the colloidal gold test (0155553000) Her vomiting continued and she was decidedly weaker

October 22, blood was taken for chemical analysis and at the same time she received 0 6 gram of sodium thiosulphate and 300 cubic centimeters of 20 per cent glucose, intravenously At eight p m two hundred and fifty cubic centimeters of twenty per cent glucose were again given Her blood pressure was normal, pulse, one hundred and ten, respiration twenty-five and temperature, one hundred degrees Fahrenheit She was drowsy and was put on the danger list Her blood chemistry showed these remarkable findings, serum chlorides, three hundred and eighty-three mg per one hundred cubic centimeters, sugar, one hundred mg per one hundred cubic centimeters, nonprotein nitrogen, one hundred and ninety-eight and four-tenths mg per one hundred cubic centimeters, urea nitrogen, one hundred and nine and one-tenth mg per one hundred cubic centimeters, urea, two hundred and twenty-eight and nine-tenths mg per one hundred cubic centimeters, creatinina, seven and five-tenths mg per one hundred cubic centimeters, uric acid, eight and six-tenths mg per one hundred cubic centimeters, carbon dioxid, eighty-six per cent by volume.

October 23, she received three hundred and thirty cubic centimeters of ten per cent glucose with one gram, calcium chlorid and 0 6 gram, sodium thiosulphate, intravenously, at nine a m and this was repeated at five p m Sodium bicarbonate and citrous drinks were discontinued since the blood chemistry demonstrated we were dealing with an alkalosis One cubic centimeter of dilute hydrochloric acid three times a day was begun Up to this time she had continued to vomit and the tremor was more marked

October 24, a maculo-popular rash appeared over extremities, and the same medication was given as on the previous day Vomiting continued, however, and she showed no change clinically or in her blood chemistry

October 25, she received two hundred and eighty cubic centimeters of ten per cent glucose and one per cent sodium chlorid, and 0 6 gram, sodium thiosulphate, intravenously Her blood chemistry showed serum chlorids, four hundred and sixteen mg per one hundred cubic centimeters, non-protein nitrogen, one hundred and twenty-three mg per one hundred cubic centimeters, urea nitrogen, sixty mg per one hundred cubic centimeters

October 26, she was given one hundred and forty cubic centimeters of ten per cent glucose and one per cent sodium chlorid, intravenously, as well as two hundred and fifty cubic centimeters of blood (transfusion) She showed clinical improvement

October 27, she received three hundred and twenty cubic centimeters of ten per cent glucose and one per cent sodium chlorid, intravenously

October 28, she received for the last time three hundred cubic centimeters of ten per cent glucose and one per cent sodium chlorid, intravenously She began to improve rapidly, she had retained boiled skim milk for three days past, the rash was disappearing, her tetany had disappeared, she was happy and, particularly, her blood chemistry had gradually returned to normal, showing November 7, serum chlorids, six hundred and thirty-four mg per one hundred cubic centimeters, non-protein nitrogen, twenty-six mg per one hundred cubic centimeters, urea nitrogen, seventeen mg per one hundred cubic centimeters, creatinine, one mg per one hundred cubic centimeters, uric acid, three mg per one hundred cubic centimeters, carbon dioxid, 55 3 per cent by volume. She was discharged November 11, apparently completely recovered from the toxemic condition for which she was admitted to the hospital On April 18, 1928, her blood Wassermann was two plus She had no antisyphilitic treatment since her hospitalization until April 21, 1928, since which time she has had weekly injections of bismuth, four in all without any ill effects She had the mentality of a four year old child, and her weight is fifteen pounds above normal

Comment (1) In scanning the literature on antisyphilitic therapy, I have not been able to find a single instance of the syndrome described in the above three cases Various toxic symptoms have been described, even with nitrogen retention, but not alkalosis with signs of tetany

(2) Rowntree and others describe a similar syndrome with low serum chloride, nitrogen retention and a high alkali reserve of the blood in cases of obstruction near the pylorus, the condi-

adjacent retina and decrease in the scotoma, in the course of three months After one year, he has 5/4 vision, the same tail-like extension of the blind spot, and a normal eye ground except for some engorgement of the superior temporal vein, and a faint suggestion of organized exudate on the disc.

Case 4 Mrs L, aged 32, referred by her physician, on Dec 6, 1924, with a history of sudden blurring of right eye one week before Medical study was negative. Rt. vision = 5/40, Lt. vision = 5/6, unimproved by correction of hyperopia. Fundi normal The right field showed an absolute central scotoma She was sent to Dr E T Gatewood for examination of the nose and throat He found diseased tonsils and both antra and ethmoids the seat of purulent infection Operation upon the sinuses was followed by improvement to 5/15 with only a faint relative scotoma and slight enlargement of the blind spot, after six days After three months, vision was 5/6 and no scotoma was present

Case 5 E L G, aged 25, seen Sept. 10, 1923, complaining of a sudden attack of blindness in left eye two days before Rt vision= 20/20, Lt. vision = f at 1 ft In the left there was an absolute central scotoma, surrounded by a relative scotoma, right field normal Nothing found on objective examination of eyes, except sluggish pupil on left Patient referred to Dr E T Gatewood for nose and throat examination When next seen, four days later, there was a marked increase of the absolute scotoma At this time Dr Gatewood reported infected tonsils and left antrum, and double spheno-ethmoiditis Tonsils were removed and sinuses drained Nine days later central vision was much clearer, but there was complete loss of lower field Five days later vision was 20/20 and the fields normal One month after onset his vision was still 20/20 and fields normal

On July 29, 1924, ten months later, the patient returned complaining of a sudden attack of blindness in the right eye Left vision = 20/20, right nil Dr Gatewood again found infection in the ethmoids and antra, which were drained Four days later there was light perception in the temporal field Five days later he was able to distinguish hand movements At this time there was an absolute central scotoma Ten days later he was able to count fingers at six inches, and the fields showed only a relative central scotoma He has not been seen since.

This case showed the characteristic retrobulbar neuritis, the papillomacular bundle being especially vulnerable The tonsils might be considered a factor in the first attack, but the subsequent involvement of the second eye, long after tonsillectomy, points conclusively to the sinuses

Case 6 Mr W, aged 25, referred by Dr J W Jervey of Greenville, S C, March 5, 1928 All tests negative except for history of excessive coffee drinking Unexplained reduction of vision to 5/15 O U with variable refraction, but always slight C H Ast., and no improvement with glasses No scotomas nor enlargement of the blind spots had been found Several infections had been removed (teeth, tonsils), he had had a mild ethmoiditis

As vision was somewhat worse when I saw him and there were central scotomas and enlarged blind spots, I asked Dr E T Gatewood to examine the sinuses again He found a shadow over the left antrum by x-ray, pus in the right sphenoid and shreds of mucus in the left sphenoid After washing out the sphenoids, the central scotomas were exaggerated, becoming more nearly absolute

The patient returned to his home and Dr Jervey writes that he has found active sphenoethmoiditis since, and is treating this Vision has improved to 5/10

This case illustrates the difficulty sometimes encountered in fixing the blame upon the sinuses They were passed as negative by a most competent rhinologist, and began to show disease just when he reached us, and since has shown more frank spheno-ethmoiditis, which seems to be yielding to treatment

This small series suggests the importance of the utmost care in studying the sinuses of individuals who have impairment of vision with or without ophthalmoscopic signs in the eye grounds Inflammatory lesions which are not accounted for by infection located elsewhere in the system, demand this study as part of the search for focal infections Serious impairment of central vision with normal eye grounds, and not explained by errors of refraction, constitutes an even more serious problem The central field changes determine the diagnosis here, and the sinuses must not be ignored when the usual causes of toxic amblyopia are excluded

Several questions arise which cannot yet be answered The size of the optic foramen may be a factor in the vulnerability of the optic nerve in the presence of very slight infection of the posterior sinuses The effect of mere ventilation of the sinuses, in the absence of infection, is unsettled The so-called hyperplastic membrane lining the sinuses, seems to be a cause of optic nerve disturbance Whatever the rhinologist may eventually decide in these matters, we cannot escape the conclusion that certain eyes are saved by early intervention in cases of obscure or slight sinus disease The sequence of events is too prompt and too definite, in too many cases, to be merely coincident

by pressure due to the distention of the sinus walls, as in mucocele, (3) by irritating influences of toxins causing edema and stasis Cutler[8] says that Van der Hoeve's sign is positive when (1) the scotoma for colors is considerably larger than for white, (2) the extent for white and colors is decidedly greater than normal, (3) the size of the scotoma changes in the course of the disease Van der Hoeve offers the following conclusions (1) the ophthalmologist has in the eye no sign to distinguish the origin of a retrobulbar neuritis, (2) the rhinologist cannot say with absolute certainty that a person has no sinus infection, (3) opening of the sinus, even if nothing pathologic is found, may be of temporary or permanent good effect on the optic nerve disease

Janssen[9] sums up the experience of the Kiel clinic with the following questions and answers

1 Is the exploratory rhinologic operation of such harmless nature as to justify its execution in cases with normal rhinoscopic findings?

The purely exploratory nasal operation can be justified, but it must be performed by a skilled operator, with all possible precautions, and requires a subsequent observation at the hospital

2 Is it possible in otherwise doubtful cases to arrive at an exact diagnosis of the pathogenesis and especially of the rhinogenous nature of a neuritis by a nasal operation?

We cannot answer in the affirmative Because of the often highly complicated anatomic conditions in these regions, it should be the rule to have a histologic examination made of all particles of mucous membrane or cell partitions removed during the examination Nevertheless, the possibility must be reckoned with that one or another affection of the accessory sinuses may escape notice

3 Upon whom does the responsibility for operation devolve, the ophthalmologist or the rhinologist?

On the rhinologist The ophthalmologist may decide what symptoms warrant operation With other probable causes (syphilis or tobacco) we should wait upon the treatment of these conditions

Case 1 Mrs W, aged 28, seen Nov 22, 1923, with history of a "spot" in left eye 6 years ago Tonsillectomy had been done Vision became worse two weeks ago Right eye normal in every way, left vision = 2/60 (excentric), vitreous floaters, exudate at macula slightly elevated, about 1 d d in size, consecutive atrophy of nerve head, great engorgement of retinal veins Medical study negative Referred to Dr E T Gatewood, who found purulent infection of left frontal, ethmoid and sphenoid Operation was postponed by the patient and vision became worse. On December 7th, following drainage of the sinuses, vision improved, the macular lesion became flatter, the venous engorgement lessened Local treatment (atropin and dionin) was kept up The right vision became blurred in the next two months, sinus treatment was renewed, the macular lesion became flat A relative scotoma for colors and enlarged blind spot occurred in the right field, with vision reduced to 5/7 This cleared entirely, with 5/5 vision in another 6 weeks, and there has been no recurrence

In this case a macular choroiretinitis developed on the site of the scar of a similar lesion, and a retrobulbar neuritis occurred on the opposite side Both subsided upon the clearing up of a sinus suppuration

Case 2 Mrs M, aged 55, referred by Dr E T Gatewood, Oct 7, 1921, with a diagnosis of purulent infection of sphenoid and ethmoids Eyes pain, vision unsatisfactory, though 5/5 and 5/6 Nasal edge of discs blurred, otherwise normal eye grounds Marked contraction of fields and enlarged blind spot for red in the left Blind spot not included in the remaining field of the right eye Drainage of the sinuses was followed by widening of the fields, revealing enlargement of both blind spots for red

In 1924, an external operation was performed for right frontal sinusitis, and diplopia followed, which was relieved by a prism correcting a right hypertropia

In October, 1925, fields were normal, with no enlargement of the blind spots A prism was still needed to avoid diplopia

This case showed a mild optic neuritis, without special involvement of the papillo-macular bundle

Case 3 H C, aged 17, was seen Sept 14, 1926, for refraction He showed a small spot of old chorioidal atrophy in the upper nasal quadrant, with no impairment of central vision In December, 1926, he saw Dr Louis Greene, while in school near Washington, D C, because of sudden blurring of the left vision and pain behind this eye Dr Greene found an optic neuritis and referred him back to me The left disc was swollen about 2 D, with edema above and to the temporal side, extending along the superior temporal vein, which was extremely dilated Vision was 5/15 and the peripheral field was normal, except for green, which was not recognized The blind spot was much enlarged There were stumps of tonsils, and a few pus cells found in the urine The tonsils were removed Vision sank to 5/22, and the optic neuritis increased, while the scotoma enlarged, and the peripheral field contracted Dr Thomas E Hughes, at my suggestion, explored the sphenoid, although the sinuses were negative to all usual examinations A minute amount of shred-like mucus was found Repeated irrigation of the sphenoid always brought on the pain of which the patient had previously complained, and blurred his vision for a few moments Gradual improvement followed, in spite of one recrudescence, with return to 5/5 vision, subsidence of the swelling of the disc and

content generally to be low This is an interesting observation when one recalls the convulsions following the use of insulin where a hypoglycemia has been induced On the other hand, despite the apparently close relation between tetany and epilepsy, our investigations[4] have not revealed any deficiency in blood calcium—even in two rachitic epileptics included in our series

In a study[5] of the spinal fluid in a series of 50 epileptic individuals, the pressure, measured by a mercury manometer, was usually found at the upper borderline of the normal and was much influenced by external mechanical factors (conditions external to the central nervous system), rising as much as 100%, for example, in some cases of coughing The cell count, albumin, globulin, chloride and urea contents, were all within normal limits The absolute sugar value was low, as in the case of the blood sugar content In every instance except one the content of sugar in the fluid was lower than that in the blood and these two values were independent of each other

In testing 1,000 epileptics, by means of skin tests, for their hypersensibility to 60-70 different protein food stuffs, it was found (6, 7) that protein sensitization occurred in from 37 to 56 8% of the patients tested as compared with an incidence of 8% among non-epileptic controls tested with a number of the same protein extracts This would indicate that quite a number of epileptics are sensitized to one or more proteins The exact significance of the ratio of the percentage of positive reactions in epileptic and non-epileptic individuals remains to be determined but the greater incidence among the former suggests a possible defect of protein metabolism in these cases

Because of the close and persistent association of the two conditions in the lay mind this paper would seem incomplete without a reference to the relationship existing between syphilis and epilepsy The occurrence of syphilis among our patients as determined by the Wassermann (and also by clinical examination) is very low[8] In those cases admitted to the institution during the last eight years, its incidence has fallen under five per cent and this number includes the not infrequent number of cases, where the relationship is coincidental rather than etiological

Autopsy frequently fails to disclose any gross abnormality in the central nervous system When such abnormalities occur, however, the pathological defects most frequently encountered are microcephaly, hemiatrophy, chronic internal hydrocephalus, focal cerebral softening and brain tumors (often ostemata of the dura) But similar pathological conditions are also found in the feebleminded and the insane and are, therefore, not pathognomic of epilepsy

From this brief survey of some of the laboratory findings in epilepsy, it is obvious that in this condition, as perhaps in a number of others, while much has been done, much more still remains to be done before a solution of the problem can be achieved

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HEMATURIA COMPLICATING ALKALINE THERAPY FOR HEARTBURN

By IRVING GRAY, M D., F A.C.P, BROOKLYN, N Y

GASTRO-INTESTINAL symptoms due to calculus in the genito-urinary tract is not uncommon and is well known to all The reflex viscero-motor, viscero-visceral, and viscero-sensory disturbance reflected in the gastro-intestinal tract by a disturbance in the genito-urinary apparatus may at times be so pronounced as to mislead one regarding the real source of the patient's complaints x-ray examination of the genito-urinary tract should be made routinely in any individual with gastric symptoms in order to exclude a renal calculus as a causative or contributing factor A great deal of stress and correctly so, is put upon the importance of gastro-intestinal symptoms either motor or secretory due to renal calculus

It appears important to point out at this time, that there can and do occur urinary symptoms that are primarily of gastric origin Hardt and Rivers, in 1913, first called attention to toxic manifestations following the Alkaline treatment of peptic ulcer The symptoms of toxemia were associated with urinary changes, increased blood urea, and normal or increased carbon dioxide combining power of

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SOME LABORATORY FINDINGS IN EPILEPSY*

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AS the title implies this paper will be confined to a consideration of *some* of the laboratory findings in epilepsy and will, therefore, be restricted to the brief discussion of a number of the more salient features of laboratory procedures to which recourse is generally had in connection with this disorder, namely urinary findings, blood picture and biochemistry, spinal fluid changes, protein sensitization and post-mortem observations, prefacing the discussion with the admonition that these findings, while interesting and often significant, are not altogether peculiar to the condition we are describing

The occurrence of albumin and casts in the urine of epileptics after seizures has been well substantiated by the observations of Munson[1] and others The initial appearance of albumin may be at any time within the first two hours after the attack and it may not disappear until the fourth day The presence of albumin is almost invariably associated with the finding of casts, sometimes in great number and variety, although, as might be expected, cellular varieties are rare So extreme is the microscopical picture presented in some of these cases that, had the excretion been received at the laboratory without clinical data, it would naturally have been supposed that the urine was from a case of severe nephritis In fact, as the seizures continue, chronic changes in the kidney due to repeated congestion may be induced This condition of the appearance of albumin and casts in the urine is found in about 20% of epileptics and is known as post-epileptic albuminuria

The literature is somewhat controversial in regard to the blood pictures encountered in epilepsy Generally speaking, the older accounts characterize it as a moderate secondary anemia with constant eosinophilia and lymphocytosis, both of varying degree, and a rise of the leucocytes during the seizure with a subsequent gradual decline In our own observations, we have found the blood picture to be quite variable. Many patients exhibit a moderate to high[2] leucocytosis during the interparoxysmal period as well as during the attack without any discoverable foci of infection On the other hand, a relatively small number show a persistent leucopenia Lymphocytosis is generally present but the ratio between the large and small lymphocytes is disturbed, the former appearing in larger numbers than would normally be anticipated Eosinophilia is usually present in varying degrees A peculiar and interesting finding is the occurrence in considerable numbers of a degenerated form of white cell, which is infrequently found in the normal blood, so far as we have been able to determine Contrary to the apparently prevailing conception, in our observations we do not always find a secondary anemia Although anisocytosis or cell distortion is quite common, polycythemia or hyperchromemia, an increase in the number of cells or the amount of haemoglobin in the individual cell respectively, is often found The blood platelets seem to tend to disintegrate with unusual rapidity and (perhaps for this reason) the bleeding time is prolonged and the coagulation time delayed

In regard to the biochemistry of the blood, Wuth[3] says that the chemical constituents of the blood are altered during convulsions Non-protein nitrogen, uric acid, creatinin and serum protein show an increase of varying degree Often, especially in light attacks, they do not exceed, or at least not so much, the so-called normal limits, but they do exceed what he calls the normal individual limit, i e., the blood content value is higher during attacks than in the interim for a given individual With the higher values sometimes found, it is important to bear in mind that such high values may be produced by the convulsions alone to avoid mistaking such cases for uremia, however, in the latter condition, with nitrogen retention and insufficiency of the kidney, there would probably also exist hypertension in the intervals between convulsions Wuth believes that the high values which may be obtained for non-protein nitrogen, uric acid and creatinine during convulsions are due not only to retention but also to an increased disintegration of body material In this connection, it must be borne in mind, however, that the same blood changes take place in convulsions of totally different origin as, for example, cerebrospinal lues, arteriosclerosis, general paresis and cardio-vascular-renal disease.

In our own studies we found the blood sugar

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water, there followed gradual improvement in clinical symptoms and a return to normal

The procedure of the test was rigorously adhered to in order to definitely prove that a hematuria can be due to a marked phosphaturia Although in cases of alkalosis, irritation of the kidneys may cause appearance of red blood cells in the urine, in the three cases reported it was felt that the hematuria was caused by the passage of a concentrated alkaline urine through the urethra Beer reports several cases of phosphaturia in which clear normal urine, from the bladder, was voided in the typical milky appearance of a marked phosphaturia This author explains the instantaneous character of the change as a peripheral and a local one rather than due to any particular metabolic disturbance

The absence of cystoscopic examination, the fact that we did not catherterize the kidneys and did not do a pyleography can perhaps be correctly used as an argument for the presence of some other cause for the hematuria in the three cases reported It is felt, however, from the clinical course and the therapeutic results that the phosphaturia associated with some metabolic disturbance was aggravated by the alkaline therapy and caused the hematuria

It is my opinion that the hematuria was urethral in origin and was due to an irritation produced by the passage of a highly concentrated phosphatic urine

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IN WHICH TYPES OF GOITER IS IODIN INDICATED?*

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IN spite of the work which has been done by Marine, Plummer, Graham, Rienhoff and others, to clarify the indications for iodin administration in thyroid diseases, there still remains a lack of conception of the limitation of iodin therapy by a high percentage of physicians This is particularly noticeable in goiter clinics The classification of goiters, as most generally accepted, is divided into four groups First, Adolescent Goiter This is usually seen in children from eight to fifteen years of age In this type we are dealing with a diminution in the normal physiological response of the gland due to the lack of sufficient iodin in the system Second, Colloid Goiter, which is usually seen in patients from sixteen to twenty-five years of age These represent the same type of goiter and for that reason our remarks in the future will include the adolescent and colloid goiters Third, Adenomatous Goiter This is the nodular type which is generally encountered during the child-bearing period, or at other periods when excessive demand is thrown upon the reproductive system, namely, puberty and the menopause The secretion in this type is, as a rule, normal in the early stages of the disease, but after a period of years, or with repeated pregnancies, we have the adenomatous type of goiter with hyperthyroidism This is really a late manifestation of the original condition Fourth, *Exophthalmic Goiter or Graves' Disease* In this type we have a hypertrophy and hyperplasia of the entire gland The degree of each depends on the severity of the disease, and the duration before seeking medical aid

The Use of Iodin in Adolescent and Colloid Goiter In these types of thyroid disease one is justified in using iodin or thyroid medication as a curative measure One should try to rule out the possibility of an adenomatous or nodular mass It is inadvisable to use iodin in these types, unless the patient is constantly under a physician's care. Hartsock (7) in 1926 called attention to the indiscriminate use or iodin and states "During the last year, we have been impressed by a great increase in the incidence of hyperthyroidism and particularly by the appearance of an unusual type of thyroid hyperactivity in men We have therefore made a special study of these cases with particular reference to the possible etiologic factors involved, and have found that the accumulated evidence seems to point conclusively to the continued ingestion of small amounts of iodin in the insidious form of iodized salt as the primary exciting factor For this reason, we feel that it is important to call the attention of physicians, and through them of the public, to the misunderstanding that has gradually arisen regarding the use of iodin in endemic goiter, particularly in the form of iodized salt Without any precaution being given for its use, this salt is being vigorously promoted by the combined propaganda of health officials and of salt companies, who, through the agency of newspaper articles, civ-

* From the Goiter Clinic of St Mark's Hospital New York.

the blood plasma Further attention was called to the renal changes and the finding of red blood cells in the urine, by Rivers, who advocated the giving of small amounts of alkalies in cases of hyperacidity so as to avoid renal irritative phenomena

My interest in the problems of urology became acute some eighteen months ago, when a burning on urination for a period of forty-eight hours was followed by hematuria Examination of the urine when the burning sensation started showed a marked phosphaturia, alkaline urine with an occasional red blood cell in each microscopic field Repeated x-ray study of the genito-urinary tract failed to show any calculus Therapy was then instituted to reduce the marked amount of phosphates and render the urine less concentrated All fruits and vegetables were excluded from the diet, 10 grains of acid Sodium Phosphates were taken every three hours and two quarts of water were drunk daily Within a period of seventy-two hours the phosphates were markedly decreased, all red blood cells had disappeared from the urine and a normal or slightly acid reaction was present

In two other male adults, seen about one year ago, one aged 38, and the other 26, who were under treatment for duodenal ulcer, symptoms of dysuria were followed by an attack of hematuria Roentgen examination failed to show any calculus in the genito-urinary tract and examination of the fresh urine showed a large amount of calcium, magnesium and other phosphates in association with numerous red blood cells Dietetic and therapeutic therapy were instituted and brought about relief of symptoms and absence of red blood cells within four to seven days after treatment was started The sequence of events that took place in both these patients as well as myself may be summarized as follows because of frequent heartburn, alkalies, particularly Sodium Bicarbonate, were taken several times during the day in doses of one-half to one teaspoonful Very little water was consumed and there was a gradual increase in the turbidity of the urine, burning on urination and hematuria

Phosphaturia, in some individuals may be persistent and produce no symptoms It is known to occur particularly in patients with hyperchlorhydria and in neurotic individuals Two of the patients under my care had high acid gastric content in association with their duodenal ulcer and besides taking the small amounts of alkalies after their meals, because of business conditions would substitute a teaspoonful of bicarbonate of soda for relief of their distress several hours after meals, in place of the glass of milk prescribed Bladder irritability symptoms that arose were out of all proportions to the gastric complaints Baehr studied four patients with marked phosphaturia This author believes the condition to be due to a disturbance of the acid base regulating mechanism caused by the excessive loss of hydrochloric acid after meals, causing a corresponding decrease of the acidity of the urine This post prandial alkaline tide is greatly exaggerated in all cases of phosphaturia Vegetables, especially potatoes and most fruits were found to prolong the alkaline urinary tide

Baehr stated, "During the period of digestion, there is a temporary loss of acid in the stomach and in order to maintain its approximate neutrality the body must therefore compensate by excreting less acid in the urine, (and less CO_2 in the alveolar air) In the case of phosphaturia the persistent hypersecretion of acid in the stomach actually results in compensatory secretion of an alkaline urine The phosphates, which normally occur in the urine as acid salts are excreted under these conditions as alkaline salts in combination with sodium, potassium, calcium and magnesium, all of which, especially the latter two, being of relatively low solubility If the urine has become frankly alkaline phosphates have been precipitated, the subsequently reabsorbed acid is usually inadequate to redissolve them in the bladder"

During the past year, examination of fresh specimens have in many instances revealed a phosphaturia and in four patients the presence of occasional red blood cells could be accounted for by a marked hyperacidity associated with a neurotic state and the taking of moderate amounts of alkalies In none of these patients was there an alkalosis and the presence of the red blood cells could not be associated with any renal changes but were believed to be due to local factors

In order to prove that the hematuria was due to an increase in the amount of phosphates in a concentrated urine the writer underwent the following therapeutic test about three months ago A vegetable and fruit diet formed the only articles of food taken in association with one half teaspoonful of bicarbonate of soda every three hours Very little fluid was taken other than coffee for breakfast and tea for lunch and dinner Within five days a distinct increase in the amount of phosphates in the urine was noticed with an increasing alkalinity Ten days after the therapeutic test was instituted, bladder irritability with burning on urination was accompanied with the presence of numerous red blood cells With the cessation of the prescribed diet, abstinence of alkalies, the taking of acids by mouth and large amounts of

and in the toxic adenoma, the only difference noted being one of degree In the hyperplastic cases, the average fall of basal metabolism during the preoperative interval has been 50 per cent, while in the toxic adenoma it has been 40 per cent, as shown in the accompanying chart This slight variation may be explained by the more complete nervous relaxation of the exophthalmic patient It is realized that this response to iodin in the toxic adenoma is at variance with that reported by many observers in the Middle West The only explanation we can offer is that there may be some difference in the pathological physiology of the toxic adenoma in various regions Certain it is that the effect observed in this clinic has been of the same nature in the two types of hyperthyroidism"

Elliott (2) in 1927 in reporting one hundred cases of hyperthyroidism by thyroidectomy states "Iodin was used in 69 cases as a pre-operative measure and no essential difference was noted in the response of the exophthalmic and the adenomatous types Twelve cases, clinically of the adenomatous type, with the diagnosis confirmed by histologic sections, showed a drop in basal metabolism rate In ten it dropped more than 25 per cent, in six of these there was a decrease of more than 50 per cent.'

Rienhoff's (12) work appearing about the same time has given a definite reason for the iodin administration From his work one has to question the number of actual adenomata which are seen and wonder if a high percentage of the so-called cases of adenomatous goiter are not the hyperinvolutional changes which he has described in such detail He states "In the true sense of the word these areas were not adenomatous for the reason that the structure of the gland was maintained throughout, the general stimulus of hypertrophy and hyperplasia in the gland, as a whole, has been followed in these localized areas or lobules and there is no evidence of new tissue formation However these areas were interesting because they may well serve to explain the temporary beneficial effect or remission following the use of iodin and also why the patient, clinically, cannot be brought to the status of a normal individual by the use of iodin always being in a state of low grade hyperthyroidism It is also not felt that the areas of hyperinvolution or persistent colloid bodies are in any sense adenomatous and for the same reasons which are mentioned above, namely, because they maintain the normal histologic structure of the gland, there is no evidence of new tissue formation and the general stimulus to hypertrophy and hyperplasia of the gland, as a whole, is obeyed in these areas From the evidence at present, it would seem that most of these tumors palpable in the nodular goiters are nothing more than involutional bodies of the same type as have been described above, and with a great many, in fact nearly all of the cases of nodular goiter with or without hyperthyroidism which have been described as colloid adenomas, mixed fetal and colloid adenomas, colloid cysts, cystic adenomas and military adenomas are in no sense of the word adenomtaous but the result of an attempt on the part of the thyroid gland, following a hypertrophy, to reapproximate its normal histologic structure, namely, involutional bodies or areas of hyperinvolution and hypo-involution It is not to be gathered from this article that all nodular goiters are involutional bodies because this is undoubtedly not the case, there are, without question true parenchymatous adenomas that have been improperly described as fetal adenomas and there also are localized areas of persistent hypertrophy and hyperplasia which have been described as miliary and diffuse adenomas Whether or not these should be called adenomas is not certain"

From the evidence at present one is lead to believe that iodin has a definihe field of usefulness as a pre-operative medication in the adenomatous type of goiter with hyperthyroidism Although I did not at first hold this view, I have changed to Graham's teachings

The Use of Iodin in Exophthalmic Goiter or Graves' Disease "Marine and Williams (10) published in 1908 the results of a study of seventeen patients with exophthalmic goiter who had been treated with iodin, pre-operatively, and came to the conclusion that there was an increase in the colloid following iodinization It is generally accepted that iodin should be used as a pre-operative medication for exophthalmic goiter The improvement which it brings about is most striking and some members of the profession have openly declared it has a curative effect in this type of goiter Plummer applied this principle in 1922 in the pre-operative treatment of exophthalmic goiter and this has been generally accepted as the routine preparation of the exophthalmic type

Guthrie (6) states that it was but a few years ago that the administration of iodin to an acutely sick exophthalmic goiter patient was strongly warned against because it was thought that the disease was due to an excess of the normal product of the thyroid in the body, and it was known that this product contained iodin The use of iodin as a skin disinfectant and of iodized catgut was given up in many clinics

Graham and Cutlet (5) in 1926 state "Patients that have had iodin before coming to the surgeon show great variations in the deg-

ic meetings and attractive advertising, have gradually created the impression in the lay mind that iodin is a panacea for all goiter conditions and will ultimately solve the whole endemic goiter problem" From this report one sees the dangers encountered in the general administration of iodin This does not mean to imply that adolescent and colloid goiters cannot be benefited when proprly treated, but one should use every means to rule out the adenomatous goiter before instituting treatment in these types

Indications for Iodin in Adenomatous Goiter In the past several years we have been lead to believe, through the work at the Mayo Clinic, that the adenomatous goiter constituted a separate and distinct clinical entity Boothby (1) in quoting Plummer points out the difference in the clinical syndromes of the adenomatous goiter "Plummer expects to report in detail the theoretic considerations which led to his investigation of the effect of iodin in cases of exophthalmic goiter, I shall not, therefore, discuss this phase of the subject further than to point out that his explanation of the difference in the clinical syndromes of adenomatous goiter with hyperthyroidism and exophthalmic goiter rests on the conception that in the former the constitutional symptoms are due to an excess of normal thyroid secretion in the tissues and cells of the body, whereas in the latter, as a result of an intense and as yet unknown stimulation on the thyroid gland, the quantity of thyroid secretion in the cells of the body not only is increased, but that a certain amount of it is imperfect" But the recent work of Rienhoff and Graham has forced the most skeptical to reconsider this condition, and their work alters one's view on the use of iodin in adenomatous goiter

Adenomas with Normal Secretion It is generally recognized that iodin or thyroid extract is never indicated in this type of goiter Jackson (8) in 1927 stated that "Iodin is certainly very definitely contraindicated after the age of twenty-one years, in the presence of an adenomatous goiter Yet, there are now thousands of persons with this form of goiter who are taking iodin either by means of some patent medicine, or alas, under a physician's direction The newspapers and magazines are so full of articles on iodin and goiter that the laity has come to consider one a cure for the other Every patient who has a goiter comes to the physician with hopes of a cure by iodin In many cases the physician fails to distinguish between a colloid and an adenomatous goiter, or even between an adenamatous and an exophthalmic goiter If a slight reduction in the size of the neck through the effect of iodin on the colloid occurs, there is such gratification that the symptoms of developing hyperthyroidism are overlooked" The general concensus of opinion agrees with Jackson's statement, as applied to the adenomatous goiter without hyperthyroidism

Kimball (9) in 1925 stated "Our experience, however, in the service with which I am connected, leads us to believe that there must be considerable misinformation or misunderstanding regarding the proper use of iodin in the treatment of goiter, and that a brief statement of our experience with patients in whom hyperthyroidism has resulted from the use of iodin in cases of goiters of long standing may serve as a warning to those who first see these patients—In the series of 2,659 cases of hyperthyroidism treated by us during the four and one half years between March 5, 1921, and September 1, 1925, there were 306 —263 women and 43 men,—in which it appeared that the symptoms of hyperthyroidism had been precipitated or made worse by the use of iodin"

Adenomatous Goiter with Hyperthyroidism It was generally thought that this was a separate and distinct clinical entity The work of Plummer (1) at the Mayo Clinic leads one to believe that iodin should never be given in this type of goiter, as a pre-operative measure, as we are dealing with an excess of the normal thyroid secretion, but the work of Graham (4) has shown that the adenomatous goiter with hyperthyroidism can be temporaily improved by the administration of iodin He states "It is a matter of considerable importance to recognize that the quantity of iodin necessary to bring about the same or comparable clinical responst and decrease of basal metabolic rate is much less in cases of toxic adenoma than in cases of exophthalmic goiter This we attribute to the difference in degree of hypertrophy and hyperplasia of the thyroid in the two conditions We emphasize this fact in order that any one who might be interested in this subject may avoid the mistake of administering large quantities of iodin for long periods of time to patients with thyrotoxicosis and slight degrees of hypertrophy and hyperplasia of the thyroid Favorable response and unfavorable response are of the same character whether the thyroid is adenomatous or nonadenomatous The present indications are that the thyroid can utilize iodin to the point of saturation without harmful effects to the patient But beyond this point clinical experience shows that iodin may be harmful rather than beneficial, whatever may be the variety of toxic goiter treated" Later reports have borne out Graham's work, and Frasier and Mossner (3) in 1928 reported "As a preoperative adjunct, iodin is a most useful agent both in the hyperplastic toxic

POLIOMYELITIS IN SYRACUSE*

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IN the past six years, Syracuse has experienced three outbreaks of poliomyelitis, one every other summer In view of the marked interest in this disease and the many unsolved problems in connection with it, it would seem worth while to present a brief report of our clinical and epidemiological observations

Incidence

In the 1916 epidemic of poliomyelitis in Eastern United States, Syracuse, with a population of 160,000, reported 229 cases and 64 deaths From then until 1921, only seven cases and two deaths were reported Table I shows the incidence of cases in Syracuse, both local and imported, from 1921 to 1927 The 1924 outbreak was, next to 1916, the largest that Syracuse has experienced

Relation to Upstate Incidence A spot map of poliomyelitis for New York State in 1916 shows the bulk of cases in the southeastern part of the state with another main focus upstate, centered in Onondaga and Oswego counties West of these counties, but few cases occurred The 1920 spot map for the state is practically clean In 1921, however, the largest focus occurred in Oneida and Herkimer counties with smaller foci in Onondaga, Oswego, Monroe and Erie counties The following year the larger foci upstate were in Onondaga, Oneida and Cayuga counties In 1923 Onondaga and Erie counties showed small foci outside the southeastern part of the state In 1924 on the other hand, the largest focus was in Onondaga County In fact, Onondaga and the four counties bordering it comprised 50 per cent of the total infantile paralysis incidence in the state. In 1925 Monroe and Erie counties showed the larger foci and Onondaga was comparatively clear, but in 1926 the largest focus was in Erie County and the next largest in Onondaga The Syracuse incidence comprised 11 per cent of the total state incidence both in 1922 and 1926 and 16 per cent in 1924

Age and Sex Distribution Table II shows the age and sex incidence It is seen that the age period up to 10 makes up 78 per cent of the total incidence in 1922, 76 per cent in 1924 and 62 per cent in 1926 In other words, in the third outbreak there was a tendency for older children to contract the disease

The ratio of males to females in 1924 was practically 2 to 1, where as it was 1 17 1 in 1922 and 1 75 1 in 1926 The youngest in these outbreaks were respectively 8 months, two months and 15 months, and the oldest 45, 43 and 43 years respectively

Only one colored child was affected in the three outbreaks The apparent immunity of the colored race was also noticed in recent outbreaks in Detroit and Fort Worth, Texas

The three outbreaks occurred in the usual season The earliest date for a report was on May 27 in 1924, and the latest onset was on November 27 in 1922

TABLE I

Poliomyelitis Cases Reported, Deaths and Fatality Rate per 100 Cases· Syracuse Health Department, 1921-1927

Year	Cases of Poliomyelitis			Deaths from Poliomyelitis			Fatality Rate per 100 Cases
	Total	Local	Imported	Total	Local	Imported	
1921	16	16		2	2		12 5
1922	50	49	1	11	10	1	22 0
1923	8	5	3	1	1		12 5
1924	152	137	15	12	10	2	7 9
1925	5	4	1	2	2		40 0
1926	66	63	3	18	11	2	19 7
1927	2	2					

Clinical Types

From the diagnostic and epidemiological standpoints it appears appropriate to divide the cases into three main types bulbo-spinal, spinal, and non-paralytic The latter are supposed to bear an important relation to the mode of spread, the bulbo-spinal practically account for all the deaths It is interesting to note that in 1922 the spinal cases comprise 62 per cent, in 1924, 59 per cent, and in 1926, 40 per cent

The bulbo-spinal group which is usually responsible for all the deaths comprised 32 per cent in 1922, 12 per cent in 1924 and 37 per

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y May 22 1928. A condensation of the original paper which will appear in full elsewhere.

ree of response to pre-operative iodin, and equally great variations in the quantity of iodin necessary to bring about a condition in which operation is safe Under such circumstances the surgeon may be deprived of practically all the immediate advantages of preoperative iodin and is confronted with the alternatives of performing a hazardous thyroidectomy, or resorting to procedures of lesser magnitude such as ligations or hemithyroidectomy, or of waiting for a period before re-instituting complete iodin therapy Fortunately such cases constitute only a small percentage of the total and are practically limited to those that have been taking iodin in large quantities or for a prolonged period of time immediately before admission to the surgical clinic"

Pemberton (II) in 1928 stated that "The administration of iodin (Lugol's solution) to patients with exophthalmic goiter under preparation for surgery, introduced by Plummer in 1922, has resulted in a tremendous step in the progress of surgery in this field The importance of this cannot be overemphasized, I believe history will record as the three greatest influences in the development of surgery of exophthalmic goiter, the discovery of aseptic surgery, the discovery of anesthesia, and the use of iodin in the pre-operative preparation of the patient. Often patients with mild symptoms and those with moderate or relatively high hyperthyroidism with a hard 'trained' goiter, usually of long duration, appear to improve only slightly after the administration of iodin Boothby reported that after the initial improvement due to iodin the patent's condition becomes stable and no further improvement occurs I have since been able to confirm this by the observation of many patients who took iodin continuously for a year or more, and I believe, therefore, that there is no rational basis for administering to patients with exophthalmic goiter with the expectation of curing the disease"

From the reports of the different clinics one must see that iodin as a curative measure in this type of goiter has no field of usefulness

Conclusions I Iodin or thyroid extract should be used as a cure for adolescent and colloid goiters 2 In the adenomatous type without hyperthyroidism, iodin is never indicated 3 In the adenomatous type with hyperthyroidism, iodin is indicated as a preoperative measure 4 Iodin is indicated as a pre-operative measure in exophthalmic goiter or Graves' disease but should never be used except when preparing the patient for surgery, or in combating the crisis of the disease

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The important diagnostic clinical signs were found to be neck rigidity and resistance to anterior flexion of the spine Alteration of the reflexes, tremor, sweating, muscle tenderness and the peculiar, anxious, apprehensive, hunted look were the essential symptoms Cell counts as low as 25 were found in subsequently paralyzed cases One case with suggestive symptoms showed a negative spinal fluid shortly after the onset and later developed a one-sided facial paralysis, but a second lumbar puncture was not done

In the differential diagnosis, tuberculosus meningitis was encountered, rheumatic fever, hysterical paralysis, pseudo-paralysis of rickets and diphtheritic palsy

Treatment

In the 1922 outbreak some of the paralyzed cases were treated with immune serum and some with Rosenow's antistreptococcic serum It was soon obvious that with the great tendency of paralyzed muscles to improve, very little could be judged about the effect of treatment. Accordingly in the two following outbreaks, treatment with immune serum was given only to the early cases before any evidence of muscle weakness could be elicited

Table IV shows the number of pre-paralytic cases and the results It is seen that in a group of 32 patients in 1924, given convalescent serum intraspinally in the pre-paralytic stage, 27, or 84 per cent, escaped paralysis Under similar circumstances in 1926, only 13 out of 27, or 48 per cent escaped paralysis Unfortunately, there is no control series of cases similarly observed shortly after onset of symptoms with positive spinal fluid findings but without serum treatment In the 1924 outbreak, however, there were 14 cases diagnosed early in which treatment was carried out with normal horse serum intraspinally, of these, paralysis failed to develop in nine, or 64 per cent

While these results are not scientifically convincing, and the claim has been put forward that lumbar puncture alone may have a beneficial effect, it should be noted that only 12 per cent of the 1924 cases belonged to the bulbar group, whereas 37 per cent of the cases in the 1926 outbreak belonged to this type, and that the fatality rate, likewise, was roughly almost three times as great in 1926 as in 1924 When it is considered furthermore, that the bulk of the non-paralyzed cases occurred among the treated cases, and that very few cases were missed in these outbreaks it would seem justifiable to infer that some good was accomplished by the serum From the experimental side, there is convincing evidence that immune bodies are present in the blood of recovered cases In the present state of our knowledge, it would, therefore, seem that immune serum treatment is the logical one to use

TABLE IV

Syracuse Preparalytic Cases of Poliomyelitis Treated With Serum, and Results

Year	Kind of Serum	Cases of Poliomyelitis				
		Treated	Paralyzed	Showing Muscle Weakness	Not Paralyzed	
					Number	Per Cent of Total Given Serum
1922	Human Immune Horse Serum	3			3	[1]
1924	Human Immune	32	2[2]	3	27	84 4
	Horse Serum	14	5		9	64 3
	Human and Horse	2			2	[1]
1926	Human Immune	27	11[3]	3	13	48 1
	Horse Serum	1			1	[1]

[1] Cases too few for percentage computation
[2] One of these died from respiratory paralysis
[3] Five of these died from respiratory paralysis

Epidemiology

A study of possible sources of infection and observation of the geographical distribution of cases on spot maps appears strongly suggestive of contact infection In the 1924 outbreak, with the greatest incidence of mild cases there are a number of such instances Thus, there are several records of children in contact with positive cases coming down with the disease after an incubation period of eight to 13 days Of ten sets of two cases in a family, three look like secondary cases with an incubation period of 10 to 17 days, the other seven sets came down within one to four days of each other, and were more probably common source infections The spot maps appear to indicate grouping of cases in localities

cent in 1926 In other words the number of deaths appears to be in proportion to the number of bulbo-spinal cases

It is also significant that the non-paralytic group makes up but 6 per cent in 1922, 29 per cent in 1924, and 23 per cent in 1926 The actual number of abortive cases in an epidemic

the Health Department, physicians were made familiar with the development of the symptoms and the diagnostic criteria Consultation and convalescent serum were made available by the Health Department

Whenever a suspect was reported in the pre-paralytic stage, one or two diagnosticians

TABLE II

Poliomyelitis Cases Reported, By Age and Sex Syracuse Health Department, 1922, 1924 and 1926

AGE	Cases Reported 1922			Cases Reported 1924			Cases Reported 1926		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All Ages	50	27	23	152	101	51	66	42	24
Under 5 years	28	15	13	72	49	23	21	13	8
5 to 9 years	11	5	6	44	29	15	20	11	9
10 to 14 years	6	4	2	22	15	7	11	7	4
15 to 19 years	2	1	1	6	3	3	5	4	1
20 to 24 years				3	3		5	5	
25 to 29 years	2	1	1	2		2	3	1	2
30 to 34 years				2	1	1			
35 to 39 years									
40 to 44 years				1	1		1	1	
45 to 49 years	1	1							

cannot be so easily determined Other things being equal, the milder and larger the outbreak the greater the relative number of non-paralytic and abortive cases From these figures, however, there appears no justification for the statement that the number of non-

saw the case promptly and when the clinical symptoms warranted, a lumbar puncture was done and the spinal fluid examined at the bedside for cell count and globulin If these were positive, poliomyelitis convalescent serum was injected intraspinally, when necessary the in-

TABLE III

Syracuse Poliomyelitis Cases and Deaths by Clinical Types

Clinical Types	1922		1924		1926	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
All Types	50	11	152[1]	12	66	13
Spinal	31	11	87[2]	1[3]	26	13
Bulbospinal	16		21	11	24[4]	
Non-paralytic[5]	3		38[6]		15[7]	
Unclassified			6		1	

[1] With the added cases in [2] and [6] total cases for 1924 number 161

[2] Two cases with transient muscle weakness were not recorded during the epidemic and are not included in this figure. With these two added, spinal cases number 89

[3] Child died from broncho pneumonia three weeks after the onset of poliomyelitis

[4] One fatal case in this group was strongly suggestive of the cerebral or encephalic type.

[5] Includes treated as well as untreated cases.

[6] All these had been treated with serum Seven abortive cases were not reported during the epidemic. With these seven added, non-paralytic cases number 45

[7] One case had a lumbar puncture but no serum, remainder had serum intraspinally

paralytic cases in an epidemic is about five times the number of paralytic cases

Diagnosis

By means of newspaper publicity, the public was urged to watch for early symptoms of the disease By means of the weekly bulletin of

jection was repeated in 12 to 24 hours Subsequent examinations were made for evidence of muscle weakness or paralysis

Whereas only six per cent of the cases were reported in the pre-paralytic stage in 1922, 36 per cent more reported in the early stage in 1924, and 46 per cent in 1926

feel quite sure that the symptoms will not subside unless the operation is performed We have all seen cases which, when operated upon, were in a very bad way as regards the mastoid process, notwithstanding that nearly all the orthodox symptoms were conspicuous by *their absence* In several of our reported cases it will be noticed that the only symptom present in any marked degree was the absence of light transmission on transillumination of the affected side Our opinion is that the information obtained from transillumination in suspected mastoid infection is of much more value than that obtained from the radiograph, for the reason that in quite a number of cases where a double mastoiditis was present and the findings of the radiograph and transillumination did not agree as to the worst side subsequent operation showed the transillumination indications to be correct. In transillumination the markedly pneumatic mastoid shows more light than the one with less cells unless there is moisture present, in which case it looks darker The radiologist will say he can tell without fail the difference between the shadow caused by moisture in the cells and air without moisture, and will point out how close the lateral sinus is to the canal, but the distinctions shown often look very hazy to one who operates There is one advantage, however, which the radiograph has over transillumination that is of great importance, which is that the radiograph makes a *permanent record* of what it does show; while in the other case we have only the judgment of the observer which cannot be verified except when the patient is present This, of course, is an item of considerable importance

About twenty-five years ago when "McBurney" came back from Europe and told us that every case of appendicitis should be operated upon as soon as a diagnosis was made we all thought that he was advocating a very radical procedure in the practice of surgery Today we all agree that if one is sure of his diagnosis in appendicitis it is near criminal not to advise operation at once The *laity* quite generally recognize appendicitis as a surgical rather than a medical disease, thus showing how far we differ from our former most firmly held opinions Formerly we told our patients when they suffered from an attack of appendicitis that the proper procedure was to treat them expectantly until the attack subsided or the case became desperate, in which case it might become necessary to operate as a sort of last resort to save his life We all remember how often the last resort operation failed to save the patient's life, and what a high death rate we had in those days as compared with that of the present time

From our observation it would seem that the majority of otologists are taking the same position in regard to surgical interference in mastoiditis as we took twenty or more years ago in regard to appendicitis, advising against operative interference as long as there is hope that the symptoms will subside It also seems to us that there is even more reason for us to change our point of view than there was at the earlier period for many of the cases of appendicitis *subsided* under the expectant treatment whether they entirely recovered or not. The same is true of mild cases of mastoiditis, only the consequence of a return of the trouble in the latter is likely to be even more serious than in the fromer There are the brain complications which are always a possibility in a case if neglected Many obscure cases of illness that we see are undoubtedly suffering from some focal infection They have had their teeth and tonsils removed, their sinuses overhauled more or less thoroughly and still are no better Investigating the ears we find in many cases there is an involvement of a mastoid dating back to an attack of O M A P, which occurred in childhood In a great number of cases there has been a mastoiditis without any marked ear symptoms, probably due to the free drainage through a large eustachian tube We see no reason why this condition could not as well be the source of a chronic foci of infection as some of the ones we have been so prone to look upon as the more probable causes of these remote and vague symptoms

In the past, there were two very great deterrents against recommending a mastoidectomy except in the most grave cases First, mastoidectomy, an operation requiring some considerable amount of skill, has great possibilities in the way of disfigurement, as an end result both in the unsightly scar behind the ear and possible facial paralysis, due to injury of the seventh nerve because of its close proximity to field of operation Secondly, there was a long period of convalescence to which the patient was obliged to submit

In regards to the second part of the first deterrent and also the second one as a whole, we have a modification or addition to the Schwartz operation to suggest, which we think largely removes them both, but, of course, one cannot get rid of the dangers of injury to the facial nerve in any mastoid operation which we may devise Eternal vigilance is one's only salvation in dealing with this difficulty

The modification or addition which we recommend is to take down the posterior wall of the ear canal, after having done a very thorough orthodox operation, just as though we were going to do a radical operation except that we leave the so-called bridge intact Thus we let the ear fall back into the hole made and

very much as in other contact diseases Very frequently, though no direct contact can be elicited, indirect contact seems very likely It will be admitted, however, that at best this is but circumstantial evidence

The Epidemiological Problem in Poliomyelitis

The theory of the spread of poliomyelitis by direct and indirect contact appears attractive until one considers the apparent relative insusceptibility encountered There is the inconsistency between the high incidence in the early age groups, as in measles with its extremely high susceptibility, and the low attack rate as shown in the rarity of secondary cases and the general difficulty of tracing contact It is, therefore, postulated that during an outbreak there are a great many abortive cases which provide an opportunity for subclinical immunization

The presence of many more abortive cases than actual paralytic cases is, however, without clinical proof When in an outbreak nearly half the cases are reported in the preparalytic stage in the first 12 to 24 hours and not later than 48 hours, and the public is alert to the disease, one is not likely to miss several times the number of cases proved The possibility that cases have not reached the neurological phase and, therefore, cannot be diagnosed does not square, either, with the field experience in the presence of an outbreak How then explain the apparently low susceptibility?

Recent studies in tropical countries have shown a very high immunity to scarlet fever and diphtheria despite the fact of very low incidence

There is, however, another phase in reference to poliomyelitis that needs to be brought out It is generally assumed that poliomyelitis begins as a systemic disease that may or may not invade the central nervous system, and this view presumes to explain unrecognizable abortive cases This view, however, is not yet established It has not been proved that the visceral lesions outside the nervous system are caused directly by the virus The pathological changes are nowhere so striking as in the central nervous system Experimentally it is almost impossible to infect monkeys by the intravenous injection of the virus, and the virus has not been found in the blood of human cases It is indeed more likely that the poliomyelitis virus enters the central nervous system by way of the nasopharynx Normally the nasal secretions, in the absence of upper respiratory infection, contain some neutralizing substance This forms the first line of defense The intact nasal mucosa acts as a second line of defense The third line of defense is the intact meningeal choroidal system Once the virus gets by these mechanisms of defense the neurological symptoms ensue The determining factor in susceptibility to poliomyelitis may therefore be the differential between the amount and virulence of the virus entering the body on the one hand and the resistantive condition of the various defense mechanisms on the other This differential may offer an explanation of the epidemiological problem in poliomyelitis

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SUGGESTED CHANGES IN THE ACCEPTED VIEW OF MASTOIDITIS AND ITS TREATMENT SURGICALLY

Results of Observation on a Series of Cases

By W J CRANSTON, M D, AND F H VOSS, M D, KINGSTON, N Y

In approaching this subject, it seems necessary to briefly review the generally accepted view of the subject under discussion The present accepted indications for the performance of a mastoidectomy seem to be the following, if operation is to be performed early (There are variations caused by the surgeon's point of view)

(1) A history of an acute otitis media,

(2) A discharging ear which has continued for some days or weeks,

(3) A bacterial infection of a virulent type,

(4) Bulging of the posterior wall of the canal, with redness,

(5) Severe pain back of the ear with three points of tenderness,

(6) For the ultra-conservative, redness over the mastoid process,

(7) An increase in temperature of at least 2-4 degrees F, for several days,

(8) A high blood count,

(9) A very sick patient likely to die,

(10) An X-ray picture which shows a marked difference on the two sides,

(11) And lastly, for those who use it, a considerably less light showing through on the affected side on transillumination

The last, in our opinion, is by far the most important in determining necessity for operation

There seems to be a large number of very good men who hesitate to operate until they

DIABETIC COMA

A Review of a Method of Treatment

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TREATMENT of diabetic coma with small doses of Insulin, frequently repeated, has been in use at the New York Post Graduate Medical School and Hospital for a period of years This method, utilized by the Department of Medicine, has been so satisfactory that a review of the procedure seems merited Three cases have been selected for purposes of illustration, with ages of the patients ranging from eight to sixty-six years

An analysis of the condition of diabetic coma shows that there are three factors in the situation and each must receive separate consideration and treatment The first of these is acidosis, which is controlled by the digestion of sugar and the consequent elimination of the ketone bodies For this purpose Insulin and later glucose are used Desiccation, the second factor of importance because of its frequently being neglected, demands the maintenance of body fluids Fluids are therefore forced by all possible routes, fluid retention is aided by the use of salt and bicarbonate of soda, diuresis is controlled by the elimination of glycosuria The third factor is poor heart action, the weak and rapid pulse, pulmonary stasis and the consequent frequent occurrence of pneumonia Digitalis is here the drug of choice

Acidosis is treated by the use of Insulin in maximum doses of 20 units Upon admission of the patient in coma, urine and chemical blood examinations are done on the basis of urinary findings, treatment is begun at once In most cases 20 units of Insulin are given subcutaneously, accompanied by 20 units given intravenously for immediate effect In this way a supplementary action is obtained, the intravenous medication being largely consumed before the subcutaneous injection exerts its maximum effect For the control of following Insulin injection dosages urine examinations are made at intervals of one to two hours, depending on the severity of the case

Subsequent subcutaneous doses of Insulin are usually of 20 units, given after the urine examinations, until the urine is nearly sugar-free and the ketonuria under control The interval is then gradually lengthened, as indicated by the urinary findings, the blood sugar and CO_2 combining power determinations, and the improvement in the condition of the patient All urine voided by the patient is saved, after a few days a single 24-hour specimen is examined in the mornings Chemical blood examinations are made at least once in 24 hours on admission, later this period is lengthened

Glucose is used with the Insulin to aid in the digestion of the ketone bodies and for the prevention of Insulin shock Acidosis is therefore considered an indication for the use of glucose in the presence of a low or absent urine sugar One unit of Insulin will utilize 1½ to 2 grams of glucose With a marked glycosuria Insulin is used with little or no glucose with a small degree of glycosuria and a large excretion of ketone bodies, relatively more glucose is used with the Insulin Best results are obtained by maintaining a trace of sugar in the urine, without the presence of ketone bodies

With cases where there is no vomiting, glucose can be given in solution or as orange juice, by stomach tube or nasal gavage When the patient is vomiting glucose can be given by rectum, infusion, or hypodermoclysis Saline can also be given by the latter routes, for this purpose we use a 5 or 10 percent solution of glucose in saline When glucose is not indicated, saline may be used alone Bicarbonate of soda is usually given by mouth or by rectum, occasionally an infusion is used Digitalis is given in hypodermic form at first, later it can be taken by mouth Other stimulants are used if necessary, with the application of external heat

This method of treatment has proved satisfactory in a large number of cases Insulin dosage is always under control, the danger of Insulin shock is at a minimum The condition of the patient almost invariably shows a prompt improvement, the acute symptoms are quickly relieved and the tissues assume a normal tone and color Chemical blood findings indicate a progressive improvement in the condition of acidosis, a CO_2 combining power of over 40 usually resulting within a period of 24 hours

Case No 1

P O, female, age 6 years admitted April 29, 1926 A known diabetic for 3 years, the patient had been on a diabetic diet with 15 units of Insulin twice a day, before breakfast and supper Several previous admissions, one in coma, followed dietary indiscretions and the probable omission of Insulin At this time coma had gradually developed following a severe cold of a week's duration, when we suspected the Insulin had not been given

Physical examination showed a fairly well-developed and well-nourished girl of 6 years, comatose, cyanosed, a hot dry skin, deep sigh-

close the wound the whole length with metal clips, except at the lower angle where a small guttapercha drain is placed extending up into the antrum The metal clips and the drain are removed on the fourth day The dressings are changed daily up to this time, and daily thereafter until healing is complete, always being careful to get even pressure over the wound and ear The method of dressing is of great importance in obtaining a good scar and a short healing time

If this method is used, we do not think it is sufficient to remove the cells only in the tip but the *whole posterior part of tip* should be removed The cells at the root of the zigoma should be removed and the antrum when granulations are present must be thoroughly cleaned out with a dull ring curet, which is the instrument of choice with us In fact, a very thorough mastoidectomy should be done, including the removal of the posterior wall of the ear canal down about one-half of the way before the wound is closed If this is done we think the scar back of the ear will be negligible, and the period of healing will be reduced to an average of about ten days, which was the average healing time of twenty-eight cases by above described method as they occurred in our practice during fifteen months at the Benedictine Hospital, Kingston, New York, and are cited to substantiate our claim The average healing time of a second group of 119 cases was less than seven days, operated by the same method, and two of these were neglected cases taking twenty-one days each to heal Hospital morbidity was ten days in this latter series

In the separate series of twenty-eight cases, there were two patients who had double mastidectomies, making a total of thirty operations In this series there were also many complications and obstacles to be overcome before operation could be performed Four cases showed marked chronic nephritis with endocarditis and hypertension There were two cases of diabetes mellitus, with blood sugar over 240 mg 100 cc of blood, and one case of pulmonary tuberculosis The ages of the cases ranged from minimum of two infants, six and eight months respectively, and the maximum of seventy-seven years Seventeen were females and eleven were males

Summarizing as to the negative findings for the usually looked for signs and symptoms we found

(1) Three cases had no tenderness over the tip of mastoid,

(2) Sixteen cases showed no signs of canal bulging,

(3) Twelve cases showed very slight detectible drum pathology

(4) Temperature averaged from 97°F to 105½° F,

(5) Only fourteen cases had a total W B C of over 9,000 (Minimum count was 4,600 and the maximum 24,300),

(6) *Absence of transillumination in all cases and confirmed by operative findings*

The anesthetics used were Straight ether 16, Nitrous oxide and oxygen 10, N_2O oxygen and ether 1, Vienna mixture 1 The minimum days drainage was four and the maximum thirteen The average number of days in hospital was a minimum of four days (infant) and the adult average fifteen days The complicated cases averaged thirty days

Summarizing from the combined averages of one hundred forty-nine mastoidectomies with a mortality rate of none, we conclude that the old-time theory of mastoid operations and its complications can be dispelled, for in this group we have encountered most of the ordinary obstacles and feel justified in making the statement that mastoidectomy should be performed in all cases of a sick patient without other discernible cause, giving a past history of an old chronic otitis media, together with positive findings of lack of transillumination, in spite of the lack of all other clinical and laboratory data usually supposed to indicate the need of surgical interference

We see no reason why every case in which the diagnosis of mastoiditis has been made should not be operated whether we think there is likely to be a fatal termination or not We are strongly inclined to the opinion that it is very doubtful if many cases of mastoditis really entirely recover without operation It is true they may live for years with no symptoms and die of an entirely different disease, but there is still a question if the focus of infection did not persist and may have been the underlying cause of their terminal disease

These statements seem very broad, but our records prove that in cases of all negative findings, even including low leukocyte count but with positive lack of transillumination, the mastoid cells were found to contain pus or necrotic tissue The presence of this infected material has as far-reaching an influence on the general well-being of the body as a chronically infected tooth, antrum, tonsil or sinus, and we feel should be removed for the same reasons

Abdomen, extremities, and neurological examination were negative.

Following catheterization a chemical blood specimen was taken. Ten units of Insulin were given intravenously, at the same time ten units subcutaneously. An enema was given, a Murphy Drip of four percent bicarbonate of soda begun Digitalis was given by hypodermic, as shown in Chart No I External heat was applied Blood sugar was found to be 572 gm per 100 c c, CO_2 combining power 13 6 vol per cent The admission urine showed 3 3 per cent sugar, with 4-plus acetone and diacetic acid reactions

During the first six hours urine specimens were secured at 2-hour intervals, each being followed by the subcutaneous injection of 10 units of Insulin At the end of this period the blood sugar had fallen to 167 gms per 100 cc, the CO_2 combining power had risen to 21 1 vol per cent The clinical condition of the patient was then much improved, cyanosis had disappeared, respirations were of a more normal character, the skin had lost its excessive dryness During the next 11 hours urine examinations showed only traces of sugar and acetone bodies, no Insulin was given during this period Urine examinations were made at approximately 3-hour intervals during the following day

With the continuation of the 10-unit doses of Insulin, as indicated by the chart, the blood chemistry findings became normal the second morning after admission Additional treatments included giving several hypodermoclyses of five per cent glucose and saline, the first was given five hours after admission. The Murphy Drip of glucose and bicarbonate of soda was used almost continuously A persistent abdominal distention was treated with pituitrin, turpentine stupes, and colonic irrigations Digitalis was continued until the pulse had become normal in rate and quality

Dietary management of this case consisted in giving 4 ounces of orange juice with the Insulin as soon as the patient was able to swallow and retain fluids by mouth Milk was added later On the second day of feedings by mouth Dr Mosenthal's "Diabetic 2" diet was given * The fourth day this was increased to the "Diabetic 3" diet, the maintenance diet used before admission, which consists of carbohydrate 60 grams, protein 45 grams, fat 105 grams The interval between Insulin injections was gradually increased until the original 15-unit doses were given twice daily, with no glycosuria and no loss of weight.

Case No 2

B K, female, age 44 years, admitted October 15, 1926 This patient had been known to be a diabetic for two years, she was on a prescribed diet but took no Insulin Periodic examinations of the urine had shown only traces of sugar, no previous chemical examinations of the blood had been done A gradual onset of weakness for two years was accompanied by failing vision and a loss of weight of 30 pounds During the six months prior to admission dyspnea and fatigue resulted from any exertion, thirst increased, and polyuria developed Anorexia had been present several weeks For 24 hours before admission severe epigastric distress and vomiting followed taking anything by mouth, dizziness and a drowsy sensation gradually gave way to a comatose condition

Physical examination showed a small woman, very emaciated, with extreme dehydration Respirations were of a deep sighing character, rate 24, breath was acetone in odor Tongue and lips were dry and bright red There was generalized flaccidity, no apparent paralyses, pupils were equal and reacted to light Heart was negative except for a rate of about 130, lungs, abdomen, and extremities were negative.

Examination of the urine showed two per cent sugar, with strong acetone and diacetic acid reactions Insulin was given immediately, 20 units intravenously and 20 units subcutaneously Chemical blood analysis showed a sugar of 410 gm per 100 cc, a CO_2 combining power of 12 4 vol per cent Five subsequent injections of Insulin, each of 20 units, were given at hourly intervals following examinations of the urine An infusion of 600 cc five per cent glucose and saline was given with the Insulin on admission, four hours later an infusion of 300 cc five per cent bicarbonate of soda was given A Murphy Drip was begun on admission, a hypodermoclysis given with Insulin 12 hours later, as shown in Chart No 2

The patient was first seen at four o'clock in the afternoon, four hours later she was able to take water by mouth The following day her condition was much improved, only occasional vomiting followed feedings of orange juice or milk. Urine examinations were made at this time every 3 hours, followed by injections of 20 units of Insulin Blood chemistry determinations done 24 hours after admission showed a blood sugar of .208 gm per 100 cc, a CO_2 combining power of 48 vol per cent. The following day the Insulin dosage was reduced to 10 units every three hours, with which the CO_2 combining power rose to 57 vol per cent in 24 hours

After the second day the Murphy Drip was discontinued, fluids were then forced by mouth Bicarbonate of soda, 20 grains, was given by mouth three times a day On the third day

* Tice System of Medicine, Vol. 9, page 120

ing respirations, rate 24, with a frequent cough There was a marked acetone odor to the breath, tongue was beef red, the throat congested Examination of the chest showed the heart to be negative, rate about 160, the lungs had only scattered moist rales at the bases

TABLE NO I

Case No 1

		Urine				Blood		Insulin	
Date	Time	Vol	Sugar %	Acetone	Diacetic	Sugar	CO_2 cp	Dose	Time
									5 10
4/29	5 P M		3 3	++++	++++	572	13 6	u10	intravenous
								u10	subcutaneous
	7 00		1 5	+	+			u10	7 00
	9 00		0 6	Tr	Tr			u10	9 00
	11 00		0 5	+++	+++	167	21 1	u10	12 00
4/30	1 A.M		0	++	++				
	4:00		0 25	+++	+++				
	7 00		0	++	++				
	10.30		0 1	+	+	227	24 0	u10	10 30
	1.20		5 0	++	++			u10	1 30
	3.20		3 3	+	+			u10	3 30
	6·00		2 0	+++	+++			u10	8·00
	10 00		0	Tr	Tr				
	12 00		0	vft	0				
5/1	3 00 A.M		0 1	vft	0			u5	3 10
	7.20		1 25	vft	0				
	8 45		0	vft	0	107	57 0	u10	8 50
	11 00		0	vft	0			u10	11 10
	3.30		2 00	Tr	Tr			u10	3 40
	7 40		1 0	Tr	Tr				

TABLE No. I

Case No 1

Date	Time	Other Medication	Fluids	Diet	Remarks
	5 00	Digitalis m10(h)	Murphy Drip 200cc 4% $NaHCO_3$	None	Comatose Deep sighing respirations
	7·00	Pituitrin ½ amp	Colonic irrigation	Orange juice 4 oz nasal gavage	Marked distention
		Caffeine gr 2			
	9 00	Digitalis m10	Murphy Drip 300cc 5% glucose	Orange juice 4 oz po	Vomited
	10·00	Milk of Mag dr. 1 x 3	Hypodermoclysis 300cc 5% glucose		
4/30	1 A.M	Digitalis m10			
	4 30	Turpentine Stupes q3h x 3	Murphy Drip 300cc 5% glucose 2% $NaHCO_3$	Orange juice 6 oz	Vomited
	5.20	Digitalis m10	Colonic irrigation	Glucose 5% 2 oz po	Retained
	8 00			Orange juice 4 oz po	
	9.20	Digitalis m10	Hypodermoclysis 300cc 5% glucose and saline		
	10.30			Orange juice 4 oz. po	
	1 30	Digitalis m10		Orange juice 3 oz. po	
				Bicarbonate of soda, dr 1 po	
	5.30	Digitalis m10	Turpentine Stupes q4h x 3		
	8 00			Orange juice 4 oz. po	
5/1	1 A.M			Orange juice 4 oz. po	Distention relieved
	3 A M	Spts , Fru m20 q4h		Orange juice 2 oz po	
	5 00		Murphy Drip 500cc saline		
	9·00			Orange juice 3 oz. po	
	11·00		Colonic irrigation	Orange juice 3 oz po	
	5 00			Diabetic 2	R tained

the patient had received 20 units of Insulin and one cc of digitalis hypodermically

Physical examination showed a white woman of 66 years, markedly emaciated and dehydrated, in constant restless motion Pupils equal, reacted to light, tongue and lips dry and red Respirations deep and labored, examinations showed 2 percent sugar, 4-plus acetone and diacetic acid reactions, albumin reaction 3-plus, many hyalin and granular casts Blood sugar was 333 gm per 100 cc, CO_2 combining power 19 0 vol per cent. A hypodermoclysis of glucose and saline was given on admission, as shown in Table 3 followed

TABLE NO III

Case No 3

		Urine				Blood		Insulin	
Date	Time	Vol	Sugar %	Acetone	Diacetic	Sugar	CO_2	Dose	Time
5/3	10 A.M	80cc	2 0	++++	++++	333	19 0	u20 (intravenous)	10 15
								u20 (subcutaneous)	10 15
	11:20	100cc	2 2	++++	++++			u20	12 15
	1·00	120cc	2 85	++	+++			u20	1 30
	2.30	50cc	1 66	++	+++			u20	3 15
	5 30	20cc	0 47	0	++			u10	6.30
	9 00	160cc	0	0	+++			u10	10·00
	12 00		0	Tr	++++			u10	4·00
5/4	7 A.M		0	Tr	+++	484	25 8	u20	9·00
	12·00	95cc	2 0	++	+++			u20	12:30
	3 00	200cc	0 25	0	Tr			u20	4 15
	6.30	250cc	2 22	0	Tr			u20	5:25
								u20	7·00
	8·00	200cc	2 20	0	0	300		u20	8·00
	11 00	180cc	0	+	++			u10	12 00
								u10	3 00
5/5	6 A.M	210cc	0	0	0			u10	6·00
	11 00	200cc	0 33	0	0	326	43 8	u20	10 00

TABLE No III

Case No 3

Date	Time	Other Medication	Fluids	Diet	Remarks
5/3	10 A.M	Digitalis 1cc tid	Retention enemas q3h Orange juice 6 oz or 5% glucose 6 oz with sodium bicarb ½ dram		Vomiting Constant motion Delerious
	11 00		Hypodermoclysis 1000cc 5% glucose and saline		
5/4	10·00	Digitalis cont	Hypodermocylsis as above		
	2·00	Dial Ciba 1cc	Retention enemas as above		
	9·00	bicarbonate of soda gr 20 q4h	Hypodermoclysis as above		Vomiting ceased
	12 00	Codeine gr ss		Orange juice 2 oz. po	
5/5	3 00			Orange juice 4 oz. po	
	6 00			Orange juice 4 oz. po	
	10·00	Codeine gr ss	Hypodermoclysis as above		Pneumonia rt. base

rate 24 Arteriosclerosis marked, blood pressure systolic 144, diastolic 72 Heart was moderately enlarged, with a systolic murmur at the apex which was not transmitted Examination of lungs negative except for moist rales at both bases Neurological examination negative

Immediate treatment consisted of the injection of 20 units of Insulin intravenously and 20 units subcutaneously, as before Urine by retention enemas of glucose and bicarbonate of soda External heat was applied and digitalis preparations given hypodermically three times a day

Urine examinations at approximately 2-hour intervals were followed by injections of 20 units of Insulin, which was reduced to 10 units after the urine became sugar-free. A negative urine sugar, however, accompanied an actual increase in blood sugar, due to the

Dr Mosenthal's "Acidosis 3" or low fat diet was begun, this consists of carbohydrate 100 grams, protein 65 grams, fat five grams The following day a change was made to the "Diabetic 3" diet, with a gradual reduction of Insulin On discharge the patient was receiving a single 10-unit dose of Insulin before breakfast, with this amount her 24-hour specimen of urine was sugar-free

TABLE NO. II

Case No 2

Date	Time	Vol	Urine			Blood		Insulin	
			Sugar %	Acetone	Diacetic	Sugar	CO.	Dose	Time
10/15	4 P.M	50cc	2 0	++++	++++	410	12 4	u20 (intravenous)	4 10
								u20 (subcutaneous)	4 10
	5 20	130cc	2 2	++++	++++			u20	5 30
	6 00	115cc	2 3	+	++			u20	6:30
	8 00	140cc	1 8	++	++			u20	8 10
	9.20	145cc	2 5	+	+			u20	9 45
	10 30	270cc	1 85	+	+			u10	11 00
	12 00	100cc	1 2	++	++			u10	12 10
10/16	3 A.M	80cc	0 34	++	++++			u20	4·00
	6 00	40cc	0 43	0	Tr				
	9 00	80cc	1 0	0	0	220	41 9	u20	9 10
	12 00	40cc	1 0	+	Tr			u20	12 10
	3 00		1 1	0	0	208	48 0	u20	4·00
	6 00	65cc	0 5	0	+			u20	7·00
	11·00	105cc	0	0	0			u10	12·00
10/17	7 A M	500cc	0	0	0			u15	7 10
	11 00	215cc	0	Tr	0			u10	12·00
	4 00	90cc	0	0	0			u10	4 10

TABLE No 2

Case No 2

Date	Time	Other Medication	Fluids	Diet	Remarks
10/15	4.20	Digitalis 1cc q3h	Infusion 1000cc 5% glucose and saline		Comatose Pulse 130, weak
	5.20		Murphy Drip 5% glucose 2% sodium bicarb		
	8 00				Pt. can be aroused Taking water p o
	10 30		Infusion 300cc 5% bicarbonate of soda		
	11 00			Orange juice 4 oz	Vomited
10/16	4 A M		Hypodermoclysis 1000cc 5% glucose and saline		
	8 00			Milk 2 oz	Vomited
	12 00		Murphy Drip 1000cc 5% glucose 2% bicarbonate of soda	Orange juice 4 oz	Retained
	4 00			Orange juice 4 oz	
	7 00		Murphy Drip repeated	Orange juice 4 oz	
	12 00			Orange juice 4 oz	
10/17	7 00	Digitalis 1cc tid sodium bicarb gr 20 tid		Orange juice 6 oz	
	12 00			Acidosis 3	

Case No 3

A H, female, age 66 years, admitted in coma, March 3, 1927 A known diabetic for many years, she had neglected the prescribed diet and Insulin, had voluntarily taken periods of fasting, and had lost about 35 pounds in weight in the past year There had been a severe non-productive cough for a week, with fever and continuous vomiting for four days before admission Respirations had been labored 24 hours, with Cheyne-Stokes breathing An attack of acute cardiac decompensation occurred four hours before admission, when

sumption an exciting matter, but it is nevertheless an important one

Somewhat as the painter told the art student to 'mix his paints with brains," so the physician will seek to inspire the nurse or the mother to use intelligent thoughtfulness in securing and maintaining the liberal consumption of milk which is so important to the best development of the child

The milk need not all be taken as such, much of it may be used in the preparation of the child's other foods, and used too, if desired, in dried or other concentrated form to save bulk But a liberal intake of fluid with meals is now-a-days considered desirable, and if even a fourth of the milk is used in other forms, only one full cup of milk at each meal need be consumed in fluid form, and if this is not gulped down rapidly but rather sipped throughout the meal, it will not prevent the child from eating with good appetite all the other foods which should also enter into the diet This should regularly include some hard food such as dried or toasted bread to exercise the teeth and gums, and fruits and vegetables partly among other things for additional exercise in chewing and partly for their vitamin C and iron contents, together with an occasional egg-yolk or entire egg and such meat foods as the physician may deem wise in each case

Important as are vegetables for other reasons, it has been found unwise to rely upon them to furnish any large share of the calcium needed by growing children Very careful efforts could not satisfactorily substitute vegetables for even one-half of the daily quart of milk [3]

Space need not be taken here to set forth actual dietaries and meal plans for children of different ages, especially when this has been so excellently done by Professor Mary S Rose in her very practical and readable book entitled *Feeding the Family* (Revised Edition, The Macmillan Company, New York, 1926)

That milk should continue to be an extremely important factor in the feeding of children for such a long time after weaning may at first seem surprising but becomes plainly logical as soon as one reflects upon the fact that the baby is born much more helpless than other young mammals and, with the milk of domestic animals as well as of its mother to rely on, has in the course of ages come to indulge in an extraordinarily long period of development In making milk the mainstay of the diet until the child is at least fairly well grown, we are only treating the child as well as nature treats the young mammals of other species, for these latter suckle until they are sufficiently developed to shift for themselves in competition with adults In this connection it is also of interest to note that among more primitive peoples, and in countries where the milk of domestic animals is less abundant, the ordinary duration of nursing is much longer than in America and Western Europe In parts of the Orient and of Russia, for instance, two years or more is very common, and one eminent Japanese physician told me that he had his mother s milk until he was five years old

References

1 See, for example, the paper of Dr Haven Emerson upon the milk supply of cities in the *American Journal of Public Health* XIV, 292 (1924), the Report of the Committee on Nutritional Problems of the American Public Health Association, *Ibid* December, 1926, and McCollum and Simmonds' Newer Knowledge of Nutrition, Third Edition

2 Sherman and MacLeod, *Journal of Biological Chemistry*, LXIV, 429 (1925)

3 Sherman and Hawley, *Journal of Biological Chemistry*, LIII, 375 (1922)

inability of the kidneys to excrete either sugar or urine at times After this finding the Insulin was again given at more frequent intervals, with reduction in the blood sugar Administration of glucose for acidosis and for its diuretic effect was another factor in causing the blood sugar to remain high Control of the acidosis was in this case difficult, the results nevertheless positive The CO_2 combining power after 48 hours was 43 8 vol per cent, after 72 hours, 54 1 vol per cent

Clinically the patient showed improvement for several days Respirations became more normal within a few hours, dehydration was much improved, the patient was brighter and wanted to sit up Vomiting ceased 12 hours after admission, coughing was less On the third day there was a rise in temperature with signs of broncho-pneumonia in the right base, on the following day the process spread to the opposite side Dyspnea and cyanosis intervened notwithstanding repeated stimulation Pulmonary edema developed on the fifth day in the hospital, with a fatal termination

Conclusions

A satisfactory method of treating diabetic coma has been developed based on the following principles

1 The use of small doses of Insulin, usually of 20 units, frequently repeated The initial subcutaneous injection is accompanied by a similar dose intravenously, for immediate effect.

2 Urine examinations for sugar, acetone, and diacetic acid on admission and at intervals of one to two hours thereafter, preceding the Insulin injections, for the control of dosage and the determination of the interval between injections Intervals are lengthened with improvement in findings

3 Blood sugar and CO_2 combining power determinations on admission and at intervals of not more than 24 hours, during the acute stages

4 The use of glucose with Insulin in the treatment of acidosis and for the prevention of Insulin shock

5 Aiding fluid retention by forcing fluids, eliminating diuresis, and the use of saline and bicarbonate of soda

6 Treatment of cardiac insufficiency and shock by the use of digitalis, stimulants, and external heat

The author is indebted to the Attending Physicians of the New York Post Graduate Hospital for the use of the above cases, and to Drs H O Mosenthal and Milton A Bridges for suggestions in regard to the text

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CALCIUM REQUIREMENT AND DIET DURING GROWTH

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BY a long series of careful experiments with children from 3 years to 13 years of age, it was found that, throughout the entire range of age studied, the development of the child as indicated by the storage of calcium and phosphorus in the growing body was improved with increasing intake of milk up to one quart per day for each child A day's dietary containing a quart of milk together with such other foods as are normally fed will furnish about one gram of calcium, and it is largely (though by no means exclusively) for the purpose of ensuring this liberal intake of calcium to meet the growth requirement that most authorities now very properly emphasize the importance of a quart of milk per day for every child[1] throughout the years of its rapid growth

Although children may appear to do well with a lower allowance, it is only by maintaining the standard just mentioned that an optimum storage of calcium and phosphorus and an optimum development of bones and teeth can be ensured

The discovery of the antirachitic vitamin D, of its abundant occurrence in codliver oil, and of its influence upon the "mobilization" of calcium and phosphorus in the body, naturally suggested the question whether the feeding of codliver oil would permit the growing body to effect an optimum storage of calcium upon a lesser calcium intake This was tested by comparative experiments upon growing animals (rats) which were killed and analyzed for calcium at the conclusion of the experimental period[2] It was found that with a dietary which may be roughly compared with the feeding of a pint of milk per day to a child of from 3 to 13 years of age, development was to all appearances normal but the calcium content of the body remained below the optimal, it was not appreciably increased when codliver oil was fed, but did increase to the optimal when the calcium intake was increased by doubling the milk supply or by adding calcium in the form of an easily assimilable calcium salt In normal feeding of children the carefully regulated use of calcium salts is, of course, not practicable, but the liberal feeding of milk is feasible, even though it is sometimes necessary for the physician to educate the mother and for the mother to patiently train the child The so-called natural appetite of the child is a far less serviceable guide than is the scientific evidence now available Children often require training in food habits, as in others The "melancholy mildness" of milk does not make its con-

CONFERENCE ON THE CARE OF CRIPPLED CHILDREN

The Committee on Public Relations of the Medical Society of the State of New York accomplished a progressive piece of work on January sixteenth when it formed tentative agreements regarding the relations of the medical profession to the leading state agencies which are engaged in giving medical service to the people

Last year the Committee solved the vexing problem of the relation of physicians to the lay health organizations, and the allocation of spheres of work and influence to each group The Committee has now completed a series of tentative agreements with the official health agencies by which physicians will perform services for the State on a basis similar to that of physicians in private practice

The occasion for the present agreements was a conference on the administration of the new law for the relief of crippled children, which authorizes the State to provide the means for correcting the defects of every child that is physically handicapped The State Department of Education and the State Department of Health are charged with the administration of the law, but the leaders of these two departments recognize the fact that the greater part of the actual relief must be given by practicing physicians The public health nurses and social health workers of the two departments will discover the cases and persuade them to submit themselves to treatment They will furnish transportation to the examining offices and laboratories and maintenance in the hospitals But the law goes a step further than any previous one, for it provides for the payment of the physicians treating those persons who cannot pay for the treatment without imposing an undue sacrifice on other members of the family The law provides for the payment of the doctors by the counties on the certification of the County Judges or the Judges of the Children's Courts These Judges have already asked the State Department of Health to suggest a scale of fees for the various operations and treatment, in order that they might have the means for estimating the value of the medical services

The members of the Public Relations Committee first discussed the proposition from every angle, as was their duty Entering into agreements with the State officials might open the door for the dominance of the State over the private affairs of doctors and their patients and might be a step toward the employment of doctors to treat all forms of sickness in all persons—in other words, it might lead directly to socialized, or state medicine

The members of the Committee also recognized the need of the State to provide the means of relief and correction for those individuals who otherwise might be a burden on the State The members of the Committee did not question the duty of physicians to supply the medical services, but they recognized the probability that the correction of crippling defects would not be accomplished unless the State assumed the leadership of the work Nor did the physicians seek special remuneration for their services, but pay was offered to them by the State authorities, just as it is offered to law makers, and school teachers, and anyone else who works for the State The physicians were absolved from all suspicion of self-seeking in entering upon a conference regarding their fees

However, it seemed wise that the Committee should make a clear statement of the economic principles on which the regular agreements with the State should be founded These principles, which are printed on page 170, rank in importance with those on the relation of physicians to voluntary health organizations, which were adopted last spring (See page 1433 of this Journal of December 1, 1928) These principles were accepted by the State Department of Health and Education, thereby removing the implication of State Medicine in the administration of the new law

The further agreement was reached unofficially, that the Committee on Public Relations should always be ready to give advice to any department of State Government regarding plans and methods of supplying any form of medical service which the State may need to adopt The agreement went so far as to assert the principles that the State should consult the Committee on Public Relations while developing their medical plans thereby avoiding the ancient friction which has arisen when the State makes plans by itself, and then tells physicians to abide by them The importance of these agreements cannot be overestimated

Having adopted the principles of action there remained only the question of the proper remuneration of physicians who give their medical services on the authority of the State Here the natural modesty of the profession asserted itself, and the State authorities evaluated medical services higher than the doctors themselves had assessed them The tentative fee list that was suggested is printed on page 171

There was considerable discussion over the wisdom of the plan that the State Medical Society should suggest the fee list, some members of the Committee thinking that each County Society should make its own scale, and others that the price should be left to the individual doctors, but the view prevailed that it would be unfair to the county

EDITORIAL

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For list of officers of County Medical Societies, see November 15 issue, advertising page xxv

EDITING AND REPORTING

The duties of an editorial office include reporting, or the collection of news from the field The officers and committeemen of the Medical Society of the State of New York and the constituent county societies constitute the reporting staff of the New York State Journal of Medicine, and their descriptions of activities are found in the news department of every issue of the Journal

The editorials consist principally of comments on the news items and emphasize the art of practising the principles and methods evolved by medical leaders and described in the news section They are closely linked with the news department of this Journal, and each one has been submitted to the officer who is especially concerned with the news item on which it is based

MEDICAL PROGRESS

Chemotherapy in Surgery—W Krech, of the Breslau Surgical Clinic enumerates a great variety of internal remedies which are used in purely surgical conditions It may suffice to mention the indications which these substances are supposed to fill Locally acting disinfectants may be passed over in this connection Under internal disinfectants we have a great variety, beginning with various metal colloids, into nearly all of which silver enters Next are mentioned drugs of the urotropin type. The next group mentioned comprises the intravascular hemostatics, the free use of which is believed by some to favor the development of thrombosis and embolism following surgical intervention The third group is employed essentially for circulatory failure, although some of the members are of value for other indications Thus suprarenin is both styptic and stimulant Some drugs nominally rated as internal antiseptics are also placed here as members of the hexamethyls Several others are of the camphor type In a fourth group are placed such substances as diminish coagulability and possibly tend to prevent thrombosis Here belong quinine derivatives, camphor-like substances, menthol and eucalyptol, urethan, etc A fifth group is devoted to offsetting the bad results from removal of the thyroid and especially the prevention of tetany A sixth group is intended for the treatment of varices, blood-vascular tumors, etc, while the seventh is made up of the intravenous remedies for inoperable malignant disease The eighth group is made up of antidiabetic remedies, and the ninth of substances used in connection with orthopedic operations Finally a last or tenth group is devoted to substances which favorably influence the healing of fractures—*Deutsche medizinische Wochenschrift*, Nov 23, 1928

Relation of Internist and Practitioner to the Cancer Problem—David P Barr calls attention to the heavy responsibility which rests upon the internist and the practitioner both as to the correct diagnosis in most early cases of cancer and as to the proper prognosis and advice concerning treatment To meet this responsibility great knowledge is necessary, while the opportunity open to the internist and practitioner is far too limited With the increase of the relative importance of cancer and the awakening of the public it is more necessary than ever before that all our knowledge concerning early diagnosis and efficient treatment shall be readily available to the public and shall be supplied by the practitioner Other reasons for increasing interest are the development of methods of tissue culture and contributions to the knowledge of the chemistry of tumor cells, which constitute an enormous advance These chemical and biological studies may well occupy the interest of the practitioner The practical management of cancer has undergone a fundamental change through the developments in the use of the *x*-ray and radium Lip cancer is now seldom operated upon, and the opinion is quite generally held that radical surgery is never desirable at any stage in cancer of the cervix. The latest statistics seem to indicate that the results with radiation in these forms of cancer are quite as good as the best of the previous surgical records Unfortunately, this important knowledge is not as widely diffused as it should be With the developments in irradiation, the relation of the internist and practitioner to cancer has changed materially The question, "Is the patient operable?" is no longer sufficient One must ask, "Should there be an operation, or should the treatment be by radiation? Should they be combined? How may radiation be best applied?" For the correct answer most careful and extensive study and a large and varied experience are necessary The question of cancer control has also an important public health aspect It is high time that the internist and the practitioner participate in the preventive work to conquer this disease—*Southern Medical Journal*, Dec, 1928, xxi, 12

Undulant Fever Caused by Bang's Bacillus Abortus—N Sjoerslev of Copenhagen refers to the dubious relationship of the two disease processes in the actual clinic—for each affection seems to maintain an autonomy—and cites various figures of the incidence and relationship of the two in various parts of the world with bacteriological studies, seroreactions, etc His personal experience with undulant fever is limited to 7 cases treated in Professor Faber's University Medical Clinic Three of these are quoted in detail The first patient was a previously sound man who seemed to have been attacked by a typhoid or paratyphoid fever, but when agglutination tests were applied the reaction to these diseases was negative, while it was positive to Bang's bacillus It appeared that he had drunk milk from a sick cow In the two other cases the diagnosis of undulant fever was made entirely from the positive agglutination test with Bang's bacillus and the fact that both patients had drunk raw milk from infected sources In summing up, the author states, without any reference to the classical Malta fever, that the *Bacillus abortus* Bang, known to cause infectious abortion in cattle, is at the same time able to cause a disease in man sufficiently like Malta fever In regard to

Judges if they were compelled to fix medical fees without the sanction of the doctors themselves Morover, it was considered that since the administration of the law would be Statewide, and by the State, the fee should also be uniform throughout the State and therefore should be suggested by the State Medical Society

The conference was a demonstration of what a consultation should be when considering a case involving the practice of public health and civic medicine The conferees devoted six hours of hard work to the discussion of the diagnosis and treatment of the condition which was presented to them They weighed the difficult diagnoses carefully and considered the various ultimate results of treatment, varying from the expectant to a radical operation The results will doubtless be satisfactory to the medical profession, the State officials and the public

This conference in the opinion of every medical man present was one of the most valuable that has been held It reflected the experiences of many men, and brought to the surface special information not known professionally to all of the groups It aroused free discussion and brought together the common points of agreement It did more to advance co-operation between governmental agencies and the medical profession than anything hitherto undertaken The Public Relations Committee believes that this conference should remove some of the still existing fear of State Medicine It believes also that the medical profession has taken another step toward establishing a proper professional attitude toward public welfare

EDITING ADVERTISEMENTS

The editorial Board and the Publication Committee of the NEW YORK STATE JOURNAL OF MEDICINE are gratified with the numerous requests which they have received for advertising space They have adopted the policy of editing the advertisements as they edit the scientific articles and news items They believe that manufacturers of drugs and therapeutic appliances are actuated by motives which are honorable and commendable, and that the ethical medium for reaching the public is the medical journals, rather than the lay press

The most frequent editorial change that advertising copy needs is that regarding extravagant claims, which, however, are often based on printed statements made by prominent physicians in accepted text-books and reputable medical journals The editors of the NEW YORK STATE JOURNAL OF MEDICINE are expected to guard against extravagant statements in the body of the JOURNAL, and they will perform that same editorial duty with advertising copy

Advertisers are invited to submit their copy to the editors a week or two in advance of its intended appearance, in order that the editing may be mutually satisfactory It is rare that a writer of a scientific paper objects to editorial criticism It is equally rare that an advertiser objects to editorial suggestions

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Ergot in Drug Habits—This JOURNAL of February, 1904, contains a brief account of a meeting of the New York State Medical Association, at which Dr Alfred T Livingston, of Jamestown, N Y, gave a paper on ergot in alcoholism and morphinism The following abstract of the paper is taken from the JOURNAL

"One of the papers covering considerable original work was presented by Dr Alfred T Livingston, of Jamestown, N Y, entitled 'Ergot in Alcoholism and Morphinism, and the General Class of Drug Habit Cases' The doctor stated at the outset that he did not consider morphinism and alcoholism as diseases *per se*, but that the continued use of these drugs is followed by a dilatation of the arterioles, particularly after the discontinuance of the drug, and it is in this condition that ergot comes in to counteract the effects of this indulgence He does not believe in 'tapering off,' but stops the drug at once, teaches the patient that he can do without it—for moral effect—gives ergot, and the patient is often surprised to find the statement of his attendant true

"To quiet the nervous system and induce sleep, he finds the cold bath, galvanizing the spinal and cervical region, using ten to fifteen milliamperes of current for fifteen minutes, of great service He also finds the static spray for one-half hour, dry-cupping the spine and the neck, also massage, to be of greatest relief to the troublesome insomnia accompanying these cases In addition to the use of ergot he advises free feeding with liquid beef and the whites of eggs at frequent intervals

"His method of administration of ergot is to make a solution of the extract, one dram to the ounce Of this injects one-half dram three to ten times per day, depending upon the requirements of the case"

bring about or favor the development of cardiovascular-renal mischief Although the present author does not commit himself to any final conclusions, he seems very skeptical about deficiency symptoms, for the great majority of the hysterectomized patients seem to be satisfied with the results of the operation and the few who are not seem a special group with a certain preoperative makeup Study of the author's material shows that increased weight and blood pressure affected only a minority and not in a marked degree—*Schweizerische medizinische Wochenschrift*, November 17, 1928

Relations of the Status Thymicolymphaticus to the Endocrine System—Professor Ad Oswald of Zürich writes what ought to be a timely article on this subject The enlarged thymus apparently forms a connecting link between endocrine disorder and hyperplasia of the lymphatic system The clinical earmarks of the status lymphaticus do not coincide with those of a polyglandular incretory affection, nor do the dreaded sudden deaths attributed to the first-named condition find any decided parallel in the latter (although some subjects with Graves's disease succumb readily to operative shock) Experience of the late war seems to have confirmed the old belief that there is a notable relationship between this status lymphaticus and unexplained death In such cases good nutrition is often emphasized as present, while conversely in the average death in hospitals, asylums, and the like, where previous emaciation figures, the thymus shares in the general reduction in size Other puzzling finds are reported, such as those of Wiesel and Hedinger, in which the so-called thymus death occurred in patients with a hypoplasia of the endocrine system Apparently the more we delve into the ramifications of the relationship in question the more atypical are the findings It is very obvious that the earlier observations were quite lacking in proper control material, while a fallacy is doubtless involved—in the author's opinion in ranking the thymus as a true incretory gland with over- and under-function possibilities It will probably be necessary to begin a new superstructure Thus a large thymus and an overdeveloped lymphatic system are constantly found in agenitalism—in castrates eunuchoids, and the subjects of dystrophia adiposogenitalis The same is encountered in Addison's disease, but only at times, and we know the close relationship between the adrenals and gonads So-called thymus death is a special, hardly related problem—*Schweizerische medizinische Wochenschrift*, December 1, 1928

The Relation of Arthritis of the Sacroiliac Joint to Sciatica—W Yocman observes that the many views on the causation of sciatica have one item in common, a recognition of a lesion in the lumbar and sacral region, indicating a tendency to regard sciatica as a symptom and not a clinical entity, with attention focussed on the roots of the nerve rather than on the trunk He presents an analysis of 100 cases with a diagnosis of sciatica, in all of which roentgenograms of the sacroiliac and lumbosacral joints were taken In 36 per cent of these arthritis of the sacroiliac joint was demonstrated The symptoms are due to a periarthritis involving the sacroiliac ligament, the pyriformis muscle, and the adjacent radicals of the sciatic nerve, chiefly the first and second sacral nerves The diagnosis can be made with a reasonable degree of certainty on the wasting and loss of tone in the glutei, Kernig's sign, and hypertension of the hip The x-rays confirm the diagnosis in many cases by showing spur formation, indistinct outline, or fusion of the sacroiliac joint There is always a loss of tone in the glutei if a lesion of the sacroiliac joint can be demonstrated by the x-rays Rectal and vaginal examination is important, as by this procedure it is possible to palpate the sciatic nerves and the lower margins of the sacroiliac joints, and to eliminate carcinoma of the prostate or any gross intrapelvic lesion Treatment should follow the course indicated in arthritis or periarthritis of other joints of the body The author has found the sulphur bath with subaqueous douche most valuable This may be followed by the Scotch douche or a massage douche bath when the acute pain has subsided, in the acute or subacute stage massage aggravates the condition In conjunction with this, sulphur water by mouth insures a complete daily evacuation of the bowels, and in suitable cases colon lavage with sulphur water is employed For the acute cases nothing is so beneficial as intravenous non-specific protein, preferably typhoid-paratyphoid vaccine, with which the results have been even more encouraging than in generalized infective arthritis Strain of the sacroiliac joint may be a predisposing factor in the condition, but in the writer's experience is not a common sole cause of sciatica—*The Lancet*, December 1, 1928, ccxv, 5492

The Importance of Sleep in the Treatment of Acute Disease—J Wayne Carr cites the case of a woman, aged 65, with advanced general bronchitis, who was exhausted and in a wellnigh hopeless condition She was given 1/6 of a grain of morphine and 1/100 of a grain of atropine and while she slept was kept alive by oxygen given through a tube passed directly into the nostril He believes that had rest not been secured in this way she would inevitably have died The rule that one should not give morphine to an elderly patient with advanced general bronchitis is no doubt excellent, but, like all others in medicine, must not be adhered to blindly The morphine

differential diagnosis the general good condition is in striking contrast with the temperature and the continued or recurrent fever Despite the tediousness of the disease, the prognosis remains good Diagnosis is made through the agglutination test and the cultivation of the bacillus from the blood If we fully comprehend the purpose of the paper it is to show that while classical undulant fever is not recognized in Denmark, the pseudotyphoid which has followed the drinking of raw milk and which has been unmasked by serological tests is none other than the so-called "Mediterranean fever" of milder climes, which has been traced to the *Micrococcus melitensis*—*Deutsche Medizinische Wochenschrift,* November 16, 1928

The Conception of "Dysfunction" in Endocrinology—Professor A Oswald of Zurich states that the introduction of this term goes back to Moebius while the word itself is the result of a dilemma If symptoms associated with the removal or disease of an incretory gland represented neither an excess nor diminution of hormonal activity one could perhaps speak of a perversion of function This point of view receives some support from the behavior of certain glands of external secretion Thus sometimes the pyloric glands in place of too much or too little pepsin, have been known to secrete trypsin Numerous examples of this type have been assembled, but, in some cases at least, another explanation than that of dysfunction is possible In the pyloric glands for example there may be a sort of metaplasia of enteric glands into the cavity of the stomach In any case corresponding phenomena have not been seen in incretory glands although this does not mean that they cannot occur In the case of the thyroid the author expresses the opinion that all known disease phenomena may be explained on a quantitative basis alone Whatever might be said of other incretory glands the author is certain that there is no known dysfunction of the thyroid Even the most complicated conditions associated with thyroid trouble, as cretinism, do not need this hypothesis The second gland of importance in this connection is the pituitary, and here the word dysfunction is often heard, but several active principles are concerned and the pituitary is seldom involved alone The author can find no basic fact or theory for pituitary dysfunction It is also impossible to fasten a dysfunction upon the thymus, for we know nothing of its hormone and any endocrinic disturbances are due to involvement of some of the other incretory glands—*Muenchener medizinische Wochenschrift,* Nov 9, 1928

Relationship of the Endocrine System to Oto-Rhino-Laryngology—Dr Leicher of the Frankfurt University Clinic enumerates many points of contact It is known for example that diphtheria (its toxin) exerts a deleterious effect on the adrenals and hypophysis This is expressed clinically, in part at least, by the cardiac failure, low blood pressure, etc Injections of both adrenalin and pituitrin are of value at this stage of the disease It should not be understood that there is anything actually specific about this action for other bacteriotoxins may exert the same effect. Both acute and chronic tonsillitis and suppuration in the nasal sinuses may give rise to changes in the thyroid and thymus which are not necessarily deleterious, for sometimes a cure of thyroid struma has followed the removal of these throat and nose lesions Only in passing may be mentioned that carcinoma of the larynx and esophagus may invade the thyroid, just as infection and neoplasms in the sphenoidal sinuses may sometimes attack the hypophysis The relationship between the olfactory area and the gonads seems deep-seated and it is agreed that cocainization of the nasal mucosa may affect favorably the menstrual function, when it is disorganized In this connection may be mentioned the effect of puberty on the development of the larynx, and many patients with otosclerosis trace this disorder to the period of puberty Pregnancy and even menstruation exert certain effects on the upper passages too numerous to detail, as does also the climacteric —*Klinische Wochenschrift,* November 18, 1928

Deficiency Symptoms After Removal of the Uterus With Ovaries Retained—P Jung, gynecologist of the Cantonal Hospital of St Gallen, has investigated this subject by following up all of his patients who had been submitted to total hysterectomy, supravaginal amputation, and enucleation, his theory being that deprivation of all or most of the menstrual area might give rise to a definite symptom picture He could investigate personally only some 73 of these women, which number makes up 20 per cent of the whole The remainder filled out a blank devised and submitted by him Just one-third had no complaint to make and were satisfied with the operation Some 60 per cent complained of the ordinary vasomotor and nervous symptoms of a mild degree but were satisfied, and 7 per cent only showed a high degree of unpleasant symptoms The age of the women was no measure of the consequences The number of women to present evidence of deficiency symptoms was 25 In a majority of this number there was evidence of psychopathy before the operation Those who have written most recently and extensively on this subject, as Aschner and Erdmann, have reasoned that ablation of the menstrual area can result in the retention and cumulation of some toxic substance, probably the menotoxin of Schick, or that the disturbance of the hormonal balance tends to

LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

THE SUBPOENA AS APPLIED TO THE DOCTORS OR NURSES OF A CHARITABLE HOSPITAL

We have received so many inquiries as to the law concerning the subpoena as applied to physicians and nurses of charitable institutions, that we have deemed it proper to set forth our views for the benefit of the entire profession

Thirty-six years ago, by virtue of Chapter 295 of the Laws of 1893, the following provision was added to Section 836 of the Code of Civil Procedure, which now forms a part of Section 354 of the New York Civil Practice Act "In an action for the recovery of damages for a personal injury the testimony of a physician or surgeon, or of a professional or registered nurse attached to any hospital, dispensary or other charitable institution, shall be taken before a referee appointed by a judge of the court in which such action is pending, provided, however, that any judge of such court at any time in his discretion, notwithstanding such deposition, may order that a subpoena issue for the attendance and examination of such physician or surgeon or professional or registered nurse, upon the trial of the action In such case a copy of the order shall be served together with the subpoena"

This section is of peculiar interest to the profession, especially to the physicians and surgeons or registered nurses attached to charitable hospitals In substance, it provides that physicians and nurses in this category shall have their testimony taken before a referee instead of in open court The law, however, provides that a judge may at any time in his discretion, even though such deposition has been taken, order that a subpoena be issued for the attendance and examination of such physician, surgeon or registered nurse, in which case, however, a copy of the order must be served with the subpoena

To what kind of actions does this section apply? The law is specific upon this subject, it says "In an action for the recovery of damages for a personal injury" The words "personal injury" have been defined by Section 37-a of the General Construction Law as follows "'Personal injury' includes libel, slander, criminal conversation, seduction and malicious prosecution, also an assault, battery, false imprisonment, or *other actionable injury to the person either of the plaintiff, or of another*" Although not specifically enumerated, in our opinion actions for malpractice would fall within this category

Having examined this section, and having determined what it means, the question arises as to what, if any, practical advantage it holds out to the members of the medical profession or nursing profession embraced within its terms The statute was undoubtedly designed to alleviate the inconvenience constantly suffered by physicians who attend injured patients in charitable hospitals, and who thereafter are subpoenaed to testify concerning those injuries in court. To us, however, frankly the provisions of the statute seem to offer little practical advantage to the medical profession The expenditure of time and effort in appearing to give testimony before a referee appointed by a judge, is little if any less onerous than that involved in appearing at the trial Still, perhaps depositions taken in this way might be taken at a time more convenient to the physician than would be the attendance in the courtroom, as such matters can usually be worked out by arrangement between counsel and the referee

There might, however, even be a disadvantage in this provision, for despite the fact that a deposition has been taken, a judge may still order a subpoena to be issued for the attendance and examination of the physician "upon the trial of the action" Thus, it may happen that a physician could be first required to appear before a referee and there give his testimony, and might thereafter still be ordered to appear and testify in court, thereby necessitating two appearances instead of one The likelihood of this, however, is not great, for no doubt in the majority of cases where the physician has given his testimony before a referee, the additional order requiring him to appear and testify in open court would not be made

The question has been asked as to whether or not a physician or registered nurse attached to a charitable hospital, if subpoenaed in an action for personal injuries, could refuse to obey an ordinary subpoena unless such subpoena is accompanied by an order of a judge, which order is likewise served with a subpoena In our judgment, a physician or registered nurse "attached to any hospital, dispensary, or other charitable institution," would be justified under the law in refusing to obey a subpoena in a personal injury action directing him to testify as to any information which he acquired in attending a patient in a professional capacity in such hospital dispensary

was given by mouth because it seemed likely that its action would be more gradual and therefore safer than if it were administered hypodermically In many forms of heart disease morphine as a narcotic is still more generally helpful Its value in advanced cases of aortic diseases is generally recognized More hesitation is felt in giving it to patients with mitral disease, but it need not be feared Sound sleep is as valuable a tonic to a fibrillating heart as is digitalis, and at times probably even more valuable, for the action of digitalis or any other heart tonic is more effective and more lasting if the patient can enjoy at the same time the beneficial effect of restful sleep The early stage of acute pneumonia affords another example of the beneficial effect of morphine or opium In the later stages the use of an opiate in elderly persons is undoubtedly attended by considerable danger of respiratory failure, but during the first two or three days it will greatly diminish the strain on the patient's strength and conserve his vitality None of the milder synthetic hypnotics is so reliable or so lasting as an adequate dose of morphine or opium There is also a real danger of patients acutely ill being overfed by the modern trained nurse She is not taught sufficiently to realize that while the patient needs food by day, quiet and sleep are the essential factors to aim at by night It is a mistake to try to feed a patient on a fluid diet every two hours both by day and by night —*The Lancet*, December 8, 1928, ccxv, 5493

The Etiological Relationship of Chronic Appendicitis and the Small Cystic Ovary —Having observed some years ago that chronic appendicitis was often associated with tender and enlarged ovaries of the small cystic or hyperplastic type, and that apparently the right ovary alone was affected oftener than the left, Kelley Hale had his pathologist inspect and record the gross appearance of ovaries at the operating table Of 256 cases of chronic appendicitis 76 per cent were associated with the small cystic ovary, on one or both sides, and 24 per cent were unassociated with this condition In 28 per cent of these cases the right ovary alone was affected, in 6 per cent the left ovary alone, and in 66 per cent both ovaries were affected When both ovaries were involved, the right was usually larger than the left—a striking and significant observation Hale feels that an enlarged and tender right ovary, nonspecific, means chronic appendicitis, even though the appendix is not tender, and that operation is indicated In many cases removal of the appendix as the source of toxic and infective irritation of the ovary is all that is required, however, in patients with tender ovaries, dysmenorrhea, nervous and exaggerated gastric and reflex symptoms, some type of surgery is needed—puncture if only a few cysts are found, plastic for large prolapsed organs, and where there are many cysts either subresection or removal of the ovary While it is generally known that acute appendicitis can produce ovaritis by contiguity or by infection being carried through the lymph channels in Clado's ligament, the possibility that chronic appendicitis has any action deleterious to the ovary is scarcely mentioned in the literature Hale states that he has demonstrated to his own satisfaction the existence of Clado's ligament, which has been denied by some He presents microscopical studies demonstrating the effect of the diseased appendix upon the peritoneum and shows that the ovaries react by a more or less thick tough white cortex which is the cause of the failure of the graafian follicle to rupture at maturity, and a retention cyst results —*Annals of Surgery*, December, 1928, lxxxviii, 6

Pathogenesis of Sudden Death —Prof R. Jaffe discusses this interesting but unsatisfactory subject from the standpoint of a pathologist who has made autopsies on 73 patients during the past two years when death was not only sudden but could not be associated at once with a casual factor Autopsy sufficed to eliminate a certain number of cases in which the mechanism of death was perfectly obvious—thrombosis, embolism, etc There was but a single case of so-called thymus death In 56 cases which remained it must not be understood that severe lesions were not present, but the mechanism of death nevertheless remained obscure Hypertonia, coronary sclerosis, valvular lesion, and fatty heart, may of course have been set down as causes of death, but the fact remains that no mechanism was obvious Patients with these lesions usually go on living as invalids, perhaps for years Why then in certain cases do these hearts give out prematurely and suddenly? There is in such cases no history of an act of overstrain precipitating a crisis In an advanced myofibrosis we might understand that such a heart is incompatible with continued survival, yet these hearts often carry on In sudden death in the hypertonic we may assume that the effort of the heart to overcome peripheral resistance must reach a breaking point in which the organ quits The same sudden failure also happens in coronary sclerosis although a functional factor must be invoked here as well There is a possibility that an organic lesion of the stem artery is responsible for a functional spasm of the branches beyond it If anatomical change cannot explain the sudden death it is clear that we must invoke physiological change as well It is obvious that sudden death occurs in the midst of a variety of alterations and of functional possibilities and that it is doubtless not a simple but a highly complicated affair in a large proportion of cases —*Deutsche medizinische Wochenschrift* November 30, 1928

the patient, who was living with her husband in a cellar in filthy surroundings, he found that the plaintiff was going into labor The patient had ruptured the membranes about five days previous Her temperature was 102 3 by mouth When the doctor arrived he found the patient s husband drunk The husband admitted to the doctor that he had intercourse with his wife after the membranes had ruptured The husband also told the doctor that his wife had been working around the premises not realizing that she was in labor and that they did not expect the child for a few weeks yet The doctor immediately returned to his office and obtained the necessary equipment with which to deliver the plaintiff and returned immediately to the plaintiff's home Upon his return the plaintiff's labor pains were not as severe as they were on his first visit and as the cervix was fully dilated, the defendant felt that a hypodermic of pituitrin was necessary The husband refused to permit the doctor to administer this stating that upon the birth of a previous child the plaintiff wife had had pains following the administration of this drug The doctor then called in another physician, and after both physicians had scrubbed up and put on sterile gloves, the defendant proceeded, with the aid of the other physician, to deliver the plaintiff The doctors delivered the plaintiff of twins The placentas were expelled in a normal way During the delivery the husband objected to the doctor's method of delivery and constantly interfered with their work No instruments were used during the delivery and there was only one vaginal examination prior to the delivery by the defendant, and before this was done the defendant placed a sterile glove on his hand A neighbor of the plaintiff was present and said she would take care of the patient and the children The doctor gave instructions to have an ice bag applied to the lower abdomen and to raise the head of the bed and also to have fluid extract of ergot administered to the plaintiff wife. The doctor left about three o'clock in the morning stating that he would return the following day

The doctor returned about eight o'clock the next morning and found the woman running a slight temperature He also found that instead of an ice bag a hot water bag had been applied to the abdomen of the plaintiff He remonstrated with the plaintiff and her husband and they stated that the ice bag was too cold and they wanted a hot water bag The husband also stated that he had given his wife argyrol instead of ergot The defendant returned in the afternoon of the same day and arranged to have a settlement nurse come and take care of the wife and children The next morning upon the doctor's return he found the wife with a temperature of 103 and that his instructions had again been disobeyed in that the hot water bag was again applied to the plaintiff's abdomen instead of the ice bag The surroundings were so filthy and the doctor finding that his instructions would not be obeyed sent the plaintiff and her children to a hospital and did not thereafter render any treatment to them

Subsequently an action was begun against the doctor by the husband and wife charging that the doctor so negligently and unskillfully treated the plaintiff wife that she became infected and developed blood poison Upon the trial and at the close of the plaintiff's case, the court, upon motion of the defendant's counsel, dismissed the actions

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CLAIMED CONSPIRACY TO COMMIT TO INSANE ASYLUM

In this case a young married woman brought suit against her mother and the defendant physician, and several other persons, claiming that the defendants had conspired to commit her to an insane asylum The specific charge against the defendant physician was that he had aided and assisted the other defendants by forcibly injecting morphine into the plaintiff's body so as to render her incapable of resisting the efforts of the other defendants to place her in a Sanitarium or Asylum

When the defendant doctor was first called to see the plaintiff he found her in bed in a state of intoxication He was given a history that the plaintiff for a long period of time had been accustomed to the excessive use of alcohol The doctor prescribed bromide and chloral by mouth and gave the patient a hyperdermic of 1/10 grain of apomorphine Despite the doctor's instructions the patient persisted in the use of alcohol, and on some occasions she became so boisterous that it was necessary to give her a hypodermic of morphine The doctor saw the patient daily for about a month and a half At the end of this time the doctor discontinued his visits but about two weeks later he was again called to see the patient by her mother He found her in a very

or other charitable institution We find no judicial interpretation supporting this opinion, but we believe the language of the statute is clear It is mandatory in form, it says that the testimony of such a physician "*shall* be taken before a referee," etc We feel, however, that there would be little practical advantage for a physician in declining to obey a subpoena in cases of this kind as, were he to refuse to obey it, the judge could, and undoubtedly would, issue an order requiring him to appear and testify in open court

This, we believe, is a plain statement of what the law is on this subject, and it will answer many inquiries which have been directed to us

CLAIMED NEGLIGENCE IN INJECTION FOR SYPHILIS

In this case the plaintiff, a man about 47 years of age, called upon the defendant, giving a history of suffering from angina pectoris and said that he had had a chancre when he was twenty years of age The doctor diagnosed his heart condition as due to syphilis A blood test was made showing a four plus Wassermann The defendant doctor also had electrocardiographic examination, polygraphic and X-ray studies made of the plaintiff's heart After this had been done the doctor recommended to the patient a course of twelve injections of neosalvarsan and salvarsan in graded doses, followed by twelve injections of mercury The plaintiff agreed to this form of treatment and on January 2nd the defendant gave him an intravenous injection of 45 grams of neosalvarsan On January 4th, 9 grams of neosalvarsan, on January 7th, 10th and 14th 4 grams of salvarsan were administered and on January 17th, 9 grams of neosalvarsan During the administration of these injections the plaintiff told the doctor that he felt greatly benefited by this treatment and that he was beginning to feel well after three years of intense suffering

On January 21st the patient returned to the doctor's office telling the doctor that he had been suffering from a sore throat for the last few days The doctor examined his throat and found that it was sore and consequently gave him an injection of 1 c c of oxycyanate of mercury and advised the plaintiff to return home and go to bed, the defendant at the same time suggesting suitable treatment for the plaintiff's throat condition The following day the family telephoned the doctor that the plaintiff's neck was considerably swollen The doctor promptly went to the plaintiff's home and found him suffering from a severe sore throat He immediately took a throat culture and forwarded it to the Department of Health for examination They reported the culture negative for diphtheria bacilli The doctor diagnosed the condition as a severe streptococcus sore throat and advised consultation with a throat specialist, and the defendant requested the family to procure the services of a competent throat specialist The defendant saw the plaintiff that night in consultation with the throat specialist and it was agreed that the plaintiff was suffering from a severe sore throat with odema, probably syphilitic in origin The defendant also procured a nurse to take care of the plaintiff and as the plaintiff resided at a considerable distance from the defendant's office, the defendant arranged with the plaintiff's family doctor to take care of the plaintiff until after his throat condition cleared up, when the defendant intended to continue with the antiluetic treatment The defendant doctor kept in touch with the family and the family physician and after a time was advised that the patient was improving

Some time later the plaintiff's daughter called to see the defendant and demanded that the doctor refund the money which her father had paid to him for his treatment This the defendant very properly refused to do, whereupon the daughter became abusive and stated that the doctor's treatment was responsible for her father's throat condition, and that if the money was not refunded the plaintiff would sue the doctor The defendant promptly asked her to leave his office and she did

Shortly thereafter an action was begun in which it was claimed that the defendant improperly injected a serum into the plaintiff's arm and that by reason of such injection the plaintiff became ill The case came on to be tried and at the close of the plaintiff's case the court, upon motion of defendant's counsel, dismissed the complaint upon the merits, thereby terminating the action in the doctor's favor

CLAIMED NEGLIGENCE IN DELIVERY

This case illustrates the hazards encountered by physicians in obstetrical cases where the patient has had no prenatal care and where the doctor is not called in until labor has commenced

Upon the doctor's arrival at the home of

NEWS NOTES

PUBLIC RELATIONS COMMITTEE

The Committee on Public Relations of the Medical Society of the State of New York met at the Albany office of the Society at ten o'clock on January fifteenth There were present Dr Sadlier, Chairman, and Drs Ross, Mitchell, Johnson, and Hambrook, and also Dr Trick, President; Dr Vander Veer, President-elect, and Dr Lawrence, Executive Officer

Dr Sadlier reported on the survey of crippled children being made in Oneida county by the State Department of Education and of Health, and read several communications about it, particularly one regarding misunderstandings which had arisen, but which had been settled satisfactorily

Dr Sadlier also reported on a similar survey that has been made by the Saratoga County Medical Society under the direction of Dr John R MacElroy, whose report on the physical defects of the school children of the County was printed on page 104 of the January 15 issue of this Journal

Dr Johnson said that the Committee should do the best that it could to present good medical opposition to activities leading to socialistic or State Medicine

Dr Trick recognized that the State had certain rights and was under obligation to aid in conserving the health of its citizens

Dr Mitchell said that the State had a right to make the survey The Committee on Public Relations is not opposing the survey in Oneida County, but is only taking exception to one phase of the method employed

Dr Vander Veer said that the co-operation of the Medical Society of the State of New York is desired by Dr Matthias Nicoll, Jr, State Commissioner of Health, and by Dr Lewis A Wilson, D Sc, Assistant for Vocational and Extension Education, both of whom are charged with the administration of the law for the relief of crippled children

It was decided to leave the matter of the survey of Oneida County to Dr Farrell, Chairman of its Public Relations Committee of the county, who is an excellent representative of organized medicine. It was further decided to advise that the departments of the government should consult the State Medical Society through its Public Relations Committee before undertaking any medical activity, and that the Public Relations Committee should try to activate the various county societies

It was brought out that both Dr Nicoll and Dr Wilson were anxious to find a practical way for conferring with the State Medical Society, and it was decided to tell them that the Public Relations Committee was the proper committee to consult. Dr Ross, Secretary of the Committee, was instructed to send a formal communication to Dr Nicoll of the State Department of Health, Dr Wilson of the Department of Education, the Chairman of the Legislative Committees on Public Health of the Assembly and the Senate, and the Governor of the State of New York, stating that the Medical Society of the State of New York has a Committee on Public Relations, and that through this Committee the State Society offers to co-operate with the officers in public health matters and in all other medical matters so far as they relate to other agencies concerned in rendering services of a medical nature. This communication should further state that the State Medical Society has members who are willing to give service in an advisory capacity to any department of the State government or any agency concerned with public health or welfare activity

There was a long discussion as to a schedule of fees for the guidance of the Judges of the County and Children's Courts, who are charged by law with the responsibility of fixing the fees for medical services to be paid by the counties to physicians for their services to the crippled children The schedule adopted by the State of Ohio for similar services was presented as a tentative fee list for discussion This schedule fixed minimum fees for physicians who treat crippled children under State auspices, especially for services involving surgery, casts, braces, physical therapy, and X-ray photographs

Dr Trick doubted that the Committee could commit the State Society to a schedule of fees Dr Johnson questioned the advisability of adopting any fee bill Dr Hambrook thought that we should adopt a suggestive schedule for every county of the State, and that every county should settle the matter independently through its County Society's Public Relations Committee. Dr Mitchell thought that the Committee could fix a schedule of fees as a guidance to the County Judges of the State

Dr Ross presented a communication from the State Department of Health, and the State Department of Education, stating that the County Judges wanted the advice of the Medical Society of the State as a guide to them in

intoxicated condition, and in view of the history of the case and the fact that the patient refused absolutely to refrain from the use of alcohol, he recommended to her that she go to a Sanitarium The plaintiff evidenced a desire to comply with the doctor's recommendation and was received into a private sanitarium as a voluntary patient The defendant did not treat her while in the Sanitarium and about three weeks after she had entered the Sanitarium the patient's mother again called the doctor who went to the mother's home and found the patient in an intoxicated condition He administered chloral bromide and also paraldehyde The patient was under the doctor's observation from time to time for the next eight months She refused to follow the doctor's orders and was during this period in a constant state of intoxication At the end of this period she entered another Sanitarium, and the defendant doctor never saw or treated her after that

After the case had been noticed for trial plaintiff voluntarily discontinued the action as against the defendant doctor, thus terminating the action in his favor

CLAIMED PUNCTURE OF THE UTERUS DURING CURETTAGE

In this case companion actions were brought by husband and wife The complaint contained two counts, in the first of which it was charged that the plaintiff wife had engaged the defendant to treat her and that he diagnosed her illness as a miscarriage and informed the plaintiff that it would be necessary to perform an operation upon her, and that during this operation the defendant punctured the plaintiff's uterus and injured her intestinal and abdominal organs The second count charged a wrong diagnosis in that plaintiff claimed that she was not suffering from a miscarriage She also claimed that the defendant told her that she was suffering from appendicitis which she alleges was not the fact Damages were prayed for in the sum of $20,000

From the facts it appeared that the defendant was called to the home of the plaintiff The wife gave a history of flowing for two or three weeks accompanied by pains in the abdomen, and that the flow contained clots She also stated that she missed two of her periods and further that a physician whom she had previously consulted told her that she was suffering from a cold in her ovaries On this occasion the defendant made a general examination of the plaintiff and found her temperature and pulse normal The abdominal examination was negative, except for a slight enlargement of the uterus The defendant at this time made a diagnosis of incomplete abortion He prescribed for the plaintiff fluid extract of ergot and an emmenagog preparation and told the plaintiff to remain in bed and that if she continued to flow more than another twenty-four hours to notify him

The doctor did not hear from the plaintiff until about four days later when he was called to her home On this occasion he made a vaginal examination which confirmed his previous diagnosis The uterus was dilated and the upper segment of the cervis was softened, her temperature and pulse were normal The defendant told the plaintiff wife that a curettage was necessary to remove what was left of the pregnancy The operation was consented to by both husband and wife and the defendant told the plaintiffs that this operation should be done in a hospital, but the plaintiff wife refused to go to the hospital and pleaded with the doctor to perform the operation at her home The operation was performed in the patient's home, the doctor procuring the services of a competent anaesthetist and he proceeded to operate under a general anesthesia He curetted the uterus and found products of pregnancy remaining, adherent to the wall of the uterus The operation lasted about fifteen minutes The patient was returned to bed and the defendant remained with her until she came out of the ether The doctor gave the nurse in attendance instructions to keep the patient in bed and to give her no nourishment, only a little ice if she needed it and a little water About five or six hours after the operation the doctor returned to see the patient Her temperature and pulse were normal and he gave instructions to the nurse to keep her on a liquid diet The doctor saw the patient every day for five days after the operation She flowed for about two days and on the third day the flowing stopped entirely The patient was out of bed on the fifth day and on the seventh day the defendant discharged her

About a week thereafter the patient sent for the doctor He went to her home and she complained of pain in the lower right side of the abdomen The defendant requested that they call in a physician in consultation and suggested to the patient that she go to a hospital for examination This she refused to do and the doctor never saw her thereafter

When the case came on to be tried the plaintiff failing to produce any proof showing negligence on the part of the defendant doctor, the court granted the motion of the defendant's counsel to dismiss the action

that if there was a schedule of fees, doctors would profit by it

Dr Wilson of the State Department of Education said that his Department wanted a schedule of reasonable prices that the medical profession would approve, as a guide to the County and Children's Court Judges of the State.

There was a long discussion as to the means of providing for care after operations, and it was decided that in clean surgical cases, the after-care should be included with the surgeon's fee, and that in chronic cases or long-drawn-out cases, repeated casts, physical-therapy, or any special manipulation of prolonged dressings should be paid for as extras

The Public Relations Committee, through its Secretary, Dr Ross, suggested the following fee list, which it had prepared

January 15, 1929

Free List Suggested by the Committee on Public Relations of the Medical Society of the State of New York for Medical Services Rendered by Physicians Under the Administration of the Law for the Relief of Crippled Children

T B or Osteomyelitis of foot—Incision and drainage	$35 00
Tenotomy of Tendo Achilles—Closed operation	25 00
Open operation	30 00
Plantar Fasciotomy—including cast	35 00
Arthrodesis of foot—"reshaping the foot'	35 00
Club-foot, congenital and plaster cast	35 00
Open operation	70 00
Astragalectomy	50 00
Tentomy and tendon transplantation	75 00
Bowlegs (Osteoclasis)—single	35 00
Knock Knee (Osteotomy)	50 00
Knock Knee (Osteoclasis)—single	35 00
Bowlegs (Osteotomy)	50 00
Osteomyelitis Tibia and Fibula—drainage and curettage	75 00
T B of knee joint with plaster or brace	75 00
T B of knee with resection of knee joint	150 00
Tendon transplantation anywhere	75 00
Osteomyelitis of femur	75 00
Tenotomy of hamstrings	35 00
Ununited fracture of femur	150 00
Ununited fracture of tibia	100 00
T B hip without operation—cast or brace	75 00
T B hip with operation	100 00
Congentital dislocation of hip	75 00
Each subsequent manipulation and cast	50 00
Sutter fasciotomy	125 00
Arthroplasty or Arthrodesis of hip	100 00
Subtrochanteric Osteotomy	75 00
Tenotomy of adductors	50 00
Other plastic operation at hip—100 00 to	125 00
Major operation of spine	150 00
T B spine without operation—For each cast or brace fitting	35 00
Aspiration of spinal abscess	35 00
Scoliosis—per cast	25 00
Shoulder resection or arthrodesis	100 00
Shoulder muscle transplantation	100 00
Elbow resection or arthrodesis	75 00
Elbow arthoplasty	100 00
Osteotomy of humerus	50 00
Resection of wrist or arthrodesis	50 00
Plastic operation of wrist to muscle or tendon	50 00
Tenotomy of tendon of wrist	35 00
Osteomyelitis of upper extremities	75 00
Torticollis operation—open operation	75 00
T B shoulder without operation—per cast	35 00
T B elbow without operation—per cast	25 00
Arthrodesis of knee	100 00
T B wrist without operation—per cast	25 00
Anesthetic fee minimum—simple ether	10 00
X-Ray taken—single	10 00

It was brought out that the number of cases in the State operated on last year was only one hundred and fifty, but that the number would be largely increased as a result of the survey now being made

The conclusion reached was that the fee list submitted by the Public Relations Committee of the Medical Society of the State was a fair one

Dr Wilson of the State Department of Education then discussed the Oneida County situation, and said that he and his colleagues thought that they had done the proper thing in consulting the local profession there, for they had consulted the Public Health Committee of the Oneida Medical Society and the District Health Officer, but that he now saw that they might have done more He said in the future his department would take the medical profession into full co-operation He then asked if there was any committee of the Society that he could regularly consult, and the Chairman of the Public Relations Committee replied that this committee existed for that very purpose Dr Nicoll and Dr Wilson both expressed delight with this statement and said that it removed a load from their shoulders to know just how they could go to the medical profession of the State for information at any time regarding any health activity

Dr Wilson said that the Education Law compelled the Department of Education to make a survey of the physically handicapped children of the State It was undertaking a simple census to be taken by social workers The

fixing fees, since they did not know the rates usually charged for medical services The State Department of Health further felt that the Society should suggest a schedule of fees for those cases receiving State Aid, believing that every doctor should be paid for his services The acceptance of State aid did not make the patients technically indigent Surgeons in the large medical centers are now treating these cases without charge, but a fair fee would be paid by the State if the Medical Society of the State would give advice regarding it While the older surgeons might be indifferent to the subject, it was a matter of real interest to the younger surgeons of the State.

Dr Johnson suggested that, if the Committee make a fee list, it might be committing the State Society to State medicine, so that the medical profession would be run by the Department of Education and the Department of Health Dr Mitchell thought that this Committee on Public Relations could act in an advisory way if it did not formally endorse a schedule of fees

Dr Vander Veer, at this point, suggested that the Committee formulate a statement of principles as a preamble to devising a suggestive list of fees A sub-committee then drew up the following principles which were adopted by the full committee

"Inasmuch as an invitation has been extended to the Medical Society of the State of New York, through its Public Health Relations Committee, to meet with and advise relative to the care of the physically handicapped child as outlined in Article 47 of the Education Law, the Public Relations Committee, therefore, desires to make the following statements

"Section 6 of Chapter 10 of the Constitution and By-Laws of the Medical Society of the State of New York states—'The Committee on Public Relations shall consist of five members, including the Chairman It shall be the function of this Committee to deliberate with other agencies both official and unofficial, concerning the plans, purposes and objectives of their organizations insofar as they have a relation to the medical profession No findings of this Committee shall be binding upon the Medical Society of the State of New York until ratified by the House of Delegates or by a two-thirds vote of the Council sitting ad interim' It, therefore must be understood that whatsoever may take place within conferences is strictly of a deliberative character, and for ratification it must be passed upon by the House of Delegates of the State Medical Society, or by two-thirds vote of the Council

"Pursuant thereto, the Public Relations Committee of the Medical Society of the State of New York thanks your Committee on the Care of Crippled Children for the privilege of advising with it concerning the questions now under consideration, and draws attention to the following principles governing the practice of medicine as enunciated by vote of the Medical Society of the State of New York

"First That it recognizes the principle that the State should adequately recompense physicians for the professional care of the *indigent* poor of the State,

"Second That it is the duty of the State to determine who are permitted to avail themselves of this State aid, and not place upon the individual physician the economic burden of attending those who are financially able to pay, but who seek State Aid to the relief of their financial responsibility,

"Third That it is recognized that economic principles enter into the practice of medicine on the part of the individual physician, and that whatever may be advised in expenditures of money on the part of the State in the questions under consideration, can only so be done on a minimum basis,

"Fourth It is a recognized principle that no two cases of sickness or injury are exactly alike Therefore, whatsoever may be advised can only be for the immediate remedying of a condition Future attendance must be based upon the time and effort expended by the physician, and the responsibility of the physician does not cease until the case is discharged by him

"Fifth That through its proper committees, the Medical Society of the State of New York will be glad to advise with various committees of the State government in public welfare work designated for the care of the physically handicapped child, as to those who are considered competent to do such work who may be solicited in the helping out of the State in its program of betterment"

The meeting of the Committee on Public Relations was continued during a luncheon in the University Club

The afternoon session At two o'clock the Committee on Public Relations, together with Drs Trick, Vander Veer, and Lawrence met in the office of the State Department of Health in conference with the representatives of the State Board of Charities, and of the State Departments of Education and of Health for the purpose of discussing uniform fees for performing operations paid for by funds from the County and State

Commissioner Nicoll said that there was no reason why physicians should do operations free, and that most of the cases under discussion were located in parts of the State not having free hospital service He stated that the order of the Judge was binding in the Board of Supervisors in the payment of fees of doctors and

It has been found in the work through the County that the condition of the children's teeth, not only in the pre-school group but also in the school, although somewhat improved than in former years, is still a serious situation handicapped by lack of facilities for correction It is recommended that the Society take the matter up with the local Dental Society and see if some plan cannot be worked out by which certain clinics might be given to the country children A few individual dentists help out occasionally, but a County-wide plan of cooperation would help materially

It is recommended that the Educational Campaign of Early Diagnosis against Tuberculosis be continued Also that the chest examination clinics be held again this year in more of the towns and, if possible, regularly every three or four months in certain districts of the County so that active cases may have regular medical supervision and all contacts be examined

It is recommended that the Society discuss, particularly this year, the increasing emphasis being placed on tuberculosis in children, and work out some plan in the near future for intensive examination including X-rays of high school groups because it is in this group that the mortality rate of tuberculosis has not declined

We recommend, further, that the pre-natal clinics be continued and increased in number, but this must have the continued backing not only of the Society as a whole but each physician individually in order that progress may be made to bring pre-natal care to every mother in the County This can be done if each physician would take particular pains to explain pre-natal service, including the nursing care, to each patient and refer his cases for nursing care as well as medical supervision

It is recommended, also, that the Society approve a survey of the crippled children in the County A little over a year ago, a "Tiny Tim Club" was organized in Poughkeepsie and has done considerable good work in bringing about corrections of deformities resulting from paralysis, etc, to some of the children But a complete survey of the situation of this County at this time is pertinent in view of the message of Governor Franklin D Roosevelt to the Legislature, a quotation of which is hereby given.

"While we have made and are making splendid progress in caring for the general health of our citizens, there are two specific matters in which we can lay the foundations for great public benefit

"The first of these is the care of adults and children who, through accident or disease, are so crippled in body that they are unable to lead useful and happy lives It is estimated that at least 50,000 men, women and children in the State of New York are thus seriously handicapped, and many of them require constant attendance on the part of some able bodied person As a matter of good business, it would pay the state to help in restoring these cripples to useful citizenship, and the great majority of them can, with the aid of modern medical science, be so restored Most of them are, however, not today receiving adequate care or treatment for the very good reason that such treatment costs more time and money than the average family can afford

"But there is an added reason I conceive it to be the duty of the state to give the same care to removing the physical handicaps of its citizens as it now gives to their mental development Universal education of the mind is, after all, a modern conception We have reached the time now when we must recognize the same obligation of the state to restore to useful activity those children and adults who have the misfortune to be crippled"

At this time, it is the desire of your Committee to extend to the Dutchess County Health Association and other agencies, and especially to Miss Dorothy Carter, the Executive Secretary of the Association, the heartfelt thanks of the Committee for her warm and fervent cooperation during the past year We feel that without her assistance, this Committee would have failed in its efforts to promote the public health of the community Your Committee could not do better in offering this report than to quote from the Editorial Page of the STATE JOURNAL of September 1st, 1928

"The great obstacle in the way of practice of public health and civic medicine by physicians is that the practice of these specialties requires self-secrifice with little direct returns in money or honor While the future may develop a people who will pay for advice in preventive medicine, the fact remains that at present most persons expect to obtain that advice free and to follow it only in the presence of immediate danger It is greatly to the honor of physicians that they are rapidly expanding the sphere of their public health work from a conscientious sense of duty rather than from any hope of obtaining financial reward

"The first essential in the performance of public health work by a county society is a survey of the field Nearly every county society in New York already has a committee on public health, and many societies have expanded its duties to include the relations of the medical society to lay health organizations This committee needs to know which health organizations are active in the county, the names of their officers and the work that they are trying to do The members of the committee also form an intimate acquaintance of the leaders in the lay health organizations, and ascertain their medical point of view Furthermore, the committee needs to instruct the lay leaders in the point of view of the medical profession, and inform them of the amount of public work which is already being done by family physi

Department at present is interested in these cases only to the extent of getting their name, age and disability, and of finding out if they were receiving treatment If any were not receiving treatment, the County Judge would issue an order for their care

Dr Wilson further said that this whole matter of crippled children is apparently stimulated into increased activity because of the interest of Governor Roosevelt in those physically handicapped He wondered if under these circumstances and the demands of the law, the medical profession would object He further added that, if the Department of Education had made any errors in dealing with the physicians, he apologized to the medical profession of New York State and would not knowingly make the mistakes again

The conference adjourned at four o'clock, with its participants feeling that a very great advance had been made in securing a unity of purpose and action among all those engaged in rendering medical service on a community basis

PUBLIC RELATIONS COUNTY SURVEY, No 2—DUTCHESS-PUTNAM

The Committee on Public Health and Public Relations begs leave to offer the following report of its activities for the past year

An effort was made at the beginning of the year to put into effect the five functions set forth by the State Committee on Public Relations, and this has been accomplished with very little effort on the part of the Committee as every health agency in Dutchess County has been very willing to cooperate with the Committee The Committee feels that the year just past has not been devoid of results, and although it is the first year that anything has been attempted and the Committee had no precedent to follow, it feels that at the close of the year the Society can be assured that the future will bring about the results expected by the State Society A brief summary of the activities during the year are given at this time

The Committee took an active interest in the Toxin-Antitoxin Campaign against Diptheria in the City of Poughkeepsie in May 1928, and was instrumental, in part at least, in securing from the Common Council an appropriation of $2,000 00 to pay the expenses of this campaign, which included an honorarium of $50 00 to each doctor that participated Through the efforts of the Committee, the Board of Supervisors appropriated the sum of $500 00 so that the doctors practicing in the various Clinics throughout the County could be somewhat reimbursed for their time spent, and the assurance is given that more may be obtained this year

Diphtheria Toxin-Antitoxin Clinics were held also throughout the County during the past year and over 2,500 children have been immunized, bringing a total for the County up to about 12,000

Twelve infant and pre-school clinics have been held outside of the Cities of Beacon, Rhinebeck and Poughkeepsie which have regular monthly or weekly clinics

An "Early Diagnosis Campaign against Tuberculosis" has been conducted through the entire year with general meetings in Early Diagnosis held at Poughkeepsie, Rhinebeck, Hyde Park and Hopewell Junction which have been addressed by experts outside of the members of the County Society Regular weekly and monthly clinics are held in Poughkeepsie and Beacon, and six clinics have been held in various towns throughout the County

At the request of this Committee, the Dutchess County Health Association secured the service of an extra nurse to care for pre-natal work and two monthly clinics have already been started in the County

This is in brief a summary of the activities that your Committee has been interested in, and all of these activities have been directed by this Committee on Public Health and Public Relations

Your Committee would make the following recommendation Continued drive against Diphtheria, especially with the pre-school children, as out of the approximate 12,000 children so immunized only about one-fifth were under five years of age We would especially recommend that intensive drives be held in those towns which did not have any in 1928 and that the other towns continue this year in order to get the stragglers and new babies

It is recommended that the infant and pre-school clinics be held frequently so that the mothers may bring their babies regularly to be weighed and for examination, and there is no reason why clinics should not be held at least once a month in some of the larger towns such as Red Hook, Pine Plains, Hyde Park, Rhinebeck, Amenia, and Dover, and in the smaller places twice a year, if possible spring and fall

We feel that the plan used last year of having the local physician or health officer conduct the clinics in his territory worked very well, and we suggest that the same plan be used this year, or that the physicians exchange with each other

We would call the attention of the Society to the fact that next to defective tonsils the largest number of defects were found to be in the poor health habit and faulty nutrition class which, taken all together, amount to about 33-1/3% of all defects The need of intensive educational campaign regarding the importance of nutrition in pre-natal, infant and pre-school periods is also recommended Over 10% of the defects are dental and they are important in so young a group

MEDICAL WARES

LANTERN SLIDES

Every doctor is interested in lantern slides If he does not use them himself, he looks at them in nearly every medical society meeting

They consist of photographs, drawings, diagrams and tables and even of actual specimens which can be laid flat on a glass slide One can write or draw upon a glass slide and show it upon the screen immediately The medical lecturer needs lantern slides as much as he needs a blackboard A common fault with lantern slides is that their individual details are too small This is especially true of tables Statistics are dry reading, and their exhibition on a lantern slide is a visual aid to the voice of the lecturer However, that aid becomes a hindrance when the figures and letters are too small to be read easily All the conscious effort devoted to spelling out a slide is a detraction from the thought conveyed by the table

A test of the legibility of the figures and letters on a lantern slide is that of reading them as one would read an ordinary book, for an observer will see the projection picture about as he sees the slide held at the distance of ordinary reading This may be demonstrated arithmetically

The visible part of an ordinary lantern slide measures 3 by 2 inches Suppose it is held 1.25 feet from the eye and is easily read at that distance Suppose further it is thrown upon a screen twenty times as far away or twenty-five feet. If the picture on the screen is twenty times as large, or is 60 by 40 inches, the image of the letters and figures formed on the retina will be exactly the same size as before, while to observers sitting fifty feet from the screen, they will be only half that size, and practically illegible

The inexperienced lecturer takes a table or diagram covering a page 4 by 6 inches, and photographs it on a slide reducing it to half its original size He then throws it upon a screen, and from his position as speaker he can read it easily, but to those forty feet away, it appears as the smallest possible type looks when read at arm's length

A good working rule in making a lantern slide is that the letters and figures on it shall appear of the size of ordinary type. An application of this rule will put a drastic limit to the amount of reading matter which can be printed on a slide. The letters of an ordinary typewriter are of a standard size to be easily legible on a screen, half that size is the lowest limit of easy legibility

It is not always possible to compress a table to the size of a lantern slide and preserve its legibility, but doctors who lecture will promote that ideal if they will give the slide makers instructions regarding the size of the type to use

Another point that is usually neglected is that regarding glare from the screen The letters of the captions shown at moving picture theatres always consist of a bright light on a black background—the reverse of black letters on a white background Letters of light cover less than a quarter of the surface of a slide or page of text, and a diagram covers a proportion still smaller When black lines appear in a lighted field, there is a glare and a diffusion of the light over the letters Both of these undesirable conditions are largely eliminated when the lines are drawn in light upon a black field

Letters in lower case form are more legible than those printed in capitals, because readers are accustomed to lower case type A book or newspaper is not printed in capitals, but in lower case Movie houses use lower case type for their captions, and so should a medical lecturer who desires to secure legibility

The making of lantern slides is something of a mystery to the average doctor, and he looks at a developing picture with wonder when he sees a slide made for the first time. The very name "Lantern" slides is a hold-over from the days when they were "slid" into a magic lantern for showing them on the wall Transparences is a more scientific name for the slides As a matter of fact, a slide is only a photograph printed on glass instead of paper A doctor can make his own slides as easily as he can print his snapshots on velox paper

Lantern slides are made rather by direct contact with a negative as a paper print is made or by photographing a negative with a camera. A camera has the advantage of permitting enlargements or reductions to be made One can make a lantern slide from a paper print by making a negative and then printing the slide from it

After a slide is printed and dried, it is mounted beneath a paper mat in such a way that only the part to be shown may be seen The use of a mat simplifies the process of making a lantern slide, for an undesirable part need not be omitted, but only covered

cians When physicians and lay leaders have each acquired the other's point of view, the way is open for physicians to advise the laymen, and ultimately to assume the direction of all public health activities in the county"

Your Committee attacked this problem of public health and public relations with fear and trembling insofar as it felt that it was a well-nigh impossible task, but as the year has seen the cooperation given, we quote from the article of Linsly R Williams, M D, in the STATE JOURNAL of April 15th, 1928,

"The problem then consists of how society can continue to increase the practice of curative medicine and to improve its quality, and second, how society can provide for the care of those individuals who need both preventive and curative medicine but do not now receive it because they are either indigent or unwilling to pay the price perhaps justly demanded by physicians The answer to this second question demands the thought and action of all medical bodies, and if organized medicine does not point the way to a solution of these problems, the much feared State Medicine may become a reality, in the establishment of compulsory health insurance for the larger part of our industrial population"

Concluding its report, the Committee feels that the question of Public Relations in this County has been definitely established and commends to your consideration a quotation from the address of Dr James E Sadlier, then President of the Medical Society of the State of New York, given at the meeting of the Second District Branch, in December, 1927.

"The practice of medicine is changing, and no doctor can now afford to limit his practice to the cure of established diseases—he must be active in seeking to prevent sickness and disease Physiological processes pass insidiously into the pathological and health fades into sickness just as the green leaves change into the livid hues of autumn It is the function of the physician to note the change from the normal to the pathological—to guard the people against designing alarmists, and yet promote all measures for detecting approaching sickness and warding off disease"

JOHN, A CARD, *Chairman*

THREE GENERATIONS OF PHYSICIANS IN THE ROSSMAN FAMILY

My grandfather, John I Rossman, of Columbia County, N Y, reared a family of fourteen children—eight sons and six daughters Four of the sons were educated as physicians Two of them, Walter and Washington, who were twins, were born in the year 1814 After due preparation, they moved to Mississippi and practiced medicine till some time during the Civil War

Their brother, John Rossman, located in Albany and practiced many years His son, Walter B Rossman, graduated at the Albany Medical College in 1892, and is in practice in Albany, N Y

My father, Peter P Rossman, was born in 1801, graduated at the Berkshire Medical Department of Williams College, Mass, in 1825, and practiced medicine until about 1850 His son George W Rossman, myself, was born in 1841, graduated at Hamilton College as an A.B in 1863, and at the Albany Medical College in 1866, retired from active practice in 1916, but yet retains his membership in the Columbia County Medical Society My son, Dr Clark Green Rossman was born in 1871, graduated at Cornell University in 1893 as a Civil Engineer, and at the College of Physicians and Surgeons in 1896 He has since been engaged in the practice of Medicine at Hudson, N Y

GEORGE W ROSSMAN

THE STIMULATION OF FATIGUE

The *New York Times* of December 28 has a sensible editorial entitled "The shame of being tired" in which it says

"If all the fathers and mothers who worked hard to make Christmas merry for their children now confess that they are worn out, they will receive sympathy and praise from their friends To be tired in a good cause usually is commended But a psychologist, Mr H M Johnson, who has had charge of searching investigations of fatigue at the Mellon Institute of Industrial Research of the University of Pittsburgh, sharply challenges the idea that to work till one is tired is praiseworthy In *Harper's* for January he compares fatigue, both in its causes and results, with intoxication and with asphyxiation It may be as dangerous as the latter and as reprehensible as the former

"If one drink sets a man up and makes him feel better, so does a little work As fatigue increases, the field of attention decreases, but that attention directed at a single object or purpose is intensified Eventually it becomes difficult to divert the tired individual Every one must have noticed that this is true of tired children and of intoxicated persons The latter may no longer derive pleasure from drinking, but they resent any hint that they desist An overtired child almost always refuses to be put to bed

"Mr Johnson points out numerous other resemblances between drunkenness and fatigue Stammering, seeing double, irritability and reversion to childish tendencies are some of them If what he says is true, we must feel ashamed when we are tired, and creep away to repair the damage as inconspicuously as possible"

SUPERANNUATED INFANTS

Scientists know that thyroid extract fed to tadpoles causes them to run through the stages of development with increased rapidity so that the tadpole quickly becomes a fully formed frog, but a dwarf in size The effect is to make the animal prematuredly aged An excess of thyroid may be the explanation of the phenomenon described in the following editorial from the *New York Herald Tribune* of December 3

"The name of a once world-wide celebrity of the screen, mentioned in a London lawsuit, is a reminder that in some instances thirteen years can be a ripe old age and eighteen can constitute a 'lean and slippered pantaloon' Perhaps the 'movie' star of eight does not feel that each birthday is a tragedy, but certainly his managers and often his parents do Too often he develops into just an ordinary grown-up whose fate must be to hang about the 'lot' for a chance to be taken on as an extra In Shakespeare's definition, old age was 'sans everything' But too often in the motion picture world a child star who has passed his thirteenth birthday has become superannuated"

RADIUM POISONING

The newspapers last summer carried news of deaths of workmen who applied luminous paint to the faces of watches The cause of the deaths was poisoning with radium in small doses, frequently repeated The paint consisted of sulphide of zinc mixed with traces of radium whose emanation causes the oxide to glow faintly Those who were most seriously affected had been in the habit of touching the paint brushes to their lips in order to moisten them

The *New York Herald Tribune* of December 21 has an account of a conference called by Dr Hugh Cumming, Surgeon General of the U S Public Health Service, after Dr Ethelbert Steward's Commissioner of Labor Statistics had urged that the use of radium paint be discontinued The confrères seemed to agree that most of the deaths had been among those who moistened their brushes with their lips, but others contended that any use of radium was a health hazard The article says

"Dr A B Moore, dean of science at Purdue University, contended that "if we shut down all the industries involving a health hazard we should shut down every metal mine in the country" He argued, moreover, that there was doubt as to the real cause of some deaths attributed to commercial uses of radium in former years, when less was known of radium

"P E Stringer, of Elgin, Ill, director of manufacturing for the Elgin National Watch Company, told the conference his company would be "happy" to discontinue the manufacture of radium dial watches if it were protected from competition of imported watches with luminous dials"

The *New York Herald Tribune* of December 25 says editorially

"It would be a mistake to end a useful industry in an excess of alarm over supposed hazards which at best are doubtful, and at worst avoidable"

THE DAILY PRESS

DURABILITY OF DOLLAR BILLS

Physicians generally will agree with what James J Montague says about the durability of paper money Writing on December 21 in the department of "More Truth Than Poetry," which is a daily feature of the *New York Herald Tribune,* the versifier says

I'm told that fifty-dollar bills
Are brittle when they're new
And should be laid away in tills
A year, or maybe two—
That when this trifling time has passed,
Their fibers will grow strong,
And one will find that they will last
A hundredfold as long

This statement may be true or false,
But I shall never know,
For I have neither tills nor vaults
In which my bills to stow
And be they frail or be they strong,
All those I ever see,
Assuredly will last as long
As they abide with me

Though old and worn or crisp and new,
With backs of gold or green,
They tarry briefly in my view,
Then vanish from the scene
They have to go for this or that,
Bright butterflies are they
Which touch my hand to leave me flat
And flutter on their way

And if they crack or tear across
As on their flight they fare,
Some other man must stand the loss
And little do I care
So let them brittle be, or tough,
The few I ever see
Will certainly last long enough
To take away from me!

THE PULMOTOR CONDEMNED

The *New York Times* of December 10 contains an article on the discontinuance of the pulmotor, and in its place the use of an inhalator which supplies a mixture of 95 per cent oxygen and 5 per cent carbon dioxide The *Times* said

"The pulmotor was simply a pump which forced pure oxygen into and out of the lungs of a patient suffering from partial asphyxiation It was disapproved on the ground that this artificial application of pressure within the lungs was likely to damage the air passages and cells, while it was discovered that the normal effect of the pure oxygen was to depress natural breathing Scientific study showed that the lungs were naturally stimulated by a certain amount of CO^2, or carbon dioxide This is because the automatic breathing of each individual depends upon the presence of carbon dioxide in the lungs

"In ordinary air there is only about 20 per cent oxygen Five per cent of carbon dioxide will cause heavy breathing It was discovered, however, that if the 5 per cent carbon dioxide is mixed with 95 per cent oxygen, the lungs will be stimulated to breathe deeply, and so will take in a great deal more than the normal supply of oxygen

"It is further explained that the inhalators now in use are merely containers for this mixture with the necessary valves and tubes for supplying it to the patient When it is found that the carbon dioxide is not sufficient in itself to start the lungs working, artificial respiration is resorted to as an aid to the natural process

"The Brooklyn Edison Company now has ten inhalators which have been used prominently in twenty-nine emergency calls since the latter part of June, according to the company's announcement The company has already instructed more than 100 employes in the use of the instrument and others are continually being trained"

The pulmotor has been advertised in the past so widely, and spectacular accounts of its use have appeared in the newspapers so frequently that even doctors are not always familiar with its danger or the advantages of the prone-pressure method of artificial despiration It is fortunate that the method of doing artificial respiration is now a part of the standard instruction given to Boy Scouts, and to all employees of gas and electric companies

THE NATURE OF DISEASE. By J E R McDONAGH, F.R.C.S. Part II. Octavo of 434 pages. London, William Heinemann, Ltd., 1927. Cloth, 21 shillings.

This is the second of two volumes in which the author expounds his theory of the nature of disease and its rational treatment. His theory may be summarized as follows. The proteins of the blood and tissues are in the form of colloid particles. In their finely divided state they possess a vast surface area which has great surface energy. This energy is electronic. He reduces all pathological processes to a few fundamental changes in the colloid and electronic state of the proteins of the body. Normally, they show a certain state of dispersion and are negatively charged. Bacteria, toxins and all other disease producing agents rob the proteins of electrons, this leads to changes in the colloid state, either true solution, condensation, dehydration, hydration or coagulation. All symptoms and pathological findings are explainable on the basis of these changes. The object of treatment is to restore lost electrons and so cause the changed proteins to revert to their normal state. Drugs act by virtue of their electric charge. The author is intimately acquainted with chemistry, his theory is based upon physico-chemical studies of the blood and upon treatment of many cases according to his theory.

In the first 200 pages, the author discusses the way in which the various constituents of the blood and tissues, water, salts, carbohydrates, fat and amino compounds, are affected by changes in the protein particles. He then discusses the effects of such changes upon the vascular system and the important viscera. There are many brief case reports and some animal experiments to illustrate his statements. One chapter each are devoted to the mechanism of cancer and of the toxemias of pregnancy. Then comes a chapter on chemo-therapy. The author reveals an unusual chemical knowledge and seeks to show that drugs act through their electrons. The average reader will find this chapter considerably over his head. The initiated will find it full of fascinating ideas.

One is impressed by the author's remarkable knowledge and great industry. He has applied the electronic theory of matter to pathology and therapeutics, building up a working hypothesis which seems logical, contains many interesting observations and provides much food for thought. If this theory is correct, its importance to medicine can hardly be exaggerated, for it goes beyond Virchow's cellular theory of pathology to the reactions of the molecules and electrons which compose the cell and provides a scientific basis for therapeutics by explaining the mechanism of drug action. It would, indeed, introduce a new era in medicine. The reviewer lacks the knowledge to pass judgment. However, this contribution should be read, discussed and subjected to experiment by those scientifically equipped.

E. B. SMITH.

TOBACCO AND PHYSICAL EFFICIENCY. A Digest of Clinical Data [with annotated bibliography]. Preface by HENRI VAQUEZ, M.D. Published under the Auspices of the Committee to Study the Tobacco Problem, with a foreword by Alexander Lambert, M.D. Octavo of 134 pages. New York, Paul B. Hoeber, Inc., 1927. Price, $1.85.

This is a small but valuable reference book, for therein are given succinctly the known facts regarding the influence of tobacco on the body, and free discussions of matters still *sub judice*. Published under the auspices of the Committee to Study the Tobacco Problem, and with a foreword by Alexander Lambert, the book carries an unusual authority.

Schrumpf-Pierron has reviewed the foreign literature, and Eugene L. Fisk has added notes of the American studies. The foreign editor is a talented clinician, now professor in the University of Cairo.

There are chapters on the chemistry of tobacco, its pharmacologic action and, more interesting, studies of the action of tobacco on the nervous, circulatory, respiratory, digestive and genito-urinary systems. Then follow chapters on further phases of tobacco action.

All this information is given within the compass of 55 pages. The bibliography of 7 pages is annotated. The reviewer freely commends the book to the attention of all clinicians.

FRANK BETHEL CROSS.

TRAITÉ D'ÉLECTROCARDIOGRAPHIE CLINIQUE. By PAUL VEIL and JUAN CODINA-ALTÈS. Octavo of 447 pages, illustrated. Paris, Gaston Doin et Cie, 1928. Paper, 95 francs.

This work is of great value not only because it is a scholarly presentation of the subject of electrocardiography, but because it brings to American readers the French point of view concerning many of the unsolved problems in this field. The authors are not narrow in their view-point, however, and show unusual familiarity with the best work in this country and in England.

The chapter on the origin of the electric current registered on the electrocardiogram contains a careful discussion of all the accepted theories of physiologists upon this point.

When the authors take up the various abnormalities of the electrocardiogram, they systematically define the disturbance, then discuss the experimental and pathological data available and then proceed to the clinical and electrocardiographic studies. This plan gives one the feeling of careful, dependable work.

The chapter on nodal rhythm is especially noteworthy as it clearly defines this condition following the interpretation of Gallavardin. In pure nodal rhythm, the P waves must be frankly negative, the heart rate slow, between 40 and 55, and slightly irregular. Clinically, one rarely sees pure nodal rhythm.

The authors do not agree with the work of Oppenheimer and Rothschild in describing an entity, arborization block. They feel that the evidence so far adduced only warrants the localization of the lesion in the myocardium in general.

A very long and involved chapter is devoted to the subject of extrasystole, the length of the chapter being somewhat out of proportion to the importance of the arrhythmia studies. In the chapter on electrocardiography in the cardiopathies, the authors correlate the electrocardiogram with the diseases of the heart. In this they pay special tribute to the work of American authors and, in fact, draw a good part of their data from this source.

This book is a complete treatise upon the subject of electrocardiography and should be very valuable as an authoritative presentation of French opinion.

E. P. MAYNARD, JR.

BRAIN AND MIND OR THE NERVOUS SYSTEM OF MAN. By R. J. A. BERRY, M.D. Octavo of 608 pages, illustrated. New York, The Macmillan Company, 1928. Cloth, $8.00.

A neurological work of careful thoroughness, the principles of which have been applied in tests on some 15,000 individuals. Dr. Berry describes minutely the evolution, development, structure and function of the components of the human nervous system. Without venturing to dogmatically explain all human behavior mechanistically, he proves his basis—no neuron, no mind—and shows that intelligence depends on the number and nature of the neurons, and the number and nature of the incoming receptor impulses. Psychology is shown as a pseudoscience unless approached as a department of brain physiology and accompanied by a thorough knowledge of brain physiology, anatomy, histology, and pathology. This book is well bound, profusely illustrated, and has an extensive bibliography.

E.

BOOK REVIEWS

THE HEART IN MODERN PRACTICE. Diagnosis and Treatment. By WILLIAM DUNCAN REID, A.B., M.D. Second Edition, revised. Octavo of 466 pages, illustrated. Philadelphia and London, J. B. Lippincott Company, 1928. *Cloth, $6.00*

The second edition of this book presents many modifications, including the addition of nine new chapters. In its present form, it should take high rank among the many recent books on the heart.

It is not exhaustive in scope but the literature has been judiciously utilized, few important contributions being overlooked. Contraversial points are sketched in with fairness to each viewpoint. The book is very well balanced. The natural history of pathologic states is presented with the eye of a real clinician, and yet the graphic methods of study are treated in an interesting and competent manner. The illustrative tracing are unusually clean cut. If the author has any hobby it is the circus movement which, by the way, he describes with remarkable brevity and clearness. He is inclined to depend upon it as the explanation for more of the arrythmias than most authors, although he is quite open minded on the subject.

The book may be highly recommended as a text book covering the essentials of modern cardiology.

T. H.

THE SENSORY AND MOTOR DISORDERS OF THE HEART. Their Nature and Treatment. By ALEXANDER BLACKHALL-MORISON, M.D. Second Edition. Octavo of 362 pages, illustrated. New York, William Wood and Company, 1928. Cloth, $6.00

Sir John Rose Bradford contributes a graceful foreword to this posthumous edition of his friend, Dr. Blackhall-Morison's last work, "The Sensory and Motor Disorders of the Heart," paying tribute to his friend's enthusiasm and industry. The book will be of interest to the cardiologist chiefly in its emphasis on the importance of the nervous mechanism of the heart, as opposed to the heart muscle. It may be that certain currently accepted conclusions should be rechecked, even though the author of this challenge seems to be unfamiliar with the grounds upon which they rest.

T. H.

RECENT ADVANCES IN CHEMISTRY IN RELATION TO MEDICAL PRACTICE. By W. McKIM MARRIOTT, B.S., M.D. Octavo of 141 pages, illustrated. St. Louis, C. V. Mosby Company, 1928. Cloth, $2.50

A very simple and lucid description of the application of modern chemical science progress to medicine. Marriott has undertaken to explain the pathogenesis and therapeutics of cardio-renal and metabolic diseases on a chemical basis. There is much of practical value to the physician. His discussion of acidosis and alkalosis, blood chemistry, and metabolism is clear and readable. He calls attention to fundamental chemical principles employed in the treatment of alkalosis, acidosis, nephritis, diabetes, obesity and the vitamine-deficient diseases. The book is highly recommended.

WILLIAM S. COLLENS

DIABETIC MANUAL FOR PATIENTS. By HENRY J. JOHN, M.A., M.D. 12mo of 202 pages, illustrated. St. Louis, C. V. Mosby Company, 1928. Cloth, $2.00

Another addition to the large number of manuals for diabetic patients. It happens to be a good one. It is written in simple, non-technical language, is fairly well illustrated, and has a large selection of diabetic recipes.

WILLIAM S. COLLENS

A PRACTICAL MEDICAL DICTIONARY. By THOMAS LATHROP STEDMAN, A.M., M.D. Tenth revised Edition. Octavo of 1194 pages, illustrated. New York, William Wood and Company, 1928. Flexible leather, $7.50

The tenth revised edition of Stedman's Medical Dictionary includes about five hundred new medical terms and changes have been made in about the same number of old ones. In order not to enlarge the volume, the editor has omitted the trade names of discontinued pharmaceutical preparations and the entire list of mineral springs.

By its constant revision, it continues to hold its place among our standard dictionaries of medicine.

FREDERIC DAMRAU

NURSES, PATIENTS, AND POCKETBOOKS. Report of a Study of the Economics of Nursing Conducted by the Committee on the Grading of Nursing Schools. MAY AYRES BURGESS, Director. Octavo of 618 pages. New York City (Committee on the Grading of Nursing Schools), 1928. Cloth, $2.00

The economic factors affecting nursing education are dealt with in this report, which purports to tell, largely on the basis of a study of questionnaires, all about the nursing situation. Therefore the report should prove interesting to doctors as well as nurses. Subjects covered include the development of nursing, unemployment, the personality, ambitions and psychology of nurses, how nursing service is distributed, matters pertaining to hospital nursing and rural nursing, and all sorts of testimony throwing light upon nursing problems.

A. C. J.

METHODS AND PROBLEMS OF MEDICAL EDUCATION (Ninth Series.) Quarto of 386 pages, illustrated. New York, Division of Medical Education, The Rockefeller Foundation, 1928.

The Ninth Series of the Rockefeller brochures on Medical Education is devoted to legal and forensic medicine, Institutes of Legal Medicine in Austria, Hungary, Canada, Cuba, Czechoslovakia, Egypt, Germany, Italy, Poland, Portugal, Roumania, Scotland, Sweden, Denmark and France are described. An excellent article by Dr. Charles Norris of New York on the Responsibility of the Chief Medical Examiner is included. As usual the book is profusely illustrated.

C. A. G.

THE ANATOMY OF THE NERVOUS SYSTEM. *From the Standpoint of Development and System.* By STEPHEN WALTER RANSON, M.D. 3rd Edition, revised. Octavo of 425 pages, with 284 illustrations. *Philadelphia and London, W. B. Saunders Company, 1927.* Cloth, $6.50

Since the publication of the first edition in 1920, this book has become a recognized text in many of the leading medical schools in this country. This type of a book has long been needed and desired by both physicians and medical schools. There have been several changes in the third edition, as well as a few additions. It has been the desire of the author to keep this book small and to avoid having details obscure the more important points. The purpose of the third edition is to bring the book completely up to date and to correct certain inaccurate and misleading statements.

O. C. P.

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THE KENTUCKY HOUSE OF DELEGATES

The proceedings of the House of Delegates of the Kentucky State Medical Association, held September 10-13, 1928, are printed in the December issue of the Kentucky Medical Journal, filling forty pages The following extracts will be of interest to New York physicians —Editor's Note

Trachoma Hospital "This institution was given to the Kentucky State Medical Association by the granddaughter of Ephraim McDowell as a memorial to him It was loaned by the State Medical Association to the State Board of Health for a trachoma hospital which is being officered and conducted by the United States Public Health Service Dr Sory is the officer in charge"

"I want to call the attention of the ladies to the curtains in Dr Sory's office They are lace curtains that were brought from Paris many years before the Civil War When we took over the building, they looked like brown cobwebs Under the skillful manipulation of the nurses, they have been entirely restored These beautiful works of art are worthy of your attention and admiration

"It is one of the few institutions in the world where cases of trachoma are being received and diagnosed and operated and discharged cured, right along, day by day At one time in Kentucky we had, you will remember, between 50,000 and 60,000 cases of this disease We now have less than 3,000 cases We propose to get rid of all of them within the next few years That is one of the most monumental pieces of work that has been done.

"This disease has increased in every other geographic section of the world where it ever existed It is the major disease in Egypt, in Brazil, in China, in Armenia, and in many other sections where it has been studied and where science has been directed upon it, but in Kentucky it has been almost eradicated, in many of our counties entirely eradicated It will be harder to get the few remaining cases than it was to get cases in the beginning when there were so many, but we propose to continue the campaign until the disease is eradicated"

Malpractice defense The medico-legal committee reported as follows

"'Number of suits on hand, still pending 15
Number of suits threatened 4
Number of cases dismissed 16
Number of cases judgment obtained by plaintiff none this year
Number of cases compromised none this year
Verdicts given the doctor 1

"'Seven suits have been filed since January, 1928, leaving eight cases still pending that are listed among the old ones'"

The Journal The officers made a perfunctory report on the JOURNAL, but Dr V E Simpson of Louisville made the following criticisms of the JOURNAL

"If a paper is presented for publication, containing tables, those tables should appear in smaller type than the reading matter of the paper as a whole In the first place, it will make them stand out, in the second place, it will conserve space, it will emphasize the fact that they are tables, and it is the common custom in well edited journals for this sort of procedure to obtain That is not the custom in our Journal So far is it from our custom that if one presents a paper to the publisher and wants reprints with tables in smaller type so as to present a better appearance, he has to pay for that exception That should not be the case The printers have small type, they put other material in small type, and there is no reason in the world why they should not put tables and matter of that sort in small type"

"I also want to say, in connection with the number of pages that we have devoted to scientific matter, that I am persuaded that the greatest help which this Journal is to the profession as a whole comes through its scientific material That should be made the first consideration. I think we devote too much space each year, particularly following the legislative session, to telling what is to be done and what has been done in Frankfort That could be very materially condensed Most of the profession is already acquainted with it We certainly get enough of it in the House of Delegates There is no necessity that I can see for devoting as many pages a year as are devoted in the recapitulation of the events, however interesting they may be to all of us, that takes place at Frankfort"

(One great difficulty with tables is that they are printed in a type too small to be read

Regarding medical news, the New York State Journal of Medicine seeks more news regarding the activities of the Committee on Legislation and the other committees of the State Society—Editor's Note)

Eight pages were devoted to the report of the Committee on Medical Education, of which Dr W A Jenkins of Louisville is Chairman Regarding the education of the people the report said

"The most telling and effective part of the

(Continued on page 182—adv xiv)

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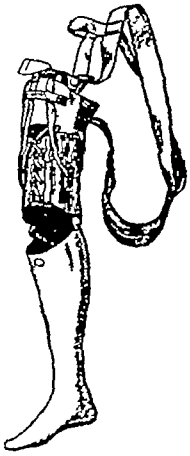
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(*Continued from page 180*)

work must be done by the individual doctor in his individual community, man to man, if you please We should also employ freely popular talks, addresses and public health work in general We should elect full-time county health officers wherever possible The work of an efficient county health officer is of boundless importance to the community as a whole Every county in our state should have a county health officer, either full or part-time, according to the needs of the case. The Kentucky State Medical Association should have this as its goal"

Concerning the education of medical students, the report says

"Second, concerning the education of the doctors, in certain quarters we doctors have been flatly denied the right or the privilege of a directing hand in the education of medical students Our capacity to do this work intelligently has even been questioned However, all of this is now being changed rapidly The crying need of the times is for good general practitioners The medical profession is trending too much toward specialization Some adequate constructive plan must be worked out whereby we can supply our rural communities with good general practitioners Who shall take the lead in this work? The organized profession, of course, the doctors themselves Good roads, the automobile, county health centers, county hospitals, county health officers, public health work, the State Board of Health, etc, will all do a great deal The work should be continued The Kentucky State Medical Association should make an intensive study of this matter by the appointment of a special permanent committee, and said committee shall act with similar bodies all over the country"

The report has the following suggestions regarding post graduate education

"Summer Post Graduate Course The Kentucky State Medical Association should establish a summer post graduate course as a permanent feature The session should last two weeks, and it should be held in Louisville at a definite, fixed time It should be conducted by the State Board of Health and the Medical School of the University of Louisville jointly Both of these institutions in a certain sense are the children of the doctors of Kentucky The City Hospital and the other hospitals of Louisville would furnish an abundance of clinical material of every type It is very desirable for every doctor who practices any branch of medicine to get away from home at least once every year or two and see some new work In fact, this is the only way for a doctor who practices in an isolated locality to keep up on all of the new points, to keep in fact fully abreast of the times"

(*Continued on page 184—adv xvi*)

(Continued from page 184—adv xvi)

scientist or some man who is a Ph D and has never practiced medicine."

Dr Wathen said

"Our school is nearly half full now with all time or, better still, part time professors, as they call themselves, and they are drawing large salaries They are stressing the importance of laboratory work Laboratory work constitutes about two-thirds of it They will teach them how to make metabolic tests, how to run the electrocardiograph, all sorts of blood urea, blood chemistry, blood sugar tests, things that the average general practitioner can't do, never will do, and should not be expected to do He should be expected to send those to laboratories, that is a special line Why should we waste so much valuable time there and neglect physical diagnosis and the like, which we can teach at the bedside?

"What we wish to do is to change, if possible, our method, our curriculum, at the University of Louisville in such a way as to have more clinical teaching, make more of a practical surgeon or doctor and have not quite so much laboratory work, and have the work taught by men who have experience."

In regard to locating in rural districts, Dr Holbrook said

"One of the worst things for a young man who is thinking about place to locate is that you scare him to death of the country When I was thinking of going out to Shepherdsville I went around and asked some of my friends in Louisville, and not one advised me to go, not one thought I could make a living If you will encourage these younger men and find a location for them, there are many of them who would like it

"I have talked to many of my friends who are graduating and are interns and they say, 'Do you know of any place in Kentucky where I might get a location?' They are all wanting some place to go, and they hear the doctors saying they can't get the men to the country

"One of the chief things is that you scare the young doctor to death of the country talking about it

"Any young man who will go to a small community, a little town of 500 population or a little larger, and will really do the work that we are taught to do and are able to do, can make a living, if he doesn't do anything but take out tonsils"

Continuing the subject, Secretary McCormack said

"At the present time there are more than 1 000 vacant practices in Kentucky that will pay a man from $4,000 to $10,000 a year, far more than the average physician in Lexington and Newport and Covington is making I don't think there is a doubt about that

(Continued on page 187—adv xix)



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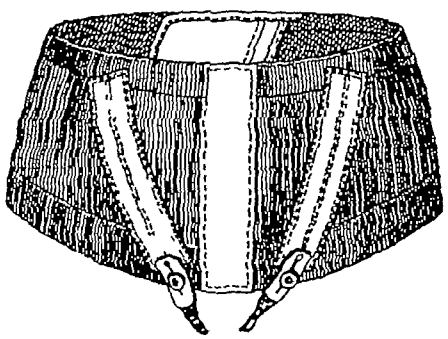
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(*Continued from page* 182—*adv* xiv)

The report has the following suggestions regarding post graduate education

"This permanent post graduate course could be made the most remarkable and most effective thing for this society, if it were properly worked, that we ever had If the men will let us know what they want we can give it to them We don't have to give them an eloquent polysyllabic dissertation

"One man said, 'I should like to have some fellow get up and tell me the real lowdown on blood pressure'

"Another said, 'Yes, and then include the treatment, not what Professor So-and-so in Germany says, but what the best doctors in the world have finally agreed is the best plan to pursue and all that can be done in that condition'"

Discussing practical instruction in the art of medical practice, President Estill said

"All this super-scientific work which is being given at the present time does not at all make them better doctors, it makes them feel that they are too big to leave Louisville and go to the country, it makes them feel when they get through with a course of this kind that they can go back home and be worth something to their own people

"The object might come at once that we would lose our reciprocity with other states Personally, that is what we want We don't want to educate a lot of doctors to leave us, we want to educate men who will practice medicine in Kentucky"

Dr J W Kincaid said

"One of the arguments that was used for the consolidation of medical schools years ago was that a group of doctors would get together and establish a commercial school in order that the graduates thereof when they would get out in the country or get in practice for themselves would send the difficult cases to their professors I suppose that was all right, the professors were competent to take care of them, the young men were not I don't see any reason why that should not obtain It obtains even today We are asked to send our patients to the various clinics and large hospitals over the country Where is the difference?

"There should be clinical teaching, but it should be by men who are clinicians"

Dr Applehaus said

"The medical students and the people all look to the medical profession for doctors to teach the students This is simply a plea for representation, to have medicine taught by doctors, so that the students and the people on whom they are going to practice can have the benefit of the clinical experience that these men have had in practicing medicine and not from some laboratory

(*Continued on page* 185—*adv* xvii)

(*Continued from page 184—adv xvi*)

"There is plenty of financial opportunity for physicians to locate in the country Our system, though, has not been directed along that line I fully agree with Dr Smith that there not only should be no lowering of the standard of medical education, but that the standard of medical education should, and always should, increase."

The moral character of the medical students came up in the following remarks by the Secretary

"We have been confronted with another side of the situation Last year we suddenly had to get twenty-eight all-time health officers We naturally wanted so far as possible to get our own men in these positions The first three to seven men who came in to us had graduated from our own University of Louisville within two years, nice looking young fellows They had taken the State Board examination and passed creditably We sent them off for the post-graduate training school in public health, and received a letter in reply after six weeks of the post-graduate course that neither of these men had either the mental aptitude, the medical knowledge or the personal character that could make them health officers I don't know what is wrong about it, but something is wrong about an educational system that graduates three libertines and drunkards from a medical school and puts them out to practice medicine in a commonwealth I don't know where the error is It may be hyper-science, but it is surely lack of common sense and common honestly to be graduating men of that type"

At the end of the discussion the following resolution was passed

"'That the Kentucky State Medical Association has been considering the problem of medical education during the past several pears and views with apprehension the development of a system which is subordinating training in the practice of medicine to the purely scientific subjects of the pre-medical courses, that we urge the State Board of Health and the trustees and faculty of the University of Louisville to study this problem and that we urge that the Executive Committee of the Medical Department of the University of Louisville shall consist of physicians who have had at least five years experience in private practice of medicine, and that the dean of the school shall have had a similar experience'"

The House of Delegates next listened to the reports of the Councillor Districts and the county societies Reports were given from six of the eleven Councillar Districts and eight of the 104 county medical societies The report from Carlisle County was as follows

"We started out this year, and we have had eight members of our County Society, that includes two inactive physicians Every man in

(*Continued on page 188—adv xx*)

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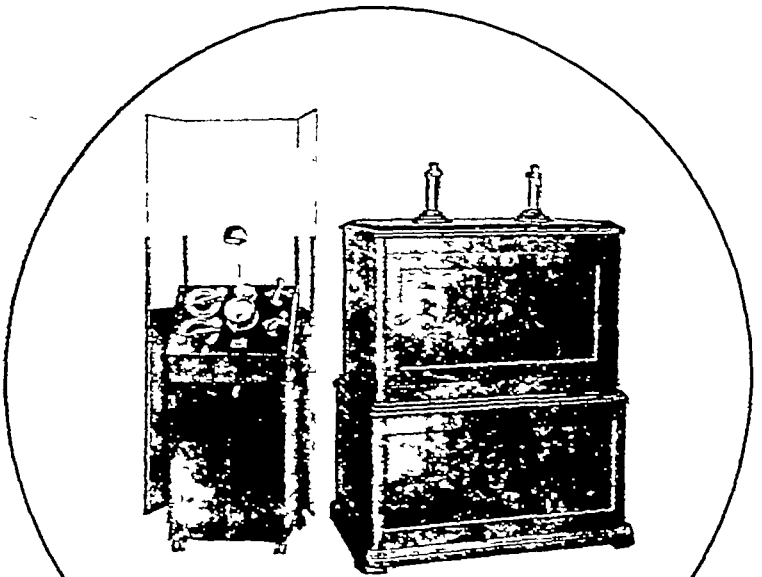
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(*Continued from page 187—adv xii*)

our county is a member of our County Society and we hold quarterly meetings During the past year every man has been present except two, every man has had his paper at the society meeting I think we have one of the best small county societies in the state Every man has paid his dues and every man has attended every meeting we have had except two men who were kept away from one of our meetings"

At the other extreme was the following report from Hopkins County

"I think we have the most active inactive society in the state We haven't had a meeting in so long I can't remember I don't think we have lost any membership, and we are paid up pretty well, but so far as meetings are concerned we don't have any"

The report of the Committee on Crippled Children covered two pages The care of those children is maintained under the state appropriation of $200,000, with the cooperation of the State Medical Association, and the Kentucky Society for Crippled Children, composed largely of civic clubs The report goes into considerable details, and shows an activity that is highly creditable to the physicians of Kentucky

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BUILDING FUND FOR THE WEST VIRGINIA STATE MEDICAL ASSOCIATION

The following editorial from the January *West Virginia Medical Journal* describes a unique plan for establishing a building fund —*Editor's note*

The West Virginia State Medical Association has just learned that the McDowell County Medical Society has created a building fund to be presented to the state association when the latter organization is ready to purchase or erect a permanent state home in Charleston, W Va The treasurer of the McDowell society was directed to deposit the sum of $50 on savings account, and at the end of each calendar year beginning 1929, ten per cent of the net surplus of the society is to be deposited to the credit of this account The principal and the accrued interest thereon is to be applied to the purchase or erection of a building to be known as the Home of the West Virginia State Medical Association, the same to be located in the city of Charleston

Here is something new, and something highly commendable It is, so far as we know, the first definite and concrete step ever made in West Virginia for the sole purpose of creating a state home This admirable objective has been talked of for several years, and now comes the news of an actual fund set aside for no other purpose than the purchase or erection of a building The action of the McDowell society was purely voluntary We do not bring this matter to the attention of the association members with the idea of influencing other county societies to take similar action We simply wish to congratulate the West Virginia State Medical Association upon the thoughtful initiative of one of its component groups

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FEE LISTS OF PHYSICIANS

The Massachusetts Commission on Necessaries of Life has received complaints that the Physicians of Lexington are forming combinations for fixing the prices for medical services While the Commission did not formally classify medical advice as a necessary "Commodity," yet it did start an investigation and aroused the ire of the editor of the New England Journal of Medicine The December 13 issue of that Journal quotes the Commission

"If the doctors in various municipalities are organizing for a purpose of controlling fees, the commission believes that the complete facts should be presented to the public It further believes that public opinion will prevent situations which might be a reflection on the medical profession generally"

The editor comments as follows

"In our opinion the commission has gone off at half-cock The chairman shows a lamentable ignorance of the fundamentals of medical practice when he implies that the establishment of a fee schedule is an attempt to hold up the public He should realize that whether or not such a schedule has been officially endorsed, there has always been a tendency among the physicians of a community to charge approximately the same fee for similar services The element of competitive bidding for practice by means of cutting prices has had no place in the economics of medicine, nor would it be desirable for this to be a factor in influencing the public in the choice of a physician Such competition would lead to consequences almost as bad as those of fee-splitting

"We can see no possible objection to the establishment by the local profession of a schedule of fees, such a schedule exists tacitly, anyway, and the adoption of a definite schedule simply means that representative medical men have discussed the matter and agreed upon a charge which seems to them just. Anyone who knows the type of man who is practicing medicine in Arlington, Lexington and Haverhill can believe nothing else."

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ANNUAL REGISTRATION OF PHYSICIANS IN MASSACHUSETTS

The proposed annual registration of physicians in Massachusetts does not seem to be popular with the physicians of the State if one may judge by a vote taken in the Middlesex East District Medical Society when the proposition received only one vote, and with fifty-five against it. The New England Journal of Medicine of *December 13 prints* a letter which gives the following reasons for the opposition—Editor's note

In addition to the nuisance to physicians which is probably only the least objectionable feature of the bill, sentiment seemed to be that no physician who has honestly obtained his license to practice medicine should be liable to its suspension for so trivial a matter as failure to re-register It is also felt that annual registration would furnish little information additional to what the Board already has We do not understand why lists and supplementary lists cannot be published as proposed from records which the Board has already has Doubtless the physicians of the State would be quite willing to be assessed $12,000 if they felt that either they or the public would receive commensurate benefit, but in the judgment of those who attended these meetings there is nothing in the proposed bill to convince them that any benefit will result.

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PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 29, No 4 | NEW YORK, N Y | February 15, 1929

THE STUDY OF ANTRUM DISEASE WITH THE AID OF INJECTION OF IODIZED OIL*

By GEORGE D WOLF, M D, NEW YORK, N Y

CHRONIC Sinusitis rarely terminates fatally and death cannot very often be attributed or traced directly to this condition This is the probable explanation of the comparative indifference to this disease displayed on the part of the majority of the profession

Tonsillectomy has grown into such popularity that it has become almost a "panacea" for all ailments, especially for frequent colds and all sorts of nasal disorders While one may not deny its usefulness for repeated attacks of Tonsillitis (not sore throats) and in selected cases where they are the seat of infection, the promiscuous removal of tonsils certainly is a great disappointment in those cases where the sinuses are at fault This cannot be stated too forcibly because the physician frequently refers the patient to the Rhinologist with a request to remove the tonsils, where, as a matter of fact, if more freedom for study and observation be given the Otolaryngologist, the real cause of the patient's complaint could be traced to the paranasal sinuses

When a patient suffers from some abdominal condition for instance, it is not infrequent to submit him to early painstaking observation Most elaborate laboratory tests are made before any definite procedure, either surgical or medical, is decided upon Both the surgeon and internist collaborate Is there any wonder that results are gratifying in a large percentage of cases?

Unfortunately, this does not hold true with patients suffering from rhinological conditions We must bear in mind that while the physiology of the nose and paranasal sinuses is specific and different from that in any other region of the body, the general principles of pathology are applicable just the same as in abdominal or gynecological organs Diagnosis in this region is at times as difficult as elsewhere It is true that though the nose lends itself to inspection readily and many pathological conditions are self-evident, we must not forget that the paranasal sinuses are out of reach of our visual field Unless these difficulties in diagnosis are always borne in mind, many useless treatments and nasal operations will be performed

Rhinological diagnosis bears a very close analogy to diagnosis elsewhere in the body When one has seen a patient once or twice with, let us say, acute pain in the right upper abdominal quadrant, radiating to shoulder, necessitating a hypodermic injection of Morphine Sulphate for relief, and if in addition to this the patient develops jaundice during an attack, one can be reasonably certain that the patient suffers from Cholelithiasis It may then not be necessary to X-ray the gall bladder region or examine the stomach contents, etc But not all our patients present such clear typical "text book" pictures

Precisely similar situations exist with patients suffering from pathological conditions in the upper respiratory tract To illustrate A patient presents himself with a history of recent grippe followed by very severe frontal unilateral headaches, worse on arising and gradually subsiding in the afternoon only to reappear the following morning Examination reveals the patient to be tender over Ewing's point or over the ethmoid region, and rhinoscopy shows obstruction from a high deviated septum to same side, possibly hypertrophied middle turbinate on same side and some creamy purulent material coming under pressure from the middle meatus We know we are dealing with an acute frontal or ethmoidal sinusitis, or most often both Another patient will give a similar history, but the pain is over the cheek region The patient has already consulted a dentist for toothache who has pronounced the teeth negative Patient is very tender over the antrum region and may have some oedema there Transillumination shows a markedly obscured antrum Irrigation yields a great deal of pus Here, of course, the diagnosis of acute empyema is very simple and very evident

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y, May 23, 1928

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Iodized oil in the series of cases demonstrated here was used in those cases where the radiographic report was "diminished illumination" due to pus, granulations or thickened mucous membrane Upon puncturing the sinus no free pus was obtained Iodized oil was used for the purpose of determining to what degree the mucous membrane was involved and whether polypi were present This work is rather recent. Not enough has been

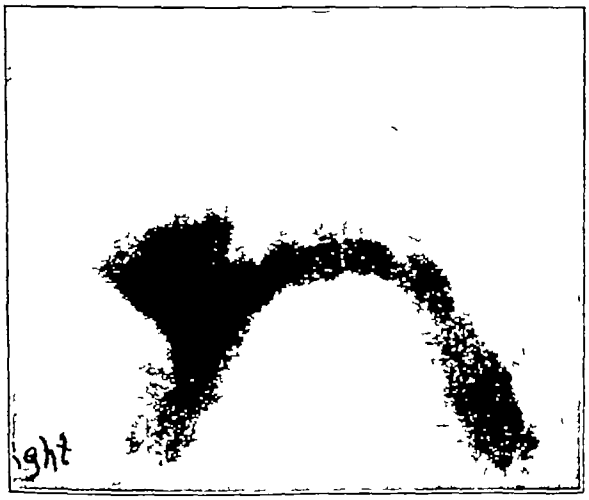


FIG 2, CASE II
Nose-chin position, right side filled with iodized oil Note marked thickening of mucous membrane

done to warrant definite conclusion There is reason to believe that with greater interest displayed by more Rhinogolists and Radiologists, by improvement in technique and better interpretation, this procedure will become a routine measure in selected cases of sinus disease In my own limited experience, it has been of great help in a moderate number of cases The following is a fair representation of this class

Mrs R B, Case No 11 (Fig 2), 26 years of age, mother of two healthy children, presented herself in February, 1926 Her general appearance was that of perfect health, of good color and well nourished Menstrual history negative Past history negative for any constitutional disease Chief complaints were nasal obstruction, discharge and generalized headaches These latter were not localized in any particular place but were more pronounced in temporal regions, were without definite relation to time of day but were present, as she expressed it, all the time and were dull in character Rhinoscopic examination showed the mucous membrane to be generally congested and hypertrophied X-ray report was "Mild involvement of Right Antrum There is a circular shadow on the floor of this antrum which is either a large polyp or a dentigerous cyst. Left Antrum Normal" Puncture of both antri brought forth some shreds This patient would not stand for repeated irrigation The anterior tips of the middle turbinates and the lower border and posterior tips of both inferior turbinates were then removed While there was temporary relief to the breathing, the discharge and headaches persisted In October, 1927, patient was resubmitted to X-ray with and without Iodized oil Here, marked thickening of both antri was revealed, more so on the right side A Caulwell-Luc operation was performed and X-ray findings confirmed Her headaches have disappeared and to date she has been free of them Breathing is satisfactory and the nasal discharge is gradually clearing up

Case No III Miss M McI, aged 25, single, School Teacher, presented herself in January, 1925, complaining of repeated head colds and discharge into her throat, especially when lying down A clinical diagnosis of deviated septum and left ethmoiditis was made and patient was operated on She called on me several times afterward stating that the relief was but slight In October, 1927, she was submitted to thorough investigation, including Iodized oil Both antri showed considerable involvement, worse on the left Irrigation showed the right to contain a small amount of pus After repeated irrigations without improvement in symptoms, a Radical Double Antrum operation was performed The mucous membrane of the antri was found to have undergone marked polypoid degeneration To date she has been very much relieved by the operation and has gained some weight, something she could not accomplish before

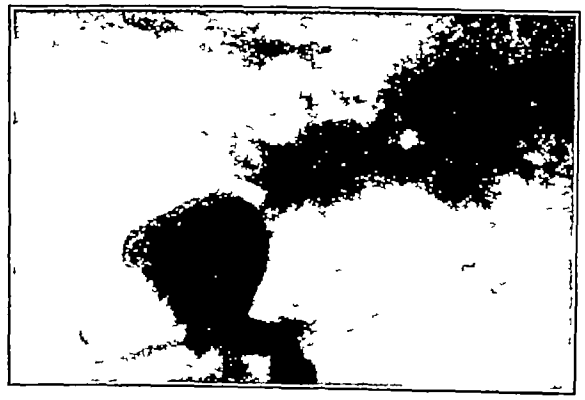


FIG 3, CASE IV
Antrum normal, left one filled with iodized oil, lateral position

Figs 3, 4, Case IV, illustrate what one may expect to see when Iodized oil is used in a normal sinus The following are to be noticed

1 Depth of shadow
2 Edges are very even

Most often, however, the situation is quite different We obtain a history of long standing nasal obstruction and headaches, but without definite localization and without consistent relation to the time of day, together with intermittent sneezing, frequent "cold in the head," general asthenia and loss of appetite On examination, we see hypertrophied tonsils, a deviated septum or hypertrophied middle or inferior turbinates, or a combination of any of the above The nose is filled with mucoid or muco-purulent material One of the above pathological conditions or a combination of all is giving the trouble The presence of polypi in the nose only serves to complicate matters because their origin must be determined A history of indigestion and obstipation adds to our confusion If these symptoms, moreover, are seasonable and occur periodically it adds to the difficulty in diagnosis, especially if patient admits sensitization to any food or inhalant

In some exceptional cases the history and symptomatology point definitely to one condition, and after painstaking investigation something else entirely unsuspected is found Occasionally the patient vehemently denies luetic infection He may have a healthy family and there is no particular reason to suspect venereal disease and in spite of this yield a 4 plus Wassermann, and his nasal condition show improvement under specific treatment. Occasionally a disturbance in the internal secretory apparatus plays some role in the upper respiratory mechanism

It is in these puzzling cases where the laboratory is frequently of great help The most frequent agent to which we resort is the Roentgen Ray While some writers claim that even a negative X-ray examination of the antri does not exclude disease it is safe to say, however, that this is rather rare, and for working purposes one may assume that there is no involvement, providing the technique and interpretation are reliable In one instance the Radiographer reported a particular individual negative for sinus disease My own interpretation convinced me that the antri were involved Subsequently, I washed both antri in the presence of the Radiographer and obtained pus

The cases I am interested in are those where the X-ray report is "diminished illumination" of one or both antri, and on puncture only shreds of various quantity are obtained Here further study with Iodized oil has been of great assistance

While the findings in the study of antrum disease hold good for other sinuses, the antrum was selected for study because

1 It is more commonly involved than any of the others
2 Antrum disease causes a variety of symptoms which can be easily attributed to any of the other paranasal sinuses
3 In spite of the fact that it can be easily reached both for diagnostic as well as surgical purposes, it is very frequently overlooked

Case No 1 (Fig 1) is illustrative of the point and is selected from a fairly large number of similar cases L W, 34 years of age, U A, Insurance Broker, has been suffering for the past five or six years with clogged feeling in nose, post-nasal dropping especially in the morning, also has had Bronchial Asthma for past five years Has been subjected, within the past five years, to five nasal operations, one for submucous resection and the others for removal of nasal polypi and



FIG. 1 CASE I

Forehead-nose position Right antrum filled with iodised oil Note haziness of shadow and irregularities of its edges

probably an ethmoidectomy, and one for removal of right inferior turbinate X-ray showed very shallow frontal sinuses, ethmoids diminished in illumination, both antri markedly involved, more on the right side At operation, the right antrum was literally filled with gelatinous polypoid masses The left one was involved to a lesser degree Two small yellowish masses were removed, and because of their suspicious macroscopic appearance were sent to the laboratory and reported as Choleosteoma

Iodized oil is omitted when the X-ray is negative beyond doubt or when involvement is marked and puncture reveals pus or muco-pus In the latter, the diagnosis is definite and treatment depends more or less upon the judgment of the attending Rhinologist and the faithfulness in attendance on the part of the patient

Case No VIII (Fig 7, 8), A A, 21 years of age, married, Italian, Shoemaker by occupation Chief complaints were frequent



FIG 6, CASE VII
Child, age 8, both antra involved, left morcso

colds, difficulty in breathing and pain above the left eye He had nasal operation by one Rhinologist three years ago and a second operation by another Rhinologist one year ago At the second operation a piece of ivory was inserted for correction of the nasal deformity

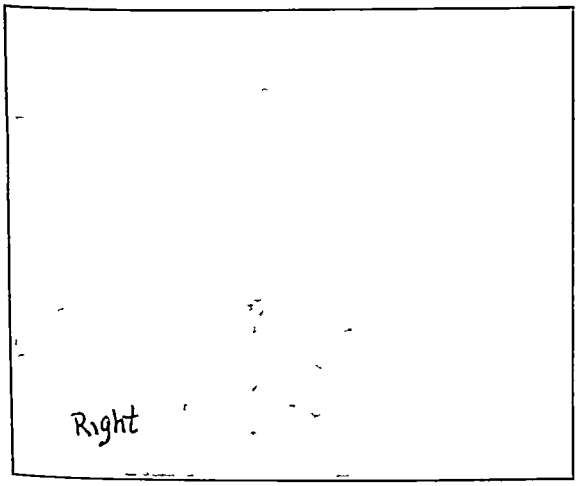


FIG 7, CASE VIII
Left antrum, with iodized oil, shadow very irregular

but without symptomatic improvement He had never been X-rayed before Roentgen ray this time showed a Pan Sinusitis on the left side Iodized oil injection revealed a uniform round mass concaved above (the Iodized oil gives a dumb-bell shape of a shadow) Wassermann was negative This patient would not submit to operation It is therefore impossible to say whether the mass is a large polyp, cyst or neoplasm, but that there is a mass the Iodized oil definitely demonstrated In this instance, the value of Iodized oil cannot be questioned even by the most skeptic

COMMENTS AND CONCLUSIONS

It is very difficult to touch upon the subject of additional aids in diagnosis of Antrumitis without raising the question of classification



FIG 8, CASE VIII
Lateral position The iodized oil casts a dumbbell shadow showing a mass bulging up from the bottom of the antrum

of pathology of nasal disease, indication for operation, choice of type of operation and other moot subjects The scope of this paper naturally does not permit us to touch upon the salient points adequately I hope to be able to discuss the subject in greater detail in another paper, at some future time

Iodized oil in diagnosis of sinus disease has been used recently by a number of men I believe it has not met with the enthusiasm it merits on the part of both Rhinologists and Radiologists Not enough of this work has been done by one individual to warrant any positive statements It would behoove any of our large institutions to institute this method as a routine procedure so that the profession at large may become more interested in this subject

From my own limited experience I can only

3 No filling defects The oil reaches all the normal landmarks of the antrum

If the above is taken as a standard, assuming the technique to be good, any deviation from it may be considered as abnormal providing the clinical symptoms and history warrant such a conclusion

Case V (Fig 5) shows appearance of mucous membrane in acute polyposis Dr K. complained of severe right-sided head colds and obstructed nasal breathing on same side Clinically, the picture suggested antrum disease Puncture yielded a clear serous fluid under pressure During subsequent irrigation a large polyp appeared in the middle meatus which was removed There is little doubt that this polyp came from the antrum through the ostium Here the Iodized oil was used in the hope that it may prove of later clinical value in judging whether this process is progressing or subinvoluting

Case VI was a case of acute purulent antrum disease or possibly an exacerbation of an old process P. C was operated by me about six months previously Chief complaint was obstructed breathing No X-ray was taken and a submucous resection was done on him at that

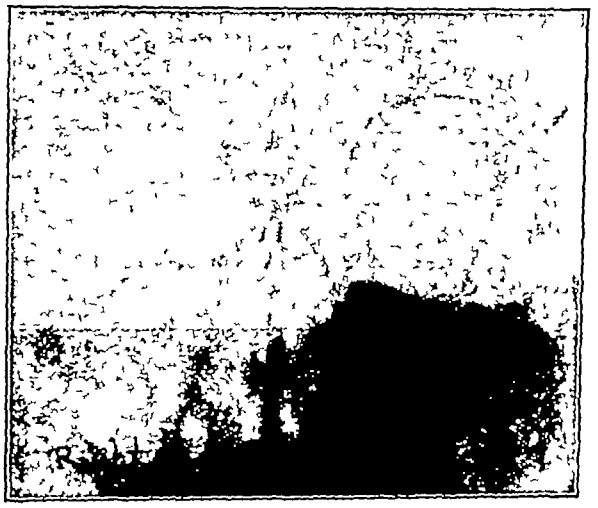


FIG 4—CASE IV

Antrum normal, left one filled with iodized oil, anterior-posterior position

time He returned complaining of a severe cold in the right side of the nose X-ray showed marked clouding of right antrum and puncture brought forth pure gas I used the oil on him for precisely the same reason as in previous case

Case VII (Fig 6) S G, is that of a child aged 8 years It is quoted here for two reasons Because it illustrates that in properly selected cases, even in young children, this procedure is feasible, and also that in spite of the fact that two previous X-rays at various times, as well as recent one (without oil), pointed to marked pathology in the left antrum and mild pathology in the right, Iodized oil reversed the decision and quite justly so

This little patient was brought to me in March, 1926, aged 6 years then, with the object of having her tonsils and adenoids removed She had almost continuous colds in the head with nasal discharge On examination both nasal vestibulæ were literally filled



FIG 5, CASE V

Appearance of mucous membrane in acute polyposis

with muco-purulent material Her parents were told that the child had but a slight chance to benefit by the Tonsil and Adenoid operation because her main trouble was in the sinuses Three months after Tonsil and Adenoid operation, symptoms persisting, the patient was submitted to X-ray with a report that there was a haziness of the sinuses She was treated with argyrol tamponage and suction irrigation Proper diet and hygienic measures were also instituted Very little relief resulted from these measures, In March, 1927, the child was again X-rayed This time the report was "Chronic Sinusitis manifested principally in the Ethmoids and Left Antrum which seems to extend into the Sphenoids" The same treatment was instituted as the previous year with approximately the same unsatisfactory results In November, 1927, the parents became impatient requesting that something be done for this suffering child This time the X-rays showed some involvement of the ethmoids and both antri, especially the left Iodized oil showed more involvement of the right Puncture confirmed these findings About six irrigations were required to clear up the left side The right antrum is still under treatment

hemorrhage accompanied by air hunger It is important in differentiating between gall bladder or appendicular colic and ruptured ulcers In the former the patient exhibits marked restlessness, turning and twisting with the pains, in the ulcer case, however, the poor victim guards against any movement and remains in a tense fixed position

Our local examination should be as definite and complete as possible in abdominal surgery, because at this period we are usually in process of arriving at a diagnosis If the case demands surgery, then an accurate diagnosis is very desirable. Frequent diagnoses of the so-called acute surgical abdomen reflect upon the ability of the surgeon If we have a definite diagnosis, we can better plan the location of the incision, the method of operating, etc, thus sparing the patient from prolonged shock and possibly saving a life in the real critical case. It is always much safer to plan the operation for the patient than to attempt to fit the patient to some stereotyped operative procedure. A live patient with his appendicular abscess drained is a better monument to surgical skill than a dead patient whose badly diseased appendix has been removed A post operative hernia may be more to be desired than a well closed abdominal wall on a dead patient In other words we must attempt to grade the risk of operation to be within the limits of safety for the individual patient. So often in intestinal obstruction cases we allow our curiosity to overbalance our good judgment and instead of doing an enterostomy or colostomy, we attempt to deal directly with the cause of the obstruction and thereby overstep the bounds of safety of the patient How much better and more safe it is in many instances, to relieve the obstruction at the first operation and later remove the cause when the patient's condition has improved

If one is to balance against the known risk of a certain type of operative procedure, the life of a patient—and that is what we always should do —certain laboratory studies are of importance In some instances the ordinary routine urinary examination will suffice, in others such as prostatics more extensive urinary tests are necessary, such as the phenolphthalein and Mosenthal tests Blood chemistry studies, however, furnish us with such a great amount of reliable information, that in many instances they should not be neglected Where there has been impairment of renal function, the blood nonprotein nitrogen and creatinin give us definite information relative to retention In the diabetic the blood sugar determinations are of paramount importance because of the frequency of high or low renal threshold which makes the urinary examination not entirely reliable In the patient with intestinal obstruction, blood chemistry studies are not only of diagnostic and prognostic value but also point the way to rational therapeutics An increase in the blood N P N and the carbon dioxide combining power occurs in this condition The decrease in blood chlorides has pointed out the value of saline in the treatment of obstruction cases generally and particularly in the paralytic type In the diagnosis of conditions of the biliary tract and in estimating the risk in these cases, certain tests are of value The various functional tests depend in the main upon the ability of the liver to take out from the blood stream certain dyes as rose bengal and some of the sodium salts Before considering serious operations upon the biliary tract, accurate estimates of the reserve function of the liver are essential In cases presenting jaundice, the intensity may be recorded from day to day by comparison of the color of the blood serum with a standard potassium bichromate solution Normally there is a certain amount of bile pigment in the blood The so-called normal icterus index is from 3 to 6 This may be increased nearly tenfold before clinical jaundice is evident Jaundice may arise in several different manners Sometimes it is difficult to tell what is causing it. The Vandenberg test is of great value here This test is based upon the fact that bilirubin which has actually been passed through the biliary tract gives an immediate reaction with Erlichs diazo reagent whereas bilirubin which has not done so gives a delayed reaction In other words an immediate reaction suggests an obstructive jaundice and a delayed reaction a non-obstructive origin

The question of anesthesia in surgery is still a mooted one. Certainly there has been an increasing tendency to depend more and more upon local or regional anesthesia Also the gentleness of manipulation required for use of local anesthesia has been a much-needed lesson to those of us who have been inclined unconsciously to rough handling of tissues There are many operations which can be performed by the average surgeon under regional anesthesia with comfort and safety to the patient. There are some operations which require the administration of a general anesthetic even when an expert in the use of local is available. Those of you who have used regional or block anesthesia in abdominal work have marvelled at the complete relaxation of the abdominal walls and the lack of tendency for the patient to force intestinal coils out of the incision During the past year I have used regional block anesthesia for several gall bladder operations in bad risk patients and have been more than pleased For a simple drainage operation, a good block is satisfactory while for cholecystectomy more detail of injection is required Of course the small operations such as removal of tumors of skin, small benign tumors of the breast, amputation of fingers and toes lend themselves well to the use of local anesthesia If one really desires to use local anesthesia, it is quite essential to provide himself with proper syringes and needles, for there is nothing more conducive to irritation and failure than improper

say that it has been of great help in some obscure cases, and sincerely hope that more Rhinologists will resort to it We must certainly all agree that there is plenty of room for improvement in our present method of diagnosis of paranasal sinusitis

A diagnosis of paranasal sinus disease cannot be made on either the history, physical examination, or *x*-ray report alone All the above must be considered together Either the rhinologist must be able to interpret the films himself, or consider the roentgenologist as his consultant and discuss the *x*-ray findings with him It is also advisable to have all new cases *x*-rayed before operation on them If we would give our patients nearly as much attention before operation as we do after, our results undoubtedly would be much better

THE LITTLE THINGS IN SURGERY*

By ARTHUR M DICKINSON, M D, ALBANY, N Y

IN this day and age, when the attention of the world at large is focused upon the big things, it is difficult indeed to direct our gaze, even momentarily upon the small and seemingly trivial things In the business world of today million dollar deals are common, in the engineering world buildings attain unheard of heights and we all live at a terrific pace So it is in the surgical world of today Radical and more extensive operations are supplanting the less complicated procedures Simple drainage of the gall bladder has been largely replaced by cholecystectomy, gastroenterostomy for ulcer is yielding more and more to resection Thus our attention is largely attracted by the big things—the spectacular ones —the daring ones The young physician just commencing to practice feels the thrill of all this and decides to emulate his elders With our gaze fixed so intently upon the big things in surgery, we are prone to overlook the little things We are very likely to forget that these masterly surgical procedures are builded upon the smallest details and upon which they depend for their success It is some of these small things that I desire to discuss with you today

The first of these is our method of approach to the patient Some of us have been endowed with a good bedside manner but all of us can and should cultivate it The first impression we make upon the patient and the family may be a powerful determining factor in the outcome of that case If we instill confidence in their minds, the battle is half won We must appear courteous and gentle but also firm The bedside is no place for a display of temper or undue haste

The importance of a good careful history cannot be over stated Frequently in the face of what appears to be a perfectly typical case, we neglect the history taking and to our chagrin find at operation conditions other than we expected but which would have been revealed by a careful history How many cases of gastric crisis of tabes are operated upon with the diagnosis of an acute abdomen? We do not know but certainly there would be less if before operating a careful history and physical examination were obtained Only recently I saw a patient in such an attack and his abdomen bore the scars of five operations Fortunately he volunteered the correct diagnosis which had recently been made by a careful physician and so perhaps saved himself a sixth operation In many instances the diagnosis of an acute surgical condition of the abdomen can be made with the history alone For instance, the typical history of an acute appendicitis is often of more value in diagnosis than the physical examination In chronic cases this is likewise true The diagnosis of a gastric or duodenal ulcer can usually be made simply upon careful questioning of the patient The differential diagnosis between chronic appendicitis, if there be such a condition, and some disturbance of the right kidney or ureter will depend much more upon the history than upon the physical findings So it behooves us to be most painstaking with our interrogations of the patient

In proceeding with the physical examination we must not confine ourselves to the area complained of It should be a routine to give every surgical patient, a quick complete physical examination, including blood pressure reading, before the local examination is made This procedure will eliminate many unnecessary and oft times fruitless operations If we test the pupillary reactions and knee jerks we are not so liable to confuse an attack of gastric crisis with a perforated ulcer or an acute gall bladder The condition of the tongue will often furnish considerable information It is really the barometer of the intestinal tract If it is moist we know that the illness has not existed sufficiently long to cause serious dehydration of the patient If it is dry we realize that the patient is critically ill and will require careful attention A chest examination will sometimes save us from the embarrassment of operating upon the abdomen when the pathology is in the chest and the abdominal symptoms are reflex Especially is this true in children, where a pneumonia is easily mistaken for an appendicitis The general attitude of the patient may give us a clue to the diagnosis too The pinched, pale worried facial expression seen with severe intra abdominal lesions is very suggestive Restlessness may be another important sign We see this in severe

* Read before the Semi annual Meeting of the Clinton County Medical Society, at Plattsburg, N Y, May 15, 1928.

is most surely indicated Our ideas in regard to drainage are undergoing a 'chance for we use fewer drains today than we did ten years ago As far as drainage after cholecystectomy goes, those who do not drain are welcome to their opinion Having lost one patient apparently due to a slipping of the ligature on the cystic duct, where no drainage was used, I am somewhat biased in favor of a small drain A soft rubber drain tied loosely to the cystic duct stump is routine now It causes no delay in the healing of the wound and provides some comfort for the operator In general drains should be removed as soon as safety will permit They should be started out or twisted within forty-eight hours after operation In some instances they can be removed within seventy-two hours Of course where there has been considerable frank pus, prolonged drainage must be provided There is one little life saving procedure, which I wish to emphasize In the case where an intestinal resection is done, a tube enterostomy located just above the site of anastamosis acts as a very efficient safety valve It allows the escape of gas and liquid intestinal contents and prevents undue strain upon the suture line If correctly done, no permanent fistula remains after removal of the tube We often question just how far it is safe to proceed with an operation We are in doubt as to whether we should remove that gall bladder or just drain it after having spent considerable time working in the pelvis Here is where the value of the surgical team comes in The competent anesthetist, familiar with your routine should be able to answer the question for you The final decision is the surgeon's but it is wise to heed the warning of the anesthetist

Postoperative treatment is often a big factor in determining the outcome of a given case So often we have a routine for such treatment and after operation turn over the treatment to an assistant Certainly in some instances this is unwise Shock follows many operations and if at all severe requires attention Hot water bottles and electric bakers provide heat, elevation of the foot of the bed brings to bear the aid of gravity and intravenous solutions such as glucose and saline will increase the fluid bulk within the circulatory system Prompt restoration of the fluid balance following every operation should be the goal If the patient cannot take sufficient fluids by mouth, then we must see that he gets them by other routes, by rectum, under the skin or intravenously The acidotic type of vomiting which occasionally follows administration of a general anesthetic will often yield promptly to the intravenous administration of glucose solution In these acidosis cases the value of orange juice by mouth must not be forgotten In the obstruction case saline is indicated on a basis of the lowering of the blood chlorides seen in the toxemia of obstruction Prolonged vomiting should be treated with gastric lavage Better yet, a small duodenal tube such as the Levine tube, is passed through the nose into the stomach and fastened in place This provides constant drainage of the stomach and obviates the necessity for frequent introduction of a stomach tube If the patient is able to drink water he washes his own stomach and at the same time probably absorbs some of the fluid Dilatation of the stomach after operation is a not uncommon complication and may prove fatal if not recognized and treated We should be continually on the watch for this condition and should view with suspicion the patient who vomits huge quantities of fluid two or three times in the twenty-four hours Dilatation of the stomach will usually yield to lavage or constant drainage with the small tube I prefer the small tube in many of these cases for the reason that it can be introduced with less discomfort than the large tube and can be left in place for an indefinite period, siphoning out whatever fluid accumulates in the stomach Surgical pituitrin also seems to work quite well in dilatation of the stomach either alone or in conjunction with the tube. After operation just as before, the condition of the tongue is the best index as to the state of the patient's fluid balance Some surgeons feel that morphine should be used very sparingly after operation The relief from pain and anxiety which only a good dose of morphine can bring is the best argument in its favor We know that pain is almost a physiological antidote for morphine and so I feel in the presence of real pain, we should use it freely True there are some patients who have an idiosyncrasy for morphine and its use with them causes mental excitement or vomiting but these individuals are few and far between Careful observation of the state of the bladder postoperatively will often make the patient's convalescence more smooth It takes little time to gently percuss over the bladder region or to investigate the patient who voids small amounts at frequent intervals The patient as a rule does not know that he has a full bladder, all he is conscious of is pain and discomfort Digitalis is an extremely valuable drug to be used postoperatively Unless the patient has been under digitalis therapy before operation, however, we can expect little effect until sufficient dosage has been given The digitalization of the surgical patient is no different than that of the medical patient. Some surgeons who have forgotten their therapeutics, order digitalis in such small doses that no effect is obtained and they then blame the drug Caffein in my experience has proven itself a very valuable drug in the treatment of postoperative cases requiring stimulation of heart and kidneys It acts promptly in most instances and can often be used to carry along a weak heart until the digitalis can take effect Pituitrin is a very excellent remedy in treating postoperative distension Administered alone or in combination with enemata it frequent-

syringes and needles In some instances gas appears to be the ideal anesthetic for the reason that there is less postoperative reaction than with ether For the trivial operation upon the apprehensive patient it is very useful More prolonged operations can be performed if the nitrous oxide is supplemented with some ether Ether, of course, enjoys a popularity resulting from long use and safety in many hands In choosing an anesthetic we should consider the problem as applying to the individual patient There are three angles to this problem The first is the general condition of the patient, the second is the nature and extent of the proposed operation and the third is the ability to properly apply the anesthetic chosen As in planning an operation we fit the operation to the patient, so in choosing an anesthetic we must fit the type of anesthesia to the patient

Preoperative treatment in some cases is not required or there is no time for it In others it may be a necessity The association between gall bladder and myocardial disease is too well known to require discussion Many of these gall bladder cases require digitalization before operation can be undertaken with safety Few acute gall bladder cases require immediate surgery, so there is usually time to get the patient in fair condition In any bad cardiac risk, whether operation is performed under generatl anesthesia or not, preoperative digitalization will save us many anxious moments after operation The diabetic patient should be rendered sugar free or at least gotten under control with diet and insulin before operation In some instances of diabetic gangrene, this is well nigh impossible due to the lowered carbohydrate tolerance resulting from infection The patient who is dehydrated must be filled with fluids if we wish to give him the best chance If sufficient fluids cannot be taken by mouth, they must be given by rectum, under the skin or intravenously The patient with an acidosis due to prolonged vomiting should be brought under control before we add further insult to the chemical upset by administering an anesthetic Glucose in 5 to 10 per cent solution and normal saline intravenously are very valuable in combating this acidotic or dehydrated condition In some instances of acidosis it may be wise to burn up part of the carbohydrates thus introduced by use of insulin, thereby diminishing the formation of the ketones which cause acidosis In the weakened anemic patient preoperative transfusions are of decided value in carrying them through the shock of operation For transfusions, we are using the Scannell apparatus with entire satisfaction, handling 300 to 500 cc of blood with no difficulty No type of apparatus for transfusion is fool proof and all require most careful attention but this apparatus seems to approach the irreducible minimum In transfusion, whole blood is better than citrated blood as fewer reactions develop afterward So unless the problem is one of transportation of blood, whole blood is to be preferred In the jaundice case we should know the coagulation time of the blood If this is increased, the administration of calcium chloride solution (10 per cent) in 5 cc doses, daily for two or three days, will bring it within normal limits The various hemostatic sera such as fibrogen, thromboplastin and horse serum are of little value in the presence of jaundice. They do act exceedingly well in ordinary hemorrhage cases, however In the patient with hemorrhagic purpura, coagulation time of the blood may be normal but the bleeding time is greatly increased As this condition is largely due to a diminution of the blood platlets, transfusion of whole blood is the best therapeutic agent

The operation itself should proceed with the minimum of traumatism of tissues and the maximum of speed compatible with the nature of the case All unnecessary handling of tissues, particularly intestine, and exposure to chilling are to be avoided Rough treatment of the intestines is quite likely to result in a postoperative ilous Speed in operating should never be the primary consideration but we should not subject a patient to prolonged anesthesia and shock arising from avoidable delays The ease and speed with which an operation is performed will depend upon the accuracy of the preoperative diagnosis and the efficiency of the surgical team Complete peritinealization of all raw areas is receiving considerable attention today If we cover all these areas which have been deprived of their peritoneal layer, we minimize the chances of postoperative adhesions and obstruction either early or late Frequently small wounds may be covered with tabs of omentum This procedure is particularly valuable when closing a ruptured ulcer In the pelvis which has been left rather raw by the removal of an inflammatory mass, very frequently the sigmoid can be used to partly cover it, thereby preventing a loop of small intestines becoming adherent and obstructed Whether to drain or not to drain is a source of worry in many cases If we do drain, we produce adhesions, if we do not drain, the patient may die of infection We recognize that drains do traumatise the serous coverings of viscera and thereby delay healing but we also appreciate the need of drainage in some cases The hard rubber tube should be discarded for the tube made of soft flexible rubber Wherever possible the so-called cigarette drain should be substituted for the later Gauze packing should always be surrounded by rubber tissue where it passes through the abdominal wall because of the pain and difficulty of removal if the rubber tissue is omitted In the main, we feel that where the fluid in the peritoneum is serous we do not require drainage We know that the peritoneum is able to take care of a certain amount of infection anyway If the fluid is purulent, then drainage

When I began to immunize against measles in April, 1914, I did not fully appreciate the importance of local and tissue immunity, but chose the nasal route, because it seemed logical to follow the path through which infection took place naturally Only perfectly healthy infants in the fifth month of life were inoculated, and the relative temporary immunity was converted into an active permanent immunity It may be that this immunity is still further strengthened by subsequent natural exposures to the disease Following the inoculation there is often after about two weeks a slight rise of temperature, and a few spots, but no Koplik spots or distinct catarrhal symptoms [1] The method probably acts by causing primarily a local tissue immunity in the nasal mucous membrane, the first line of defense. The method could also be applied to older children by following the inoculations in three or four days by an injection of convalescent serum This could be applied to any children, whereas the method which is used at present is applicable only to the small number in whom exposure is known

5 *Objections which have been made to the method* A severe attack might result from the inoculation I have never seen it As in vaccination against smallpox, certain precautions must be taken, only healthy infants inoculated

Even if mild it might produce a severe attack in another child in the family I have never seen it The probable explanation is that there being no distinct catarrhal symptoms this danger is absent

It is not esthetically correct This objection might be made against autogenous vaccines prepared from various excretions of the body, Calmette's method of immunizing infants against tuberculosis

The number of inoculations (165) insufficient. This would be a valid objection in a disease which ninety-seven percent of non-immunes contract is slightly communicable such as scarlet fever, poliomyelitis, but not in one like measles in which the disease when directly exposed

I am willing to concede that the method is crude, as first attempts are apt to be. I simply wish to emphasize the underlying principles upon which any attempt to actively immunize should be based, and believe that the method eventually will be some modification of the one which I have described

1 Herrman, C, *Arch Pediat*, xxxii (1915), p 503, Ibid xxxix (1922), p 607

2. Nassau, E., Monatschr f Kinderh. xxii (1922), p 54

ly stimulates the intestinal musculature and results in the expulsion of flatus and fecal material It may be repeated several times in the twenty-four hours with very little danger

In conclusion, I wish to say that I have only touched the high spots of this subject with a little more emphasis here and there, I am confident that by attention to some of these little things surgical results will be more satisfactory to all of us

ACTIVE IMMUNIZATION AGAINST MEASLES*

By CHARLES HERRMAN, M D, NEW YORK, N Y.

I SHALL omit a discussion of the various microorganisms which have been described as the cause of measles, and also the use of convalescent serum, and the antitoxins of Ferry, Tunnicliff and Degkwitz I shall discuss the subject briefly under the following headings—1 Active and Passive Immunity 2 Local and Tissue Immunity 3 Active and Passive Immunity in Measles 4 The Method employed 5 Objections which have been made to the method

1 *Active and Passive Immunity* In passive immunity the patient is supplied with the antibodies which he lacks or has in an insufficient quantity It is a form of substitution therapy, similar to the administration of thyroid extract to cases of hypothyroidism The patient may be compared to a small child who is always carried He reaches his destination, but he does not learn to walk Such passive immunity is temporary, usually lasting only a few weeks, and has the added disadvantage that is applicable only when there is a known exposure to the infection In active immunity on the other hand the patient makes an effort himself, he learns to fight his own battles, the immunity derived is more or less permanent, and can be employed at any time.

2 *Local and Tissue Immunity* On this subject I cannot do better than quote a few sentences from Gay's article in Jordan and Falk's recently published work on "The Newer Knowledge of Bacteriology and Immunology"—"In spite of the importance of antibodies as an indication of a protective reaction, a very marked immunity may exist without their presence, and their presence alone does not insure protection" "In other words the striking and important new properties of the blood serum in conditions of immunity, have to an undue extent distracted our attention from the mechanism through which these properties arise Too little attention has been paid to the cells of the body" "The antibodies of the plasma important as they are in diagnosis and at times in serum therapy, are at best only a reflection of more fundamental processes that have gone on in the cells" "Local immunity rests on the demonstration that a given area of the body may be protected by the topical application of a given antigen without involving a more generalized immunity" "There is now overwhelming evidence of a truly localized form of immunity confined under certain conditions and in response to certain infectious agents, to localized areas or cellular groups of the body, and representing not only the natural resistance enjoyed by many cells, but also the exaggerated and important conditions of true active acquired immunity"

3 *Active and Passive Immunity in Measles* Certain experiences with the use of convalescent serum in passive immunization against measles, tend to make one doubt whether the immunity in this disease is entirely humoral In large centers of population where practically all mothers have had measles, infants under two months of age are immune to measles[1] Nassau[2] injected the serum of such infants into a number of children who had been exposed to infection with measles, and failed to protect them against the disease It is also surprising that the serum of adults who have had the disease in childhood, and who are *absolutely* immune, is not as effective in immunization as the serum taken from a recent case. Aside from the temporary character of the immunity obtained by the injection of convalescent serum, it has the great disadvantage that it is only applicable when there is a known exposure It is very valuable in institutions which care for infants and young children when they are known to have been exposed, but these constitute a very small percentage of the total number of cases which occur in a community when the disease is epidemic

4 *The Method employed* I have utilized the following facts Seventy-five per cent of the deaths from measles occur in infants under two years of age, therefore in order to control the disease it is necessary to immunize in early infancy In large centers of population, infants under five months are *relatively* immune, it is therefore unnecessary to attentuate the virus The infectious material is present in an active form, from about forty-eight hours before the eruption appears until it becomes distinct In order to actively immunize, it is not necessary to isolate the microorganism or to grow it in pure culture Vaccination against smallpox is probably the most reliable and certain-method of successful immunization known but the infectious material has never been identified In measles the infectious material passes from the nasal mucous membrane of the patient to that of the infected child

* Read before the Medical Society of East New York, Nov 26, 1928

MEDICAL CONFERENCES

Doctors and nurses and lay secretaries and social workers all like to get together and philosophize on health problems, and theorize on the fundamental principles of health activities Physicians develop creeds and principles of belief quite as much as theologians do Every month some state journals publish stenographic reports of conferences of county secretaries, or round table discussions at state meetings All these conferences seem to be conducted on the same plan that one person shall deliver an essay on some phase of administrative medicine, and the rest in turn shall praise the speaker for covering the subject so completely, and, then shall proceed to wander far afield in presenting their own observations and theories This course of events is characteristic of county medical societies and district branches, round table discussions on state society meetings, assemblies of county secretaries, and the conferences of state secretaries and editors conducted by the American Medical Association

The Editors of the NEW YORK STATE JOURNAL OF MEDICINE read the other state journals in order to fill the columns of the department "Our Neighbors" with practical suggestions which may be put to actual use by the physicians of New York State While there is never any difficulty in discovering a wealth of practical ideas with which to fill the department, yet the amount of practical suggestions developed in the conferences is small compared with the flood of verbiage and philosophy that flows away when the gates of talk are opened

Conferences of medical societies, like those of churches, are exhibitions of two complementary principles There is theory balanced against practice, impersonal philosophy contrasted with personal responsibility, faith compared with works, the practice of piety set against the practice of religion and of service to discourage the weak and the sick The theory of the usual medical conference, like that of an experience meeting of a church, is that every person present may express an opinion regarding the subject under discussion, and may make suggestions for solving the problems which confront the medical profession That plan is excellent and commendable so far as it goes, but it has two vital defects or deficiencies

1 It allows the speakers to introduce any subject, to pile up inconsequential illustrations and to consume an inordinate amount of time in developing self-evident points

2 It leads to no conclusions regarding the comparative value of the suggestions offered, and to no decision for future action It is true that each person attending the conference may choose one or two suggestions to take home and put into action, but he has the right to expect that the conference should express an opinion of the suggestions A successful medical conference is something more than a bargain counter of disconnected ideas and plans, it is a store house of standard models whose operation is guaranteed, or at least has been demonstrated in a practical field test

Medical conferences which are conducted at the expense of state societies may be expected to develop some practical suggestions which the society may put into action and thereby justify the expense of sending representatives to the meeting Action is the best test of the success of a conference—action, not merely by one or two individuals, but by a whole group If a suggestion cannot be adopted by a state or county society, then the action indicated is to survey the field and diagnose the reason why the suggestion cannot be put to use Some suggestions will be turned down at once by the conferees, and some more will be held for investigation and proof, but if the conference is to justify its existence, its members will adopt one or two definite suggestions and plans for action

Why are medical conferences so often ineffective? The principal answer is that they lack definiteness of purpose Usually the principal speaker fails to ask his brethren to approve and adopt a definite course of action as distinguished from beliefs and principles

A concrete example of a specific course of action decided at a medical conference is that of the meeting of the Public Relations Committee of the Medical Society of the State of New York on November 9, 1928, reported on page 1432 of the December 1st JOURNAL Ten persons participated in that conference, and while the conferees did a considerable amount of theorizing and debating, yet they suggested a specific course of action for each county society to adopt, and they assigned a degree of responsibility to each member of the Committee for securing action by the counties in his district The conference decided what it wanted, and proceeded to secure action

This same Committee on Public Relations also adopted another definite line of action at its meeting on January 15, which was reported in this JOURNAL of February 1st, page 169 The Committee at that time debated the question of the relation of the State Medical Society to the official health agencies, particularly the Departments of Health and Education Extreme views were presented ranging from opposition to intimate co-ordination But instead of stopping with the expression of opposing views, as has usually been the custom with medical conferences, a sub-committee formulated a definite plan of cooperation which was adopted unanimously by the Committee and the representatives of the two state departments As evidence of that cooperation, the conferees adopted a fee list for medical service rendered to crippled children under the new state law

EDITORIAL

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For list of officers of County Medical Societies, see this issue, advertising page xxxii

MEDICAL NEWS

The News Department of this issue includes sixteen items, covering fifteen pages The topics are of general interest, and conform to the standards of the JOURNAL, that all its news items shall be of practical value and worthy of permanent record The justification of this policy is the frequency with which references to the news notes are required by the officers and committeemen of the State and County Societies An illustration of the broad scope of the items is that the annual index of the news notes covers about five pages

The news pages of this JOURNAL have a value equal to that of the scientific department. They contain something of interest to every physician

MEDICAL PROGRESS

Thyroxin Studies—W Kornfeld and E Nobel of Pirquet's Vienna Pediatric Clinic sum up some of their discursive researches along this line as follows The original method of testing toxicity and dosage of thyroid substance on the guinea pig has been extended to thyroxin According to the tests, the animals—fed on milk and oatmeal—succumb to 10 to 20 mgm of thyroxin Upon this basis the authors deduce that a child with a sitting height of 50 cm requires a dose daily of ¼ mgm thyroxin, while one of a sitting height of 70 cm requires ½ mgm It is established for both crude thyroid substances and thyroxin that the dose depends in a high degree on the diet of the patient On a strict regimen of milk and oatmeal the danger of a lethal effect is notable, but when the animals are given green fodder their resistance to the action of the principle is greatly augmented Upon animals on this diet thyroxin exerts a powerful action when injected subcutaneously, in contrast to the same when adminsitered per os, but under the old test of feeding with thyroid substance, no such distinction was elicited Although the increasing control of disease by diet is a matter of common observation, this principle has as yet hardly extended itself to the association of special medication with special diet Uusually when a patient is subjected to a given course of medication the diet is of a general type, without the entry of a specific element In the present article the authors do not go into the refinements of diet and there is but slight allusion to vitamins, balanced ration, and the like In fact the authors seem to discount the existence of a vitamin element and the entire question reposes apparently on an empirical basis —*Klinische Wochenschrift,* December 9, 1928

Control of Post-Operative Vomiting by Interstitial Injections—Post-operative vomiting is a condition which M A R Young believes is not considered seriously enough by many men who do operative work (*Canadian Medical Association Journal,* December, 1928, xix, 6) For a number of years it has been his practice to give to every patient who has undergone a major operation an interstitial injection of 1,000 to 1,500 c.c. of saline (Ringer's formula), or a combination of Ringer's saline with 5 per cent solution of dextrose in equal proportions He also makes use of Bartlett's method of adding 30 c c of a 1 per cent novocaine solution per litre of fluid, given in order to make the administration painless The injection is made into the lateral aspect of the thigh This procedure greatly diminishes post-operative vomiting, lessens nausea to a similar degree, relieves the patient of the intense craving for water, reduces the incidence of post-operative distention, and almost does away with the need for catheterization In addition it supplies the drained tissues with fluid, and makes up for that which has been lost during the operation Furthermore, when the patient gets the solution early, before marked blood changes have taken place, it does not require the technical knowledge which is necessary for making intravenous therapy safe. If the needles are inserted so that the solution will run, the amount is taken in an hour or less, and the procedure is painless then and afterward There appears to be no risk if ordinary care is observed and asepsis employed In 1,200 cases only three infections occurred, each one following the addition of a new interne to the staff, suggesting a slip in the technique. There have been no other complications

Infections Associated With Pulmonary Tuberculosis—P Courmont and G Boissel base their study on a material of 442 cases of which 146 are new In addition to associated affections they take account of another group which they term substitutive or alternating Naturally a distinction must be made between true infections, in which the associated organism is equal in importance to the tubercle bacillus, and the merely accidental symbioses In the substitutive group the bacillus of Koch may be present but completely masked by the associated infection These cases may have to be followed up over long periods before their nature is recognized Of associated organisms the authors mention especially the pneumococcus, streptococcus, Pfeiffer bacillus, enterococcus, and pseudo-diphtheritic bacillus The method followed is that of repeated cultures of sputum, in some cases with the addition of hemoculture—the latter, however, is relatively unimportant by reason of the great infrequency of sepsis in these cases The quantitative method of sputum count is necessary in diagnosis The authors made 572 examinations of the sputum of 146 patients during the period 1925-8 Of this number 92 showed Koch's bacillus in pure culture while in 13 others the condition was not a true association, for the secondary organisms were too few in number This left 41 cases of true association of infection, in which the secondary organism was present constantly and in large numbers If but one secondary organism was present the authors use the term monomicrobian and if more than one polymicrobian In a considerable number of these cases the examinations were made on autopsy material The authors analyze their material exhaustively and at times an interesting connection can be traced

A plan for conducting an effective medical conference was presented to the Eleventh Tri-State Conference as reported on page 228 of this JOURNAL The plan is so practical that it is here printed again as follows

"1 The speaker of the day shall prepare his paper with the view of making definite suggestions and proposals for action

"2 He shall send a copy of the paper to each person expected to take part in the conference.

"3 Each person shall come to the conference prepared with definite suggestions regarding the proposals of the speaker

'4 The conference shall take definite action regarding the suggestions"

If these suggestions were generally adopted, medical conferences would be raised from a theoretical to a practical basis

SWEETS OR TOBACCO

A trade war which is raging between two great industries suggests a subject for a rural debating society "Resolved, that sugar is more beneficial than tobacco" Few physicians would support the side of tobacco, and none would advise a person to reach for a cigarette when he felt a desire for sweets Some confectioners used a similar argument at the beginning of prohibition times when they advised drinkers to use candy as a substitute for alcoholic drinks, but that was excellent advice, and the only industry that its observance harmed was already outlawed

It does not seem possible that any group of business men should publicly advertise tobacco for health, or that their advertising propaganda should damage the sugar trade Yet the dealers in sugar and other confectioners' goods are spending their money in order to uphold the healthfulness of their products An indication of the opinion of physicians is that full-page advertisements by the Sugar Institute are carried by seventeen out of the nineteen State Journals whose January issues have been received in this office

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Consolidation of the State Societies—This JOURNAL of February, 1904, contains the following brief news item

"The first bill of the present session was passed by the Senate January 20th It is an act authorizing the consolidation of the Medical Society of the State of New York, and The New York State Medical Association, providing, however, that the respective organizations decide to do so by a majority vote of the members

"The above having passed the Assembly and signed by the Governor becomes Chapter 1 of the Laws of 1904"

The first paragraph of the bill reads

"Section 1 The Medical Society of the State of New York, incorporated by or pursuant to chapter one hundred and thirty-eight of the laws of eighteen hundred and six, entitled 'An Act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this state,' and continued by chapter ninety-four of the revised laws of eighteen hundred and thirteen, passed April tenth, eighteen hundred and thirteen, entitled 'An Act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this state,' and The New York State Medical Association, incorporated under chapter four hundred and fifty-two of the laws of nineteen hundred, may enter into an agreement for the consolidation of such corporations, setting forth the terms and conditions of the consolidation and the mode of carrying the same into effect"

udation into the cavity These statements agree with the postmortem findings when there is either no recognizable organic disease or when only the coronary vessels are affected, thus interfering seriously with a ready response by the cardiac capillaries to any sudden demands upon them —*Medical Press and Circular,* December 12, 1928, cxxvi, 4,675

Feeding With Spleen Substance in Various Diseases—O Fliegel writes especially of feeding with splenic substance in tuberculosis of the joints, although he alludes to the fact that the remedy has also been tested in hyperglobulia vera and he might have mentioned other affections in the same connection—certain skin diseases, for example—although a distinction must be made between actual feeding and the injection of splenic extracts The author makes no allusion in this connection to the use of liver substance in pernicious anemia, and as he is associated with the orthopedic clinic of the General Hospital at Vienna it is evident that he is working along a different line, for the theory that the spleen supplies a defense against tuberculous infection is rather old He has tested the method for the past 10 months and upon 20 patients Calf spleen was used, fried in fat in thin slices or shaved into a soup medium It was fed to the patients over a period of four weeks, and repeated after an intermission of 2 or 3 weeks But even as early as the eighth day improvement, both general and local, could be shown, and in several separate directions Apparently no other active measures were employed Of the 20 cases 5 were not taken into account because of imperfect conditions Of the 15 actually considered, 5 made complete recovery and only two were total failures The improvement in the remaining 8 cases was decided The author earnestly requests his colleagues to make trial of splenic feeding in these cases, notably in purulent and fistulating ones, and promises prompt results under favorable conditions —*Deutsche medizinische Wochenschrift,* December 7, 1928

Liver Feeding in Scurvy—H Aron, H Hirsch-Kauffmann, and E Schädrich send a very brief communication with this title from the Pediatric Clinic of the University of Breslau According to Czerny, they state, liver has been used in the nutritive disorders of children in various directions but only recently have the astonishing results of this remedy in pernicious anemia aroused new interest in the subject. Many observations appear to show that the active principle in liver substance is closely related to the vitamins, notably to the antiscorbutic or C vitamin It has seemed therefore desirable to test liver extract in scurvy, and in the absence presumably of clinical material tests were made on experiment animals Guinea pigs were first fed on a scurvy-producing diet and while some were given liver extract at the same time others serving as controls received no liver The liver-fed animals developed no scurvy in a four-months observation period, while the controls succumbed to that disease in 3 to 4 weeks The preparation used was a fresh aqueous extract of liver which was improvised for the occasion by the authors Heat did not destroy the active principle, for the extract retained its potency after five minutes heating in a waterbath An alcoholic extract possessed no antiscorbutic power, nor did the unextracted residue —*Klinische Wochenschrift,* December 23, 1928

Pernicious Anemia, with Free Hydrochloric Acid in the Gastric Contents—The complete absence of hydrochloric acid in the gastric contents in pernicious anemia is now recognized as a cardinal sign of the disease Stanley Davidson gives reasons why it is right that this should be so, but reports an exceptional case in which this sign was not present The patient, a man aged 34, gave a long history of epigastric pain unaffected by the taking of food, though he was suffering from duodenal ulcer There was marked megalocytosis and anisocytosis, a color index over unity, and a van den Bergh reaction classically characteristic of hemolytic jaundice—all signs of pernicious anemia On the other hand, the presence of free hydrochloric acid in the stomach and the absence of leucopenia contraindicated the diagnosis Moreover the patient did not conform to the constitutional type usually met with in pernicious anemia There is evidence to show that the pernicious anemia group tends to approach the acromegalic type The blood condition was present before the perforation of the duodenal ulcer Following the operation the patient was given alkalis and liver by mouth Under this treatment the gastric pain disappeared, there was a rapid increase in weight, and the response to treatment was exactly what one would get in a case of pernicious anemia, but not in secondary anemia The patient was discharged from the hospital looking and feeling well So far as the author is aware, the coexistence of duodenal ulcer and pernicious anemia in a patient has never previously been reported —*British Medical Journal,* December 22, 1928, II, 3546

The "Scrofulate of Syphilis"—R Bané discusses this association of tuberculosis and syphilis, called by French clinicians of a bygone age "scrofulate of syphilis," at great length, naturally from a modernized viewpoint. This expression originated with Ricord who had often noted the severity of the primary lymphnode reaction of syphilis in so-called scrofulous subjects Quite recently

between the associated infection and the clinical behavior of the case, but no formal summary is given —*Journal de Médecine de Lyon,* October 20, 1928

Value of the Pirquet Test in Child Tuberculosis—E Wiegand of Basle, writes at great length and detail on this subject The reaction is one of two great discoveries of recent years in regard to tuberculosis, the other being the fact that all but 3 per cent of adult autopsies show evidence of past infection The value of the test lies of course in its specific character and also in its harmlessness and dependability In the first year of life barely 1 per cent give a positive reaction but at the period before puberty the per cent has risen to 40 or 50 At the age of 20 nearly every one reacts positively, but, of course, a positive Pirquet does not mean that the individual is necessarily in any sense tuberculous, for mostly it merely indicates that the individual is showing a defense reaction The question then resolves itself into what groups of positives have a clinical significance Such groups must clearly be made up of children, and the younger the child the greater the clinical significance Four groups readily isolate themselves, first, children who present clinical tuberculosis, where, of course, a positive reaction is merely corroborative, second, all nurslings and very young children in whom a positive reaction is the sole find, third, Pirquet positives among children of any age who live in a tuberculous milieu, and fourth, children of any age who resemble strongly a parent known to have or to have had tuberculosis In these groups the main question is one of prognosis and prophylaxis, but the author does not get very far in this direction and does not even mention the Calmette vaccine save in a footnote in which he observes that the Pirquet test has nothing to do with the problem of immunization It is, of course, known that according to Calmette the positive test of Pirquet merely means an exaggerated susceptibility to the action of tuberculin —*Schweizerische medizinische Wochenschrift,* November 24, 1928

Esthiomene and Lymphogranulomatosis—Wilhelm Frei and Alice Koppel may possibly have proved that the mysterious affection known as esthiomene, lupus of the vulva, and by various other names, is closely allied to, if not actually dependent on, the newly isolated disease known as inguinal lymphogranulomatosis, previously confused with obscure venereal buboes The differentiation can always be made by using a differential skin test and it is this same test which gives a positive reaction in clinical esthiomene Studies of the latter have associated it with old syphilis, tuberculosis, and mere personal filth The vulval lesions also shade without demarcation into an affection of the rectum known incidentally as anorectal syphiloma, etc While many of the esthiomene patients give a history of syphilis it is not certain that the lesions are specific. Frei, the senior author, who is one of the most active students of lymphogranulomatosis, and who devised the differential skin test, will certainly be entitled to credit if in addition he shall have solved the mystery of esthiomene, if it is anything else than lupus Up to the present time he has tested five patients with clinical esthiomene or anorectal syphiloma with his skin test for granulomatosis and has obtained positive results in each case Moreover every one of the patients had at some time suffered from the peculiar suppurating buboes in the groins Chancroidal buboes were easily excluded It should be stated that the anorectal type of lesion can occur in the male and one of the five patients was of this sex The four female patients had all had syphilis Since the element of elephantiasis in these patients is easily brought into association with the destruction of the inguinal lymphatics it is of course possible that other infections in this locality may also be able to cause esthiomene —*Klinische Wochenschrift,* December 2, 1928

Is Angina Pectoris a Form of Urticaria?—G Arbour Stephens recalls that, in 1926, he drew attention to the fact that gastritis and gastric ulcers lead up to heart disease more often than any other affection, even than rheumatic fever Earlier he observed that every case of gastric ulcer gave evidence of calcium deficiency In children this deficiency of lime leads very quickly to a disturbance of the heart, in adults the process is slower, there being an intermediate stage of gastric trouble —severe gastritis or gastric ulcer Stephens has also pointed out that ulceration of the skin, chronic ulcer of the legs, gastric ulcer, and even ulcerations of the heart are evidence of disturbed calcium metabolism In cases of allergy, in addition to other characteristic phenomena, there is a sudden exudation into the pericardial cavity, the cardiac area of dullness is increased, the impulse is very diffuse and the sounds are considerably modified A sudden exudation of an urticarial nature into the pericardial sac disturbs the intrapericardial pressure and is mainly responsible for the agonizing pains of angina pectoris Three things are peculiarly prone to precipitate an attack of angina pectoris (1) Excessive and sudden exercise, (2) overloading the stomach, and (3) emotion or shock In each of these there is a change in the intrapericardial pressure, dependent upon the cardiac capillaries The fact that amyl nitrite, by its direct effect on the capillaries, is of use in angina pectoris confirms the contention that this affection is due to sudden disturbances of the intrapericardial pressure, associated with or dependent upon a sudden modification of the ex-

LEGAL

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THE LEGAL ASPECTS OF THE PRACTICE OF MEDICINE*

We believe it safe to say that few doctors have paused to reflect upon the legal aspects of their profession until their diagnosis or their treatment in a given case has been assailed by a patient When a physician finds himself playing one of the leading roles in a malpractice drama, and discovers that he has been cast as the villain in the piece, he is ofttimes startled by the realization that every act which he performs in the practice of his profession is governed and surrounded by some well-defined principle of law He learns then, perhaps for the first time, that the practice of medicine has a distinct legal aspect. I have had occasion at various times to suggest the wisdom of including in the curriculum of every medical school at least one course in medico-legal jurisprudence, wherefrom a student might derive a working knowledge of the rules of law which will govern his entire future practice The existence of such courses in the English medical schools, I have been told, has been of great benefit to the medical practitioners of Great Britain During the past three years, as general counsel of the Medical Society of the State of New York, I have had occasion to write semi-monthly editorials for your State Journal, in which I have attempted to set forth some of the leading principles of law with which every doctor should be acquainted Indeed, I have written so much upon this subject that I find it difficult at times to avoid the error of repetition, but I am comforted by the reflection that there are some things which cannot be said too often

Every physician, when he undertakes to diagnose, operate or prescribe for a patient, enters into a distinct contractual relationship with that patient. Upon this relationship the law imposes certain distinct mutual obligations and duties In the first place, the physician or surgeon impliedly represents that he possesses, and "the law places upon him the duty of possessing, that reasonable degree of learning and skill that is ordinarily possessed by physicians and surgeons in the locality where he practices, and which is ordinarily regarded by those conversant with the employment as necessary to qualify him to engage in the business of practicing medicine and surgery"

There was a time years ago when doctors were licensed to practice medicine by the Board of Censors of the Medical Society of the State of New York For many years the licensure of physicians has been placed in the hands of the state authorities, and the law now provides in detail exactly what preliminary education a prospective physician must possess, it defines the length and nature of the courses which he must have taken in an approved medical school, and finally, it requires that he must pass a state examination before being permitted to assume the time-honored title of doctor, and to be admitted to fellowship in one of the greatest of the professions,—that of medicine The fact that a man has complied with all of these legal requirements and has received his certificate to practice, is prima facie evidence that he is qualified to do so, it raises a presumption that he is qualified But this presumption may be rebutted by evidence, and in many cases it is alleged that the physician sued did not possess those qualifications,—this irrespective of the fact that he is a full-fledged member of the profession The issue, then, of his qualification or competency is one which is often still litigated in the courts At first blush, that such an issue may still be tried out, irrespective of the state's certification that the man in question is competent, may seem unjust Upon reflection, however, it will be seen that there is no injustice in permitting an injured patient to allege, and to prove if he can, that a given physician did not in fact possess the qualifications for the particular case which he should have possessed The fact that a young man graduates from West Point is certainly prima facie evidence that he is qualified to act as a full-fledged officer of the Army Most West Pointers have more than proven their capacity, and still it is possible, and on occasion it has been proven possible, for a man to graduate from West Point and still be an incompetent officer The same applies to the Naval Academy, to the law schools, to the schools of divinity, to schools of engineering and other institutions of learning

Take, for example, the great field of surgery A young man who has complied with all the state requirements and has been licensed to practice medicine, has the legal right to perform any surgical operation whatever, except, of course, operations of a criminal nature such as abortions and the like. But how many men, upon graduation from the medical schools and upon being licensed to practice, are competent immediately

*Read before the Geneva Academy of Medicine, at Geneva, N Y on January 10 1929

Ritter has reported the transmutation of syphilitic into tuberculous adenopathy Ricord evidently regarded this form of adenopathy as a true hybrid and some of his successors did not accept such a view, until Leloir in 1891 supplied a histological criterion for the existence of what he termed syphilotuberculides Koch's bacillus was found by biopsy and after a course of mercurial treatment a second biopsy showed a clinical picture of tuberculosis alone, although traces of another element were present in a secondary sclerosis After the discovery of the Wassermann reaction it became possible to study this hybridism further In 1922 Frei and Spitzer supplied a complete proof of it In scrofulotuberculous adenopathies they found the treponema, and while in the specimens studied they were unable to recognize the tubercle bacillus the guinea pig inoculation test was positive Seroreactions are not mentioned in this connection, but in certain cases studied by the present author both seroreactions were positive before treatment, while after the intensive treatment of syphilis the Wassermann became negative, the tuberculin reaction remaining strongly positive The first patient was an excellent one for study as he suffered from cervical adenopathy following chancre of the tonsil Other patients illustrated other types of this symbiosis As some of these patients were free from tuberculous antecedents we can only conclude that syphilitic infection sometimes mobilizes latent tubercle bacilli —*Schweizerische medizinische Wochenschrift,* December 18, 1928

Some Aspects of Dental Sepsis—Tallent Nuthall, writing in *The Lancet,* December 22, 1928 (ccxv, 5495), states that, when in the search for the source of infection the teeth are incriminated, the focus is believed to be completely eradicated by the extraction of those teeth Yet extractions are by no means a certain cure, many patients are no better and some are worse off than they were before The teeth in themselves are not necessarily the source of the trouble It is not the infection of one or more teeth that matters What does matter is the extension of the infective process into the neighboring structures, the periodontal membrane and alveolar bone So long as pyorrhea is confined to the superficial regions from which there is free drainage into the mouth, the effects on the system are likely to be those produced via the tonsils or gastroenteric tract When pyorrheal pockets involve the periodontal membranes the way is open for direct extension of the infective process The interpretation of dental roentgenograms is a matter of considerable difficulty There are few persons who do not show some degree of periodontitis, hence it is not possible to decide from the roentgenographic appearances alone what procedure must be undertaken to bring about a cure As it is the general clinical examination that brings the teeth under suspicion, so the final decision can be made only on the results of this examination The signs and symptoms must be evaluated and an attempt made to determine the degree of resistance and recuperative power, especially taking into consideration the amount of lassitude and mental depression The blood must be examined to find the degree of anemia and the proportion of polymorphonuclear leucocytes to lymphocytes Bacteriological and serolgical examinations should be made On the basis of these collated results and the roentgenographic findings a final decision must then be reached as to the extent of the mischief and the procedure required to eradicate it This decision must insure that no innocent teeth are sacrificed and that no infected tissue remains to continue the disease An immunizing course of vaccine therapy must always precede any operative measures, in order to avoid septicemia, septic pneumonia, or a flare up and extension of the infective process, and vaccine therapy will be required after the mouth has been dealt with

The Action of Vitamin D in Preventing the Spread and Promoting the Arrest of Caries in Children—May Mellanby and C Lee Pattison, writing in the *British Medical Journal,* December 15, 1928, ii 3545, review papers published in 1924 and 1926, in which they recorded investigations showing that the dietetic factors which control the structure of teeth in puppies also influence the initiation and spread of caries in children In these investigations there were many variations in the diets, such as the addition of cod-liver oil, egg yolk, extra milk, etc, while in the present study an attempt has been made to vary only one factor in the diet, namely, the vitamin D intake. The source of the vitamin used was irradiated ergosterol in the form of radiostol Of this, a group of 21 children, 5½ years of age, received 2 c c, some 1 c c and some 4 c c during a period of twenty-nine weeks The tabulated results show that the addition of vitamin D has a pronounced effect in (*a*) preventing the initiation of new carious foci, (*b*) limiting the spread of caries, and (*c*) apparently arresting the carious process in many cases A study of the process of arrest of dental caries shows that in the early stages the involved area, which is usually more or less soft, tends to harden, and may appear rough, later the irregularities are removed, probably mechanically, and the surface becomes harder and smoother, until finally it is firm, hard, polished, and pigmented The effect of vitamin D in adults was studied in only one case In this instance, after six months' treatment, the carious areas were definitely hardened and there was no increase in the size of the carious patches

methods in general use, if it injures the patient, will render him (the physician) liable, however good his intentions may have been"

There is another duty devolving upon the physician and surgeon which we should here consider The courts declare that it is "his duty to use reasonable care and diligence in the exercise of his skill and the application of his learning to accomplish the purpose for which he was employed He is under the further obligation to use his best judgment in exercising his skill and applying his knowledge The law holds him liable for an injury to his patient resulting from want of the requisite knowledge and skill, or the omission to exercise reasonable care, or the failure to use his best judgment" But the law is not too exacting It declares that the physician "does not guarantee a good result, but he promises by implication to use the skill and learning of the average physician, to exercise reasonable care and to exert his best judgment in the *effort* to bring about a good result." If the particular physician or surgeon possesses that degree of skill and learning ordinarily possessed by the average physician practicing in his locality, if he has kept abreast of the times and has not departed from approved methods in general use, if, in addition to all this, he has used his best judgment in applying his skill anl learning, even though a bad result ensues, the law does not hold him liable for it. It expressly declares "The rule requiring him to use his best judgment does not hold him liable for a mere error of judgment, provided he does what he thinks is best after careful examination" But this does not mean that the medical man or the surgeon is exempt from liability if he has departed from the approved methods in general use He has no right to employ his judgment in such a way as to lead him to such a departure What the law in this connection means is that where two or more methods might both be approved, he is not liable if he errs in his judgment in using one of those methods in preference to another in connection with a particular case

All of this may seem somewhat indefinite and vague Upon analysis, however, it will be found that it is not so The rules of law previously quoted were laid down by our New York Court of Appeals in the great leading case of Pike v Honsinger,[1] decided nearly thirty years ago, a case which has been referred to with approval by the courts of at least a majority of the states in the Union The great Judge who wrote that opinion understood the nature, the intricacies and the difficulties of medical practice He did not attempt to enunciate exactly what a doctor should do with a given patient in a given case, knowing that such a pronouncement would be impossible. What he did do was to lay down certain broad general concepts or rules of law They are rules which take into consideration the fact that the members of the medical profession alone understand what should or should not be done The members of the medical profession best know who is or who is not possessed of the requisite skill and learning The principles, therefore, which the law recognizes as governing the practice of the profession, are the rules which the medical profession itself lays down It is for this reason that in any action against a physician the question of whether or not the physician sued possesses the requisite skill and learning, and has or has not departed from the approved methods in general use, is a matter concerning which the jury is not permitted to speculate It is a question concerning which there must be expert testimony If there is a conflict between the experts, then an issue of fact for the jury arises as to which of the conflicting opinions it will accept But if there is no expert testimony at all (with certain exceptions) the mere fact that there has been a bad result does not establish either that the physician failed to possess the skill and learning which he ought to have possessed, or that he departed from the approved methods in general use

As was stated in the leading case of Robbins v Nathan,[2] "If the treatment of the defendant was unskillful or negligent, it was incumbent upon the plaintiff to show it by those qualified to testify to the proper method of performing such an operation, and if the untoward results present here might have been avoided by due care, the duty of showing that was also on the plaintiff" In the case of Lubbee v Hilgert,[3] the Appellate Division said that "the right of the plaintiff to recover must necessarily depend upon medical evidence, for the question is to what extent, if any, the failure of the defendants to properly treat the plaintiff aggravated the disease from which he was suffering or increased his pain or suffering *That question can be decided neither on the testimony of laymen nor by the jurors on their own knowledge and experience without testimony*"

One of the greatest pronouncements upon this subject was made by Chief Justice Taft when he was sitting in the United States Circuit Court for the Southern District of Ohio In the case of Ewing v Goode,[4] he declared "The naked facts that defendant performed an operation upon her eye, and that pain followed, and that subsequently the eye was in such bad condition that it had to be extracted, establish neither the neglect and unskillfulness of the treatment, nor the causal connection between it and the unfortunate event A physician is not a warrantor of cures If the maxim, res ipsa loquitur were applicable to a case like

to do surgery, particularly major surgery? Some may be, others doubtless are not In the thousand or more malpractice actions which I have personally handled or participated in handling, I have come upon many instances of surgical operations performed by men whose experience really did not justify them in embarking upon the operation in question,—an operation for the successful conduct of which the physician's professional brethren could not honestly certify that he was competent I have come upon instances of surgical operations which were entirely contraindicated by the history, the diagnosis or the condition of the patient I recall more than one operation of a delicate and unusual character where the particular physician had never before performed a similar operation, and where indeed he had done so without a thorough study of the medical treatises and literature upon the subject. Cases of this kind I have uniformly settled

What, then, is the question which the surgeon, especially the very young surgeon, should ask himself before operating? It is Do I possess that degree of learning and skill which is necessary properly to enable me to do this work? If he decides that he does, he must remember that by undertaking the operation he impliedly represents that he possesses, and the law places upon him "the duty of possessing, that reasonable degree of learning and skill that is ordinarily possessed by physicians and surgeons in the locality where he practices, and which is ordinarily regarded by those conversant with the employment as necessary to qualify him" to perform the operation in question. An analysis of this legal rule shows how fair and just the law is Except for the requirement that a surgeon must be duly licensed to practice medicine, it does not undertake to lay down any other rule of competency, except the rule acceptable to the profession itself The learning which the surgeon must possess is that *ordinarily possessed* by the physicians and surgeons in his locality and which is *ordinarily regarded by such physicians* as necessary to enable the surgeon to do his work Thus, in the last analysis, the standard set for any particular physician and surgeon is the standard set by the physicians and surgeons in the locality where he practices How high or how low this is depends upon the medical profession itself If in any locality the standard is low, the individual physician is legally obligated only to comply with that standard What the standard is, is within the hands of the medical profession of his locality

How fair the law is may be seen from a study of the further branches of this rule The Court of Appeals has said "The rule in relation to learning and skill does not require the surgeon to possess that extraordinary learning and skill which belong only to a few men of rare endowments, but such as is possessed by the average member of the medical profession in good standing" Thus the law does not set up an extreme measure of competency, but a very reasonable one It does not say that before a surgeon can operate he must be the greatest man in his profession, or even an outstanding character therein It merely declares that he must possess that learning and skill which the *average* member of the profession in his community possesses If, however, a man holds himself out as a specialist, he will be held to the standard of specialists rather than to that of the average practitioner I have singled out surgery here by way of illustration All that has been said applies, of course, equally to medicine

While the degree of learning and skill which the particular physician or surgeon (other than a specialist) must possess is only that which is ordinarily possessed by the physicians and surgeons of his locality, the law is more stringent as to the methods of treatment or the kind of operations which may be used The law does not attempt to define what is or is not a proper treatment or operation It does say, however, that the physician or surgeon "is bound to keep abreast of the times," and that "a departure from *approved methods in general use,* if it injures the patient, will render him liable, however good his intentions may have been" The methods which the practitioner employs must be the *"approved methods in general use,"*—not merely the methods in use by the practitioners of his locality—but the approved methods *in general use* The practitioner, therefore, must be acquainted with those approved methods To do so, he must be constantly alert to new discoveries and new methods This duty is laid down by the courts in the statement that "he is bound to keep abreast of the times" It is only by doing so that he may know, and may therefore be in a position to employ, "the approved methods in general use" at the time of his treatment or operation The law recognizes science as a progressive thing It changes from year to year, sometimes almost from month to month New discoveries are constantly being made The test-tube and the laboratory have not finished with their contributions to the cause of science It is not enough, therefore, for a physician to employ the approved methods which he was taught in medical school, but he must employ those methods which "are in general use" at the time when he renders his treatment or performs his operation

But at this point a note of warning should be uttered No physician or surgeon has the right to use his patient for experimental purposes He employs at his peril new methods which have not yet met the sanction of the medical profession In other words, he may not lag behind, nor may he (in his individual practice) go ahead of the times His obligation is to keep "abreast" of the times The law distinctly says that "a departure from approved

Second Be careful of your diagnosis Make sure before you arrive at a conclusion that you have ascertained, weighed and duly considered every relevant fact, including every detail of the history, and that you have considered the special systemic factors present in the particular patient Be sure to utilize every diagnostic aid which science has made available These would include *x*-ray, urine and blood tests, pathological and microscopical examinations If you have any honest doubt as to the correctness of your diagnosis after you have weighed and considered every possible fact which should be made a basis thereof, call in another physician for a confirmation of your diagnosis A differential diagnosis is ofttimes extremely difficult Sometimes the ablest physicians have diagnosed the condition of a woman as suffering from a tumor, and upon this diagnosis have operated, only to find that upon an examination of the uterus the woman is not suffering from a tumor, but is in fact pregnant. Sometimes a rigid examination of the patient as to her menstrual periods, the last date of intercourse, and, other questions will render such a faulty diagnosis improbable

Third In all questions of surgery, consider first whether in fact a surgical operation is required In case of doubt between a radical or a less radical course, consider carefully whether or not the less radical procedure is not the one first to employ In connection with surgical operations, consider carefully the kind of anaesthesia to be employed Some anaesthesias are proper in some instances, and improper in others Which one is proper depends upon a variety of circumstances, among which are the strength and age of the patient, the patient's heart and many other circumstances Be careful to inquire whether cocaine has been administered within a short time before the administration of the general anaesthesia Also inquire from the patient's history whether he or she has any idiosyncrasy for any particular form of anaesthetic In the administration of the anaesthesia, make sure that the anaesthetist is competent and understands his or her duties If possible, have a physician act as the anaesthetist rather than a nurse Make sure also that care has been employed in the matter of enemas, and in seeing to it (except in cases of emergency involving life or death) that the anaesthetic, if it is a general one, is not administered to a patient with food in the stomach Consider carefully whether or not a general or a local anaesthesia is the one of choice This may depend upon a variety of circumstances, including the condition of the patient, the nature of the operation, etc Before performing the operation, make sure that every antiseptic precaution has been taken according to the most approved methods This includes not only the sterility of the operator and of his instruments, but of all those who participate in the operation, such as the so-called sterile nurse, etc Then, too, in performing the operation make sure that a careful sponge count is made—that the number of sponges or packs placed within the body of the patient are counted, and the number which are removed are likewise counted, so as to be certain that no foreign body remains after the incision has been closed. Before calling for the sponge count make a careful personal inspection of the operative field to assure yourself that no foreign body is remaining, and put a record of this inspection on the hospital chart, have it done in the presence of the witnesses and have them sign the chart showing that this inspection has in fact been made

Fourth Keep careful records This applies not only to the records of the office, but to the records of the operation and of the treatment in the hospital It is wise in every case to have the patient consent in writing to the operation, which consent should contain a brief statement showing that he or she understands the nature of the operation, and the possible outcome Where a patient insists upon leaving the hospital against the doctor's advice, make sure that a statement is signed by the patient setting forth that fact Where one physician desires, or through circumstances beyond his control is forced, to relinquish a case to another physician, cause the patient to consent to this course in writing

Fifth Make sure that all your instruments and appliances are of the most approved design and make, and are in proper working order This applies not only to the operative instruments, but to the operating tables, chairs and all other appliances Especially is this true in connection with the use of surgical needles Make sure that the needles are secured from some well-recognized manufacturer, and that the needle employed is of a size and strength requisite to the particular demands which will be imposed upon it

Sixth In all treatments and all operations, make sure that the methods employed are the proper and approved methods in general use Do not use antiquated methods, nor employ new methods which have not yet received the sanction of the profession

Seventh Keep abreast of the times Read the medical journals and the new textbooks Keep your knowledge fresh and up-to-date Attend your County Medical meetings where you will hear papers read of great scientific value

Eighth Be conservative in your prognosis Unjustified promises have often led to disappointments, which in turn have resulted in mal-

this, and a failure to cure were held to be evidence, however slight, of negligence on the part of the physician or surgeon causing the bad result, few could be courageous enough to practice the healing art, for they would have to assume financial liability for nearly all the ills that flesh is heir to"

It would be impossible within the limits of one paper to set forth all the details and ramifications of the rules governing the practice of medicine The foregoing, it is believed, conveys a general outline of the subject, but before leaving this, there is one additional rule which should be noted, and that is that not only should the physician or surgeon possess the skill and competency previously set forth not only should he employ the approved methods in general use, but in addition he is required to give his patient "proper instructions" Thus, for example, in the case of fractures it is the duty of the surgeon to advise his patient as to when, how and in what way he should exercise and use, or fail to exercise and use, the injured limb I have had many cases arise by reason of the failure or the alleged failure of a physician to give such proper instructions But if a physician gives his patient proper instructions, and the patient does not obey them, the patient is then deemed guilty of contributory negligence and cannot recover against the physician

"All the obligation," said the court in one case, "is not upon the physician, but the patient also has duties to discharge In particular, the patient must obey the orders and follow the directions of the physician, and if he disobeys such orders or neglects such directions, he cannot hold the physician for the consequences of such disobedience or neglect"[5]

In every action for malpractice, the burden of proof rests upon the plaintiff The plaintiff's complaint should be dismissed unless he sustains that burden, and establishes by a fair preponderance of evidence that the physician sued has in fact been guilty of negligence This burden, as previously stated, cannot be sustained unless the plaintiff supplies expert testimony Properly to do justice to this question would require at least twice the space allotted to me in this paper I had occasion to write very fully upon that subject in a paper delivered by me before the Tri-State Conference in New York City on February 4th, 1928, and published in the NEW YORK STATE JOURNAL OF MEDICINE in the March 1st, 1928, issue You will there find my views set forth at length

I do not agree with those reformers who contend that expert testimony should no longer be required The makers of the common law ascertained from long experience the need for this type of evidence It is based upon the theory that there are many domains of knowledge not possessed by the average layman, and in which the ordinary juror would be incompetent to render a proper decision Hence, the law in its wisdom for many centuries has deemed it necessary that in such cases those especially acquainted with the particular technicality should be presented with a hypothetical state of facts, and upon that state of facts be permitted to express an opinion Once this opinion has been rendered, the jury is not bound by it, but may weigh and consider it as it does ordinary lay facts

Before a physician undertakes to become an expert witness against another doctor, he should make certain that he understands every fact in the case, that he has a complete and accurate knowledge of the history of the case, the nature of the symptoms, the character of the diagnosis, the treatment or operation prescribed, and all the other factors which would enable him to make an accurate diagnosis upon a patient of his own A thorough knowledge of these things will often dissuade an honorable physician from giving testimony against another doctor Those who have become experts, but have failed to study and grasp all of the facts involved, have sometimes made a sorry showing in their testimony Time and again I have fortunately been able to break down such experts, and to cause them to withdraw the opinion rendered in direct examination, by forcing them to consider proven facts in the case with the existence of which they had not been acquainted when they agreed to testify against a colleague

The innumerable principles of law which govern the practice of your profession, are in reality but refinements and amplifications of those already stated I cannot within the limits of this paper go into further detail It has seemed to me, however, that it might be helpful were I to here endeavor to enunciate certain rules which every physician should have in mind whenever he is called to treat a patient I suggest the following eleven

First Before consenting to treat or operate upon a patient, the physician should honestly inquire of himself whether or not he is in fact competent to treat or operate for the particular condition or ailment which he finds Medicine of late has become more and more specialized Men who are expert in one branch, may have had little or no experience in another Make sure that you are really competent to treat or operate for the particular condition which confronts you If you have any doubt upon this subject, call in one of your professional brethren who is expert in the particular subject involved, and see to it that he is employed as a consultant or that he actually renders the treatment or performs the operation in question

LONDON LETTER

THE MEDICO-LEGAL ASPECT OF FRACTURES

Two discussions which have taken place recently at medical societies in London have excited much interest They were as diverse as possible in their appeal, the one at the Medical Society of London on the "Medico-Legal Aspect of Fractures" raising points of serious importance to the Profession, the other on "The Doctor on the Stage" before the Hunterian Society, being mainly directed to emphasize the amusing ignorance of those who attempt to portray us on the stage There have been not a few cases of late where medical men, in spite of careful and often elaborate investigation, have had to defend in the Law Courts charges of malpraxis, and have in some cases been mulcted in heavy damages as compensation for disabilities resulting from fractures which they had treated Professor Hey Groves of Bristol opened the discussion by stating that the neck of the femur and the shoulder were the regions of the body most often leading to disputes and that in 90 per cent of cases the neglect of obtaining a real X-ray examination was the point upon which the case turned More than half the cases referred to fractures which had not been diagnosed, but there was a large group where obvious fractures, such as a Colles or Potts, had been diagnosed but some complicating injury had been overlooked He suggested that to protect the medical man from unjustifiable attack, amounting indeed to blackmail, the following methods might be adopted, though he realized that each has some difficulty in application

(1) That the patient or his guardian should sign an indemnity against any action taken because the result was unsatisfactory, (2) that the doctors on opposing sides should always confer together, and (3) that the Judge should have the assistance of an assessor, a medical man, as is the case in County Court. Dr James Neal (General Secretary, Medical Defense Union) maintained that an X-ray examination is essential even in cases where the fracture is clearly established by ordinary signs, and particularly that X-ray photographs should be taken during the convalescence to ensure that position is maintained He thought that a second opinion should be obtained in all doubtful cases In the discussion which followed, opinions were expressed that the public, quite unreasonably, expect to obtain an ideal result in all cases, and that in view of the difficulty of obtaining and interpreting X-ray photographs of fractures too much stress is laid on this aid to diagnosis, valuable as it is Professor Hey Groves' three suggested precautions received very little support

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THE DOCTOR ON THE STAGE

The discussion on "The Doctor on the Stage" was made memorable by an eloquent tribute by Miss Lena Ashwell, the celebrated actress, to the part taken by the Stage during the War in lightening the load of the wounded in hospitals at the front and at home by concerts and plays Sir St Clair Thomson, who is not only an eminent laryngologist but also a renowned Shakespearean scholar, entertained the company by reference to the doctors mentioned in Shakespeare's plays, and drew attention to the fact that while in Shakespeare's early plays the doctor is lampooned, in his later plays the characters of the doctors are carefully and sympathetically drawn Mr Ivor Back, in a brilliant speech, amused the meeting by his account of the usual stage consulting-room, used as a right of way by all the characters, who often crowded the room even during a consultation On the few occasions when an actual operation was undertaken as in one of the Grand Guignol plays, lighting and asepsis seemed equally unimportant

Murder is so comparatively rare in England that the occurrence of a wave of tragedies all bearing some superficial resemblance to one another has aroused speculation The murders are nearly all of young women and the culprit is generally a young man apparently sincerely attached to her Imitative suicide is of course a commonplace, but imitative murder is a much more novel phase of mental disquiet which might well invite the close attention of the alienist.

By the time this letter has come into the hands of my American readers, I shall have returned from my third visit to the United States, and perhaps the March number might contain some of my impressions Meanwhile, my best wishes for the New Year

H W Carson, F R C S

practice actions Do not promise what you are not certain of delivering

Ninth One of the most productive sources of litigation is that of X-ray therapy and diathermy Do not attempt to do X-ray therapy or diathermy unless you understand it A physician who merely purchases an X-ray machine and follows the instructions of the salesman or of the circular of the manufacturer, is indeed assuming a large hazard X-ray therapy is a highly technical specialty New discoveries and new theories are constantly evolved The proper factors of dosage and other factors require a knowledge of the best and most recent thought upon the subject In determining the factors, make sure that you have made a correct computation, and that you are using the proper factors generally recognized as such at the time the therapy is administered Inquire carefully to determine whether or not the patient has had a previous exposure of X-ray within a time that would render it unsafe for you to subject him or her to a new exposure Make sure that your machine is in proper working order, and that there are no loose wires with which the patient or the friend or parent accompanying the patient, may come in contact Many actions have arisen in this way In administering this therapy, make sure that the proper intervals between doses are maintained

Tenth Be tactful and just to your fellow practitioners Do not indulge in needless criticism Careless remarks, ofttimes unjust, have led to litigation

Eleventh In treating your patient or your patient's family, exercise the highest possible degree of care and good faith Be scrupulously honest in your advice and in your treatment Do not give your patient any basis for the claim that you have been guilty of abandonment If you cannot continue with the treatment, make sure that you have supplied a successor physician of talents equal to your own, and that the patient consents to this substitution In every dealing with a patient or with the patient's family, if you are certain of your diagnosis and if you have considered and mastered every technical question of medicine or surgery which may be involved, let your conscience be your guide Establish a reputation for good faith and fair dealing at all times with everyone

I do not mean in this paper unduly to stress the importance or the dangers of surgery The general practitioner bears the same responsibility and is required to exercise the same amount of care, foresight, skill and knowledge as the surgeon A large number of our malpractice actions have been brought against the general practitioner

No doubt, the foregoing rules might be amplified, but from my observation in the handling of approximately one thousand malpractice actions I believe that if each and all of the foregoing rules had been complied with, a large number of the cases which I have had to defend would not have been brought at all The practice of medicine is an extra-hazardous one This should be recognized at the outset. The doctor has great obstacles to overcome Many opportunities for observation have increased my sympathy with and my understanding of the problems which confront the medical profession The foregoing rules which I have endeavored to enunciate are based upon a long and wide experience They are not stated in any spirit of criticism of your profession, but rather insofar as they may be helpful, as a guide

Yours is a great profession There is none greater You may justly be proud of your great calling When the whole number of practitioners is considered, those who fall below the highest standards are few in number Thousands of successful operations and treatments, however, are unheralded and unsung, but a careless operation or an improper treatment is widely advertised, doing injury not only to the particular physician, but the whole profession

REFERENCES

1 155 N Y 201
2 189 App Div 827, p 830
3 135 App Div 227, p 231
4 78 Fed. 442
5 Becker v Janinski, 27 Abb N C 45

is manifested by similar organizations at Fort Plain, Fonda and Canajoharie.

Physicians In a survey of Public Health work it is apparent that none of these agencies thus far mentioned, can accomplish much in this particular field without the aid of the physicians If they initiate any movement in sanitation, the doctor may be relied upon to help carry on, in an official or private capacity In these widely diverse endeavors, the Medical profession is the common bond of union None other can act so intelligently to coördinate the various enterprises relating to the Health of the Community Therefore, the building up of a strong Committee on Public Relations is at once apparent

Organization There are 50 physicians in Montgomery County In the progress of the past twenty years, they have played their part well, but now the time has come for more concentrated effort, more cooperation with other county societies, more vigorous support of the policies of the State Medical Society In other words, there should be organization, and administration to coordinate these various citizen movements toward better personal health and public sanitation

The Future Progress is destined to continue The question is, will it proceed along commercial lines, the physicians playing the part of laggards, or shall the movement be directed by those whose "professional training specially qualifies them to render this service."

Committee on Public Relations Charles Stover, M D, *Chairman* Horace M Hicks, M D, R. R Canna, M D, E H Ormsby, M D

SCIENTIFIC MEETING OF THE STATE SOCIETY

The next meeting of the scientific sections of the Medical Society of the State of New York will be held in Utica, June 4th, 5th and 6th

The first session will be devoted to the discussion of some general medical problems presented by recognized experts The details of these papers will be published in this column in the near future This will be a meeting for the entire Society and will start at 2 00 p m on Tuesday, June 5th

The Wednesday, June 6th, afternoon session will be devoted to the elucidation of some surgical and obstetrical problems vitally affecting the interest of every practitioner in the state

Each essayist will be an authority on his subject and capable of presenting well correlated facts in an assimilable manner

The local committee has provided a spacious, well-ventilated, quiet hall, and expects to have comfortable chairs for the large audience which will greet the well-known speakers

It is to be remembered that there will be no special section meetings either Tuesday or Wednesday afternoon, for the entire membership will gather in the one meeting place on those afternoons

On Wednesday and Thursday mornings the Society will be divided into sections where papers of special interest will be read and time allowed for thorough discussion of the views expressed by the authors

The chairmen of these sections guarantee that the work will be broad and the subjects of active clinical interest.

For the information of the members of the Society, the personnel of the Committee on Scientific Work is added to this preliminary notice

SECTION OFFICERS

Medicine

Chairman—John A. Lichty, M D	Clifton Springs
Secretary—A. H Aaron, M D	Buffalo

Surgery

Chairman—Hyzer W Jones, M.D	Utica
Secretary—William D Johnson, M D	Batavia

Obstetrics and Gynecology

Chairman—Gordon Gibson, M.D	Brooklyn
Secretary—George M Gelser, M D	Rochester

Pediatrics

Chairman—Carl G Leo-Wolf, M.D	Niagara Falls
Vice-Chairman—John Aikman, M D	Rochester
Secretary—Marshall C Pease, M D	New York

Eye, Ear, Nose and Throat

Chairman—Harry M. Weed, M D	Buffalo
Secretary—Edwin S Ingersoll, M D	Rochester

Public Health, Hygiene and Sanitation

Chairman—Leo F Schiff, M.D	Plattsburg
Secretary—William L Munson, M.D	Granville

Neurology and Psychiatry

Chairman—David C. Wilson, M D	Clifton Springs
Secretary—James H Huddleson	New York

Dermatology and Syphilology

Chairman—Jerome Kingsbury, M D	New York
Secretary—Louis Tulipan, M D	New York

Industrial Medicine

Chairman—Benjamin J Slater, M.D	Rochester
Secretary—M Webster Stofer, M D	Norwich

A room has been provided for the exhibition of charts, drawings and specimens It is to be hoped that all papers will be illustrated by the use of lantern slides whenever feasible

Attention is drawn to the fact that there are two prize funds, the Lucien Howe and Merritt H Cash In the next issue of this JOURNAL details will be published as to the method of entering the work in these prize competitions

ARTHUR J BEDELL,
Chairman, Committee on Scientific Work

NEWS NOTES

PUBLIC RELATIONS COUNTY SURVEY, NO 3—MONTGOMERY

Board of Supervisors This is composed of eighteen members, eight of whom represent the City of Amsterdam A little more than one-half of the county population is in the city There are standing committees of six members each on Laboratory, Sanatorium, and Child Welfare

Laboratories and Hospitals There is at present before the Board of Supervisors a proposition to erect a fire-proof modern building of 75 beds at a cost of $250,000 to replace the present Tuberculosis Sanitarium, outgrown and out of date When the County Laboratory was instituted and the Committee from the County Medical Society brought up the subject of a schedule of fees, one of the Supervisors said, "If you are really going to give the people something, why not make the service free"—and so it was started and has remained A contract was made with the Board of Directors of the Amsterdam City Hospital and its Wasserman Memorial Laboratory to provide quarters, light, gas and water Since then the Supervisors have granted more funds and branch laboratories are maintained at St Mary's Hospital and the County Sanatorium The staff includes full time pathologist, four technicians, part time stenographer and two assistants The budget for 1929 is $19,000, with rebate by the State

By this cooperation, Clinical work is provided for in the St Mary's Hospital and the City Hospitals There are about 150 beds in the two hospitals In the sanatorium with an official capacity of 42 there are now 67 of which 22 are in the Preventorium

Boards of Health There are ten part-time health officers in the County of Montgomery The city of Amsterdam has a health center, at the City building, where clinics in child welfare and venereal diseases are conducted

Pretuberculosis A City Dispensary has for many years been carried on in charge of one physician Here are gathered and kept under observation, the pre-tubercular children Last year 100 cases made 700 visits The tuberculosis nurse of the Department of Health is in close association with the physician in charge of this department The children cared for in the Summer camps and belonging to the city come in through this agency, those from the country come from the schools and clinics supervised and selected by the Executive Secretary of the County Committee on Tuberculosis and Public Health She is in close touch with the school nurses over the County As stated previously the Preventorium provides for another group of undernourished children selected by the Superintendent of the County Sanitarium At the present time they number 22

School Health Supervision School health supervision is carried on within the County of Montgomery by both full-time and part-time physicians all of whom are practitioners within the county There are a number of full time school nurses employed who are designated as School Health Teachers when sufficient requirements have been obtained in the way of post-graduate work to entitle them to this certificate granted by the State Board of Regents The city of Amsterdam alone expends $25,000 per annum for the purpose of School Health Supervision

Public Health Nurses In addition to the School nurses employed as a rule in the City and County Schools, there are five Public Health Nurses employed in three of the industrial plants of the County, and four in the Department of Health of the City of Amsterdam, the Community Nursing Service employ three nurses who have taken over the nursing work of the insurance companies

Red Cross The Montgomery County Red Cross steadily cares for the veterans of the American Legion, extending aid in nursing, surgical operations, and various other services, not otherwise provided for

State Charities Aid Association and County Committee Among lay organizations, The County Committee on Tuberculosis and Public Health of the State Charities Aid Association has been very active during the last eighteen years It is financed by about six thousand dollars annually, the result of the Christmas Seal Sale From this amount are paid the salary of an Executive Secretary, the costs of a summer camp for undernourished children, assistance in organizing clinics, lectures, circulating literature, a booth at the County Fair, and whatever opportunities are presented for cooperation with other agencies

Luncheon Clubs The Kiwanis and Rotary Clubs are always cordial workers in Public Health Affairs and favorably mold public opinion

Commercial Organizations The Chamber of Commerce in Amsterdam has its Committee on Public Health and can be reckoned on to support every sound welfare movement The same spirit

* Read at the meeting of the Medical Society of the County of Montgomery January 24 1929, Wm. G Pierce, M D Secretary

OBSTETRICAL FILMS FOR LECTURE PURPOSES

The Committee on Public Health and Medical Education of the Medical Society of the State of New York has approved the two moving picture films on Obstetrics prepared for lecture purposes by Dr Paige E Thornhill of Watertown

The first film, entitled, "Prenatal Care," is about 400 feet long and requires 20 minutes to run It shows the examination of the patient upon her first office visit, including the detail of pelvic measurements It also shows the method of diagnosing position and presentation at the ninth month

The second film is about 800 feet in length and requires 35 minutes to run. The picture, "A Normal Delivery in a Home," shows how, with a sterile bundle and a little care, one can secure fair surgical technic with no trained assistance It emphasizes the use of sterile bundles in home deliveries

These films were shown before the Obstetrical Section at the last State Society meeting Doctor Thornhill has been fortunate in having the films reviewed by several prominent teachers of obstetrics and has profited by their criticism and advice

The films are available to any county society or lecturer, to whom they will be loaned by Doctor Thornhill without cost except the expense of transportation and insurance, and of course an agreement for their prompt return

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LEGISLATIVE BULLETIN NO 1—JANUARY 22, 1929

The new legislative season has made an auspicious beginning Certain of the bills which we have annually opposed are already on the docket for this year, namely, the anti-vivisection bill, introduced again by Mr Vaughan, Assembly Int No 166, and the compulsory health insurance bill, by Mr Cuvillier—Assembly Int No 41—identical with the bill which he has presented annually for the last five or six years

Old age insurance promises to be an interesting subject this year and quite likely the legislature will do something about it, either appoint a commission to study the matter and submit a bill to the 1930 legislature, or enact one of the several bills that have been introduced this year None of them, however, carries any medical clause, except Mr Cuvillier's The following bills have already been introduced

Old Age Assistance

Senate Int. No 41—Antin, creates temporary state commission to study old age pensions

Senate Int. No 110—Love—concurrent Assembly Int No 12—Miller, outlines a law as an amendment to the Poor Law, providing for assistance to aged poor persons and creating an old age assistance commission

Senate Int. No 150—Mastick—concurrent Assembly Int. No 273—Goodrich, is a similar bill, but instead of creating a commission, it authorizes the establishment of a bureau of old age assistance under the State Charities Law

Senate Int No 225—Wicks—concurrent Assembly Int. No 264—Bernhardt, adds a new article, No 20, to the State Charities Law, establishing a bureau of old age welfare and appropriates $500,000 for its administration

Hospital Records

Senate Int No 87—Burkhard—concurrent Assembly Int No 186—Gallagher, offers to amend section 412 of the Civil Practice Act, providing a subpoena duces tecum requiring production of hospital records, must be served *at least five days before day fixed for production thereof* This is an important amendment, allowing the hospital a period of five days in which to prepare and submit its records when they are demanded by the court

Sanitation

Senate Int. No 5—Freiberg—concurrent Assembly Int. No 210—Swartz, reintroduces amendments that were before the legislature for the last several years, prohibiting the discharge of sewage into waters of the state, including streams, springs and bodies of surface and ground water, so as to create a menace to health or become a public nuisance

Vacation Camps

Senate Int No 39—Buckley—concurrent Assembly Int. No 65—Streit, adds new article to the General Municipal Law, authorizing child welfare boards to establish vacation camps for children between the ages of ten and fourteen, during the summer months of June, July and August The camps are to be fully equipped with everything required to shelter, feed, entertain and care for the children and placed in charge of a competent manager or matron Children are to be admitted through request made by the parents to the board, which may then, in its discretion, issue an invitation to such child or children to become its guest at the camp for a period not exceeding two weeks in any one year, at such rate

COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

A meeting of the Committee on Public Health and Medical Education of the Medical Society of the State of New York was held in the rooms of the Society, 2 East 103rd Street, on December 20, 1928 Those present were Dr Farmer, Chairman, and Drs Kosmak, Groat, Longstreet, Bayne-Jones, and Greene, and Dr J S Lawrence, Executive Officer

The committee reviewed the report of the Chairman which was submitted to the Council on December 13, 1928, a copy of which had previously been sent to each member of the committee, as also summaries for all the courses given since September 1, 1927 It also considered and approved the requests of county societies for courses during the spring of 1929 and the plans for these courses

Doctor Kosmak proposed as an additional course to be offered by the committee one which would deal with the methods of making periodic health examinations This proposal was unanimously accepted by the committee Doctor Kosmak suggested that Doctor Otto H Leber might be asked to outline such a course This suggestion was also unanimously accepted

Doctor Bayne-Jones was asked to secure the aid of Doctor McCann in arranging a course on Diseases of the Blood for Clinton County

There was a general discussion of the possibility of the extension of the Sheppard-Towner Act by new legislation, and it was unanimously decided that the Legislative Committee of the State Society be informed that the Committee on Public Health and Medical Education is of the opinion that all future work in post-graduate medical education to County Medical Societies in the subjects of Obstetrics and Pediatrics should be under the direction of and financed by this committee

The committee disapproved the plan of manufacturers of Physiotherapy apparatus giving post-graduate courses in this subject, and recommended to the Executive Committee of the State Society that the Executive Committee protest to the Council of Physical Therapy of the American Medical Association against the acceptance by the Journal of the American Medical Association of advertisements offered by such companies

The surveys of illness conducted in counties by official agencies without the approval of the county medical society, was disapproved It was suggested that the Chairman of the committee confer with the Chairman of the Committee on Public Relations regarding the matter The Committee considered in a general way the public dissemination of medical knowledge

The Chairman was authorized to prepare a statement for the NEW YORK STATE JOURNAL OF MEDICINE regarding the availability of films prepared by Doctor Paige Thornhill of Watertown, New York, on obstetrical subjects for lecture purposes

It was decided that the Committee should have another meeting before the annual meeting of the House of Delegates, at which time the following subjects would be considered 1 Diphtheria Immunization, 2 Health Surveys by County Medical Societies, 3 Periodic Physical Examinations, and 4, other Public Health activities for which the County Medical Society is entirely responsible

THOMAS P FARMER, *Chairman*

POST GRADUATE COURSE ON PERIODIC HEALTH EXAMINATIONS

Dr Otto H Leber, chairman of the Special Committee on Periodical Examinations of the Medical Society of the County of New York, has submitted the following outline

Lecture 1—The Relationship of the Periodic Health Examination to the Modern Practice of Medicine This lecture is to include the following What is a health examination, what it should include. What its functions The difference between it and the regular work of the physician Does it pay him to do it Relation of specialist to the periodic health examination Lecturer, Dr Otto H Leber

Lecture 2—A health examination demonstration with Motion Picture Lecturers Dr Charles J Dillon, and another

Lecture 3—The Periodic Health Examination in Children, with reference to the infant, the preschool child, and the school child Lecturers Dr William St Lawrence, and another

Lecture 4—The Prescription, follow-up, and diet for different kinds of clients The school child, the woman, the business man and the farmer, with special reference to a selected three of the foregoing classes Lecturer Dr Ward Crampton

The Committee on Public Health and Medical Education of the State Society will be glad to arrange to have this course given for any County Medical Society which desires it. It is the opinion of the Committee that this course will be of decided benefit both to the profession and the public in general

Compensation for Motor Injuries

Senate Int No 220—Sheridan, Assembly Int No 295—Bloch, creates temporary commission to investigate subject of compensation for injuries from motor vehicle accidents

Senate Int. No 261—Webb, Assembly Int No 467—Lattin, amends Lien Law by providing for lien of hospital for treatment in accident cases This bill was prepared and introduced by the Department of Hospitals of the State Board of Charities, at the request of quite a number of hospitals in different parts of the state It provides that the hospital shall have lien for the amount of its reasonable charges upon any insurance or other fund or benefit which may be paid on account of the accident either to the injured person or to his guardian, if he be a minor It requires that the person who brings the accidentally injured person to the hospital shall disclose to the hospital authorities the name of the injured person, as well as the name of the person or corporation causing the injury, if he possesses that knowledge

Sterilization

Senate Int No 289—Brown, Assembly Int No 338—Dominick, provides for the sexual sterilization of insane, idiotic, imbecilic, epileptic and feeble-minded inmates of institutions supported wholly or in part by public funds Mr Dominick has reintroduced his bill of last year with slight amendments It provides for the appointment of a special board composed of one institutional medical superintendent, other than the superintendent in charge of the patient, a medical representative of the Department of Mental Hygiene, and a representative of the medical profession who is not a state employee Every petition for sterilization must be passed upon by this board

Nurse Employment Agencies

Assembly Int No 416—Lattin, amends section 170, General Business Law, by providing provisions for licensing employment agencies shall not apply to incorporated alumnae associations of registered nurses This amendment was requested so as to exempt certain nurse alumnae association homes closely affiliated with nearby established hospitals from being confused with commercial employment agencies

Hearings

Assembly Int No 35—Remer, amends Penal Law by permitting use of instruments for contraceptive treatment of married persons, when applied by physicians A hearing is announced on this bill for February 19th, 2 00 p m, before the Assembly Committee on Codes

Assembly Int No 77—Cuvillier, amends the Penal Law, making it a felony punishable by imprisonment for from five to ten years, to sell poisonous beverages A hearing will be held on this bill on February 12th, at 2 00 p m, before the Assembly Committee on Codes

Henry L K Shaw,
Harry Aranow,
Garrett W Timmers,
Committee on Legislation,
Medical Society of the State of New York

LEGISLATIVE BULLETIN NO 3—JANUARY 31, 1929

The Committee, as in former years, is very eager to have comments from the chairmen with regard to the attitude of the physicians in their societies upon the bills as they are announced We have always had very excellent cooperation from some of the counties This morning we had a statement from the Committee of the New York County Society, making some comment upon every bill thus far reported Their comment in many instances was limited to a word of approval or disinterest, and when disapproval was mentioned, a brief explanation was given of the grounds for their action It would not require much time of every Committee to take similar action about once a week and report to us It would help your State Committee enormously

The following bills have been introduced since the last bulletin was prepared

Sanitation

Senate Int No 407—Pitcher, Assembly Int. No 626—Lattin, authorizes establishment of sewer rents in any village which has a sewer system

Senate Int. No 408—Pitcher, Assembly Int. No 623—Lattin, relative to orders by health commissioner to protect water supplies, by striking out the word "emergency"

Senate Int No 409—Pitcher, Assembly Int No 621—Lattin, requires approval by State Health Department of all plans for installing or altering water purification plants

Senate Int No 410—Pitcher, Assembly Int. No 622—Lattin, authorizes establishment of sewer rents in cities

Senate Int. No 413—Pitcher, Assembly Int No 624—Lattin, provides penalty for discharge

as the board may prescribe Invitations can be issued only to children whose parents have resided in the district over which the board has jurisdiction for a period of two years immediately preceding The board, may, in preference to establishing its own camp, pay for the maintenance of any child or children in a camp of some other district, or in any privately owned or conducted camp which it has approved after inspection

Habit Forming Drugs

Senate Int No 111—Love, provides as follows "Whoever in violation of law or except upon written direction of a duly licensed physician furnishes, supplies or administers either for or without consideration any drug, medicine or chemical preparation, the use of which by said person tends to result in or produce a habit in such person dangerous or deleterious to the health, reason or mode of conduct of such person, shall be responsible in the three-fold damages to any person injured thereby"

Senate Int No 112—Love, amends the Public Health Law in relation to habit forming drugs, by defining a drug addict as one who habitually or unnecessarily takes or otherwise uses opium, morphine, cocaine, or other habit forming drugs, except when such taking or use is lawfully prescribed by a physician in the course of his professional practice, also makes it unlawful for a drug addict to possess any habit forming drug, except it be lawfully proscribed by a physician, also provides for the special marking of all bottles or containers holding habit forming drugs and the repossession by physician of all drugs prescribed but not used He has added to the penalties that the first violation shall be a misdemeanor and subsequent violation a felony Any violator or any provision of the law is to be examined before sentence and, if found to be an addict, he is to be sentenced to imprisonment for the maximum term and not discharged nor paroled until declared cured of his addiction by the medical authorities of the institution Drug addicts, while imprisoned, shall be segregated in a separate part of the institution

Senate Int. No 113—Love, amends section 242, Penal Law, by making it assault, second degree, to unlawfully administer or cause to be administered to or taken by another, poison or any drug or medicine dangerous to life or health whether or not there is an intent to injure

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In previous years, during the legislative season, the Committee has employed an extra assistant in the Albany office to help issue the bulletins and supply county chairmen with copies of bills, but this year the appropriation for extra clerical service was not allowed and we will, therefore, be unable to do as much for the chairmen as we have been accustomed to do We shall not send to every chairman copies of the bills as they are issued, but will be glad to send any particular bills to any person who may request them We shall continue the issuance of bulletins in order that we may keep every chairman promptly and accurately informed as to the introduction and progress of bills having a relation to the practice of medicine

Henry L K. Shaw,
Harry Aranow,
Garrett W Timmers,

Committee on Legislation, Medical Society of the State of New York

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LEGISLATIVE BULLETIN NO 2—JANUARY 26, 1929

Compensation

For the last several years bills have regularly been introduced in both houses, adding to the list of occupational diseases for which compensation is payable, all disabling diseases and disabling illnesses This same bill has already been introduced this year three times in the Assembly and once in the Senate, as follows Senate No 4—Love, Assembly No 52—Esquirol, Assembly No 392—Coughlin, Assembly No 487—Nugent

Senate Int No 182—Fearon, amends sub-division 2, section 3, of the Workmen's Compensation Law, by classifying as occupational diseases to be compensated for, injuries from radium, radium emanations, or *X*-ray, and any process involving the use of radium, radium emanations or *X-ray*, in hospitals or laboratories This bill was introduced at the request of the Department of Hospitals in the State Board of Charities

Assembly Int No 389—Cantor, reintroduces a bill of last year which amends section 13 of the Workmen's Compensation Law, by striking out provision that claim for medical treatment shall be void as against employer unless physician within twenty days after first treatment furnishes a report of injury and treatment

Ambulance Chasing

Senate Int No 281—Sheridan, Assembly Int No 364—Moran, amends Education Law relative to practice of medicine, by requiring physician to certify that he has never solicited or advised patients while attending a hospital, to retain an attorney for purpose of prosecuting claim for personal injuries, and making other provisions

ished children or those threatened with tuberculosis

Workmen's Compensation

Senate Int No 182—Fearon, reported in bulletin No 2, has been introduced in the Assembly, Int No 628, by C P Miller This bill classifies as occupational diseases to be compensated for, injuries from radium, radium emanations or x-ray

Assembly Int. No 536—C P Miller, reported in bulletin No 3, has been introduced in the Senate, Int No 524, by Mr Gates This bill provides compensation for employees disabled because of silicosis

The bill in which we were so vitally interested last year, which provided for the creation of an advisory medical council in the industrial board, we are reliably informed is being redrafted with provision for compensating members of the council for services they may render, and will be reintroduced at an early date

Education

Senate Int No 512—Webb, provides that there shall be a board for each profession named in law, of three or more members appointed by regents from the state at large. This bill would supersede all regulations contained in the separate professional laws with regard to the appointment of examining boards and the manner of rating papers, by providing a uniform scheme to obtain with all It automatically legislates out of office all of the present members of the examining boards, but does not prevent their being reappointed under the new regulations The object of the regents in promoting the legislation is to secure uniformity of procedure in all examinations for professional licensure

Sanitation

Senate Int. No 438—Freiberg, Assembly Int No 660—Swartz, empowers state health commissioner to administer and enforce all laws relating to pollution of waters, and appropriates $100,000 00

Narcotics

Senate Int No 111—Love, reported in bulletin No 1, has been introduced in the Assembly—Int No 710—by Mr Esquirol This bill provides a three-fold damage for injuries caused by the unlawful furnishing, supplying or administering of dangerous drugs or medicine

Progress

Senate Int No 87—Burkard, reported in bulletin No 1, allowing five days for the production of hospital records upon court request, has been amended to read *two* days instead of five. Such amendment is under consideration by the Committee on Codes, with which the bill rests in the Assembly

Hearings

February 12th—2 P M —Assembly Int. No 166—Vaughan, anti-vivisection bill. Assembly Committee on Codes

February 12th—2 P M —Assembly Int No 77 —Cuvilier, poisonous beverages Assembly Committee on Codes

February 19th—2 P M —Assembly Int. No 35 —Remer, birth control bill Assembly Committee on Codes

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Senate Committee on Public Health

Pitcher, Watertown (Ch.), Baumes, Newburgh, Thayer, Chatequagay, Mastick, Pleasantville, Freiberg, Buffalo, Slater, Rochester, Love, Brooklyn, Kennedy, New York City, Hastings, Brooklyn

Henry L K. Shaw,
Harry Aranow,
Garrett W Timmers

Committee on Legislation, Medical Society of the State of New York

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THE LAW ON CONTRACEPTIVE ADVICE

Every physician in New York State is confronted with apparently contradictory statutes in regard to his giving contraceptive advice The Medical Practice Act of 1926, Section 174e, forbids him to give that advice, while the Penal Law of 1881, Section 1145, permits him by implication to give such advice *"for the cure or prevention of disease"* An amendment to Section 1145 of the Penal Law has been introduced in the Assembly (Introductory Bill No 35), in order to clarify the law and correct its contradictory provisions

Section 174 of the Medical Practice Act of 1926 reads as follows

"2 The license of a practitioner of medicine may be revoked, suspended or annulled or such practitioner reprimanded or disciplined in accordance with the provisions and procedure of this act in any of the following cases "

"(e) That a physician did undertake or engage in any manner or by any ways or means whatsoever to procure or to perform any criminal abortion and/or to violate section eleven hundred and forty-two of the penal law"

Section 1142 of the Penal Law, which was enacted in 1873, reads

"A person who sells, lends, gives away, or in any manner exhibits or offers to sell, lend or give away, or has in his possession with intent to sell, lend or give away,

of sewage from any public sewer system into waters of the state without a permit

Assembly Int No 618—Kahan, empowers the Department of Health to supervise public summer camps and cottages, to enforce health council regulations and sanitary code

Health Officers

Senate Int No 402—Pitcher, Assembly Int. No 596—Lattin, exempts health officers from duty of examining school children

Senate Int No 411—Pitcher, Assembly Int. No 625—Lattin, providing that when Commissioner of Health appoints a health officer, he shall be qualified as "provided by regulation of public health council"

Child Welfare

Senate Int No 332—Antin, provides for child welfare allowance in case mother becomes incapacitated

Senate Int No 370—Webb, Assembly Int No 544—Rice, amends the Education Law relative to children with retarded mental development

Assembly Int No 583—Carlin, provides for continuing child welfare allowance to widowed mother while confined in a hospital

Narcotics

Senate Int No 399—Love, Assembly Int. No 435—Story, makes penalty for having narcotics in possession imprisonment for not less than five nor more than ten years, instead of not more than ten years as at present

Assembly Int No 566—Dickey, makes it a felony to sell or distribute habit forming drugs, imprisonment not to exceed ten years

Workmen's Compensation

Assembly Int No 536—C P Miller, provides compensation for employees disabled because of silicosis

Dancing Contest

Senate Int No 324—Hofstadter, Assembly Int No 501—Moffat, prohibits dancing contests where contestant continues in contest longer than twelve hours during any twenty-four

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Assembly Committee on Public Health

Dr Lattin (Chairman), Orleans County, Esmond, Saratoga County, Austin, Monroe County, Van Cleef, Seneca County, Bernhardt, Erie County, Van Alstine, Cayuga County, Gimbrone, Erie County, Lewis, Oswego County, Stevenson, Delaware County, Cline, Kings County, Doyle, Kings County, Reidy, Bronx County, Streit, New York County

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Henry L. K Shaw,
Harry Aranow,
Garrett W Timmers,
Committee on Legislation,
Medical Society of the State of New York

LEGISLATIVE BULLETIN NO 4—FEBRUARY 6, 1929

The following bills have been introduced since issuance of the last bulletin

Public Health

Senate Int. No 466—Pitcher, Assembly Int. No 679—Lattin, making compulsory vaccination law apply to any city of 50,000 or more inhabitants, instead of cities of first and second class, and modifying the report of vaccination to be submitted by the physician by requiring that the address of the person vaccinated be given and not the name and address of parents in the event that such person is a minor, and requiring a description of "the type of reaction found" upon re-examination.

Senate Int No 467—Pitcher, Assembly Int. No 680—Lattin, requires that whenever rabies shall exist among dogs, it shall be unlawful for any person owning, boarding, or otherwise keeping a dog, within the general health district, consolidated health district, city, village or town, "to permit such dog to be at large or to be on leash elsewhere than on the premises of the owner, except it be on the premises of another person with the knowledge and assent of such other person, unless muzzled with a properly fitting muzzle

" Violation of this provision is to be considered a misdemeanor and subject to a fine of not to exceed $25 00 for the first offense and not less than $25 00 nor more than $50 00 for each subsequent offense, or by imprisonment in the county jail for not to exceed 25 days During such period any duly appointed dog warden or any peace officer shall, and any other person may, seize and confine or kill any dog found unmuzzled in violation of this section, and the person doing so shall immediately report in writing the facts relating thereto, to the health officer Such person shall not be held liable for damages if the facts are properly reported to the health officer, who will in turn forward the report to the State Department of Health

Senate Int. No 522—Westall, authorizes the supervisors to appropriate money for maintaining an incorporated society or organization operating a preventorium or health camp for undernour-

tion, such as the support of a legislative bill, should take a vote on the attitude of the society, and that after the vote had been taken, the minority should support the majority, or at least refrain from expressing an opinion contrary to that of the majority However, the doctor did not suggest any means of disciplining a minority who opposed the will of the majority

3 Fee splitting was next discussed by Dr Reik, who said that a Grievance Committee, modelled after that of New York State, could handle the problem

4 Popular Medical Education was the fourth subject discussed Dr Reik described the work of the field secretary of New Jersey, Mrs Taneyhill, in lecturing to women civic organizations throughout the state, principally under the auspices of the women's auxiliary

5 Newspaper advertisements of quack remedies was next discussed Dr Reik described some correspondence which he had conducted with the New York *Times* regarding influenza advertisements, and said that the Editor had expressed a willingness to discuss the subject with a representative of the Medical Society of the State of New York

Dr Thomas G Simonton, President of the Medical Society of the State of Pennsylvania, said that one Philadelphia newspaper had received $30,000 00 from influenza advertisements in one month

Dr James N Vander Veer told of his experiences with the Albany newspapers and said that at first they refused to reject quack advertisements on the ground of existing contracts, but that in the course of three or four years the doctors had influenced the editors to throw out nearly all the objectionable advertisements

Dr J B Morrison, Secretary of the New Jersey State Medical Society, spoke of the exhibits at the State Society meeting, and said that the standards of the Council on Pharmacy and Chemistry of the A M A. was the standards on which the exhibits were accepted

6 The sixth and last topic discussed by Dr Reik was the relation of doctors to lay health organizations He urged that members of county societies should act from a sense of civic duty and assume the leadership in health matters which are now preempted by the lay organizations

Dr E K. Mulford, President of the New Jersey State Society, suggested that county societies shuld seek to place dcotors on the Board of every lay organization that takes part in health work

7 The seventh topic,—"The value of the personal influence of the officers of the State Society over individual leaders in the county societies,"—was introduced by Dr James E Sadler, who described his experiences with two societies to which he had made official visits, and urged the adoption of certain activities, without response from the societies A year later, he had visited the societies and did not make an address, but in its place he sat down with two or three leaders and induced them to enter into the work with enthusiasm

Dr Morrison described the good results which had followed the visits of the State Officers to every one of the twenty-one county societies of New Jersey, and the rehabilitation of all those which were almost inactive

Dr Harry Walter Albertson, past-president of the Medical Society of the State of Pennsylvania, spoke of the good results which had followed the visits of the representatives of the State Department of Health to the ten counties in which midwives were licensed to practice

8 Dr Simonton introduced the eighth subject,—that of Workmen's Compensation He described an informal discussion on a railroad train when three members of the State Compensation Commission told three representatives of the State Medical Society that the Commission had numerous records of reprehensible cupidity on the part of doctors, and suggested that the doctors clean house, and set their own internal affairs in order before they came to the Compensation Commission

Dr Donaldson said that medical house cleaning was a harsh term to apply to doctors, and suggested the substitution of the words "Economic introspection"

Dr Vander Veer told of his experience before a Compensation Board, in which he had charged $3 00 per visit on an injured man, and the Chairman of the Board had ordered the price cut to $2 00 Dr Vander Veer replied, "I have just finished a survey of my office work during the past year, and have found that my overhead expenses average $1 48 for every visit of every case that comes to my office for treatment." The Judge replied, "That is the first direct evidence I have ever heard of what it costs a doctor to treat a patient The bill is approved as submitted"

Dr Vander Veer went on to emphasize the need of accuracy in the doctor s records of the history and treatment of every case, and said that most of the difficulties which doctors have with the State Compensation Commission are due to misunderstanding which the doctor could explain, if he had the proper record

9 A medical department in the Cabinet of the President of the United States was suggested by Dr Simonton, who described the benefit that would come from a Cabinet Officer, such as is being proposed by the A M A He said that one of the Mayo brothers was

or advertises, or offers for sale, loan or distribution, any instrument or article, or any recipe, drug or medicine for the prevention of conception, or for causing unlawful abortion or purporting to be for the prevention of conception, or for causing unlawful abortion, or advertises, or holds out representations that it can be so used or applied, or any such description as will be calculated to lead another to so use or apply any such article, recipe, drug, medicine or instrument, or who writes or prints, or causes to be written or printed, a card, circular, pamphlet, advertisement, or notice of any kind, or gives information orally, stating when, where how, of whom, or by what means such an instrument, article, recipe drug or medicine can be purchased or obtained, or who manufactures any such instrument, article, recipe, drug or medicine, is guilty of a misdemeanor, and shall be liable to the same penalties as provided in section eleven hundred and forty-one of this chapter"

This Section was amended in 1881 by adding Section 1145 in order to exempt the instruments and advice of physicians when treating actual cases of disease Section 1145, the so-called "physicians' exemptions," reads

"Physicians' instruments An article or instrument, used or applied by physicians lawfully practicing, or by their direction or prescription, for the cure or prevention of disease, is not an article of indecent or immoral nature or use, within this article. The supplying of such articles to such physicians or by their direction or prescription, is not an offense under this article."

Since contraceptive treatment is not mentioned in the law of 1881, and is mentioned in that of 1873, an Assembly Introductory Bill No 35 has been introduced by Mr Remer so as to show clearly that contraception advice to his patients is the legal right of a physician The proposed amendment reads

Section 1 Section eleven hundred and forty-five of the penal law is hereby amended to read as follows

No 1145 *Physicians' instruments* An article or instrument, used or applied by physicians lawfully practicing, or by their direction or prescription, *for the contraceptive treatment of married persons or* for the cure or prevention of disease, is not an article of indecent or immoral nature or use, within this article. The supplying of such articles to such physicians or by their direction or prescription is not an offense under this article. No 2 This act shall take effect immediately

ROBERT LATOU DICKINSON, M D

Secretary, Committee on Maternal Health, New York City

TRI-STATE CONFERENCE

The eleventh Tri-State Conference of the officers of the medical societies of New York, New Jersey and Pennsylvania, was held on Saturday, February 2nd, in the Transportation Club in the Biltmore Hotel, New York Those present from New York State were Dr Harry R. Trick, President, who presided, Dr James N Vander Veer, President-elect, Dr James E Sadlier, past-president and Chairman of the Public Relations Committee, Dr John A Card, Speaker of the House of Delegates, Dr William H Ross, Trustee, Dr Joseph S Lawrence, Executive Officers, and Dr Frank Overton, Executive Editor

The conference began at 10 30 a m and continued until nearly 5 o'clock, with a luncheon intermission during which time, however, those present talked shop informally

The subject of discussion as announced on the program was "The opportunities of the County Medical Society" The conference was a continuation of a discussion of the same subject which was considered at the Tenth Conference at Atlantic City on November 10th, which was reported on page 1437 of the December 1st issue of this Journal Twelve principal subjects were discussed at the Eleventh Conference, the first six being introduced by Dr H O Reik, who was listed as the principal speaker of the conference

1 Dr Reik, speaking on the subject of securing new members, asked the question, "Are all available doctors enrolled as members?" He suggested that the Secretary of each County Society should write to the Biographical Department of the American Medical Association, in order to secure data on every doctor proposed for membership, as the A M A keeps a complete record of every doctor that passes a State Board examination, including his preliminary education Dr Reik suggested that each State Medical Society amend its constitution nad by-laws so as to require the record of the A M A before a County Society could elect a physician to membership

Dr W F Donaldson, Secretary of the Medical Society of the State of Pennsylvania, endorsed this suggestion

Dr James N Vander Veer suggested that the problem was not so much to get members as to arouse and maintain the enthusiasm of the older ones

Dr Frank Hammond, Editor of the Pennsylvania Medical Journal, said that the Pennsylvania State Society had tried the experiment of sending the State Journal to all nonmembers in order to stimulate them to join the County Society He also related an experience in trying to expel a doctor from the Philadelphia County Society for unethical advertisements and how, finally, after two or three years of talking about starting formal proceedings, a few leaders induced the objectionable member to resign quietly

2 The second subject discussed by Dr Reik was "Rule by the Majority" He argued that members of a county society debating a ques-

SECOND ANNUAL GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

The New York Academy of Medicine conducted a "Graduate Fortnight" on the subject "The Problem of Aging and Old Age" during the first two weeks of October, 1928, as described in the September 15, and October 15 issues of this JOURNAL. The success of that series of lectures and clinics has led the Committee to make the following announcement of a second series to be given next October —*Editor's note*

The New York Academy of Medicine is making arrangements for a second series of lectures at the Academy, coordinated clinics, clinical demonstrations and courses in hospitals and teaching institutions of New York, on the subject of "Functional and Nervous Problems in Medicine and Surgery" The Fortnight will be held during the period October 7th to 19th, 1929

It is believed that this year's subject will attract not only the medical profession generally but also social workers and those especially interested in public welfare The field includes those functional disturbances which have been much neglected in the last thirty years, in comparison with the structural disturbances of the human body

Evening sessions will be held at the Academy at which well-known authorities will discuss many phases of the general subject During the mornings and afternoons specially prepared clinical programs will be presented in a number of the leading hospitals of the city It is planned to present a full day's clinical program in each hospital cooperating in the Fortnight. Among the special subjects which will be considered in the lectures and clinical program are

Sleep and insomnia.
Headache and migraine.
Endocrines and the vegetative system.
The involuntary nervous system.
General survey of the visceral neuroses
Metabolism and the vegetative nervous system.
Allergy and the nervous system.
The surgery of the vegetative system.
Post-traumatic neuroses
Post-operative neuroses
The psychoneuroses
The cardiac neuroses
The digestive neuroses
The vascular neuroses
Shock.
Psychotherapy
Hysteria.
Mental hygiene in connection with general practice.
Habit problems in children.

The profession is generally invited to attend No fee will be charged for attendance at any of the meetings or clinics on the program

THE ASSOCIATED PHYSICIANS OF LONG ISLAND

The thirty-first annual meeting of the Associated Physicians of Long Island was held on Saturday, January 26, in Brooklyn. About sixty members met at one o'clock in the Brooklyn Hospital for lunch as guests of the Hospital. A scientific meeting in the surgical amphitheatre followed The program of this session was planned after those of the years 1927 and 1928 (See editorial on page 190 of the JOURNAL for February, 1927) The program was prepared by Drs Walter Sherwood and Gordon Gibson, and special effort was made that each speaker should make a full preparation, so that he could deliver his message within a period of ten minutes The speakers carried out their parts with precision and the following program was given on schedule

PM		
2 30	1	End Results in Cases of Spina Bifida Dr William H Field
2 35	2	Clinical Demonstration (a) Typical Case of Multiple Sclerosis (b) Typical Case of Tabes Dorsalis Dr H R. Merwarth
2 45	3	68 Cases of Infectious Arthritis Treated with Vaccines Dr George E. Anderson
2 55	4	Observations on Prostatic Obstruction Drs William F McKenna and James Denton
3 05	5	The Practical Value of Electrocardiography Dr Edwin P Maynard, Jr
3 15	6	Recent Advances in Obstetrics Dr Eliot Bishop
3 25	7	Early Mobilization in the Treatment of Fractures Dr J B Given, Jr
3 35	8	Recent Advances in Pneumonia Therapy Drs W H. Lohman and A. E. Lamb
3 45	9	Some Cases of Omental Inflammation Dr John E. Jennings
4 00	10	The Histology of Gas Gangrene Dr James Denton
4 05	11	Older and Newer Treatments of the Cervix Uteri Dr R. L. Dickinson
4 10	12	Suppurative Phlebitis of the Sigmoid Sinus and Internal Jugular Vein Dr Frank Lasher
4 20	13	Renal Anomalies Dr N P Rathbun
4 30	14	The Practical Value of the Gastroscope (Clinical Demonstration) Drs H. F Kramer and J J Stefano
4 40	15	The Relation of the Bacterial Content of Milk to Digestive Disturbances in Infants Dr W H Donnelly
4 50	16	Typical *x*-ray Findings of Gastric and Duodenal Ulcer Dr Ruth Ingraham
5 00	17	Mesenteric Lymphadenitis Simulating Appendicitis Dr W A Sherwood
5 05	18	The Significance of the Liver Function Tests Louis Nerb, Ph.D

In the evening a banquet was held in the Hamilton Club, Brooklyn, after which an address with lantern slides was given by Dr John Foote, Professor of Pediatrics at the University of Georgetown, on the subject "Child Care in History and Art" This address was unique and interesting Dr Foote showed slides of paintings and sculpture illustrating the status and health of the child from early Egyptian times to the present Of special interest were the pictures showing the bottles

slated for the position, but Dr Reik said later that the position would go to Dr Wilbur

10 Dr Trick repeated the suggestion given at the Tenth Tri-State meeting, that lectures be given to medical students on the subject "The County Medical Society" (See page 1438 of the Journal of December 1, 1928) Dr Trick said that the State Medical Society would supply lecturers who would explain the methods and aims of the medical societies of the counties, state and nation, so that the graduates would seek entrance into county medical societies as soon as they started to practice medicine (This subject was discussed editorially on page 493 of this Journal of May 1, 1927)

11 The modern obligation of the medical profession was the subject of a half hour's address by Mr Lloyd Paul Stryker, Counsel of the Medical Society of the State of New York, who gave the substance of an address which he had delivered in New Jersey before the Hudson County Medical Society and which will be published in this JOURNAL of March 15

12 "The practical application of the suggestions made in the Tri-State conference" was the subject introduced by Dr W H Ross, Trustee of the Medical Society of the State of New York He began his remarks by quoting from an editorial entitled "The Tri-State Conference" which appeared on page 259 of the January issue of the Pennsylvania State Journal, in which the editor said concerning the Tenth Tri-State Conference, "In order that its real value may be fully realized, the wealth of ideas and suggestions must be put into effect by the workers in the field, discussion is worth while only when it eventuates in action" (See this JOURNAL, page 238)

Dr Ross then made the following suggestions

"1. The speaker of the day shall prepare his paper with the view to making definite suggestions and proposals for action

"2 He shall send the paper to each person expected to come to the conference

"3 Each person shall come to the conference prepared with definite suggestions regarding the proposals of the speaker

"4 The conference shall take definite action regarding the proposals"

Dr Reik, Secretary of the Conference, in closing the discussion, said that the meetings were conferences only, and were not intended to enforce any movement or decision If a point was not received unanimously it was dropped Each person attending the conference has the opportunity to express his opinion for the benefit of the rest He said that the conferees would be surprised to know how many new points of view the conference gives them The phrase of Dr Donaldson "Economic Introspection" was worth the price of the conference.

The conference voted to hold its next meeting late in the spring in Philadelphia, with the Pennsylvania State Society as host.

PHYSICIANS' ART CLUB

The Physicians' Art Club of New York closed its third annual exhibition at the New York Academy of Medicine on February 15 Over fifty physicians contributed painting, sculpture, etchings, photography and marquetry For the first time there has been a committee of awards, who passed professional judgment on the exhibits and awarded prizes to Dr Louis C Schroeder for his "Portrait Bust of a Boy," who was his own son, and to Dr Robert E Koch for his marquetry chess-board with its more than eight thousand pieces of wood

Honorable mention was awarded to Dr Robert L Dickinson for a group of his exquisitely rhythmic drawings including the original pen and ink drawing of the view from the roof of the Academy of Medicine which was published on page 40 of the January first issue of this JOURNAL.

Honorable mention was also given to the following exhibitors Dr Benjamin S Barringer for his painting "The Old Apple Tree," Dr Percy Fridenberg for water colors, Dr James A McCready for a portrait bust of Beethoven, Dr Arthur Nilsen for a portrait photograph of Sir St Clair Thomson

Among other exhibits of particular interest was the sculptured "Moses" of Dr I Seth Hirsch, and the photographs by Dr Frank R. Oastler and Dr Orrin Sage Wightman From the camera of the former was a group of "California Redwoods" which was quite superb in treatment, while the expert craftsmanship of Dr Wightman was well represented by a group of portraits of distinguished delicacy

Dr Theron W Kilmer, who has done a distinguished series of photographs of prominent medical men, showed three character study portraits in almost life size.

A graceful introduction to the program written by Dr Linsly R. Williams, Director of the Academy, closed with the hope that future exhibits will stimulate physicians to develop an avocation worthy of the best traditions of the medical profession

logic, presented with tact and consideration, that their money and efforts are being wasted or diverted into channels never intended by them If you do that, they shall be with us"

The following candidates were elected to membership Drs Isidore Goldberg, Emanuel A Manginelli, and George H Petti

Dr Boas, for the Committee on Public Health and Medical Education, presented the Preliminary Report of the Committee, with special reference to its investigation of Baby Health Stations

Dr Magid presented the Report of the Committee on Medical Economics, with special reference to the subject of the Credit Bureau

The program of the evening was devoted to Medical Economics and was as follows

(1) Address by Dr Harry R Trick, President of the Medical Society of the State of New York, with special reference to the State Society's attitude on some of the economic problems confronting the medical profession

(2) Address by Dr William Warren Britt, Chairman of the State Committee on Medical Economics, dealing mainly with the Medical Aspects of Workmen's Compensation

(3) Address by Dr Thomas P Farmer, Chairman of the State Committee on Public Health and Medical Education, presenting the attitude of his committee on the public health and economic problems of the medical profession

I J LANDSMAN, *Secretary*

ONEIDA COUNTY

The annual meeting of the Medical Society of the County of Oneida was held January 8, 1929

The following officers were elected at this meeting

President, Dr Hyzer W Jones,
Vice-President, Dr H F Hubbard,
Secretary, Dr William Hale, Jr,
Treasurer, Dr D D Reals,
Librarian, Dr T Wood Clarke,
Censors, Drs G M Fisher, W B Roemer, C R Bartlett, E M Griffith, E G MacFarland

Delegates to the House of Delegates Drs G M Fisher, J L Golly, and Dr Andrew Sloan, elected to serve two years in January, 1928, carried over

The following doctors were elected to membership Dr Ruth D Moore, new school physician in Utica, Dr Aaron Davis, Rome, Dr Schickry Farres, Utica, and Dr Albert L Crane, Utica State Hospital

Dr William B Roemer read the annual message from the retiring president, Dr Charles R. Bartlett of Boonville, who was ill and could not attend

"Allergic Diseases in Children" was the topic of a paper read by Dr T Wood Clarke He illustrated his discourse with charts A report was given by Dr T H Farrell, chairman of the committee working on closer relationship between the doctors and the Oneida Tuberculosis Committee

WILLIAM HALE, JR., *Secretary*

FULTON COUNTY

The 107th annual meeting of the Oswego County Medical Society was held in the Hotel Pontiac, Oswego, on December 4, 1928, with forty members present

Drs Anthony Cincatto of Fulton and Dr J K Spencer of Mexico were elected to membership

The following officers for 1929 were elected

President, S S Ingalls, M D, Fulton,
Vice-President, A G Dunbar, M D, Pulaski,
Secretary, G A Marsden, M D, Oswego,
Treasurer, Joseph B Ringland, M D, Oswego

A paper on Undulant Fever was read by Charles M Carpenter, Ph D, Diagnostic Laboratory, New York State Veterinary College Cornell University with the discussion being led by Dr C R Hervey of this city

Dr Edward J Wynkoop of Syracuse read a paper on Pyloric Stenosis, with discussion being led by Dr George A Marsden

Following the luncheon, served in the main dining room of the Pontiac Hotel at 1 30 o'clock, the election of officers was held, after which addresses were made by O W H Mitchell, M D, of Syracuse, chairman of the Committee on Public Relations, New York State Medical Society, Thomas Farmer, M D, Syracuse, chairman of the Committee on Public Health and Medical Education, New York State Medical Society, and Joseph S Lawrence M D, of Albany, executive officer of the Medical Society of the State of New York

from which "Pap," a cereal gruel, was fed to the babies as their principal food in the middle ages and as a result practically every child that was painted showed evidence of rickets, in the large square heads, bowed legs, and other signs of food deficiencies

The Associated Physicians of Long Island is an independent organization of about 1,000 physicians from all parts of the Island It publishes a Monthly Medical Journal, *The Long Island Medical Journal*, which is now in its 23rd year Dr E P Kolb, of Holtsville, is president of the Association, and Dr James Cole Hancock, of Brooklyn, is Secretary

BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on January 16, 1929, was called to order at 9 p m , the retiring President, Dr, Gitlow, in the Chair

Dr Gitlow addressed the members on the subject of "Ideals" He then turned over the gavel to the incoming President, who said

"The purpose of our meetings is threefold social, scientific and economic My personal observations have led me to believe that the majority of the members of the Bronx County Medical Society are interested in the social end of the meeting first, the scientific paper next and the economic part last and least. Hardly anybody takes an interest in the business part of the meeting Whenever we have had an economic meeting in the past we have barely had a quorum attend We fully recognize the importance of the social end of our meetings We welcome and are glad to have with us those men whose only reason for coming is a desire to meet and chat with their friends and fellow practitioners, but no meeting can be conducted properly unless the members see to it that there is absolute silence during the transaction of business Let those men who are not interested in the proceedings meet in the lobby or the balcony of the large ballroom A great many of our members come to the meeting either to partake in the business of the Society or to listen to the scientific papers and it is their right that they be given a chance to hear Ordinary courtesy demands that the readers of papers or reports be given a chance to be heard Let me ask your help in removing the one great defect in our meetings which would otherwise be as interesting and as successful as that of any county in the state With your cooperation I shall endeavor to give you interesting, orderly, dignified meetings

"The modern young physician should charge for his time If he does not, his very patients will look down on him and think less of him But if he is to be content, he must unfurl the flag of idealism, raise it higher and march behind it no matter how hard and discouraging the march may be It is this flag that has for centuries made our profession the highest and foremost in all human endeavors

"For generations the practice of medicine has been a self-sacrificing priesthood The family physician was the friend, adviser and father confessor to every member of the household Times have changed The dispensary, the clinic, the district nurse, the social service worker, the welfare worker, the life extension institute, the specialist,—each one has had its share in gradually weaning the patient away from his family physician We must resign ourselves to do without the great affection of our patients, but we must prove to a cynical, skeptical, iconoclastic postwar world that we deserve their respect and trust

"I, as your President, am in favor of introducing a resolution at the next meeting of the delegates of the State of New York stating that division of fees when the exact amount each physician receives is itemized and approved by the patient is entirely ethical and in keeping with the spirit of the times

"The half-baked specialist must be eliminated from the medical profession by the medical profession demanding that no man be allowed to specialize until he has been properly trained

"Dispensaries, clinics, centers and welfare organizations, like the great religions of the world, have been conceived in high idealism and inspiration Unfortunately, like the great religions, the original ideals have been almost destroyed by their ritual and abuses The great evil of these welfare organizations has been the army of paid workers This group, in order to make itself indispensable, has set out to make a record in the quantity of the work done Quality and necessity have been ignored The original purposes of these organizations have been almost obliterated by a mass of unnecessary and often harmful activities

"The men and women who give their money and their time to maintain these organizations still believe in the great motive and high idealism underlying their existence If you gentlemen attack these organizations indiscriminately, you will do unlimited harm and no good whatever You will destroy the faith of these fine people in the altruism of the medical profession These people are the finest and most influential in our country We not only must not antagonize them but we must have their friendship and cooperation We must convince them by proof and cold

MEDICAL WARES

THE SPECTROSCOPE

The spectroscope is one of the most delicate and accurate means of making certain kinds of chemical analyses It reveals the constituents of the distant stars as well as of industrial gases and body fluids It is invaluable to the astronomer, the manufacturer, and the physician

A spectroscope measures the wave lengths of the light of different colors A prism refracts light in varying degrees,—the red rays least, and the violet most When light enters a prism from a narrow slit, it is spread out as a band of colors A minute examination of the distribution of colors in the spectroscope indicates the chemical nature of the source of light.

The spectroscope may be one of the most simple of all optical instruments It has four essential parts —

1 A narrow slit to admit light from the substance to be examined

2 A prism or other device to produce a spectrum

3 A scale for indicating the wave lengths of the light in the several parts of the spectrum

4 A magnifying eye-piece for viewing the spectrum and the scale

All these essential parts may be assembled in a serviceable instrument of about the size of a fountain pen The outer end of such an instrument has a slit of about the length of the letter "i" on the page of this journal The width of the slit is adjustable to a fraction of a millimeter When the instrument is held with the slit upright, and is pointed toward the substance to be examined, light of each wave length which passes through the slit forms an individual image of the slit, and the whole series of images form a ribbon of colored light, which is called the spectrum Each color is produced by light of a certain wave length, which is indicated by a scale seen above the spectrum These numbers are used for indicating the position of each part of the scale with great accuracy The scale which is generally used indicates wave lengths in mille microns A micron is one-thousandth part of a millimeter A mille micron is one-thousandth part of a micron or one millionth of a millimeter The wave lengths of the visible parts of the spectrum run from about 780 mille microns for the red, to 390 for the violet Photographic means also will enable an observer to detect infra red rays longer than the red, and ultra violet shorter than the violet

The scale on a spectroscope may also be indicated in angstrom units, each of which is one-tenth of a mille micron

The simplest practical application of the spectroscope is that of detecting the presence of elements when they are in the form of an incandescent gas Each element when it is heated intensely so as to form an incandescent gas, gives off light rays which are particularly intense in certain parts of the spectrum Sodium, for example, forms a narrow line of brilliant yellow of a wave length of 589 mille microns The presence of this yellow line indicates sodium in the substance under examination

The spectrum of an incandescent gas is called a bright line spectrum, because it consists of a series of bright lines running crosswise of the ribbon of the spectrum This form of spectrum appears in the spectroscopic examinations of minerals, as in the manufacture of steel

There is also a dark line or absorption spectrum which is produced when the light from an incandescent gas shines through a cooler atmosphere of the same gas For example, when a considerable amount of sodium is heated for some time, the outer part of its incandescent gas may become somewhat cooled, so that its bright line is replaced with a dark line, for the bright lines of the intensely hot gas are absorbed in passing through the cooler parts The dark line spectrum is of great value in astronomy The spectrum of the sun, for example, is crossed by dark bands indicating that its light comes from incandescent gases which shine through a cooler atmosphere of the same gases

A third form of spectrum is that in which there is an even illumination of the spectrum, with neither light nor dark bands This is called a continuous spectrum, and is that which is given off by ordinary artificial lights, such as fires and electric light bulbs

This form of spectroscopic analysis is the one which is used in medicine for making analyses in which color is the indicator It enables an observer to determine the exact composition of light which comes from a colored object such as blood The red color of hemoglobin, for example, is a characteristic mixture of red with orange and yellow which varies in a definite way according as the blood is arterial, or venous, or contains carbon dioxide

THIRD AND FOURTH GENERATION OF DOCTORS

My grandfather, Dr Simeon Snow, was a practicing physician for over forty years in the town of Root, Montgomery County, N Y He was born February 17th, 1803, and died September 20th, 1865

Dr Snow's daughter, Margaret, who was born in 1845 and died in 1914, married my father, Dr Albert Vander Veer, who graduated in medicine in 1863, and has practiced medicine in Albany since that time Three of his boys are now practicing medicine—Dr Edgar A Vander Veer, and his brother, James N, are practicing in Albany, and a third, Dr Albert Vander Veer, Jr, is in New York City

My son, Albert Vander Veer, 3rd, expects to graduate from the Cornell Medical College in June and to take up the practice of medicine in Albany, thus making the fourth generation of the family engaged in the practice of medicine.

My grandfather, Dr Simeon Snow, had a son, Dr Norman Leslie Snow, who practiced medicine in Montgomery County and Albany for over thirty years He was born in 1839 and died in 1885 His son, Dr Frank S Snow, graduated in medicine in 1889 and is now practicing at Palatine Bridge, Montgomery County, so that he is the third generation of the Snow family practicing medicine

EDGAR A. VANDER VEER

MEDICAL SCHOOL INSPECTIONS

Following the publication of the report on the survey of defective school children of Saratoga County on page 104 of the January 15 JOURNAL, the following letter was received from Dr William A Howe, Chief of Medical Inspection Bureau of the State Education Department, Albany, N Y

"I am pleased to learn that the Saratoga County Medical Society is interested in securing more effective corrective attention to physical defects found among school children The employment of nurses for this special phase of the work is, I believe, the most effective means available It should be clearly understood, however, that these nurses work with the physicians of the County and that they should not assume individual responsibility of selecting the cases that need attention or the physician to whom such cases should be taken The more I see of this work the more deeply I am impressed with the fact that the family physician is the one who should be depended upon for the necessary corrective attention This is the policy we are following in our school work and I feel progress is being made

"In Superintendent Alter's District in Montgomery County he has recently employed a full time woman physician to serve the rural schools in the five towns in his district This means 54 rural school districts with approximately 2,866 school children Two nurses are available who devote their full time assisting the physician and carrying out her instructions A dental hygienist is also employed who gives her full attention to that phase of the work

"The Board of Supervisors of Ontario County has as you may perhaps know established a school hygiene district on May 31st, 1928 $6,000 00 was appropriated at once for the salary of a health director for the District, his traveling expenses and a clerk

"Dr B T McDowell of Bristol Center was elected Health Director for the District He is thoroughly familiar with the rural conditions in the County and will work in full cooperation with the physicians in the District The Board of Supervisors stand ready to provide two nurses to devote their full time to assist the health director and the other rural physicians of the County Money, in fact, has already been made available for that purpose The situation in Ontario County is purely a local one It is their expectation to continue it as such It will be their effort to operate their program so far as they can with Ontario County people at a minimum expense with an increasing degree of efficiency It will be an interesting demonstration and I am sure we will all be interested to watch its development"

THE DAILY PRESS

PURE WATER PAYS

The City of Olean, Cattaraugus County, will pay dearly for its epidemic of water-borne typhoid, which started last September It has been decided in a number of legal suits that a city is responsible for damages which may arise from a public supply of impure water Commenting on the outbreak, the *New York Sun* of February 2, says editorially

"The Mayor of Olean has recommended to the Common Council that the municipal water rates be increased 50 per cent Half the increase is to pay what an epidemic of typhoid fever resulting from impure water cost the taxpayers The old rates are admittedly too low to meet the expense of proper maintenance of the water works, which are owned by the city

"Olean had a costly lesson in the dangers of a water supply system inefficiently safeguarded The people have already paid high for neglect—all in anxiety and remorse, many in illness, some in death The money penalty is heavy, but alongside the other penalties incurred it is negligible

"This should be a lesson to other cities and towns The State Department of Health says that there are a number of communities in the State where the water supplies are insufficiently or ineffectually safeguarded, and it emphasizes 'the foolhardiness of taking a chance and jeopardizing the health and the lives of the people of these communities when a comparatively small sum will insure the proper protection' A safe water supply is within the means of every town, an unsafe water supply is too costly for any town to endure"

The responsibility of physicians for water supplies is obvious The medical profession considers itself to be the guardian of the health of the sound and well as an impersonal principle, but it takes no less than a personal loss to rouse any physician to such a pitch of excitement that he goes before the City Board and demands safeguards over the water Fortunately a physician need not sacrifice his time and reputation fighting on behalf of the public This duty rests upon the medical societies which can act in an impersonal way The personal duty of the physician is to support his Medical Society, and its leaders who have a special gift for the practice of civic medicine

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OBEDIENCE BY REQUEST

The psychology of influencing physicians to take part in medical society activities has an element of child training, in which there is a mixture of free will and compulsion This subject is discussed in a brief editorial in the *New York Times* of February 2, which says

"Elizabeth Wyckoff tells a story of a philosopher and well-known educator, 'one of the greatest men in America,' who represents the extreme left wing He was observed by a friend thoughtfully watching his young son, who was having a good time getting thoroughly wet and dirty in the icy water of a gutter almost blocked by slush

"'I am just trying,' said the great man on being questioned, 'to think of a way to make John *want* to come out of that gutter'

"At the other end of the argument is Alexander Black, with an essay on the need of a 'traffic cop' in every family This ungrateful job is allotted to mother Discipline should be her watchword She may enjoy presenting a 'sweet make-believe world' to her darlings but she must restrain herself 'It is rather a mean trick to conceal' from a child that everything works by severe laws which he may as well make up his mind to obey

"Between these two extremes parents must figure out a middle path If they are clever enough to think of a way to make children want to be obedient, they will be eligible to membership in both parties"

The editorial illustrates the attitude of the leaders of the Medical Society of the State of New York toward the members of County Medical Societies They sit up nights—in meetings and social gatherings—devising ways of making physicians want to put into practice the principles of organized medicine, and the results are seen in the rapidly increasing interest of doctors in the civic duties which devolve upon the medical profession

WOMEN AND VIVISECTION

An encouraging piece of news to the promotors of medical progress is contained in an editorial in the *Brooklyn Eagle* of February 5 Commenting on the attitude of women of the District of Columbia toward a proposed antivivisection bill, the editorial says

"House bill 11,993, now before Congress, would exempt dogs from vivisection in the District of Columbia and all other Federal jurisdiction areas Most women, we think, are fond of dogs, even of police dogs, fond of dogs of all breeds except the Dogs of War It was a French woman cynic who wrote "The more I see of men, the more admiration I have for dogs" And the sensibilities of women shrink from any spectacle of canine suffering Yet more than 2,000 delegates of the City Federation of Women's Clubs voted overwhelmingly against indorsing House Bill 11,993

"Undoubtedly the reasoning of Dr Simon Flexner was sound Experiments on dogs, as he said, "have done more to advance medical knowledge than experiments on any other animals, and are indispensable to scientific progress" And in a general way he was right in declaring that animal surgery today "is conducted as humanely as surgery on human beings"

"Hence the feelings of the 2,000 women delegates gave way to their sane judgment in the vote that was taken What Tennyson called "blind emotions" did not prevail If women handle the problems of citizenship with the same rationality they will justify the claims made in advance by the proponents and protagonists of universal suffrage"

MEDICAL WRITE-UPS

The daily newspapers sometimes accept medical write-ups of new discoveries prepared by reporters who have become professional freelances The usual course of events is that the reporter calls on a physician who is in the acute stage of an enthusiasm over a novel idea The reporter writes his article, quoting the doctor and making a plausible story which is accepted by the editor without further investigation When the doctor sees the story in print, he is as much chagrined as his medical colleagues

The *New York Herald Tribune* of February 4, carried a front page story entitled "Science Finds a Home Remedy Typhoid Cure," which is merely the old herb, wild indigo, which grows in yellow profusion all over the plains of Long Island

The paper quotes the doctor as explaining the origin of the investigation as follows

"The basis for our investigation is the fact that among primitive peoples everybody is more or less of a physician It is an instinct to fight disease They tried this, that and the other thing When you shoot with a scattergun a few bullets will hit the target. The primitive people hit on many valuable drugs, most of which have been taken over by standard medicine They also patronized magic and all kinds of useless remedies But where we find native tribes in different parts of the world or the country people of various different nations all using the same herb or treatment for the same disease it is a pretty fair chance that they have hit on something valuable"

QUACK CURES FOR COLDS

Dr Thomas G Simonton, President of the Medical Society of the State of Pennsylvania, said that one daily newspaper in his state had received $30,000 in one month for advertisements of cures and preventions of influenza New York, too, is in the midst of an epidemic of the same form of quack advertising, and the people fall for it, even those who are educated and are otherwise sensible

What are the objectionable statements in those advertisements? Here is one which appeared in the *New York Herald Tribune* of February 4, and in practically all the other daily newspaper of the city

"Treat your cold this pleasant way *X* will stop a cold before it gets started—Discovered while influenza raged Exhaustive tests traced the immunity to influenza of laboratory workers to chemicals with which they were working Analysis proved that a vapor given off by this concentrate actually killed the germs of common colds Here was an important discovery *X* the new product, came quickly into general use and now is daily attaining greater and greater popularity *X* the modern way to combat colds Its use is simple and pleasing A drop on a folded handkerchief—breathe the vapor—*instant* relief One application lasts all day A drop on both ends of your pillow will fight the cold as you sleep —an excellent way to treat the children's colds

"Get *X* from your druggist Each dollar bottle contains 50 treatments"

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SYPHILIS A Treatise on Etiology, Pathology, Symptomatology, Diagnosis, Prognosis, Prophylaxis, and Treatment. By HENRY H HAZEN, A.M., M D Second Edition Octavo of 643 pages, with 165 illustrations St. Louis, The C V Mosby Company, 1928 Cloth, $10 00

In this new edition of his book Professor Hazen gives us a very up-to-date, comprehensive and detailed treatise on the subject of syphilis He takes up and discusses intimately the disease as it affects all parts of the body in all its stages The book is well and simply written making it easy for the general practitioner to use as well as the specialist. The book is replete throughout with a very extensive bibliography occurring at the end of every chapter, many pages being devoted to this part alone For the technician or the medical man that wants to do his own serology the author very conveniently goes into detail on the work along this line. The illustrations are numerous and well made showing the conditions as they occur in a very realistic manner The illustrations in color are very good and give the reader a very clear conception of the subject as described The captions of these illustrations are very novel in that they have gotten away from the old stereotyped method of just being a title and now give the reviewer a story-like description of the picture explained Many pages of the book are devoted to the subject of the treatment of syphilis and the author covers this in a most complete and exhaustive manner, going from the subject of prophylaxis right up through all the different types of the most up-to-date methods and the medicaments that are employed in the field of syphilology

GEORGE F PRICE.

STORY OF ELECTRICITY AND A CHRONOLOGY OF ELECTRICITY AND ELECTROTHERAPEUTICS By HERMAN GOODMAN B S, M D Octavo of 62 pages, illustrated New York, Medical Life Press, 1928 Boards, $1 50

The Story of Electricity is practically an interesting account of the origin of the present day progress

This small volume very briefly relates in chronological order the various contributions made to this science by its pioneers, dating from the beginning of the 17th century to the present day

It is the reviewer's hope and desire that this little volume will receive a very enthusiastic reception by all those interested in physics and in the physical field of medicine

B KOVEN

FORENSIC MEDICINE. A Text-book for Students and Practitioners By SYDNEY SMITH, M D Second Edition. Octavo of 602 pages, with 166 illustrations Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $8 00

This second edition of Prof Smith's book on Forensic Medicine, while designed for the specialist in Medico-Legal Matters, is, in our judgment, of value to the general practitioner and the lawyer

As the author describes it,—this book was written "as the title indicates,' for the elucidation of those medical problems which come before the legal authorities

The subject comprises two main divisions

First, and most important, deals with the medical practitioner in the role of a potential expert witness, and is intended to aid him to elucidate the various problems in crimes of violence

Second legal enactments concerning medical subjects Of course Prof Smith's unusual training qualifies him well in the preparation of a book of this kind

Without going into the subject matter of each chapter we feel that every physician should have at hand accurate information dealing with all phases of death, whether by violence or suicide.

Prof Smith treats thoroughly on these subjects as well as on methods of examination of blood stains the length of time a body has been dead, and whether from natural causes or otherwise.

He devotes chapters on Toxicology,—corrosive and metallic and vegetable poisons In fact, he has covered the field in a most thorough manner

Those portions of the volume wherein he quotes legal procedure, would not, of course, apply in this country

Nevertheless, this book is a valuable acquisition to the library not only of the Medico-Legal Specialist, but to the General Practitioner and Lawyer

We especially recommend the book to the legal profession to enable them to more intelligently examine medical experts

E E H

THE GENESIS OF EPIDEMICS AND THE NATURAL HISTORY OF DISEASE. An Introduction to the Science of Epidemiology Based Upon the Study of Epidemics of Malaria, Influenza and Plague By CLIFFORD ALLCHIN GILL, M R S C, L.R.C.P Octavo of 550 pages, illustrated. New York, William Wood and Company, 1928 Cloth, $7.50

This book on epidemiology is written by an author whose experience qualifies him to speak with authority on this subject. As Lieutenant-Colonel in the Indian Medical Service and Director of Public Health, Punjab, Dr Gill has been for many years a keen student of the epidemic diseases of India. He now presents to us in this volume the results and conclusions of a carefully planned piece of investigation in a realm of which so little is really known, and in which so many uncertainties exist.

The writer presents his quantum theory of the genesis of epidemics This theory postulates the essential dependance of such outbreaks on the loss of equilibrium between infection and immunity due primarily to an increase in the infection quantum. The theory gives careful consideration to the range of amplitude of the quantitative changes in the transmission and immunity factors and the influence of climatic and seasonal conditions in determining great and sudden elevations of the infection quantum and a corresponding depression of the immunity quantum.

The diseases particularly studied are Malaria, Influenza, and Plague. The statistical data presented corroborates the viewpoint expressed.

The book is attractively bound and the printing is well and neatly done

JOSEPH C REGAN

A LABORATORY MANUAL OF PHYSIOLOGICAL CHEMISTRY By D WRIGHT WILSON Octavo of 272 pages Baltimore, The Williams & Wilkins Company, 1928 Cloth, $3.50

To arrange a course of laboratory experiments in physiological chemistry may not be so difficult. But, to choose the ones most suitable and to give clear and concise directions so as to lead the student easily and directly to the proper conclusion, requires a thorough knowledge of the subject and a high degree of skill in teaching These two qualities are not often found together Prof Wilson happily has them both and, as a result, the book is an excellent guide.

The book has two parts In the first part, the experiments relate to the general principles of biological chemistry The recognition of inorganic constituents the subject of acid and alkali, electrolytic dissociation, colloids and the general characteristics of proteins, carbohydrates and fats are taken up in this part.

In the second part, the chemistry of the various body tissues and fluids is taken up A chapter on pathological urine and several chapters on quantitative urine analysis, on metabolism studies in the urine are also added. In another chapter, directions are given for experiments in dietary deficiencies At the end are logarithm tables

The few paragraphs of theoretical discussion scattered through the book, are quite a help, while the interleaving is a great convenience

An excellent book for the purpose designed.

BENJAMIN DAVIDSON

BOOK REVIEWS

INTERNATIONAL CLINICS Edited by HENRY W CATTELL, A M, M.D Thirty-eighth Series, Volume I Octavo of 307 pages, illustrated Philadelphia and London, J B Lippincott Company, 1928

This volume, as usual, contains articles covering the various branches of medicine and surgery Barker discusses amoebic dysentery, Reid of Boston, bacterial heart disease, Deaver, uterine fibroids and Judd the pathogenesis of gastric and duodenal ulcers, the latter being the 1927 Mutter lecture of the College of Physicians of Philadelphia. Many other American and foreign writers contribute

W E McCOLLOM

SELECTED PAPERS ON INJURIES AND DISEASES OF BONE. By SIR WILLIAM IRELAND DE C WHEELER, B A, M D Octavo of 148 pages, illustrated New York, William Wood and Company, 1928 Cloth, $4 00

Journevs far a-field bring inspiration to the brain-weary surgeon, and the personal touch of the thinker and worker from another realm is stimulating to renewed and better effort at home

This little volume of Sir William Wheeler from Dublin is part of the man, showing a few problems met in fracture and bone work by him, put down on paper in an understandable way, and showing how the author has faced and solved them

An hour or so spent in getting acquainted with the author will bear a large percent of interest.

R DURHAM

LABORATORY MANUAL FOR THE DETECTION OF POISONS AND POWERFUL DRUGS By DR. WILHELM AUTENRIETH Authorized translation by William H Warren, Ph D Sixth American Edition from the Fifth German Edition, completely revised with extensive additions Octavo of 698 pages with 60 illustrations Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $6 00

This book, which is in its sixth edition is an enlargement of its previous editions It treats of the laboratory methods for the detection of various poisons It is arranged in six chapters The first three chapters comprise the three main groups of poisons such as the volatile, non-volatile poisons, and the poisonous metals The remaining three chapters deal with those poisons not found in the three main groups Also with the poisonous and powerful alkaloids There is also a description of the various apparatus used in the tests and the preparation of the various reagents used Methods for the detection of blood stains are also included The book is a very authoritative treatise on the subject of poisons, and should be a great aid in their detection

E H NIDISH

A HANDBOOK OF HISTOLOGY By A McL WATSON, M.A, Ph D 12mo of 207 pages, illustrated New York, William Wood & Company, 1928 Cloth, $3 75

This book should very well serve the purpose for which it was intended, namely a manual for the medical student The brevity and conciseness with which the tissues and the organs of the body are described here, makes it a helpful and handy little volume for the student, especially when in need of a hasty comprehensive review of the subject

S H POLAYES, M D

HEALTH AND WEALTH A Survey of the Economics of World Health. By LOUIS I DUBLIN, Ph.D Octavo of 361 pages New York and London, Harper and Brothers, 1928 Cloth, $3 00

The catchy title and an inclusive sub-title overstate the text The book is a collection of fifteen addresses touching on questions of individual and community health, health costs, and health-work-economics The theme changes with each chapter, and the motif is inflected to fit the changing audience. Many interesting facts are presented The proponents of communistic or state medicine will find valuable material for propaganda quotations But why were these papers published in book form? What was the urge?

The answer may be found in the fact that the author is an insurance statistician. Just as no one knows so much about raising children as an old maid who has never been broadened by child bearing, so no one knows so much about health matters as the literary doctors who have had no experience in the practice of medicine. Mathematical formulae, to some minds, will explain everything, past, present and future. Facts are flexed or conformed to magic mathematical "factors" and the laws which govern their use The relation of cause to effect is always clear, mathematically, even when the ordinary mind hesitates to define the premises of relativity May a divine Providence protect the people and their medical advisers from statistical regulation, and from the extended encroachment of civil government into the practice of medicine which the author advocates

These papers are marred by irrelevant personal conclusions on current events and national policies, supported neither by the force of figures nor by logical argument. They indulge, also, in petty criticism of the medical profession They are, however, excellent for light reading and idle-moment pastime The serious reader will find them a somewhat superficial exposition of the subject

F E ELLIOTT

COLLECTED PAPERS OF THE MAYO CLINIC AND THE MAYO FOUNDATION Volume XIX, 1927 Octavo of 1,330 pages illustrated Philadelphia and London, W B Saunders Company, 1928 Cloth, $13 00

As in previous volumes, the material has been selected from papers written by members of the staffs of the Mayo Clinic and the Mayo Foundation to meet the interest of *the general surgeon and the diagnostician.* Papers of interest to the greatest number are presented in full, those in more limited fields of medicine are abridged or abstracted, and those in special fields are indexed according to the journal reference. All this from the Foreword of the volume, and also the interesting fact that of the 398 papers that were considered for republication in this volume, 100 are reproduced in *full, 34 are abridged,* 44 are abstracted briefly, and 220 are referred to by title

The subjects are grouped under various heads, in a rough anatomical classification,—the first 414 pages being devoted to the Alimentary Tract. The name of William J Mayo appears most frequently in connection with articles of philosophical or historical significance. The main articles on gastric technique are by Donald C *Balfour—his conclusions* being that conservatism is still being followed in gastric surgery

This volume differs in no way from those that preceded it in scientific interest and in its value as a means of disseminating the great fund of information to be found in this extraordinary medical center

J R.

ATROPHY

"Maltose is indicated in very difficult feeding cases and in severe cases of malnutrition and atrophy. It is part of the routine in the treatment of chronic indigestion from fat Carbohydrate indigestion is more frequently seen in cases fed on lactose or on cane sugar. in such cases maltose is indicated."

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OUR NEIGHBORS

THE TRI-STATE CONFERENCE

An editorial in the January issue of the *Pennsylvania Medical Journal* expresses the proper attitude of those who participated in the tenth Tri-State conference which was held on November 10, 1928, in Atlantic City The subject was "The Opportunities of a County Medical Society" The editor says

"In order that its real value may be fully realized, the wealth of ideas and suggestions developed must be put into effect by the workers in the field Discussion is worth while only when it eventuates in action

"Many of the ideas presented in this report are practical in the extreme, and their adoption by a county society should increase its effectiveness manyfold A reading of the report, also, should help the members in the ranks as well as the officers to appreciate the problems of those who are responsible for guiding the destiny of the organization of which they are an integral part

"It is safe to say that medical practice, as it is now conducted, is made possible only by organization practice It behooves us each, therefore, whether officer or private member, to do our utmost to strengthen the association which holds so strategic a position in modern life To this end the Tri-state Conference report will serve as a helpful textbook"

The editor offers an improvement in the manner of conducting the Tri-state Conference—the formulation of opinions and decisions It does little good to listen to a number of unrelated suggestions The real object of the conference is to choose and classify the suggestions and agree on those which shall be considered standard in the three states The great object of the conference is to reach agreements on broad policies to be adopted by the medical societies

COMMUNITY SERVICE OF A COUNTY MEDICAL SOCIETY

The January issue of the *Journal of the Michigan State Medical Society* contains the president's address by Dr H S Collins, of Kent County, in which Grand Rapids is situated The following extracts show that the aims of the Kent County Medical Society are about the same as those of the societies of New York State—*Editor's note*

The county medical society of today evidences the real democracy of medicine, for here all physicians meet on a common level for the purpose of studying medical problems, presenting cases and discussing questions of public health involving the welfare of the community Primarily organized for the essential purpose of advancing the interests of science and the education of its individual members in medical subjects, it has now broadened its field of endeavor to educate the public in the applied principles of preventive medicine, to enlighten them on the needs for further protection against medical frauds and quacks, and to cooperate with lay organizations in the betterment of health

The most important function of county societies in the community is public health education The earlier this is impressed upon the young individual, the more lasting and valuable is its effect Periodical health inspections of school children cause the child to become interested in his own health and he will continue to seek medical knowledge with inspired confidence in the medical profession as he grows older The public health education committee of the medical society will do a real service to appoint a staff of well qualified speakers to give instructive health lectures upon such subjects as "Toxin-antitoxin Immunization," "Prevention of the Common Cold," "Vaccination," "Exercise," "The Treatment of Simple Injuries," and historical talks upon the lives of such men as Jenner, Pasteur, Lister and other well-known founders of preventive medicine It should be explained that the early treatment and correction of congenital and acquired deformities will lessen the disability and lead to independent, useful citizenship

The public is sufficiently educated today to be taken into the confidence of the physician on medical subjects They resent an attitude that apparently classes them as children The cults have been quick to realize this and have taken advantage of it to commercialize

A medical society can render a great service to the community in influencing proper legislation governing medical practice There are today in Michigan unscrupulous individuals, who misrepresent medical information and extort exorbitant fees from the public for

(*Continued on page 241—adv xvii*)

(Continued from page 238)

worthless services The name "Doctor" is not absolute assurance of standard medical qualifications

Every medical society should have a civic relations committee, whose duty it is to attend meetings of civic committees, taking active part in all matters where health, hygiene and sanitation are involved. Our own Kent County Medical Society's special committee on clinics should be renamed and given instructions to indulge in questions of this nature Perfect relationship between all health agencies and clinics and the medical society should be established Much criticism by the profession of certain free clinics has existed in the past and the physician has always been regarded secondarily The question has always been, "are physicians the architects of the health house, or are they the workers?" Medical men should themselves be in control of clinics and co-operate with lay organizations, thereby securing successful and satisfactory function Our own President-elect Harris of the American Medical Association, has suggested that medical societies operate all free clinics and thereby render their own services to persons unable to pay Such an example is seen in the Cass County Medical Society, representing the physicians of Fargo, North Dakota Since 1923, they have been actively co-operating in a community health program which at the present time is successfully controlled

Another service can be rendered to the community in constructive opinions on the laws regulating the sale of milk Certified, pasteurized and grade "A" raw milk are being advocated. Health departments of each community need the support of organized medicine for education of the public in these things Even the Metropolitan Life Insurance Company is now publishing paid advertisements giving information on the qualifications of certified milk

Our own Kent County Medical Society, during the past three years, has indulged in most all of these same functions and has made a creditable showing We have sponsored our first health examination week and for three years have conducted a course of school and factory lectures on health subjects We have practically written the new milk ordinance of Grand Rapids and have studied the free clinic situation and thereby established satisfactory relations with the health agencies We have laid the foundation for an active campaign against quacks and medical frauds and are interested in a number of other civic enterprises involving public health

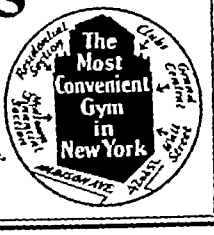
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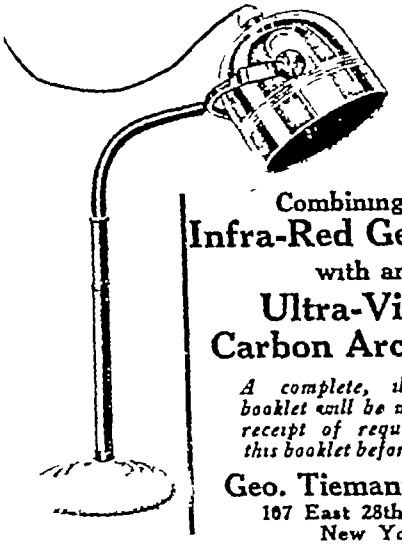
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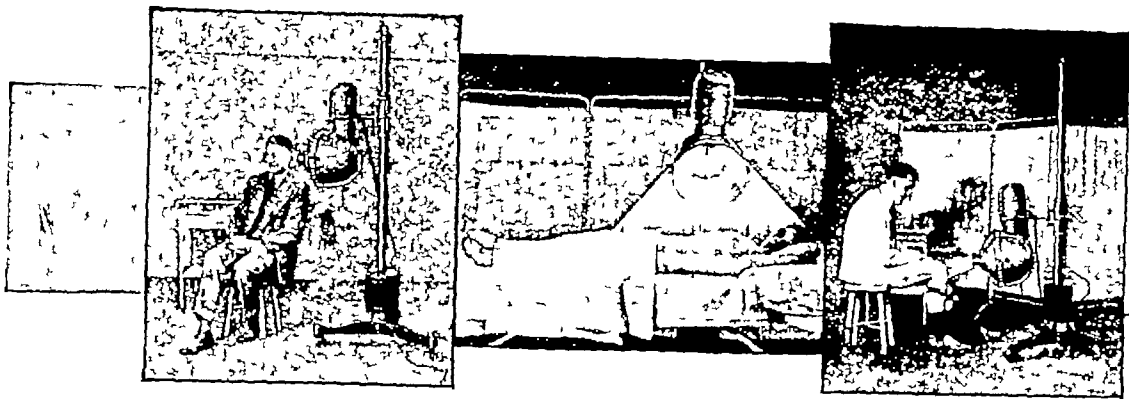


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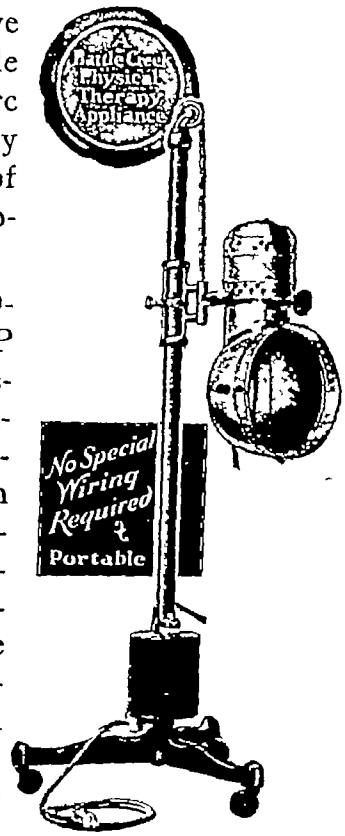
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A convenient, powerful and most efficient appliance for heat, light and ultra-violet therapy

(Continued from page 242—adv xviii)

"16 The average cost per case for compensation was $149

"17 The average cost for medical service per case for these 4 651 cases (keeping in mind what medical service embraces) was $42.20

"18 The percentage of medical service cost for these 4,651 cases was 22½%

"19 The average cost per case for medical service for the 19,045 cases recorded was $15.77

"20 The average amount of compensation paid per case was $149

"21 The average medical cost per case is equal to about 10% of the amount paid for compensation per case

"The average cost per case for medical service for the following classified groups of injuries of the 19,045 cases, was

Laceration and Cuts	$ 9 50
Bruises and Contusions	12 10
Foreign Bodies	6.28
Sprains and Strains	12.28
Fractures and Dislocations	33 11
Burns and Scalds	10 38
Infections and Poisons	14 80
Herniae	101 35

"Balance paid for surgical and medical service $210,113

"The total number of physicians in Nebraska is approximately 2,000

"Total number of compensation cases treated in 1927, 19,045

"Average number of compensation cases treated per physician, 9

"Average amount received per physician, per case, $11 77

"Average total amount received per physician, $105

"Average gross income of physicians in Nebraska, $6,500

"Average percentage of income received from Workmen's Compensation fees, 01½ per cent.

"The total cost of medical service rendered to 19,045 injured workmen for the year 1927 was $300,394 24 The amount left the insurance carriers for administration purposes for the year was $587,692, which is 190% of the total cost for medical service In other words the administration sum of insurance carriers was $289,293 more than the entire medical service cost

"The total amount paid for compensation for the year 1927 was $692,594 15

"The total amount of compensation paid to 19,045 injured workmen by insurance carriers was only $104,902 15, more than the amount set aside by for administration purposes

(Continued on page 244—adv xx)

Cardiologists prescribe



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(*Davies, Rose*)

because they are digitalis in its completeness. They are physiologically tested leaves in the form of physiologically tested pills, giving double assurance of dependability.

Each pill contains 0 1 gram, the equivalent of about 1½ grains of the leaf, or 15 minims of the tincture

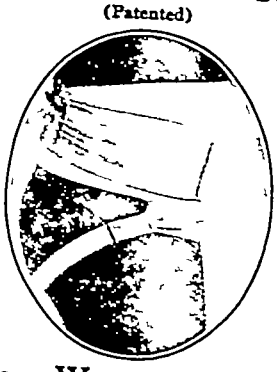
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HORLICK'S MALTED MILK has long been used with success in the prevention and correction of constipation among breast-fed infants

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Many doctors advise the nursing mother to drink regularly each day three glasses of Horlick's — the Original—Malted Milk, knowing that she will add to her own store of energy, increase the flow of her breast milk and provide her child with the food elements which result in regular bowel movements daily

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WORKMEN'S COMPENSATION LAW IN NEBRASKA

The January issue of the *Nebraska State Medical Journal* contains a review of the administration of the Workmen's compensation law by Dr C C Johnson of Lincoln The article is readable and informative as may be seen from the following extracts

"1 The amount of premiums collected by insurance carriers for the year 1927 was $1,573,649

"2 The amount expended for losses for the same period was $998,957

"3 The difference between these items is the balance left for the carriers, which was $587,692 This balance is equal to 60% of the total amount paid for both compensation and medical service for the year of 1927, and is a fairly comfortable margin

"4 The total number of cases recorded was 19,045

"5 The total amount of money paid for medical service was $300,394 24

"6 The average cost per case for medical service was $15 77

"7 The total number of cases requiring medical service was 19,045, but 14,394 or 70% of these cases recovered in the first 7 days and, therefore, under the law received no compensation

"8 The total cost for medical service for this group of 14,394 cases that received no compensation was $104,125 84

"9 The average cost for medical service per case for this group of 14,394 cases that received no compensation was $7 24

"10 The total number of cases that received medical service and also compensation was 4,651

"11 The total amount of compensations paid to this group of 4,651 cases, was $692,594 15

"12 The average amount of compensation paid per case was $149 00

"13 The total cost for medical service (keeping in mind what medical service embraces) for these 4,651 cases was $196,264 40 (this sum is the difference between $300,394 24, the cost of all cases for medical service, and $104,125 84, the cost for medical service for the 14,394 cases that received no compensation)

"14 The total cost for medical service and compensation for these 4,651 cases was $888,859 50 (this being the difference between the total cost of 19,045 cases which was $992,984 39 and the cost for medical service only, for 14,394 cases that received no compensation which was $104,125 84)

"15 The cost of compensation for these 4,561 cases was $692,594 15

(*Continued on page 243—adv* XIX)

(Continued from page 244—adv xx)

which their columns would be purged of fraudulent advertising The National Better Business Bureau was designated as the agency to investigate alleged fraudulent advertising, and to notify publishers and, if necessary, governmental agencies whenever false advertising is published or offered for publication

"It is most laudable that American periodical publishers are taking this very altruistic stand When laymen are up and doing in this regard, it is most unfortunate that physicians will condone the acceptance of unethical advertisements for publication in their official bulletins

"Attention was called to the fact that at the stated meeting of the Board of Trustees of our State Society held the morning of the day of the Secretaries Conference, the Board of Trustees approved lending every support to the National Better Business Bureau, an organization composed of and supported by the business of advertising, the most competent agency of assistance to the business of advertising in preventing fraud in advertising and selling The said National Better Business Bureau has expressed its willingness to co-operate in every way with the publishers in eliminating fraudulent advertisements

"In conclusion, a plea was made to the Conference, that the component county medical societies of this State which carry advertisements in their county society bulletins be urged to adopt a resolution to the effect that they will not approve advertisements for proprietary remedies not acceptable to the Council on Pharmacy and Chemistry"

CARE OF THE INDIGENT SICK BY THE COUNTY MEDICAL SOCIETY

Iowa has developed a method by which the county medical society cares for the indigent sick at a price that is agreed upon by the governmental authorities—who in Iowa seem to be those of the county The method is the subject of an editorial in the January issue of the *Journal of the Iowa State Medical Society*, which says

"Furnishing medical service for the county poor presents a serious problem to the members of most county societies in Iowa The Haskell-Klaus law provides for those needing hospital care, and the situation here referred to does not in any way affect the operation of that law, but the ambulatory and home bedside cases and all inmates of county jails, poor farms, etc, present a grave problem How is the county to pay for medical services for these cases that must be cared for locally? Super-

(Continued on page 246—adv xxii)

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The Knickerbocker Adjustment Service Co., is making a supreme effort to render a better credit rating and adjustment service than was ever dreamed possible heretofore.

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NONSPI destroys armpit odor and removes the cause—excessive perspiration.

This same perspiration, excreted elsewhere through the skin pores, gives no offense because of better evaporation.

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that they acclaim it as "a specific."

Try it at our expense!

The Colwell Pharmacal Corporation
25 Church Street, New York
Manufacturers of Stable Liquid Endocrines

(*Continued from page 243—adv xix*)

"One is compelled to conclude that probably individuals other than the doctors may be the source of the increased cost to employers for Workmen's Compensation"

ADVERTISEMENTS IN COUNTY MEDICAL SOCIETY BULLETINS

Over one-half of the County Medical Societies of the State of Pennsylvania publish monthly Bulletins An editorial in the January issue of the *Pennsylvania Medical Journal* calls attention to the unethical practice of many of these Bulletins in accepting advertisements of articles which are not acceptable to the Council on Pharmacy and Chemistry of the American Medical Association The editor describes the action taken by the Pennsylvania State Society as follows

"The question of county medical society bulletins in this State accepting advertisements not approved by the Council, hence not accepted by our State Journal, was presented for discussion by the Publication Committee of the Journal to the Board of Trustees at the 1928 meeting of the State Society held at Allentown last October It was the opinion of the Trustees that they had no jurisdiction over the activities of the county society bulletins The Trustees, however, passed a resolution to the effect that the Board looked with disfavor upon a county society bulletin accepting unethical advertisements The editor of the Journal was instructed to present this matter at the conference of county medical society secretaries and editors of county society bulletins to be held at Harrisburg, December 4th, and this was done

"Attention was called (a) to the book on Official Rules of the Council That the object of the rules is 'primarily with the object of protecting the medical profession and the public against fraud, undesirable secrecy, and objectionable advertising in connection with proprietary medical articles' (b) To the book on New and Non-official Remedies These publications may be secured by writing to Prof W A Puckner, Secretary, Council on Pharmacy and Chemistry, American Medical Association, Chicago, Ill

"Attention was called to a meeting at which periodical men voted for a voluntary housecleaning to curb fraudulent advertisements Six thousand American periodicals, through representatives who met with members of the Federal Trade Commission at the Waldorf, New York, October 10, 1928, agreed to a voluntary method of housecleaning by means of

(*Continued on page 245—adv xxi*)

(*Continued from page 246—adv xxii*)

endered Incorporation of the county society s a necessary step since the corporation can hen enter into a contract with the supervisors, nd more especially since incorporation re- ieves the member physicians of any individual iabilities for acts of others

"The Council is giving special attention to his growing development among component ocieties in Iowa, and will gladly assist, hrough the state office, any society interested n this plan"

This editorial is worthy of serious study by he physicians in every governmental unit of New York State Since the towns, villages nd cities are the usual units for giving relief n New York, there would be difficulty in ar- ranging the details of the contracts There should not be much opposition to such a plan, for every doctor receives a benefit in the relief rom paying dues, even if he treats no public cases

DISTRIBUTION OF RURAL DOCTORS

The distribution of doctors in Missouri is discussed in the following article from the December issue of the *Journal of the Tennessee State Medical Association,* which clipped it from the *Youngstown, O , Vindicator*

"A more even distribution of physicians practicing in Missouri is to be attempted by the board of health of that state As doctors who have been licensed to practice are free agents and may set themselves up where they will, the matter presents problems that are not easily solved So the state authorities are going about the solution in the only practical way, on a supply and demand basis The latest check of doctor and patient population shows that there is one doctor for every 608 persons in the state But the distribution of physicians to meet the needs of the population is more intricate than just alloting so many potential patients to each practicing doctor and letting it go at that, even if the men of medicine were subject to arbitrary assignment For some communities have need for medical advice more acutely than others, not only because of population congestion, but for reasons of district health problems

"So the supply and demand factor is to be emphasized, the state board of health being now employed in plans for a very careful survey of the state to learn the status of every community with reference to the need of physicians This will serve two purposes Many communities are in need of medical attention and at the same time many physicians are in need of practice A careful survey would result in both needs being filled"

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An Active Culture of Bacillus Acidophilus of Proven Intestinal Habits

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Regular reports of progress are sent to the physician who refers the patient

VISITING PHYSICIANS ARE ALWAYS WELCOME

FRANK L. HOUGH
Licensed
PHYSIOTHERAPIST

(*Continued from page 245—adv xxi*)

visors, social workers, volunteer agenci medical societies and individual physicia have tried various solutions, but, with c single exception, every method has vario drawbacks, most of which end by worki numerous hardships upon the medical p fession

"This successful method has for someti past been in satisfactory use in five societi Three others are now contemplating adopti of the same system The plan is that of blanket contract between the medical socie and the county supervisors, by which t county pays a fixed annual sum in return f which the society furnishes for the coun poor all medical care not provided at t University Hospital under the Haskell-Kla law (including chronic or incurable cases di charged to make room for those who can b benefited by hospitalization at Iowa City)

"The annual payment varies from $1,000 t $3,250 and goes into the society treasury Ser ice to the indigent sick is rendered upon orde of the supervisors, township trustees, or othe authorized persons, and such service is dis tributed among the members of the society a evenly as possible

"The societies having such contracts ar Hardin county, Marion county, Marshall coun ty, Webster county and Waterloo (the latte being limited to the city of Waterloo) Mon roe, Page and Tama counties have similar pro posals under consideration The advantage of this plan, according to its advocates are

"1 Unjust inequalities in payment to phy sicians for indigent services, eliminated

"2 Removal of friction between the county medical society or its members and the board of supervisors or social workers

"3 General satisfaction of the community with its physicians because of effective medical service given to the indigent sick

"4 A full treasury which solves the finan cial problems of the county society

"The latter point is an important one in many ways The secretary-treasurer never needs to worry about collecting dues, nor members about paying, for county, state, and A M A dues can all be paid out of the general funds of the component society Expense money is always available to bring the best of speakers from even distant points, so that the problems of the program committee are solved

"As an illustration of the financial success of this plan, it is interesting to note that the society which receives the smallest per annum payment still has in its treasury some $7,000 Such surplus can of course be distributed annually among members on the basis of service

(*Continued on page 247—adv xxiii*)

(*Continued from page 248—adv xxiv*)
mean the development of an entirely new system of national scope. Since such national organizations are already in existence, it would seem best that the foundations limit their activities to those already undertaken It is doubtful, also, whether it would be advisable for the correlating agency itself to do research work It would perhaps be most successful by confining itself strictly to the work of organization, direction, correlation, interpretation, and dissemination"

The editor decides that the leadership in the coordination of research belongs with the physicians, and says

"There is one far-reaching national organization, already thoroughly established, and made up of those who are most interested in the problem of health—the county, state, and national medical associations There is no class of citizens so vitally concerned in research into the normal and abnormal functioning of the human body as physicians There is no organization with potential resources quite so comprehensive as those enjoyed by the system of medical societies which forms a network covering the entire United States and its possessions Furthermore, there is no organization with better facilities for international exchanges Channels for this fellowship are already in existence, and need only use to develop their function to the fullest

"The medical organizations of the country owe it to themselves and to their clients to establish a pretectorate in health agencies Cooperation with governmental agencies, foundations, and lay organizations is not only desirable but imperative, but the initiative should arise from the medical societies Theirs is the responsibility and theirs is the privilege This does not mean that the medical societies must necessarily finance a large program of research work If the machinery were provided, the financial support would be forthcoming from the many individuals interested in this type of work The responsibility is great and the opportunity knocks Let the county, state, and national medical societies answer the call"

It is to be hoped that the editor will go a step further and that the Pennsylvania State Medical Society will devise a practical demonstration of the leadership of physicians in medical research



MEDICAL RESEARCH BY THE STATE MEDICAL SOCIETY

The leading editorial in the January issue of the Pennsylvania Medical Journal is on the subject "Coordination of Research" and is a plea that the medical societies shall assume the direction of medical researches, and the compilation of the results Who shall be the coordinating agents? The writer discusses how the agents may be the trinity of groups engaged in giving medical service to the people 1, those supported by the State, 2, those controlled by voluntary organizations, and 3, the medical societies

The editor first discusses the official groups and says

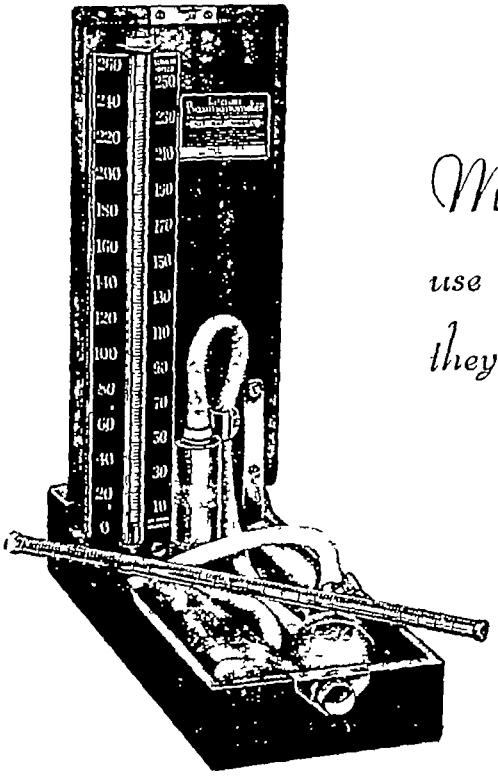
"The first and most obvious would be the designation of such an agency by the national Government There is now a bill before Congress to establish a National Institute of Health, using as a nucleus the Hygienic Laboratory already in existence This Institute would be under the control of the Surgeon General of the United States Public Health Service, and its purpose would be pure scientific research relating to the cause and prevention of diseases The bill has been approved by the Senate Committee of Commerce. According to the report of this committee, 'the plan of the institute is to make of it a great cooperative scientific organization in which leading experts in every branch of science will be brought together and given opportunity to work in unison for the purpose of discovering all the natural laws governing human life, and especially to learn those variations of such laws which are detrimental to human health' It is difficult to overestimate the importance of this bill, and if such an institute is established, it might prove to be the best agency for correlating the research in health done throughout America"

The editor adds that every State health officer of a county, or, a large hospital in the county could assist in the coordination

In regard to the voluntary organizations the editor says

"The second possibility would be the utilization of the organizations established by the large health foundations to correlate the activities of research workers, throughout the country This would necessitate, however, the building up of local cooperating agencies, and would

(Continued on page 249—adv xxv)



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EDICAL WORK ON THE FARM

The January *Journal of the ıca State Medical Society* re- orts the remarks made by Mrs ıchardson, Chairman of the omen's Committee of the Iowa arm Bureau Federation before ıe state conference of secretaries f county societies The follow- ıg abstracts contain an outline of hat the speaker said about the re- ıtion of the Farm Bureau to ıedical Societies

"Naturally, we in trying to make etter farm homes and communi- es, are interested in health and ygiene The regular educational ork of the Farm Bureau comes rom the extension division of our tate college More than a third f our counties each year study utrition I feel that we have made good start, for surely nutrition a step in the direction of health ut it is only one phase of health, nd we want further aid and help he project of child care and arent education is another project e are studying from the extension ivision This project has helped s to see the crying need for com- unity and home hygiene We are lad to have the assurance that the ıedical association will help us to arry out such a program

"Here are a few ways in which believe you can help us We ant *First*, reliable, authentic in- ormation about (a) serum treat- ıents, (b) immunization, (c) in- ections diseases, (d) diets (for ducing etc) *Second*, we want o know medical standards—some ay of protecting our folks against uacks, fads and irresponsible so- alled healers *Third*, we want elp in developing health projects r programs that we know are cor- ect and efficient'

ADVERTISING RATES IN THE CALIFORNIA STATE JOURNAL

The January issue of *Cali- ornia and Western Medicine* he organ of the State Medical ocieties of California, Nevada nd Utah has the following editorial remarks on its advertising rates—*Editor's note*

It may be gratifying for members at large to know that the 50 per cent increase of advertising rates recommended last year goes into effect with this January issue, with practically no loss of advertisers, an indication that California and Western Medicine has made for itself a place of some value in the opinion of firms who seek to call their products to the attention of members of the medical profession In this connection members of the California, Nevada, and Utah Medical Associations are urged to mention this journal in all requests for literature or price schedules A considerable number of advertisers keep a careful record of the source of such inquiries and place their volume advertising patronage accordingly Advertisers appreciate inquiries for information Such requests for information cost members only a small amount of effort and postage, but may mean much in aiding the California Medical Association to build up its reserve funds and activities

MEDICAL LEGISLATION IN TEXAS

The January issue of the *Texas State Journal of Medicine*, discussing methods of medical legislation, editorially says

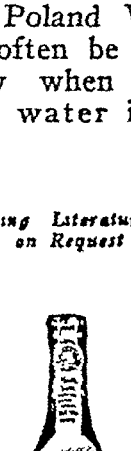
"The State Medical Association must rely upon its members to do this work of reaching legislators, in the main, from home Sometimes it is necessary that our members work both through the mail and through personal visits to Austin At no time does the State Medical Association undertake to employ a paid lobby It is content with representation consisting of one of its employes, who spends most of the time at Austin This representative, Mr Jeff Reese, has a telephone and may be reached at any time by any of our members who desire to assist in our legislative work'

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NEW YORK STATE JOURNAL of MEDICINE

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THALLIUM MEDICATION IN TINEA CAPITIS AND OTHER DERMATOSES REQUIRING EPILATION*

By E WILLIAM ABRAMOWITZ, M D, NEW YORK, N Y

From the Department of Dermatology and Syphilology, New York Post Graduate Medical School and Hospital.

Introduction—The element thallium was first discovered by Sir William Crookes in 1861 It is a soft metal that occurs in many species of pyrites and blende and is deposited as a fine dust where metallic products are volatilized in kilns The element resembles lead in its physical and mechanical properties, and is used in the making of dyes, ordinary glass and phosphorescent colors The chemistry of thallium compounds is like that of silver, bismuth, gold or aluminum Thallium may be monovalent and trivalent and forms thallous and thallic salts with acids The thallic salts are less toxic and more soluble. The protoxid of thallium acetate ($C_2H_3O_2Tl$) also called thallium acetate (oxpdulated), is the one favored by Cicero (1) and others for epilation, but two other acetates of this metal exist All salts of thallium probably share in the particular action of this element and it is a question whether the thallium acetate obtained on the market is a pure protoxid or a mixture of the three acetates of this metal Thallium acetate is soluble in water, less so in alcohol and hardly at all in ether or chloroform.

Therapeutic Uses—The acetate of thallium was at first utilized for the treatment of night sweats in pulmonary tuberculosis and for the symptoms of dysentery An average dose of 1-3 grains (0 06-0.2) of the acetate was given two or three times daily It was also used in a two percent solution as an irrigation for urethritis and cystitis The drug was soon abandoned as it caused an alopecia, with general symptoms of a severe toxic nature

The clinical use of thallium as an epilating agent dates back to 1897 when Sabouraud (2) was visited by a lady who developed a sudden loss of hair on the scalp Although he attributed this to a possible nervous origin he suspected the patient had received thallium, because he had encountered such cases previously Further investigation revealed that she recently had some symptoms of dysentery and for this had received (just fifteen days previously) 0 32 grams of thallium acetate divided into four pills of which she took two a day for two days With the exception of two locks in front of her ears, the entire scalp was denuded of hairs This had occurred in four days time (Six weeks later the hairs had regrown.) Following this experience, Sabouraud tried to epilate six cases of tinea tonsurans, giving the thallium by mouth and also by rubbings of a ten per cent thallium cream, and succeeded He also applied a one per cent cream in hypertrichosis and sycosis He abandoned this drug altogether when he developed his more accurate roentgen-ray epilating dose and on account of the toxicity of the drug

In 1900, Buschke (3) reported his first experiments dealing with the biological effects of thallium on animals and since then he and his coworkers have made some valuable contributions to the mode of action of this drug The results of these experiments, which have been confirmed by others will be discussed later Due credit must be given to Buschke for this persistent and painstaking experimental work to establish a normal depilating dose for the clinical use of thallium

Various financial and technical difficulties present at the time in Mexico City, forced Cicero (see footnote 1) in 1917 to turn to thallium as a means of treating tinea tonsurans in his locality He at first applied a ten per cent thallium acetate in vaseline to a six year old patient affected with tinea of the scalp and obtained a successful result But as this required fifteen consecutive daily applications, he tried a simpler method and gave the drug by mouth in one dose, using five milligrams of thallium acetate per kilogram of bodyweight, a dose first suggested and used by Sabouraud Depilation appeared sixteen days later and was complete on the twentieth day Regrowth began in six weeks, and two months later the hair on the scalp resumed its normal thickness There were no untoward symptons By the end of 1918 he had treated a total of 354 cases with no complications to speak of (V Par-

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y., May 23rd, 1928.

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These Biscuits are particularly suitable during the period when the baby is being weaned and the introduction of solid foods becomes necessary, for they contain a large percentage of Mellin's Food, which is recognized everywhere as nourishment especially appropriate in early life All through this period and well into early childhood, Mellin's Food Biscuits are a valuable addition to the diet

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Fatigue from mental strain, weariness from bodily exertion, faintness from missing a meal and other similar conditions common to everyday life are relieved by eating a few Mellin's Food Biscuits

Mellin's Food Biscuits may be used freely either alone or with other foods They furnish very acceptable nourishment to serve with tea, coffee, chocolate, ice cream or frozen fruit dishes, with ginger ale and fruit drinks of all kinds —*Adv*

TREATMENT OF LUMBAGO

The most frequent cause of lumbago is lumbar strain The disease involves one or more joints and may extend to the sacro-iliac articulation This condition must be carefully distinguished from arthritis of the spine, from sacro-iliac disease, and from deep-seated abscesses The entire sacro-iliac region is very painful on pressure, on bending or turning and thickenings are frequently found outside the muscle substance, which can be verified in the radiograph

The most effective treatment of this condition (*Wiener Klinische Wochenschrift*, Feb 2, 1928) is rest in bed for from 8 to 14 days in a well-warmed room and with cutaneous counter-irritation.

Physicians find that applications of hot antiphlogostine placed over the lumbar region for two or three hours every day for about two weeks usually bring marked relief in these painful conditions Warm full baths are to be avoided. A flannel binder should be worn during the attack and is recommended for a month afterward to prevent a recurrence of the attack—See Advertisement page iii —*Adv*

CHARLES B TOWNS HOSPITAL

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction" Charles B Towns Hospital, 293 Central Park West, New York City See advertisement page xxxi of this JOURNAL.—*Adv*

DIABETIC DIET READJUSTMENTS

Some foods cannot be allowed in diabetic diet at all and others only sparingly This means a readjustment in dietary habits that is difficult for the patient and trying for the physician Practically all of the restricted foods may be duplicated by using Lister's Flour Each of these starch and sugar-free foods looks like and tastes the food that it replaces in the diet. With the variety of foods, possible through the use of Lister's Flour, the patient is satisfied There is no temptation to "cheat" and the case is the better kept under control Some of the Lister foods are

Bread Biscuits, Cheese Biscuits, Lunch Biscuits, Drop Cakes, Cookies, Spice Cake, Charlotte Russe, Lady Fingers, Bread Pudding "White" Bread, Nut Bread, Spiced Bread, Gold Cake, Pie Crust, Pie Fillings, Filled Doughnuts, Meringue, Muffins, Pancakes, Waffles, Salmon Croquettes, Fried Noodles, Fluff Cakes, Breadsticks, Doughnuts, French Toast, Spiced Muffins —Advertising page i—*Adv*

SEDGWICK INVALID ELEVATOR

Many physicians and surgeons have displayed interest in the development of an absolutely safe and easily operated invalid elevator, not prohibitive in cost, that would eliminate stair-climbing for those patients weakened by illness or age. To this end the Sedgwick Hand Power Automatic Brake Invalid Elevator was perfected and has been unanimously endorsed by its users and their medical advisers See advertisement page xxx —*Adv*

HORLICK'S MILK MODIFIER

Horlick's Milk Modifier, a new product made by the Horlick's Malted Milk Corporation, Racine, Wisconsin, is now being introduced to the medical profession This maltose and dextrin product, which is derived exclusively from malted grains, was first announced at the annual meeting of the American Medical Association in Washington, D C., in June, and created much interest. Since that time it has been presented to convention gatherings in other parts of the country

Horlick's Milk Modifier is presented and supplied to the profession along ethical lines No feeding directions accompany the package A statement on the wrapper is to the effect that the product is for prescription by physicians only

In conformity with the Horlick policy, the Milk Modifier is put up in hermetically sealed glass jars only The one-pound size retails at $75 and the five-pound jar at $3 00 The fact that it carries the name "Horlick's" is a guarantee that only the finest materials are used

In the June 18th issue of the *Journal of the American Medical Assn*, under the heading of New and Non-official remedies the acceptance of the Horlick Milk Modifier was announced by the American Medical Assn See advertisement page xviii —*Adv*

SHANNON LODGE
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The famous balneological treatments for the Chronic Rheumatic diseases, including Arthritis, Sciatica, Lumbago, Neuritis and Gout, are now available at restful Shannon Lodge, at Bernardsville, in the beautiful Somerset Hills. Results identical with those obtained at hospitals and sanitariums abroad Trained physicians and nurses Newly equipped Ideal surroundings of a fine country home. Golf, tennis, billiards, bridle paths Elevation 800 feet—superb view of the countryside Enclosed sun parlors, airy sleeping rooms Finest cuisine Protected water supply from natural springs Within pleasant driving distance of all New Jersey points

Send for descriptive Booklet or better yet, drive out and see Shannon Lodge yourself Visitors always welcome. Consultation puts you under no obligation —See advertisement page xxv —*Adv*

always correspond to the age of the patient The prescribed quantity of the drug administered by mouth, was given once only and never repeated

Epilation started from the tenth to the nineteenth day and averaged fourteen days after administration of the treatment Epilation was complete in nine patients and occurred anywhere from twenty-one to twenty-four days or an average of twenty-two days after treatment. The affected hairs usually began to loosen first, followed by those on the rest of the scalp, and was not so spontaneous as with the roentgen ray Sometimes a small "temporal fringe" or tuft remained above the ears This was the so-called "Sinneshaare" of Buschke The eyebrows and hairs in other parts of the body were never affected Regrowth in seven cases began after twenty-eight to forty-six days, or an average of thirty-six days after treatment Hilda W who was cured and had a good growth of hair on the scalp after three and one-half months, had an incomplete epilation so that the beginning of regrowth could not be determined with any exactness James S, had a normal regrowth in four months In two brothers John and Warren McG, 8 and 4½ years old respectively, the oldest boy developed severe pains in the arms and legs just before epilation began The pains settled in the lower part of the legs and in the ankles and were so severe as to keep him in bed He was unable to walk for almost three weeks Repeated examinations by Dr Alec Rabinovitch of the Neurological Department showed nothing aside from a possible polyneuritis He is now perfectly well The younger brother had symptoms of a similar nature but not enough to interfere with his daily activities Both seemed to have lost weight and appeared pale, but complete blood counts on both boys were normal with the exception of a 11 per cent. eosinophilia in the oldest Both children were blonds, blond children sometimes depilated more readily and these two were amongst the first six to receive the thallium on a fasting stomach All subsequent cases were treated three or four hours after a light lunch not only with equally successful results but without the slightest indisposition The experience of Lewin (11) was of a similar nature With the exception of two patients, still under observation, all in this group were cured and no relapse had occurred so far Normal regrowth was present in two and the others were all on towards it. Figures 1 and 2, photographs of James G, showed the appearance of the scalp before the administration of thallium and twenty-two days later, when depilation was complete A mild folliculitis was noted in some patients during depilation, but this cleared up as soon as regrowth be-

TABLE 1. RESULTS FROM THALLIUM IN TEN CASES OF TINEA CAPITIS USING 8 MILLIGRAMS PER KILOGRAM OF BODY WEIGHT

Name and Clinic No	Age in years	Weight Kgs	Total thal acet in Mgs	Days after taking thal acet.				Result
				Epilation		Regrowth		
				Began	Completed	Began	Completed	
James S, 2310	6	20	0 160	19	24	31	120	cured
Hilda W, 2409	6	17 25	0 138	15	Incomplete	?	105	cured
James G, 2420	2	12 3	0 098	14	21	28	?	cured
Mary G, 2419	6	19 5	0 156	14	21	28	?	cured
John McG, 2636	8	26 13	0 209	12	23	46	?	cured
Warren McG, 2637	4½	17 6	0 140	14	22	46	?	cured
Eddie C, 2710	7	23 6	0 189	19	23	30	?	cured
Carl R., 2751	5	18 4	0 147	12	24	45	?	cured
Romeo M, 4402	9½	24 7	0 198	10	21	Still under observation		
Leah L, 4337	7	26 5	0 212	12	21	Still under observation		

do Castello of Havana informed me recently that Cicero's cases now totaled over one thousand) Sainz de Aja and Zuloago (4) reported in 1922 on the local action of a cream of thallium acetate and sulphate, preferring the former as the results were more rapid and less toxic In a personal communication from Urueña of Mexico City, I was told that the oral administration of thallium resulted in no serious accident in over 612 cases of tinea capitis treated by him As early as 1923 he reported a successful result in a woman, 26 years old affected with tinea capitis (5) In 1924 the writer (6) called attention to Buschke's experiments with thallium, but did not give it a clinical trial for fear of the toxic action strongly emphasized by Sabouraud Peter (7) in 1926 reported some cases of his own and focussed the attention of those interested in the clinical application of this drug to the large experience of his Mexican colleagues Cicero and Urueña Numerous reports have appeared since from different parts of continental Europe and England The first publication in this country on thallium was the recent article of Felden (8) who treated 47 cases with fungus disease of the scalp, citing most of the literature on the use of this drug

Author's Experience With Thallium Acetate In Tinea Capitis, Using It Alone and Also Combined With the Roentgen Ray

In the following study, Kahlbaum's thallium acetate was used exclusively and as it was not in tablet form, the estimated dose was carefully weighed by the pharmacist at the New York Post-Graduate Hospital Dispensary, each time before it was administered The dose in milligrams was mixed with a little milk sugar, placed in waxed paper and later emptied into half a cup of cool water for the child to drink When this was drained some more water was added to the same cup to make sure all of the thallium was taken No bad taste was complained of The first six patients received this on a fasting stomach, the others took it three or four hours after a light lunch, with no difference in results The same bottle containing the drug was used throughout, care being taken to keep it well stoppered in order to prevent any possible deterioration Seaston and Wilson (9) had many failures which they ascribed to an inactive thallium salt caused by exposure to the air with the formation of carbonates When they observed proper precautions, depilation was the rule Buschke and Langer (10) used an ordinary thallium acetate put up by Kahlbaum in tablet form in convenient milligram doses, the preparation being known as "Thalliumdepilatorium" These authors believed that purification of this salt caused it to lose some of its activity Urueña found that a fresh thallium acetate caused earlier depilation than an old preparation

Our patients with the clinical diagnosis of tinea capitis were first observed under the Wood's filter after the hair was clipped It was found that the infected hairs showed up with a significant greenish fluorescence under this light and were thus more easily detected and utilized for microscopic examination or culture

A careful history of organic disease, followed by a general physical examination if necessary, was then made and a test of the urine ordered The patient's weight in the nude was checked by another observer to insure accuracy and the dose of thallium acetate in milligrams per kilogram of bodyweight was estimated with the same precaution Patients with a cardiac or nephritic history and those that appeared small or under weight for their age, were referred for roentgen-ray epilation

Eighteen cases of tinea capitis were treated, eleven boys and seven girls The youngest was 2 years and the oldest, 11 years of age. The duration of the disease varied from two weeks to three months All showed the characteristic lesions on the scalp and with one exception were positive on microscopic examination or culture. The Wood's filter was not only an aid in detecting the positive areas but in determining the question of relapse or cure The types of ringworm found on culture as reported by Dr George M Lewis of our skin clinic were as follows

M audouini	12
M lanosum	2
Contaminated	1
No growth	2
Culture not taken	1

The first two cases were treated locally with a five per cent ammoniated mercury ointment, the next few patients used a ten per cent iodine in goose grease, but in the majority, Buschke and Langer's method was followed, i e, ten per cent sulphur in vaseline to be applied one day, followed by one-half strength of the tincture of iodine the next day The local treatment was started immediately after the hair was clipped and the drug administered and continued unless irritation developed, till a full regrowth occurred. The scalp was washed with soap and water every day When the hair started to loosen, the parent was advised to use a tweezer and we at the clinic applied an adhesive plaster cap to remove any hairs remaining Paper caps were used as headgears to prevent reinfection and spread of the disease to others If of school age the child was returned to class only after regrowth of the hair took place and provided no lesions were detected by the Wood's filter, checked up by the microscopic examination and culture

The following ten patients, seven boys and three girls, varying in age from 2 to 9 years, received 8 milligrams of thallium acetate per kilogram of body-weight The total dose of the drug varied from 98 to 212 milligrams It did not

only one-half that amount, two on a basis of 8 milligrams per kilogram and one on a basis of 7 milligrams per kilogram The results were as follows

Buschke and Langer (see footnote 10) cautioned against the use of thallium in those beyond the age of puberty and also in those children under weight for their age According to these authors, weight did not seem to follow endocrine development with age, and as thallium seemed to act as endocrinopathic agent, the curative and

TABLE 3. RESULTS FROM THALLIUM IN TWO CASES OF TINEA CAPITIS USING 6 MILLIGRAMS PER KILOGRAM OF BODY WEIGHT

Name and Clinic No	Age in years	Weight Kgs	Total thal acet in Mgs	Days after taking thal acet				Result
				Epilation		Regrowth		
				Began	Completed	Began	Completed	
Rose McC, 3890	4½	16 1	96 6	7	Incomplete	?	?	Failure
Frances A., 4401	4	14 5	87	10	Incomplete	?	?	Failure

lethal actions were somewhat too near for use in such patients To meet this contingency, they were the first in 1922 to try the combined treatment and obtained some good results by using a 4 milligram per kilogram, thallium dosage combined with a two-fifths Holzknecht erythema dose of roentgen ray over five fields of the scalp, filtering with one-half millimeter of aluminum (14) Dowling (15) tried this method in six cases and found it to be either a failure or incomplete, excepting in one case The results obtained in a larger series of cases, six cures out of thirty-three, by Lourier and Zwitkis (16) with varying amounts of thallium and roentgen ray, were not much better The results in table 4 were disappointing Although the roentgen ray and thallium seemed to have a different mode of action, supplementary doses of each were worthy of further trial in adult patients affected with fungus diseases of the scalp, especially favus

Experience with Thallium in an Adult with Favus of the Scalp One patient with favus of the scalp was treated with thallium alone This was an Italian woman, 41 years old, that weighed 45 26 kilograms The duration of the disease was said to be thirteen years The entire top of her scalp showed an extensive alopecia with scarring, activity being still present as evidenced by microscopic examination and culture The examination by the Wood's filter showed the usual greenish fluorescence noted in tinea capitis She received 4 milligrams per kilogram of body weight or a total of 180 milligrams of thallium acetate, in one dose by mouth One day following this she developed general body pains and dyspnœa, that kept her in bed for one week Epilation began on the thirteenth day at which time she appeared at the clinic, no worse the wear for her experience Epilation continued for the next three weeks and the scalp was clearing nicely under sulphur ointment and half-strength tincture iodine Unfortunately epilation was not complete, and regrowth began before all the old hairs fell out The result may yet be favorable in spite of this

HYPERTRICHOSIS Two patients with hypertrichosis were treated with Sabouraud's

TABLE 4. RESULTS IN THREE CASES OF TINEA CAPITIS USING COMBINED THALLIUM AND ROENTGEN RAY THERAPY

Name and Clinic No	Age in years	Weight Kgs	Total thallium 4 mg per kg	Roentgen Ray no filter	Days after combined treatment				Result
					Epilation		Regrowth		
					Began	Complete	Began	Comp	
Thos. T, 3549	9	30 2	121	½ Epil dose	16	Incomplete	?	?	Failure
Walter L., 4295	11	27 9	111 8	½ Epil. dose	28	Incomplete	?	?	Failure
Stella M, 3554	9	22 5	3 5 mg per kg 79	½ Epil dose	33	Incomplete	?	?	Failure

gan The affected parts lagged behind in the growth of new hairs

The following three patients, one girl and two boys received 7 milligrams of thallium per kilogram of bodyweight The total dose of the drug varied from 139 to 229 milligrams

There were one cure and two failures The discrepancy between total dosage and age and the effects on epilation and regrowth were shown in Joseph C, who was underweight for his age An 8 milligram dose per kilogram of body weight might have produced complete epilation but perhaps toxic symptoms also Buschke, Dostrowsky (12) and others cautioned against the use of thallium in those underweight for their age, especially when it amounted to 30 per cent or more Urueña wrote me that he used an 8 milligram dosage per kilogram of body weight, for children older than six years, for those younger than that, he used 5 to 7 milligrams according to age. Kleinmann (13) used a 7 mg per kg dosage for those over 25 kg and an 8 mg per kg dosage for those below that weight.

Two patients received thallium at 6 milligrams per kilogram with the following results

The parent of Frances A, failed to carry out local treatment but Rose McC, did receive it. Both failed to depilate completely and resulted in a failure

Another group, three in number, received one-half of an unfiltered epilating dose of roentgen ray according to the Kienböck-Adamson-Mac Kee method They were also given instead of the full dose of thallium per kilogram of body weight,



FIGURE 1

Warren McC, with Tinea Capitis, showing the appearance of the scalp with the hairs clipped, before thallium treatment



FIGURE 2.

The scalp of the same patient, twenty-two days after taking thallium, showing complete epilation of the hairs on scalp

TABLE 2 RESULTS FROM THALLIUM IN THREE CASES OF TINEA CAPITIS USING 7 MILLIGRAMS PER KILOGRAM OF BODY WEIGHT

Name and Clinic No	Age in years	Weight Kgs	Total thal acet in Mgs	Days after taking thal acet				Result
				Epilation		Regrowth		
				Began	Completed	Began	Completed	
FLORENCE O'S 2018	5½	21 4	149 5	7	19	28	90	cured
ALFRED S, 3457	8	32 8	229	7	25	27	79 ?	Failure
JOSEPH C, 3726	8½	19 8	139	16	Incomplete	?	?	Failure

soon as they discontinued this work One of the men became very ill and finally developed a retrobulbar neuritis and optic atrophy Buschke cited a recovery after an attempted suicide with thallium, the patient developing an alopecia, severe neuralgic pains and gastro-intestinal symptoms Luhrig (22) reported a death in a child from a rat poison containing thallium sulphate, the child vomited, had diarrhoea and cramps and survived only twenty-nine hours Kaps (23) also reported a death from rat poison This man, 29 years old ate food that some one with criminal intent contaminated with the vermicide In a short period the victim took a total of 2.25 Grams of thallium sulphate He developed paresthesias and pains, alopecia, conjunctivitis and a dermatitis of the face and finally a retrobulbar neuritis Autopsy showed degeneration of the heart, liver and kidney

REACTIONS AND SEQUELAE With therapeutic doses of thallium in man, reactions as high as 25 per cent are reported They are mostly of a mild nature consisting of pains usually about the ankles either before or at the time of epilation, salivation, palor, fever, loss of weight, anorexia, achlorhydria listlessness and a mild folliculitis of the effected parts In some instances severe and alarming symptoms have developed Such was the report of Ritter and Karrenberg (24) who saw a six year old child, treated with thallium, develop a generalized but fleeting exanthem and an unfavorable change in behavior that seemed to be of a permanent nature Other observers have reported a secondary anemia, choreiform movements and convulsions, paresthsias, arthralgia, myasthenia, generalized alopecia, albuminuria, nephritis, urine retention, dysenteric symptoms and dyspnoea Conjunctivitis has been reported but no serious eye complications have been noted by anyone in any of the patients thus far treated These reactions were not always after large doses and did not seem to be due to any cumulative action of the thallium They resembled lead or arsenic poisoning Dixon was able to find thallium in every tissue of animals poisoned with this drug, the skin contrary to arsenic contained the least amount Dostrowsky could not find thallium in the blood or hairs in his treated cases He could demonstrate it in the urine up to 27 days in those that had reacted and until 44 days in those that did not According to Devane (25) thallium was not eliminated entirely until two and one-half months had elapsed Some of the serious sequelæ appeared quite late after the taking of the drug

BLOOD FINDINGS AFTER THALLIUM DEPILATION The blood count determinations, especially the presence of eosinophilia, was the subject of study by several investigators of thallium therapy In a study of eosinophilia in various dermatoses, Schamberg and Strickler (26) found that the blood of children affected with tinea capitis, gave an average count of four and one-half per cent This was twice the amount of eosinophiles usually found in normal children used as a control Bobrov and Kogan (27) found that fungus infection of the scalp or body was invariably accompanied by an eosinophilia, especially when this infection was generalized They also found that this eosinophilia was reduced with improvement and increased in case of a relapse Kleinman (see footnote 13) with Buschke and Flamm, noticed a lymphocytosis with eosinophilia that appeared two weeks after thallium and disappeared in three weeks Szentkiralyi (28) explained the secondary anemia and loss of weight encountered by him as due to a functional endocrine disturbance He believed that the pain in the bones occurring after the treatment might be due to the effect of this drug on the bone marrow

Twelve of our tinea patients treated with this drug had complete blood counts taken There were twenty-one such examination made by F H Westcott and A C Cipollaro of the house staff of the New York Post-Graduate Hospital. An average eosinophilia of five per cent was encountered, reaching as high as eleven per cent in one case In one patient with a relapse there were no eosinophiles at all although the count taken at the prior attack gave a percentage of seven Only in two out of seven instances did a reduction in the eosinophiles correspond with definite improvement The hemoglobin tests and red corpuscle counts were within normal range The white cell counts were 21,000 in one case and as low as 6,100 in another The average was 10,633 The small lymphocytes varied between twenty-one and sixty-six per cent and averaged forty-seven per cent These blood counts were taken on the day of treatment, in one patient and at various periods after that in others, as conditions permitted, up to the time or regrowth Aside from the eosinophilia and slight lymphocytosis, there were no appreciable changes noted in the blood of patients treated with thallium, that seemed to be of any significance

Four patients had their blood examined for sugar, urea nitrogen, uric acid and chlorides The reports showed that they were within the normal limits The urine reports of all patients after taking thallium, were all negative

Indications and Contraindications in the Use of Thallium —The reactions after a therapeutic dose of thallium pointed to the proper choice of cases, to the careful supervision of the patients before and after treatment It should be a rule never to repeat the drug, certainly not within three or four months after the last dose

The age of puberty was a strong contraindication against the use of thallium and above that age, hardly justifiable except in very special instances The local use of the ointment or the solution by ionization for hypertrichosis and

thallium cream The formula for the latter was as follows

		gm. or c.c.
R	Thallium acetate	0.3
	Zinc oxide	2.5
	Vaseline	20.
	Lanolin	
	Rose water, of each	5.0

This was applied daily for fifteen days, a sufficient amount being rubbed in on the affected areas for five minutes This was a short treatment compared to the daily applications for eighteen months, used by Sabouraud It was only after that period of time that he obtained a decrease in half of the length and thickness of the hairs on the chin Cicero claimed acceptable results with the 1 per cent cream The results in the two patients treated with the fifteen day method were still awaited The 10 per cent cream originally used for epilation of the scalp was considered too toxic for use on the face In general the amount of the drug used in ointment form or otherwise should not exceed that of 5 milligrams per kilogram of body weight, or 300 milligrams of the thallium in a course of treatment Care should be exercised not to get any of the thallium in the mouth Laqerriére (17), Louste, Juster and Dramez, (18) used ionization, giving a treatment every four days to the chin and lips on areas one square centimeter in size, for a total of eighteen treatments The positive pole with a 2 per cent thallium acetate solution was applied for ten to twenty minutes using five to ten milliamperes of current No definite destruction of the hair papillæ was obtained, but soon after the eighth treatment the hairs wert more readily removed Although the hairs returned later they were more delicate, less abundant and very easily extracted In those areas not so treated the hairs were said to remain as usual This method will be tried next if the results we obtained from the one per cent cream continued to remain unsatisfactory

SYCOSIS BARBAE Thallium cream was used in tinea barbæ and ordinary sycosis by Buschke, Sabouraud, Saint de Aja and others Buschke and Peiser in 1922 used an ointment that contained thallium acetate 1 1,000 and applied three grams (45 grains) of this to the face on three consecutive days, but an alopecia of the scalp accompanied the facial epilation Ionization with a 1 1,000 solution of thallium acetate produced similar results Buschke and Peiser were not in favor of the local treatment Stümpke (19) tried a four milligram dosage of thallium and a one-half epilating dose of roentgen ray to two cases with pustulation of the bearded region of the face and neck and obtained fairly good results, but loss of hair on the scalp also appeared

MONILETHRIX One case of monilethrix was treated with thallium by Lourier and Zwitkis and all hairs with the exception of those on the nape of the neck, returned normal Buschke also treated one case of this kind but was awaiting the permanent nature of the cure The thallium seemed worthy of further trial in this incurable affection of the scalp

ALOPECIA AREATA AND OTHER TYPES OF BALDNESS Although epilation was not required as a part of the treatment of alopecia areata, Buschke and others used thallium in small doses on account of the rapid regrowth that was noted following epilation from this drug Excepting in children, the use of this remedy was not justified, because of the general untoward effects of this drug in those above the age of puberty The same remarks applied to alopecia prematura and other types of baldness in the adult When one of our patients (Alfred S, see table 2) was first brought to the clinic with tinea capitis, his mother definitely stated that the boy's hair on the scalp never grew longer than one inch at the most When the hairs began to regrow after thallium, no noticeable increase in the length of the hairs was noted

MODE OF THALLIUM ACTION Space will not permit to give in detail the results of the numerous experiments performed by Buschke, Langer, Peiser and others on different animals, in order to discover the mode of action of thallium They showed that the peculiar epilating effect is supposedly due to a disturbance in the endocrine-sympathetic system The alopecia is explained not by a direct effect on the hair papillæ as in roentgen-ray epilation, but by way of the sympathetic nervous fibres influencing the nutrition of the hair which makes them fall out. Atrophy of the hair bulbs, like that seen in alopecia areata, was noted by Urueña, Cicero and others after thallium Lourier and Zwitkis reported the finding of many split hairs Mac Kee informed me that Pardo Castello of Havana had also noted some beaded and hooked hairs All these observations were confirmed in our patients in the several instances in which the hairs were examined and in addition fracture of the hairs could also be seen Dixon (20) however believed that thallium acted on the automatic nervous system like strychnine, allowing reflexes to pass through them more quickly In that case the hair fall after thallium might be explained by the expulsion of the old hairs by the added stimulus given to the hair papillæ Lewin (see footnote 11) in one-third of his thallium cases found a red line dermographism that lasted almost one-half hour during the period of epilation and concluded that this denoted an irritability of the sympathetic nervous system produced by this drug

TOXICITY The toxic action of thallium, at first observed in animals was now fairly well known in man Rube and Hendricks (21) reported alopecia, anorexia, colic, body-pains and nephritis, in workers engaged in extracting thallium from pyrites, with improvement in health as

cap, etc, and as with the antiseptic treatment, has to be rigorously attended to

The hairs examined during thallium epilation showed atrophy of the bulbs as in alopecia areata Beading, bending, fracture and splitting of the hairs were also occasionally observed There was no report of a permanent alpecia, regrowth always occurring

The tinea patients treated with thallium showed on examination of the blood an average eosinophilia of five per cent This was the usual percentage reported in children infected with this fungus whether they are treated with thallium or not A slight lymphocytosis was occasionally observed after thallium

The blood chemistry of chlorides, urea nitrogent, uric acid and sugar, in four patients treated with this remedy, were within the normal limits Albuminuria was not encountered

The toxic action of thallium is sufficient to cause death in animals and man, as reported in the literature Twenty-five per cent of reactions had been reported with therapeutic doses The symptoms were mostly of a mild nature but occasionally severe enough to make one pause sufficiently to select only those properly suited for this treatment

A ten per cent thallium cream had been used in hypertrichosis and sycosis, but an alopecia of the scalp frequently resulted with or without epilation of the area treated The ten per cent cream was considered too toxic Fifteen daily rubs of the one per cent formula of Sabouraud was given a trial in two patients with hypertrichosis, with entirely negative results

Ionization with a two per cent solution of thallium acetate was reported partially successful in hypertrichosis Those who used a 1 1,000 solution in this way were not in favor of it either for superfluous hairs or sycosis According to one observer, one-half of the usual dose of thallium and roentgen rays caused some epilation in sycosis barbae, but was accompanied by an alopecia on the scalp

There were two reports in the literature of cures with thallium in monilethrix Alopecia areata in children had also been treated with thallium, with good results It had also been suggested for other types of baldness on account of the seeming stimulating action of thallium on the growth of new hairs after epilation

Thallium treatment in fungus affections of the scalp was more economical when successful It was the method of choice in very young children and in those mentally or physically unsuited for the five-exposure method with the roentgen rays

Several observers had repeated the thallium when a failure resulted from the first dose of the drug, but it was a question whether this is an advisable thing to do, certainly not within the period of three months

Thallium should not be used at all after puberty A fractional dose of the drug combined with one-half of an epilating dose of the roentgen ray may be of use in fungus disease of the scalp in adults, especially for a still active favus with considerable scarring

Children in poor health or under weight and those with albuminuria, are not fit subjects for thallium treatment

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sycosis is still in the experimental stage Those who were able and had the facilities to epilate with the roentgen ray would probably use the thallium method only in very young children with fungus disease of the scalp who did not lie quiet on the table for the five-exposure method The average practitioner might use it if he was beyond the reach of those who were capable to epilate with the roentgen ray It has its usefulness also in an asylum or hospital practice, especially where mental defectives or idiots were patients This was demonstrated by the report of Felden

A strong factor in the choice of treatment between the roentgen ray and thallium was the percentage of those cured with either of these methods Thallium treatment is much more economical if the treatment was successful While relapses do occur with epilating doses of the roentgen ray, they are uncommonly rare Even when epilation is incomplete, a cure is more often the result with the roentgen ray because regrowth is not so rapid, allowing more time for the local antiseptic treatment to reach those hairs still harboring the fungi In comparison the following figures are cited from a few who had complied some statistics of the results with thallium (usually with an 8 mg per kg dosage)

	Percent Cured	
Berde	79(?)	Total epilation
Cicero	66	This did not include those that were cured although epilation was incomplete.
Felden	76	
Lourier & Zwitkis	62	Favus
	51.3	Microspron.
	45.5	Herpes tonsurans
Mgeubroff & Landesmann	50	(Majority failures
Peyri	70	with 6 mgs per
Urueña	91	kg)

The results with the 8 milligram dosage per kilogram in the ten cases of tinea capitis treated with thallium at our clinic were also good—80 per cent The number of cures with this dosage may turn out to be still higher as two patients are still under observation, but the severe and incapacitating pains that affected one of our patients was sufficient in our opinion, to limit the treatment in the future to those only who were to be the object of further study of the action of thallium and those who were too nervous or too young to receive the five-exposure method of epilation with the roentgen ray The results were poor when a lower dose than 8 milligrams per kilogram or the combined method (with roentgen ray), was used

It is necessary to exert care with thallium dosage as it is necessary to be careful not to overstep the epilating dose of the roentgen ray, but there is no possibility of a permanent alopecia with thallium as with the roentgen ray Thanks to modern apparatus, this complication following the rays is becoming an exceedingly rare one. The question of any injury to the brain by an ordinary epilating dose of the roentgen rays has no basis in fact and could no longer be maintained as an argument against the use of the rays It is too early to say that thallium even in ordinary therapeutic doses has no lingering effects on the physical and mental habitus of some patients With few exceptions, therefore, the roentgen rays remain the method of choice for the treatment of fungus affections of the scalp

Summary and Conclusions—Thallium acetate (Kahlbaum's) was used in the treatment of eighteen cases of tinea capitis and one of favus.

Ten children with tinea capitis were treated with 8 milligrams of thallium acetate per kilogram of body weight All were cured with the exception of two still under observation One severe reaction occurred, incapacitating the child for three weeks

Epilation in these ten patients began on the average of fourteen days and was complete in twenty-two days The hairs began to regrow in thirty-six days, reaching a normal thickness in about three months after the administration of the drug

Three patients with tinea capitis were treated with 7 milligrams of thallium per kilogram of body weight with one cure and two failures Two other patients received a 6 milligram dosage per kilogram and both were failures The combined thallium and roentgen-ray treatment, using one-half of the required amounts of each, was ineffective in three patients in which it was used In all these instances, epilation began in the usual time excepting with the combined method where it was somewhat delayed Epilation was incomplete in all patients excepting the one that was cured with the 7 milligrams of thallium per kilogram of body weight Regrowth with incomplete epilation seemed to start earlier than usual

One woman, 41 years old, with favus of the scalp, was treated with 4 milligrams of thallium per kilogram of body weight Epilation was incomplete and she was incapacitated on account of fever, body pains and dyspnoea, for one week Regrowth of her hair began soon enough but the Achorion Schloenleinii was still present

Accurate weighing of the patient and also of the drug was a sine qua non of the treatment. A fresh and reliable thallium acetate was advisable to avoid any possible reactions The required dose was given by mouth, once only and three hours after a light meal

Active local antiseptic treatment and daily washings of the scalp, started before epilation, must be continued up to the time of regrowth of the hairs

Thallium defluvium is not as spontaneous as that following roentgen-ray treatment Epilation has to be hastened therefore by tweezers, plaster

In this country, from the earliest days, maternity care has been largely in the hands of the medical profession American women here, unlike those of foreign countries, have always looked to the medical profession for assistance during childbirth No doubt, this preference on the part of women for medical service has been to some extent responsible for our failure until recently, to develop any plan for the training of the midwife or nurse in this service

While there is a constant need and demand for medical care during childbirth, the number of physicians available for this care is rapidly diminishing The recent trend of the physician from rural communities to towns and cities, the development of other more desirable specialties and the decreasing number of graduates in medicine are important factors which must be considered in the problem of providing maternity care in the future It must be clearly understood that the medical profession in this country is not able to give individual care to every mother There never has been a time when this has been possible There is an urgent need for nurses and midwives trained to take care of normal patients for whom no physician is available

With the exception of the results obtained by those who have had special training in obstetrics and by large maternity hospitals, the loss of life among mothers and infants throughout the country is excessive Vital statistics of the Registration Area of the United States show a higher maternal and infant death rate than most of the other civilized countries, and almost twice that of many European States As each country has different laws relating to the reporting of deaths, many authorities in this country are unwilling to admit that the mortality rate is so much higher here than abroad Nevertheless, the statistics available do show that the mortality rate in the United States is much higher than in some foreign countries, especially the Scandinavian States We must conclude that the standard of obstetrical care which the majority of women in this country are receiving is not adequate to protect them from the dangers associated with pregnancy and childbirth

The present maternal mortality rate of 6 5 per thousand live births has remained practically the same for the past twenty years This seems almost unbelievable when we consider the progress made during this same period in medicine and surgery The mortality rate varies greatly in different States In States densely populated, with ample facilities for transportation, it is found to be lower than in States where the population is scattered over great areas with limited means of transportation, making it difficult and often impossible to provide obstetrical care in times of emergency In the Southern States, inadequate care of the colored women is largely responsible for the high death rate In some of these States the mortality rate among the colored women is 14 per thousand live births, or approximately the death of one mother in every seventy

The maternal mortality in the cities is much higher than that of the rural districts The average mortality rate for cities is 7 3 per thousand live births compared to 5 5 per thousand in rural districts The increased death rate from puerperal sepsis in the cities is responsible for the higher maternal death rate The death rate in the cities from sepsis is three per thousand live births as compared to 1 9 in the rural districts This is surprising when we consider the greater opportunities for medical and hospital care in the cities as compared to rural districts It is evident that since infection is associated with operative deliveries, there is less interference with labor in rural districts

The mortality rate is less in the large cities than in the small cities and towns This is due to better hospital facilities, and to the number of physicians restricting their practice to obstetrics in the larger cities The general hospitals in the small cities and towns have only in recent years begun to establish a maternity service independent of the medical and surgical services The maternity service of a general hospital is able to provide adequate maternity care only when that service is regarded by the hospital authorities as of equal importance to the community with the medical and surgical services, and when a physician specially trained in obstetrics is placed in control of the service With an increase in the number of properly organized hospitals the mortality in complicated cases will be reduced, and at the same time there will be greater opportunity for training physicians and nurses in obstetrics

Analysis of the maternal and infant deaths shows that more than half of them could have been prevented if proper medical care had been available Maternity care which will prevent excessive loss of life must be provided throughout pregnancy, during labor and for a period of about six weeks following labor

We find puerperal septicemia to be the cause of over 40 per cent of maternal deaths, and eclampsia of more than 25 per cent. These two conditions, accounting for over 65 per cent of maternal deaths, must have more attention from those who are interested in the practice of obstetrics Almost another 20 per cent of deaths are due to accidents of pregnancy and labor which could be greatly reduced by proper supervision

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THE PROBLEM OF REDUCING MORTALITY ASSOCIATED WITH CHILDBIRTH*

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PRIOR to the seventeeth century the care of women during childbirth was entirely in the control of midwives Although physicians never assisted women during childbirth their writings show evidence of their interest in this subject As early as the second century the dangers and risks of pregnancy were appreciated by the medical profession Hippocrates and later Soranus, at the end of the first and the beginning of the second century, prescribed rules and instructions for the guidance of the midwife in normal as well as in obstructed labors Soranus and his followers at that period, were urging the preference of the trained midwife over the untrained in normal as well as complicated labor

The knowledge shown by Soranus on this subject has won for him the title of "Father Obstetrics" He was the first to advise version as a method of delivery in obstructed and complicated labors, a method which, undoubtedly, even in the hands of the midwives was a means of saving life For some reason version, after a century or two, disappeared from the practice of the midwives and was not revived until the seventeenth century when the development of modern obstetrics began

During the seventeenth century physicians were allowed the privilege of attending women during childbirth Once having gained the opportunity of acquiring experience in the care of women during labor, the principles of proper care based on a sound knowledge of anatomy and physiology, rapidly developed in the hands of physicians into the science of obstetrics Experience in the management of difficult labors led to the discovery of forceps and the revival of version, and brought about the art of obstetrics

Modern obstetrics was developed during this period by a few great teachers, who were really specialists, and very shortly it became recognized as a branch of medicine and surgery With its acceptance by the medical profession the subject was taught in the medical schools throughout Europe

During the eighteenth century great progress was made in reducing the loss of life during childbirth Maternity hospitals were established in connection with medical centers for the two-fold purpose of providing for women in need of special obstetrical care and of training medical students and midwives It was understood that while the midwife could be trained to deliver a normal case with some degree of safety, she could not be trained to care properly for the abnormal case

The cooperation of the State authorities with the medical profession enabled the training and control of the midwife to be accomplished The duties of the midwife during childbirth as well as her limitations were clearly defined and enforced by law The maternity hospitals established in connection with the medical schools were, and have continued to be, the great training schools for midwives as well as the medical profession

The mortality rate declined with improved training and control of the midwife At the present time, the mortality rate is lowest in those countries where the delivery of normal cases is almost entirely in the hands of the midwife In England, with the midwives in charge of only 50 per cent of the deliveries, the mortality rate is higher than in the countries on the Continent where midwives deliver 85 to 90 per cent of the cases

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 23, 1928.

obstetrics has been slow The period devoted to clinical teaching and experience in prenatal clinics, labor rooms and wards has not been sufficient properly to train students

It has been the practice in most medical schools to teach not only the fundamental knowledge necessary for the care of normal pregnancy and labor, but as far as possible the principles and technique of all operations which might be necessary for complications developing during pregnancy and labor It was hoped that the student would be able in active practice to develop sufficient skill to enable him to perform obstetrical operations without undue risk to mother and child

Our experience in teaching graduates and in caring for complicated cases referred to our maternity hospitals, has convinced us of the great danger in graduating men with the idea that they can obtain such skill without further training The number of graduates in private practice who acquire judgment and skill in managing complicated cases without special training in a maternity hospital is limited To obtain a high degree of skill in operative obstetrics, we believe the physician must have post graduate training and experience following sound training in medicine and surgery in a general hospital

While fundamental instruction in the theory of obstetrics is necessary for all students, the study of practical obstetrics in maternity hospitals should be required only of students who intend to practice obstetrics Such students should devote at least two months during their fourth year to training in a maternity hospital

The results in the future depend on an increase in the number of maternity hospitals Such an increase will make it possible for us to improve our knowledge of obstetrics by the study of a greater number of collected cases The mortality in obstetrics would be greatly lessened if the indications for operations were more clearly understood and the methods of treatment standardized as they are in surgery Too often the judgment of the obstetrician is based on his own results in a limited number of cases

Largely because of frontier conditions and a wide scattering of population, it has been impossible in this country for every mother to obtain the services of a physician Among the foreign groups, who have settled in various parts of the country, especially in the rural districts of the North Western States and in many of the larger cities, the women in many cases retain the custom of the homeland in employing midwives In the South the colored and, in many instances, the white women have made use of the untrained negro midwife Today it is estimated that about 40 per cent of the births in this country are in the hands of midwives It is safe to say that over 90 per cent of these women are untrained

We must find some means for training midwives who are now in practice, and those nurses and midwives who are to render this service in the future to women who are unable to receive care from physicians and maternity hospitals This can be accomplished as it has been in other countries, by the cooperation of those in the profession interested in teaching obstetrics in maternity hospitals with State and city health authorities

While this movement is well under way in some cities and States, it will make little progress without more interest and support by the medical profession It has been observed that the number of midwives is rapidly reduced whenever registration and regulation have been instituted With the reduction in the number of midwives it is noticed that the most intelligent and capable remain This elimination of the aged and unfit results in the immediate improvement of maternity care and a lessening in the difficulties of supervision and training

During the past ten years the New York State Department of Health has been active in improving the practice of the midwife, and as a result of their activities the number of midwives has been greatly reduced In 1916 midwives reported 16 13 per cent of the total births, while in 1926 only 7 09 per cent were reported by midwives

In New York City in 1909 there were 3,131 registered midwives, who reported 49,616 births, which was 40 per cent of the total registered Since that year, with better control and supervision, the number of midwives has been reduced to 1200 In 1926 they reported only 21,000 births, which was 16 per cent of the total

During 1911 a school for midwives was established in connection with the maternity service at Bellevue Hospital This was the result of the efforts of the Child Hygiene Department of the Board of Health It was organized to give midwives a training which would enable them to deliver normal cases Since 1911 only graduates of this school, or of schools abroad have been licensed to practice The school has been the means of training nearly five hundred women The course of training covers a period of nine months The student midwife, while under instruction, lives in the school, at the expense of the city She is required to observe eighty cases and deliver twenty during this time The majority of the abnormal cases are transferred to the hospital

Our experience in observing the work of the midwives under our supervision has convinced us that while the midwife can be trained to deliver a normal case, she is not capable of

The maternity care provided has a direct influence on the life of the child Where the lowered standard of care results in a high maternal death, we always find an accompanying high stillbirth and infant mortality rate

The presence of the doctor toward the end of labor is not sufficient protection for mother and child The best results of medical care are brought about by care during pregnancy because during this period it is possible to prevent complications or to recognize them at a time when treatment is most effective Syphilis and toxema are two conditions largely responsible for intrauterine and neonatal deaths When medical attention is provided during pregnancy syphilis can be eliminated and toxemia prevented or controlled Pre-natal care is our only means of reducing intrauterine deaths and prematurity Prematurity and birth injuries are the principal factors in causing the high infant mortality during the first month of life The infant death rate as a result of injuries, largely due to operative deliveries, is high and increasing each year Care during pregnancy is all important in increasing the number of normal deliveries, and lessening the number of operative deliveries

During the past twenty years great efforts have been made to reduce the mortality during pregnancy and labor by employing the methods used in the fields of medicine and surgery In surgery, mortality was reduced by showing the necessity for special training and the need for more hospitals to make more certain the results of proper technique, and at the same time to afford the opportunity for the special training of doctors and nurses In medicine, the mortality from disease was reduced by cooperating with public and private agencies interested in public health and the spread of knowledge covering essential principles of prevention The standard of maternity care would be greatly improved if the number of properly organized maternity hospitals could be increased and if the principles of prevention were appreciated and as widely carried out as they have been in the fields of medicine and surgery

Operative obstetrics today is no more advanced than surgery was at the beginning of the last quarter of a century The necessity for skilled assistance in difficult cases as a protection against unnecessary injuries and morbidity is not realized Although the need for a larger number of trained obstetricians is urgent, there is little or no demand for their services outside of the larger cities and in teaching positions in the medical schools and maternity hospitals

If there is to be any reduction in the maternal mortality rate, there must be a more widespread knowledge and a clearer understanding of the importance of the principles underlying proper maternity care The application of these principles in preventing fatalities as well as morbidity must be known to the medical profession and also to the public

In recent years a few States have been able to show a slight reduction in maternal mortality, and a large majority a noticeable reduction in infant mortality as a result of the activities of the various State and municipal health authorities, as well as the national and local private organizations interested in maternal and infant welfare Although these various activities have, unfortunately, accomplished little in reducing the maternal death rate, great progress has been made in arousing widespread interest in the subject which is essential for future efforts to be successful in finding a practical solution of this problem

We believe the solution of the problem lies in an improved teaching of obstetrics in our medical schools, and in a better training of students, graduates, nurses and midwives in maternity hospitals Obstetrics as an art and science must be elevated to an equal importance with medicine and surgery in medical schools and hospitals and no longer occupy a subordinate position More independent maternity hospitals should be established and general hospitals should be induced to maintain adequate maternity services with coordinated outpatient clinics Moreover, provision must be made for isolated areas where no hospitals exist, by the establishment of maternity centers and development of prenatal and postpartum clinics In addition, the work of existing prenatal and postpartum clinics should be extended to include patients other than those registering for care during delivery

Since maternity care is essentially medical care, the responsibility for improving this care rests largely with the medical profession The most important factor in elevating the standard of care is the thorough teaching of clinical obstetrics in medical schools and maternity hospitals It has been only during the last quarter of a century that medical schools have been able, through affiliation with maternity hospitals, to teach students and train graduates in practical obstetrics

Before this time, because of the small number of hospitals, there had been little or no opportunity properly to teach obstetrics The few maternity hospitals in existence were used for the care of complicated cases There was no provision in these hospitals for the care of normal pregnancy and labor, or for training students and graduates in the essential principles of prenatal care

Because of the limited time available for clinical teaching, the improvement in teaching

ritory These centers should be oganized by the communities, and the State and county should assist in their support. The public health nurse with special maternity training should live at the center and be supported by the center

The problem of reducing the mortality associated with childbirth is a complicated one and dependent for solution on many different factors

In the application of many of the remedies suggested there will of necessity appear minor difficulties which will have to be smoothed out to pave the way for future success Real progress will only be assured through the cooperation of all classes herein discussed and through the appreciation of the great need of solving this problem which is so vital to the womanhood of this country

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EXPERIENCES IN THE MANAGEMENT OF PREGNANCY COMPLICATED BY HEART DISEASE*

By HAROLD E B PARDEE, M D., NEW YORK, N Y

WHETHER or not to allow a woman with heart disease to go through pregnancy depends upon a prognosis It demands a decision as to whether or not the heart will be able to supply blood for the physical demands of the later months of pregnancy and especially for the more strenuous effort of the hours of labor

In the past the diagnosis of the anatomical lesion has been used as a basis for this prognosis, but to judge from the results it is not a reliable basis Mackenzie pointed the way to a better understanding of the problem by focusing attention upon the symptoms and signs of failure of the heart to maintain a normal circulation His observations and suggestions[1] published in 1921 were the first direct word from the internist to the obstetrician indicating the marked change in viewpoint which the modern ideas of cardiology have produced

The prognosis for pregnancy depends upon the functional cardiac diagnosis and this centers upon the patient's ability to perform physical exertion rather than upon the pathological state of the valves or myocardium

In this country and particularly in New York City, the idea of determining the limitations of the patient's heart by observing the reaction to physical exercise had obtained a firm hold, and in 1922 it was possible to give the results of two years experience with a functional classification of women with heart disease which it was hoped would indicate their fitness for pregnancy[2] This classification depended upon three factors First that the patient definitely had organic cardiac disease, Second the ease with which unusual shortness of breath or palpitation developed after exercise, Third the observation of the patient's reaction to a rather strenuous test exercise given by the physician

This preliminary report suggested that the method had some value, as there was no instance of cardiac failure developing during pregnancy or labor in patients of the two groups considered most favorable The experience of the last seven years has continued to show the value of a functional rating of the patients with heart disease A functional classification has been introduced under the auspices of The New York Heart Association, and this classification has come to be widely used in many parts of the country It seemed inadvisable to have a different classification for those cardiac patients who were pregnant and so the classification of The New York Heart Association has been used in our antepartum clinic at the Lying In Hospital since 1924 This classification does not differ in principle, but only in the number of groups, from the one which I suggested in 1922 Patients with organic cardiac disease are divided into four classes according to their cardiac functional capacity

Class I—Those who are able to perform ordinary and usual physical activity without unusual fatigue, palpitation or dyspnea

Class IIa—Those who are able to perform the usual normal physical activity but who have discomfort in so doing Such a person would have noticed an increase in shortness of breath after climbing stairs or after walking against a wind or up grades or after such things as housecleaning or lifting heavy articles These patients would by some be said to be "fairly well compensated"

Class IIb—Those who are unable to perform the more difficult features of ordinary physical activity without stopping on account of fatigue, shortness of breath or palpitation Such activities would be climbing two flights of stairs or walking at an ordinary rate for a half mile These patients might be called "somewhat decompensated"

Class III—Those who are unable to perform the simplest physical activity without fatigue or shortness of breath or palpitation Such a patient would be unable to walk 200 or 300 feet or to climb one flight of stairs without

*Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y, May 23 1928

being trained to give adequate prenatal care. Nevertheless, she can be taught the principles of hygiene of pregnancy and the recognition of early signs of complications

Since 1911 the midwives at the school have delivered 13,762 women, 133 of these were transferred to Bellevue for hospital care There were only 11 maternal deaths and 4 of these occurred among the cases transferred to the hospital The maternal death rate was only 75 per thousand live births, the stillbirth rate was 1 77 per cent, operative delivery by forceps only 2 32 per cent These remarkable results, we feel, are due to the pre-natal care and supervision during delivery by the medical staff connected with the maternity service at Bellevue Hospital

As a result of State registration of midwives and on account of restricted immigration the need and demand for midwives will rapidly decrease except possibly among the rural colored population of the South

As long as there is any demand for the midwife, we feel that greater effort should be made to replace the untrained women with trained midwives We believe that we should train the public health nurse in obstetrics so that she may supervise and instruct the midwives in active practice, and in isolated districts be able to supplant the midwife when physicians are not available

After nearly twenty years of teaching obstetrics in maternity hospitals we feel that more attention must be paid to the training of nurses, both student and graduate It is believed that the period of training for the student nurse should be increased The present average period of three months is inadequate We cannot expect the nurse to be trained properly in the principles of labor and the care of the mother and newborn child in such a short period of time

The obstetrician in charge of the maternity service must take a more active part in the clinical teaching of nurses, as well as of the graduate physicians on duty in the hospital Too much of the training period of nurses is devoted to the study of the theory of obstetrics There should be more clinical instruction and the student should have more time to observe patients during pregnancy, labor and the puerperium We are graduating each year nurses who are not trained to care for the ordinary obstetrical case The training to assist at delivery is today considered of more importance than the intelligent observation and care of a patient during labor

Because of lack of training only a limited number of nurses are willing to do obstetrical nursing They do not have sufficient practical training to give them confidence The small number of competent obstetrical nurses available today are the nurses who have had unusual opportunities to be trained by physicians in their practice or who have had opportunity to obtain extra experience as head nurses in maternity hospitals

It is believed, if the course in obstetrical nursing could be extended to six months that nurses would be more willing to care for obstetrical cases and would be of much more assistance to the doctor By their trained supervision they could keep the attending physician informed as to the progress of the case and report the appearance of untoward symptoms and intelligently carry out his instructions In this way, they would be of greater value to the woman during labor and would save the time of the busy practitioner for other work The tediousness of waiting is one of the disagreeable features of obstetrics which makes men in general practice give up obstetrics or turn to operative means of delivery, thus increasing the risk when no interference is indicated

A six months' post graduate course in a maternity hospital with a home service should provide the graduate nurse with sufficient experience to teach and supervise midwives in the care of normal cases A nurse so trained will be able to care for the patient during normal labor and to recognize complications when they develop The graduate nurse with this additional six months' training would be invaluable in rural communities as a public health nurse in connection with a maternity center This nurse would be able not only to provide prenatal care under limited medical supervision but also, if necessary, conduct confinements and care for women during the puerperium

During the past four or five years at the Manhattan Maternity Hospital we have been able to provide a small number of graduate nurses with special obstetrical training for public health and missionary work The work of these nurses has demonstrated that the specially trained nurse is qualified to take the place of the midwife and competent to provide adequate maternity care for normal cases under limited medical supervision in isloated districts where the number of physicians is not sufficient to provide this care We hope to be able to give this training to a larger number of nurses in the near future both at Manhattan and Bellevue Hospitals

The small towns and cities will be able to care for abnormal obstetrical cases by developing maternity services in the local general hospitals The rural sections in isolated areas without sufficient medical protection, should have small maternity hospitals which would be maternity centers for the surrounding ter-

Of the 75 patients diagnosed as Class I, sixty entered the hospital for delivery There was no record of cardiac embarrassment during labor One of these Class I patients died of pneumonia following a Caesarean operation This patient did not enter the hospital until labor had been in progress 32 hours A hysterotomy was promptly done and the child found dead No evidences of cardiac embarrassment were observed either before or after the operation She developed pneumonia on the day after the operation and died on the fifteenth day

Of 19 patients diagnosed as Class IIa, 12 entered the hospital for delivery Five of these went through perfectly uneventful labors without noteworthy acceleration of the pulse or respiration Three women showed slight pulse and respiration increase during and after labor with a varying amount of subjective dyspnea All, however, made a prompt and uneventful recovery usually within twenty-four hours One of these, para IV after twenty-six hours in the first stage, and two hours in the second stage, showed a pulse of 108 and respiration 22, with no subjective dyspnea Another, a para V had five hours of first stage and 35 minutes of second stage She had a pulse of 118 and respirations 24 and complained of slight subjective dyspnea The other, a para II, breech delivery, had three hours and a half of first stage and fifty minutes of second stage The pulse was 120, the respirations 22 and she complained of slight dyspnea

Three were helped through the second stage by forceps after a long first stage, but showed no especial evidence of cardiac embarrassment. One of these, para II, after 25 hours first stage and two hours second stage and a median forceps application, showed the pulse 104, respiration 22, another, para I, after 15 hours first stage, four hours second stage and a low forceps application, showed pulse 100, respiration 20, the third, para I, after 16 hours first stage, one-half hour second stage and a median forceps application showed pulse 100, respiration 20

One woman with moderate nephritic manifestations, and hypertension as well as mitral stenosis had a spontaneous premature delivery at the sixth month and during this showed the pulse 120, and respiration 28 with some dyspnea In about 36 hours the pulse and respirations had returned to normal and she made an eventful recovery Another, a para XII, after a short labor without unusual pulse or respiratory accelleration showed fever for a week and had occasional attacks of cyanosis and weak pulse during this time A definite diagnosis was not made but pulmonary embolism was suspected

One patient was delivered at another hospital* She entered in labor and after a low forceps application was delivered of a four pound baby The pulse and respiration were only slightly accellerated and she seemed in good condition She had, however, cough and some dyspnea at night for a few days but improved and was allowed up in a chair on the tenth day postpartum Next day she complained of a pain in the right leg and six days later gangrene of the leg was diagnosed and the leg was amputated for embolism of the popliteal artery She did not make a good postoperative recovery and died on the twenty-sixth day postpartum

Of eleven patients diagnosed as Class IIb, nine entered the hospital for delivery Three of these went through without event, another had slight cardiac embarrassment She was a multipara with 27 hours in the first stage and two hours in the second, who showed the pulse 105, and the respiration 24 with slight subjective dyspnea She made a prompt recovery however and was discharged in good condition Another, after nine hours in the first stage and a version and breech extraction, showed no cardiac embarrassment but had postpartum hemorrhage with a pulse of about 100 for three days

Two patients diagnosed as Class IIb in the clinic were later admitted to the hospital severely decompensated, (Class III) one in the fifth month of pregnancy, the other in the third month Both improved somewhat with rest and digitalis The first patient who had entered with marked pulmonary congestion was operated on after fourteen days of treatment Hysterectomy was followed by death on the 2nd day The second patient who had entered at the third month of pregnancy with only slight pulmonary congestion, had a hysterectomy on the ninth day and made an uneventful recovery

Two patients were delivered by the Caesarean operation one after eighteen hours and the other after 24 hours of labor without progress Both of these showed slight signs of circulatory embarrassment in an increase of pulse to about 120 and of respiration to 28

Reviewing the results with these patients we find that the only deaths from heart failure occurred in the patients of Class IIb or Class III The death in Class IIa was also a result of the heart disease and probably would not have occurred if she had not undergone the pregnancy The death in Class I was a postoperative pneumonia and probably did not bear any definite relation to the heart disease

Half of the twelve Class IIa patients went through labor with only the slighest signs of

*The Lebanon Hospital, whose superintendent, Mr G. E. Halpern kindly allowed the chart to be abstracted.

resting, and would be unable to do any housework These might be said to be "much decompensated" or "definitely decompensated"

We have attempted to classify our antepartum cases along these lines using the patient's history of her ability to exercise as a guide and checking our rating by the observed reaction to a test exercise when the patient's history seemed unsatisfactory Due allowance must be made for the normal limitation of ability to exercise which comes with pregnancy The sickness of the early months may give rise to exhaustion and rapid pulse In the later months there will be a shortness of breath on climbing stairs not usually preventing the woman from climbing two flights, but making a pause necessary on the third flight In doing her housework she finds it necessary to slow her pace somewhat

Allowance must also be made for the fact that edema of the legs need not be due to heart disease Many women whose hearts are normal show this during pregnancy

In rating patients on their cardiac ability not only must these usual limitations of pregnancy be allowed for but also the individual variation found in different women Some undertake physical effort with greater facility than others Some women never can do much in the way of exercise but careful inquiry will discover that it is a sense of fatigue rather than shortness of breath which limits their ability In the absence of other signs this is not a symptom of cardiac failure

The test exercise is of considerable help in doubtful cases allowing the patient to swing a 10-pound dumb-bell, or a 5-pound dumb-bell, if she is not well developed physically, from between the legs to straight overhead She should do this 20 or 25 times, under her physician's observation and he should note the pulse rate and appearance of dyspnea directly afterward A normal reaction will consist in a moderate amount of dyspnea and tachycardia which will subside in a minute or two If the patient shows marked dyspnea or tachycardia the reaction is excessive and she should be classed as IIa or IIb If the patient cannot perform this exercise on account of palpitation or dyspnea the reaction is so excessive that she should be classed as IIb A Class III patient would probably not be able to perform more than 5 or 6 swings of the dumb-bell, but as a rule a test exercise is unnecessary for the functional diagnosis of a Class III patient The subjective complaints and the appearance are usually sufficient

I wish at present to report upon the results with a series of 106 patients seen in the antepartum Clinic of the Lying In Hospital, between July, 1923 and July, 1925 All of them except two had rheumatic valvular disease and these two had congenital cardiac abnormalities Twenty-nine were diagnosed as having mitral insufficiency Sixty-four were diagnosed as having mitral stenosis Eleven had aortic insufficiency and three of these probably mitral stenosis as well One of the congenital cases was thought to have patent interventricular septum, the other potent ductus arteriosus The functional classification of these patients is shown in Table 1 Seventy-five were diagnosed as Class I, twenty as Class IIa and eleven as Class IIb In addition to these 106 patients who were followed from the antepartum clinic, there entered the hospital during this two year period, six other patients with heart disease in a seriously decompensated state, three of them with pulmonary oedema These were Class III patients, five with mitral stenosis and one with aortic insufficiency These patients appear in the last column of the table The mortality in this group is striking but the fact that three of these patients entered with such marked congestive heart failure that edema of the lungs was present shows a reason for this Had these patients been under antepartum observation it should have been possible to prevent their heart failure reaching such a severe grade Their lives might have been saved and possibly also those of their babies

Cardiac enlargement has been emphasized by some as an important feature for deciding upon the functional ability of the heart and especially the ability of the patient to withstand the strain of labor From this series it seemed to be of some importance (Table 2) for cardiac enlargement was more than slight in eight (73%) of the eleven patients who were rated as Class IIb, and who were definitely limited by shortness of breath and in only twelve (18%) of the 64 patients who were rated as Class I, and who had no symptoms referable to their heart Class IIa patients who had slight symptoms of cardiac insufficiency showed definite cardiac enlargement five times in nineteen patients (20%)

It will be seen from Table 2, however, that enlargement is not a reliable guide There were two patients with marked cardiac enlargement and this means the apex beat almost at the anterior axillary line, who yet had no symptoms referable to the heart (Class I), and ten patients with moderate cardiac enlargement were also in this category

The experience with this series gives added weight to the idea that a functional diagnosis of the cardiac patient is the most satisfactory available guide to the prognosis for pregnancy To show the reasons for this it will be necessary to review in detail the case histories of the patients who died and in general the histories of those in the four functional groups

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PAPILLOMATOSIS OF THE LARYNX AND TRACHEA*

By ARTHUR F HOLDING, M.D, ALBANY, N Y

MY experience with cases of papilloma of the larynx leads me to believe that our knowledge of these cases may be divided into three stages — the bronchoscopist goes through these three distinct stages in the development of his understanding of this condition

The first or *papilloma* stage may be called the pre-bronchoscopic stage, before the bronchoscopist becomes a bronchoscopist (the mirror stage of indirect laryngoscopy when he laryngescopes only adults) when he believes that papilloma of the larynx presents as a single lesion in an adult larynx.

The second or *papillomata* stage, or early bronchoscopic period when he recognizes that papillomata more commonly presents in children than in adults, and occurs in a multiple form

The third, or *papillomatosis* stage, or later bronchoscopic period when he recognizes that the lesions are not confined to the larynx, but frequently extend beyond the larynx, and are often found in the trachea and bronchi

Furthermore, we are strongly impressed by the fact of our dependence on the sense of sight for the diagnosis of papillomatosis Its diagnosis by any other sense that that of sight is merely a lucky guess

Since the beginning of man, papillomas have been known, commonly as the humble external member of that family, the wart.

As our experience has widened and our fields of vision have been enlarged by the various "scopes" that have been invented, we have found more and more of the papillomata family tucked away in unexplored portions of the body

Their presence on the ectoderm were ever obvious, but their discovery in the entodermic areas has been entirely dependent on application of the sense of sight to these internal areas

With the discovery of the microscope, and the increased study at autopsies, we found many unsuspected internal papillomata The indirect laryngoscope revealed papilloma of the larynx; the proctoscope revealed papillomata of the rectum and colon, the cystoscope popularized papillomata of the bladder in medical literature, and the bronchoscope showed the full extent of papillomata of the larynx, showed their occasional presence in the trachea and bronchi, and I venture to predict that frequent case reports of *papillomatosis* in larynx, trachea and bronchi will soon appear in medical literature

Careful search has proven that whereas in the past we were satisfied with a diagnosis of papilloma—later with a diagnosis of papillomata, but that now thorough bronchoscopic search frequently reveals papillomatosis

Papillomatosis of the internal organs *without symptoms* is usually overlooked in life, and only discovered at autopsy, papillomatosis of internal organs *with symptoms* is almost invariably diagnosed as some malignant or incurable disease until the papillomata are visualized and then the sense of sight lets in understanding, dispels mystery, routs fear and makes apparent the benign nature of the lesions

I would suggest that possibly the fact that few cases of papillomata of the larynx come to autopsy explains the few cases of papillomatosis of the larynx and trachea that have been reported

The routine bronchoscopic or direct laryngoscopic examination of "asthma" cases will prove some of these to be papillomatosis, and now that bronchoscopic work is being done so much more generally, the incidence of papillomata will be higher than previously reported

When this is done, perhaps the incidence of papillomata in children will be found to be greater than Rosenberg's figures of 16 cases among 5808 children under 13, Schrotter's figures of 10 cases among 7324 children under 10, and they will more nearly approach the Massachusetts General Hospital figures of 1 1000 in children under 14

The importance of recognition of cases of papillomatosis is emphasized by the statements of Crowe and Breitstein,[1] who say that while laryngeal papilloma in children is rare, it always causes death eventually, either by suffocation or by fibrous stenosis of the larynx unless treated early and intelligently They consider that the mortality rate of papilloma of the larynx in children under five is equal to, if not greater than that of carcinoma of the larynx in adults

The treatment of papilloma of the larynx is extremely unsatisfactory Jackson, Tucker, Crowe and Breitstein agree in favoring endo-laryngeal removal, but as the growths almost invariably recur, the operation must be repeated many times over a long period to effect a cure. This frequently wears out the patience of the parents, the patient and the operator

Because of the uncertain and generally poor results of surgical removal, many workers have tried cautery, desiccation (mono-polar high frequency), diathermy, x-rays and radium

Cauterization almost invariably leads to fibrous stenosis of the larynx.

Radium and x-ray have been used in many cases, rarely with good results, mainly because the papillomata persist after radio-active dosages sufficient to cause serious tissue destruction of the skin overlying the larynx, or destruction of cartilaginous and other parts of the larynx have been given

Inhibitory dosages of radio-activity are of problematical value—they are therefore unsatisfac-

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y., May 23, 1928.

cardiac strain as did five of the seven uncomplicated Class IIb patients No patient diagnosed as Class IIa in the clinic entered the hospital severely decompensated as did two of the Class IIb patients The two patients who had the Carsarean operation had a long period of labor before it in each case and they stood the operation very well indeed In one case the operation was done under local anaesthesia

There was a striking difference between the reaction of the women in Class I and those in Class II a and b The Class IIa patients appeared to have less cardiac distress on the average than did those in Class IIb, but individuals in either group showed so little reaction to the labor that it was hard to feel that their cardiac condition was variably severe

One great difficulty in predicting the effect of labor lies, as has been said before,[3] in our inability to predict the duration and severity of the strain of labor With a short first stage and a short second stage, perhaps assisted by a low forceps application, there may not be much physical strain imposed on the heart A much weakened heart might withstand a short second stage successfully and a less weakened heart fail during a long one

The seriousness of the occurrence of severe cardiac failure during pregnancy or labor is evident from the fact that of six patients in this condition, two died The best treatment of severe cardiac failure is prevention and this means keeping watch during pregnancy for the appearance of increasing cardiac difficulty, appropriate treatment of the heart as soon as this is discovered and the interruption of pregnancy if the heart fails to respond to treatment after two or three weeks If the woman goes into labor and during labor shows a pulse of 115 or respirations of 28 with subjective dyspnea or both of these, the condition should be considered as an emergency and any appropriate means applied to expedite delivery In each case the obstetrician must decide what will combine the utmost speed with the minimum of cardiac strain If an anaesthetic is necessary, gas should be especially avoided, for this increases cyanosis and thus aggravates one of the symptoms of heart failure Chloroform or ether are very well borne

As a method of interrupting pregnancy, the Caesarean operation has seemed to produce very little additional heart strain and to be preferable to hysterectomy from this view point. This is especially so if the operation can be done with local anaesthesia

On the whole the grouping of these patients according to cardiac functional capacity seems to have distinct value in helping to give a prognosis for pregnancy A Class I patient will not be expected to give trouble from cardiac insufficiency A Class IIa patient will probably not give trouble and there is a fair chance that a Class IIb will do so The management of the Class III group is extremely difficult and the mortality is high The main object of our antepartum cardiac observation is to prevent the patient ever becoming so severely decompensated as to fall into this group

TABLE I

	Class I	Class IIA	Class IIB	Class III
Mitral Insufficiency	27	2	—	—
Mitral Stenosis	21	8d	6	—
Mitral Stenosis and Insufficiency	18a	8	3b	5c
Aortic Insufficiency	3	1	—	—
Aortic and Mitral Insufficiency	3	1	—	1
Aortic Insufficiency and Mitral Stenosis	1	—	2	—
Congenital Abnormality	2	—	—	—
Total	75	20	11	6

a One died of pneumonia after hysterotomy for dystocia.
b One died of heart failure after hysterectomy for heart failure.
c Two died soon after admission, another after treatment for forty days followed by vaginal section.
d One died after operation for gangrene of leg due to embolus of popliteal artery

TABLE II

Class	Enlargement slight or absent I	IIA	IIB	Enlargement moderate I	IIA	IIB	Enlargement marked I	IIA	IIB
Mitral Insufficiency	19	2	—	3	—	—	—	—	—
Mitral Stenosis	18a	5	2	2	2c	2	—	—	2b
Mitral Stenosis and Insufficiency	13	7	1	1	—	2	1	1	—
Aortic Insufficiency	1	—	—	1	—	—	1	1	—
Aortic and Mitral Insufficiency	1	—	—	2	—	—	—	1	—
Aortic Insufficiency and Mitral Stenosis	—	—	—	1	—	—	—	—	2
Total	52	14	3	10	2	4	2	3	4

a One died of pneumonia after hysterotomy for dystocia
b One died of heart failure after hysterectomy for heart failure.
c One died after operation for gangrene of leg due to embolus of popliteal artery

1 Mackenzie, Sir J Heart Disease and Pregnancy, Oxford University Press, London, 1921

2 Pardee, Harold E B Fitness for Pregnancy of Patients with Heart Disease, *J A M A*, 1922, lxxviii, p 1188

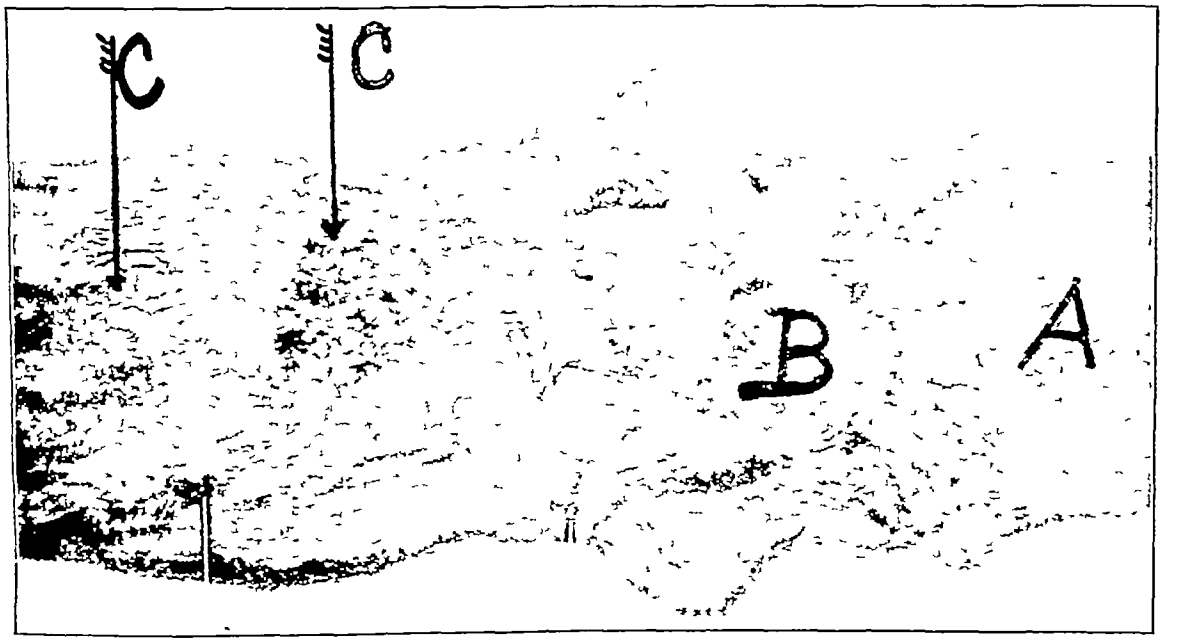
3 Pardee, Harold E B Pregnancy Complicating Heart Disease, *Am J Med Sci.*, 1922, clxiv, p 847

until about three hours later when he commenced to develop signs of pulmonary oedema, which rapidly grew worse and the patient died about one hour later

An autopsy was performed and an interesting condition of papillomatosis was found, not only involving the larynx behind the vocal cords, but also extending down the trachea beyond the bifurcation *The papillomatosis was most marked all around the tracheotomy wound*

Polymorphous leucocytes abundant in capillaries and in alveoli Megakaryocytes found in some capillaries Catarrhal bronchiolitis present. The infection present is undoubtedly a terminal event

The growths in trachea are of papillary type, a hyperplastic columnar epithelium growing on narrow fibrovascular stalks—two to three cells in thickness A mild chronic inflammation in adjacent mucosa and in tracheal gland, but no invasion of epithelium



A—Tongue. B—Larynx C—Papillomata.

Larynx, trachea and bronchi opened from behind showing multiple papillomata extending from the pyriform sinuses to bronchi Upper arrow points to large growth at site of old tracheotomy, lower arrow indicates where a mass of papilloma had broken off

Necropsy report by Dr Victor Jacobson

Anatomical diagnosis—multiple papillomata of larynx, trachea and bronchi

Microscopical diagnosis—papillomata of larynx and trachea Oedema of lungs with early broncho-pneumonia

Photograph shows distribution of cauliflower-like growths in larynx, trachea and bronchi The polyps are friable and pieces easily break off They vary in size from 1 mm to 1½ cms at base The largest in middle of anterior wall of trachea around the tracheotomy wound and a similar mass of about same size 2 cms below this mass, but the latter was broken off in handling The base shows no infiltration of mucosa The growths are reddish but show no definite bleeding points The largest mass in the middle of anterior wall of trachea is at the site of an old tracheotomy wound There is a slight suggestion of cicatrix formation near right true vocal cord, but both true and false cords are still present

LUNGS—Marked oedema and congestion with much intra-alveolar hemorrhage in many parts

Conclusions

I Papillomatosis is more frequent than generally supposed, and with the perfected methods of direct examination many cases of supposed asthma, mediastinal tumor, etc, will prove to be papillomatosis In every condition recognized as papilloma of the larynx, it must be borne in mind that it may be a case of papillomatosis

II The treatment is unsatisfactory, and the majority of cases die

III The most satisfactory treatment is endolaryngeal removal with adjuvant treatment of inhibitory doses of radium and r-ray

IV The present case illustrates the possibility of transplantation of growth and stimulation of growth by chronic irritation

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McKinney, R. The Direct Removal of Laryngeal

tory, and their value often overlooked, nevertheless they have real value Doses destructive to the intrinsic or extrinsic structure of the larynx are self-condemnatory

I agree that endolaryneal removal is the treatment of choice with *x*-ray and radium in inhibitory (not destructive) doses as adjuvants, but this treatment leaves much to be desired

To illustrate the problems presented in papillomatosis, I wish to report the following case

HISTORY In August, 1924, the patient, a first-born child, 18 months of age, suffering from dyspnoea and cyanosis, was referred by Dr Dean, Bennington, Vt, to Dr L W Gorham, Albany Father was dead, mother living and well, a French woman After the father died, the mother married again—an Italian, and a child born subsequently was normal, disproving any hereditary predisposition to papilloma on mother's side (The nationality and languages spoken by the stepfather and mother are important for a study of a motor-speech development phenomenon recorded later in the history)

Dr Gorman referred the case to me for further examination to determine the cause of the obstructive breathing

On admission to the Albany Hospital the child presented the clinical picture of a mediastinal tumor and a grave prognosis was given He was cyanotic, and could only breathe in the erect posture, using all his auxilliary respiratory muscles There was marked retraction of the suprasternal notch, the supra and infra clavicular fossæ at each attempt at inspiration No inspiratory "wheeze"

An *x*-ray examination made by Dr William P Howard showed normal chest and mediastinal outlines and no evidence of mediastinal tumor or foreign body, either opaque or non-opaque to the *x*-rays

A bronchoscopic examination showed a typical picture of laryngeal papillomata, and a bronchoscope was passed removing a plug of intralaryngeal papillomata

Up to this time the child had never been able to make any articulate sound, although he made attempts to phonate, the sounds he made were hoarse and only his mother could understand, and she could not translate them, so that we are of the opinion that she interpreted his wishes rather than his words, and she was evidently trying to prove that her offspring was not mentally defective, inasmuch as he had never been able to speak although 18 months old

As soon as the bronchoscope was passed, reaming out the papillomata, the child was relieved of his dyspnoea, and seeing his stepfather down the corridor, he pronounced his first articulate word, calling his stepfather by name The child then talked a great deal in the three languages that he was accustomed to hear, none of which he had been able to speak before After "scalping" of the papillomata, he jabbered in French, Italian and English, apparently at will

Following the teachings of Jackson, the bronchoscope was passed at intervals frequently enough to remove obstruction to the breathing and phonation The child grew and developed, and was particularly strong, active and intelligent.

After these repeated bronoscopic manipulations, covering the period between August, 1924, and February, 1925, we decided that we were getting tired of the prolonged treatment, which relieved the symptoms, but accomplished no permanent cure We also felt that the parents were getting restless, and wishing to secure for the child the best service that skill could afford, we referred the case to Dr Chevalier Jackson of Philadelphia, and the patient was admitted to Jefferson Hospital on Dr Jackson's service

At the time Dr Jackson first saw him, the dyspnoea was quite distressing, and he performed a tracheotomy at once and continued the treatments by bronchoscope at the Jefferson Hospital for a period of about nine months, the patient wearing a tracheotomy tube all this time.

In December, 1925, the case was referred back to us by Dr Jackson with the tracheotomy tube in situ, and monthly bronchoscopic treatment was advised

The patient reported to us once in July, 1926, and then did not return until December, 1926, which means that during that time the patient had no dyspnoea and the parents neglected his treatments He was admitted to the Cohoes Hospital in December, 1926, under the service of Dr Frank M Sulzman, for whose cooperation in this special line of work we are very appreciative and grateful

With Dr Sulzman the monthly bronchoscopic removal of papillomata was kept up At times we attempted to hasten the recovery of the case by implanting radium seeds, which notably improved the condition, retarded recurrence, but did not prevent recurrence The bronchoscsopic removal was done regularly each month from December, 1926, to the time of the patient's death, September 28, 1927

We had operated with no anaesthetic at first, but in January, 1927, commenced to use rectal ether with much better results for all concerned On the whole, this form of anaesthetic was most satisfactory, saved the patient, operator and assistants much struggling, and materially aided in the case and thoroughness of treatment

The treatment was apparently so satisfactory that we were beginning to consider decannulating the case, as he had worn the tracheotomy tube for nineteen months, and seemed to be breathing without difficulty

On September 28, 1927, the patient was bronchoscoped as usual, and without any prolonged or unusual manipulation He was returned to his bed and nothing unusual was noticed

some physicians the old idea that—COH and its restrictions is all that counts—still exists

Accuracy in diet regulation is needed as much as ever, if not more so particularly in cases in which insulin is used, because all diabetics need diet regulation but not all diabetics need insulin, but where insulin is used the successful treatment means insulin plus strict diet regulation and accuracy It is quite apparent therefore, that the diet scale is one of our most important therapeutic adjuncts

Every physician should be able to figure a diet in grams of COH, PROT, and total CALORIES, and unless he can do this he should not treat diabetics He sets a poor example by his uncertainty, lack of precision and definitness in his instructions to his patients He invites indiscretions in his diet and thus the patient develops a careless disregard in the choice and makeup of his diet The seriousness of the problem is entirely lost

We must recognize more than ever the influence of the law of total calories in the diet. We must discard as obsolete the old idea that all that counts is the COH in the diet and by restricting only COH in the diet, feed diets high in total calories (rich in fats) The literature is full of evidence of the influence of total calories and undernutrition in the treatment of diabetes mellitus Many investigators have come to the conclusion that the total calories is really what matters and that diets low in COH and high in fats serve no particular advantage, are unpalatable, are poorly tolerated by the patient and are dangerous in that they invite acidosis The diet low in fat and high in COH with moderate PROT allowance is the safest bet and serves the patient's best interest

We should not hand out stock diet charts with or without insulin, because every case is an individual problem and as such must be worked up individually His tolerance must be determined so that all the essential factors of age, weight, occupation, daily requirements together with the physical findings and other findings peculiar to his case are considered in the final diet regulation and treatment

Insulin should be used in those cases who cannot gain tolerance on an adequate diet and in complications and acidosis of course But to give insulin in any uncertain manner with any manner of unregulated diet or to give it just to fatten up diabetics is contrary to all the fundamental principles of the treatment of diabetes, and certainly invites trouble Patients thus irregularly treated will have fluctuating blood-sugars and become very careless and usually get into serious trouble and difficulties

It has never been definitely proven that a unit of insulin will cause to be burned any definite number of grams of COH, and therefore, neither the diet nor the urine supplies any regular basis for determining the dose of insulin To determine the dose of insulin, we should give it, and in the giving determine the dose and requirement according to the addition to the diet of COH, PROT and CALORIES in the form of fat. High fats in a diet require more insulin, further impressing us with the rule of TOTAL CALORIES, being all important, and that COH is not all that matters

The dose of insulin is that amount which will keep the patient sugar-free and maintain at all times as nearly as is possible a normal blood-sugar Frequent blood-sugar determinations are, therefore, desirable despite sugar-free urines

Insulin may be administered in various programs and need not always be given before meals Each case may be regulated and have a program established to suit his own needs Allen's famous early and late program (in which insulin is given an hour before breakfast and before or after lunch and from one to three or more hours after supper) is a beautiful example of how certain types of cases may be controlled and regulated in order to avoid hypoglycemic or hyperglycemic fluctuations Each case should be regulated to its own needs

In the case of the obese patient the concensus of opinion is to begin with a strict diet low in calories with plenty of bulk to satisfy the appetite, to bring down the weight and keep the blood-sugar normal Undernutrition improves tolerance Insulin is not indicated in this case

In the patient of average weight the diet should be low in total calories so that he is maintained slightly underweight in order to receive the benefit of undernutrition and thus avoid insulin Then he can go on a maintainance diet and his blood-sugar kept normal If the blood-sugar is high or permitted to rise the patient is losing tolerance and will need insulin

In the emaciated patient with active diabetes we may start right away with insulin and a diet calculated to bring the patient to normal or nearly normal weight, watching closely all the time, and balancing our insulin dosage with the diet so that normal blood-sugars are maintained and the desired weight reached We can start with a small dose once, twice or three times per day before meals or use the early and late program or any other program that will give us our desired results, viz

1 Constant sugar-free urines
2 Normal blood-sugars
3 Normal or nearly normal weight
4 A state of apparent normalcy in which the patient may carry on his daily routine duties

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CONDITIONS IN THE TREATMENT OF DIABETES MELLITUS BY THE GENERAL PRACTITIONER*

By CHARLES M LEVIN, M D, RICHMOND HILL, L I, N Y

THERE has appeared within the last few years so much in the literature on the brilliant results obtained in the treatment and management of diabetes, as to leave little to be added by the general practitioner Yet the question of the practical treatment of this disease has become a greater problem to him today than ever before, in view of the many theories and innovations advanced for the successful treatment of this condition

In a recent article Dr E P Joslin said, "Instead of a half to a million, there must be a million to a million and a half diabetics in the country today There are many more than formerly, first, because they live longer—It will take years to determine whether the number of fresh cases of diabetes is actually increasing apart from the increment of the increase due to better medical diagnosis In a second, but indirect way the increase in the number of diabetics is shown by the average age at death"

When the diabetic or suspected diabetic presents himself to the general practitioner, the physician has two courses open, one, to treat the case, the other to refer the case to a diabetic specialist or to a metabolic clinic If the physician chooses the latter course it is but a temporary respite because the patient, after being straightened out and regulated on a definite program will be sent back to his physician for follow-up treatment and observation It is quite essential, therefore, that the practitioner recognize certain fundamental and definitely established facts in order that he may be prepared to successfully treat his diabetic

Everyone will agree that the treatment depends entirely upon strict diet regulation with or without insulin, regardless of the severity of the case Most cases of diabetes are mild and can be controlled by strict diet regulation and do not need insulin Dr F M Allen says—every case of diabetes can be controlled and maintained without downward progress and without any deaths occuring on account of diabetes

The patient must be so regulated as to be continuously sugar-free and to maintain without irregularities and fluctuations, at all times as nearly as is possible, a normal blood-sugar No hard and fast rules exist in the treatment of diabetes No right or wrong prevails There are several established and recognized courses of treatment such as the methods employed by Banting, Allen, Joslin, Sansum and others The general practitioner has the preference and it is up to him to use whatever method or combination of methods he may choose as long as the best results are obtained and the patient's best interest served

In general practice there are usually three types of cases (except the emergency and complicated case) that the physician is called upon to treat.

1 The obese patient with a tendency or beginning diabetes

2 The patient of average weight with diabetes

3 The emaciated patient with active diabetes

When undertaking the treatment of these cases we should bear in mind the following established observations

The successful treatment of diabetes mellitus depends upon strict diet regulation with or without insulin There still exists the astonishing tendency to allow lax diets and to give patients almost unlimited freedom in choosing their diets as long as they restrict the high COH In some instances patients are permitted to run a "little sugar" Some patients who show a "little" sugar are given or advised to take a "little" insulin Other cases are permitted to eat freely of all foods and receive insulin injections perhaps once or twice a week. Still others are placed on unlimited diets and given a course of treatments (insulin injections), eight or ten in number and then discharged with their diabetes checked It is regrettable that we must admit that amongst

*Read before The Medical Association of the Greater City of New York at a meeting held at the Academy of Medicine, N Y City, on December 17, 1928

EDITORIAL

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Next Annual Meeting in Utica, June 3-6, 1929

For list of officers of County Medical Societies, see this issue, advertising page xxiii

INADEQUATE FEBRUARY

Editors of journals are often subject to limitations which are unsuspected by their readers Routine operations of a printing shop, such as typesetting, go on through all the twenty-four hours of a day A holiday therefore means the loss of two working days, which is a serious matter to the editor in sending proofs to advertisers on scheduled time, for they, too, observe the holidays

February is the shortest month and the only one with two holidays, and since they have come near week-ends, they also spoil Saturdays and Mondays The result has been that out of the twenty-eight days of February, fourteen have been unavailable in setting up the JOURNAL

The advertisers, the editors, and the readers all will welcome March with its maximum quota of working days and no holidays

Finally in considering the patient *per se*, there seems to be a difference of opinion as to how much to teach the patient or tell him about his condition After all, his physician is his advisor, his councilor and the protector of his health and when the patient applies to us for aid, fearful, and in some instances with nerves shot to pieces what shall we do, what shall be our attitude? I think the best results are obtained with the case that is handled in a sympathetic and understanding manner, where the physician makes an associate as it were of the patient in the treatment of his particular case (Joslin's idea) I believe the patient should know

1 How to test the urine for sugar
2 How to regard his condition and what it means
3 That blood-sugar determinations are essential
4 That sugar-free urines do not mean any let-up in the general management of his case.
5 That most of all adherence to diet and general rules laid down for him means success
6 In a general way what we are trying to do and why
7 That transgression from the path outlined for him means a severe penalty, whereas loyalty and cooperation mean all the benefits of a long-continued life

county His formal address is necessary in order to inform the members about a proposed survey But he will fail in his mission if he accepts the congratulations of the members who compliment him on his fine plan and then simply take him out to supper The closing words of a successful address on "Making a County Medical Survey" will be "Now we would like this County to undertake such a survey at once and we suggest that before you go home, you choose the leaders who will lay out the survey and conduct it" This is exactly what the chairman of the Committee of Public Relations has done, with excellent results

Now what about the rank and file of the members of a county society? Are their duties completed when they have named a working Committee? Far from it, for they are charged with the duty of following the leaders whom they have chosen and of giving some of their time and effort in carrying out the plans of the Officers and Committeemen

The usual course of events in every item of Medical Society progress is that a new idea is born in the brain of an idealist whose conscience is of peculiar sensitiveness He inoculates a few colleagues whose consciences, while sensitive, are yet controlled by practical considerations, and the members of that small group present their plans to their colleagues who agree to approve and suport the leaders in the work which they shall do in the name of the Society A few leaders must necessarily do the work of the scoiety The dynamic force and inherent appeal of their cause will be transformed into the support and co-operative action of the great mass of members The basis of success in any activity of a County Medical Society consists in the personal work of discovering and inspiring a leader for that activity

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LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Dust and Pneumonia— This JOURNAL for March, 1904, contains an editorial comment of the Advisory Board to the New York City Commissioner of Health on pneumonia, which sets forth the prevailing opinion that pneumonia was caused principally by dust—a theory which later was supplanted by the present one of droplet infection The article says

"The various forms of acute pneumonia which are now prevalent both in adults and in children are incited by bacteria Exposure to cold, overexertion, lack of physical vigor, abuse of alcohol, etc predispose the individual to pneumonia, but are not its direct cause The bacteria (germs) are usually conveyed in the dust of air contaminated by sputum, nasal or other discharge, not always of those who are ill, which, upon drying, is widely disseminated

"It is, therefore, of urgent importance that the regulations of the Health Department for the suppression of the filthy and dangerous practice of spitting upon floors, pavements or other unsuitable places should be rigorously enforced

"It is further most important that in the cleansing of private houses and all public conveyances and places of assembly, the methods adopted should be such as will remove, and not simply stir up, the dust For dust contaminated may incite in susceptible persons some form of acute pneumonia as well as tuberculosis, and the more common colds and catarrhs

"Feather dusters should be abandoned and moist cloths used for dusting Whenever practicable, sweeping should be done in the evening, so that floating dust may completely settle before its removal by moist cloths in the morning It should be remembered that dust settles on floors as well as on furniture, so that moist mops should be passed over floors, when these are uncarpeted, as part of the morning dusting

"The Advisory Board of the Health Department cordially commends the purpose of the Department to secure proper methods of cleaning and dust disposal in the public schools In the modern conception of effective sanitation, intelligent cleanliness is one of the most useful measures for the suppression of communicable diseases The Advisory Board would urge upon the Health Department the desirability of instructing in the proper methods of dust disposal all of those who have in charge the duty of cleaning public institutions, such as court rooms, police stations, hospitals, dispensaries, churches, theatres, public conveyances, etc, as well as those responsible for factories, stores, offices and the like, and commends the matter to the attention of all householders, to whom not less than to inmates of public institutions and places of assembly the risks of dust infection are at this time of special significance."

LEADERSHIP IN COUNTY SOCIETIES

The leaders of all organizations set up a wail and ask the questions "Why don't our members turn out to meetings?" "Why don't they take part in the activities in the organization?" "Why do they sit on the side lines and criticize the workers?" Medical societies are confronted with these same questions, and many excellent leaders become discouraged because of the apparent indifference and even critical attitude of the members If medical men were indifferent or critical above the members of other professions, there would be ground for pessimism But as a matter of fact, physicians have united themselves together into active organizations to an extent far greater than other professional men The very fact that those whom they treat are evidently in distress and pain appeals to the fundamental sympathies which exist in all men, and doctors obey the traditional dictates of their profession and sacrifice their personal interests to relieve the suffering

Physicians are always ready to respond to calls from those actually suffering They willingly respond to a demand for their service, but they will not seek to force their ministrations on those who do not seek their services Yet every physician is acutely aware of early cases which could be cured, and of other cases which are exposed to conditions leading to sickness and incapacity The response of any individual doctor to these impersonal conditions will depend largely upon his temperament. Few doctors have altruism or the missionary spirit developed so highly that it compels them to make provision for meeting dangers which are still afar off Every doctor will act in response to an appeal to a love of his fellow men which exists in the breasts of all normal persons and requires only a leader to bring it into action

Physicians universally recognize their civic duty to the public, to bring the benefits of medical science within the reach of all persons Some realize this compulsion in only an academic way, and say "Someone ought to do something about the water supply," and then they straightway dismiss the subject from their minds as something which does not bother them at all There are other physicians whom the knowledge of such conditions make acutely uncomfortable They have what is popularly called a conscience which is sensitive and responds quickly to appeals for service Those with such a conscience may try to suppress it, and to ignore the unhealthful condition, but their temperament is such that they cannot put aside their thoughts, and they are unhappy unless they are actively engaged in curing the condition Men and women with these acute consciences are the leaders in reforms and in welfare work Their anxiety to improve conditions often leads them into impractical schemes and draws out the dislikes and criticisms of those whose consciences are not of the "hair trigger" style Yet, it is these idealists who inspire medical progress along all lines

Physicians are intensely practical, and they know clearly what plans will work in their own community and what ones are visionary They are also progressive, and are willing to try any new plan which offers a prospect of success They know that the only medical plans which are likely to lead to success are those which are supported by the majority of the doctors of a community

It would never do to have every individual physician publicly expressing his opinion in regard to subjects on which he is not well informed The proper course for him to follow is to talk it over with his associates Hence, every doctor believes in the necessity of a medical society Even those who do not join their county medical society have faith in its resolutions and plans

Every county society is led by a very few doctors whose consciences are sensitized to the sufferings and defects of their fellow men, and who feel an inward compulsion to improve conditions The problem of putting life into a county medical society consists first in discovering the leaders, and second in keeping them as officers or chairmen of committees Holding an office in a county society should be only a preliminary training for an ever-widening field of service

It may be best that the leader should not have a conscience that is too acutely sensitive. The successful leader of a county society is one who goes ahead no faster than his colleagues can follow If he goes forward too fast, he finds himself alone in the enemy's territory, a helpless prisoner

Discovering the leaders is the result of personal work. Leaders seldom volunteer, especially for service which is quiet and unspectacular Moreover, most efficient men are modest and hesitate to make promises whose results are problematical These leaders must be sought out, and assigned to special duties which they are willing to undertake and which can be done with comparative ease

It is within the scope of the activities of the officers and committeemen of the Medical Society of the State of New York to assist in finding men who will become leaders in County Society work It is not enough that a State Officer should make a formal address before a County society on the need, for example, of making a medical survey of the

tails are lacking, but apparently there is no connection with the new radiodiathermic apparatus now in the experimental stage, although the claims made are very similar in both cases The main feature is the ability to deliver short waves, only a third the usual length The substitution of condensor electrodes which do not come in contact with the skin also suggests radiodiathermy The amperage is very low and the current source is an ordinary alternating circuit of 220 volts It is evident that between the present apparatus and the possibility of radiodiathermy the outlook for progress in this direction is very promising —*Deutsche medizinische Wochenschrift,* December 14, 1928

Local Tonsillectomy by the La Force Method—Samuel Cohen believes that the La Force tonsil operation is more rapid than any other method, that the post-operative appearance is better, and that the patients do not consider it as bad as other operations that they have seen or heard of He emphasizes certain points in the technique which add greatly to the success of the procedure First, it is important, in using the La Force instrument, not to rely on touch only, sight must always control the sense of touch One tonsil must be injected with the local anesthetic and removed before the other is injected Rigid asepsis is most important. Patients are instructed to bring a toothbrush and tooth paste, so they can brush their teeth thoroughly before the operation Then the patient is given a mouth wash of potassium permanganate solution A one-grain tablet of novocaine is dissovled in 4 drams of distilled water and boiled No adrenalin is added, as Cohen finds that in most of the fatalities reported from the use of novocaine adrenalin seems to have been added The claim that a few minims of adrenalin incorporated in the novocaine solution lessens hemorrhage is, in his experience, a fallacy The anterior pillar and the crease between it and the tonsil are swabbed with 3 per cent iodine, and a syringe full of novocaine solution is injected between the anterior pillar and the tonsil, hugging the tonsil, and taking care not to get the solution outside the pharyngeal aponeurosis and superior constrictor muscle, because if the solution gets into this area and infection occurs it will be in the pterygomaxillary fossa, and thus a dangerous complication will arise The patient must keep his mouth open until the operation is finished to avoid contaminating the site of injection He is placed on the operating table with the head somewhat lowered The tonsil is then engaged in the La Force instrument by the following steps (1) The instrument is used as a tongue depressor, (2) the end is inserted behind the tonsil and the tonsil is lifted up, (3) the tonsil is pushed through the fenestra with the thumb of the left hand, (4) the instrument is slightly pulled toward the operator and closed down so that the dull blade is seen to go between the tonsil and the anterior pillar, the screw is tightened down and the instrument lifted up The tonsil is grasped by a tenaculum and cut off by the sharp blade of the La Force The patient immediately sits up until all bleeding stops, and is then told to lie down again —*Laryngoscope,* December, 1928, xxxviii, 12

Acute Perforation of Peptic Ulcer—James M Troutt quotes statistics which show that peptic ulcer occurs one-half times more frequently among white soldiers serving in the United States Army than among those in Hawaii, but perforates four times more frequently in the latter The average incidence of peptic ulcer in the United States Army as a whole, for the five-year period of 1922 to 1926, is 0 73 per thousand, which is about one-twelfth of Morton's percentage for clinical cases The admission rate for peptic ulcer in Hawaii is decidedly below the rate for the entire army, while the percentage of ulcers perforating during the years 1922—1926 in enlisted men in Hawaii was 33 3 per cent. as compared with 7 77 per cent for the same class of soldiers serving in the United States, and with 12 per cent. for the general population The percentage of acute perforations has steadily increased almost sevenfold since 1922 The most significant fact with regard to perforated ulcers among soldiers in Hawaii has been the large percentage of acute ulcers In a search for the cause of the high incidence of acute perforating ulcers among soldiers in Hawaii, Troutt finds that these men suffer from nostalgia, mental depression, and lowered nerve tone, which leads to excessive smoking and, most important of all, to the excessive use of impure alcoholic beverages Alcohol has been generally admitted to have an important effect in causing perforation, since many perforations have been preceded by an alcoholic spree —*Surgery, Gynecology, and Obstetrics,* December, 1928, xlvii, 6

The Modern Treatment of Rickets—Professor H Aron of Breslau gives an elaborate monographic summary of the recent advances in this direction We may pass over the use of cod-liver oil, rayed food substances, ergosterin, etc , and take up briefly the orthopedic management which is liable to be sidetracked Sitting and standing, walking, etc , must be supervised There is the tendency to bowlegs which may be over-corrected into knock-knee When the child begins to walk a physiological flat foot appears which may erroneously be treated

MEDICAL PROGRESS

Nature of the Cancerous Cachexia.—A Krecke refers first to the pallor and emaciation of many cancer subjects in the latter stages of their malady Although a late symptom it is often the first diagnostic evidence of the disease Absence of emaciation is no argument for the non-existence of the disease, for in many cases of visceral cancer the patient retains his weight Cachexia and emaciation may be considered jointly as having well known causal mechanisms One of these is hemorrhage—repeated losses of blood, which also make for the pallor Another is the ulceration and the resulting discharge—chronic suppuration with its loss of albumin which leads to emaciation, pallor, and at times fever A third mechanism is the putting of important organs out of commission—the stomach, esophagus, rectum, etc In certain cases we can understand how the patient escapes cachexia even in advanced stages, due to the absence of these three enumerated factors This we are apt to see especially in certain cases of cancer of the female breast, corpus uteri, and rectum, the latter naturally when a colostomy has been performed The survival in some of these cases is remarkable A fourth factor to be reckoned with in these cases is the metastases, but the mere presence of the latter is not sufficient to produce cachexia in the absence of a special mechanism such as putting some important organ out of commission or intense pain causing insomnia, etc In general, in suspected visceral cancer we should follow the old rule of noting the weight, color, etc, in regard to diagnosis, but at the same time bear in mind that a subject in blooming health may have a cancer of the body of the stomach or colon which will change the favorable outlook in a very short time through hemorrhages, obstructive symptoms, etc—*Munchener medizinische Wochenschrift,* November 30, 1928

Some Points in the Chemical and Biochemical Side of Cancer—As early as 1889 Albert Wilson used sheep and goat serum, injected subcutaneously, in several cases of cancer with remarkable results He had found that the goat was never attacked by cancer Webb, in 1901, formed the opinion that the first lesion in carcinoma was a separation of cholesterin from the living cell, effected by local injuries, by a local chemical change, or by a change in the liver secretion, probably a loss of bile salts and soap or fatty acid in the bile He claimed several apparent cures and improvements from soap injections, where the liver was at fault he administered bile salts in addition to the soap The writer used this treatment in one case with apparent success It was the belief of A Shaw Mackenzie that the agent in the serum which enables it to attack cancer is a pancreatic enzyme, which activated prolipase, which is present in all the body tissues and in the pancreas, and is protective He found that the soluble enzyme may be replaced by other substances, *e g*, bile salts and fatty acids, or their sodium salts or enzymes The serum of various animal extracts notably accelerates the enzyme or prolipase The serum itself does not split fats, but contains an activating agent In progressive or advanced cancer this power of the serum is decreased Upon this fact is based Mackenzie's method of serum diagnosis, namely, that when small quantities of normal serum are added to pancreatic extracts and incubated, the fat-splitting action on olive oil or emulsion is greatly *increased,* when carcinoma serum is added in the same way, the fat-splitting action is *decreased* This method of differentiation has proved correct in 221 of 230 serums tested On this basis the logical treatment of cancer would be the stimulation of lypolytic activity—*Journal of Tropical Medicine and Hygiene,* December 15, 1928, xxxi, 24

A New Type of Diathermy Apparatus—Franz Nagelschmidt describes in much detail a new form of apparatus and its uses, which is summed up by the author himself as follows The older apparatus is not to be scrapped for it still fulfils most of the demand The new is more convenient because the patient need no longer undress The great positive advantage is that a much larger section of the body can be warmed through—the skull, an entire lung, the pelvis Perhaps it will be possible to raise the temperature of the blood mass and the body as a whole In such a case the "aseptic fever" which the patient will present, will differ notably from infectious fever It spares the oxidation of reserve combustibles and involves no waste of the tissues The margin of safety must be borne in mind for while the body will readily tolerate 41 5° C (106 7° F) over a considerable period, a temperature of 43° C (109 4°F) which is quite practicable, may kill the patient It is also hazardous to warm the brain alone above a certain point In perfecting his apparatus the author mentions that some of his research was conducted in Chicago In the description of his new model the author gives no photographs or diagrams and some de-

should be worth while. Lack of vitamin-A in the diet leads to stone formation in the rat bladder Hence in subjecting their rats to this diet the authors studied controls in which with such a diet, milk or codliver oil was added in thought of prevention The total number of animals studied was 100 and the duration of the experiment 154 days One group of 37 rats received the customary rat food—bread, fruit, grains, swill, etc —and none in this group developed any stones The deficiency diet was made up of barley, polished rice, and yeast. Of 28 rats followed up over 5 months and then killed, 7, or 25 per cent, had calculi in the bladder, the number and size showing much variation The rats whose deficiency diet was compensated by milk or codliver oil did not develop stone In regard to the practical side of this subject McCarrison has called attention to the frequency of vesical calculi in the children of the primitive peoples in India and has recently stated that under the influence of a balanced diet this status improves notably In countries where such a campaign has not yet been carried out, this ailment is still notably common in nurslings and children No theory is given by the authors to explain the formation of these stones, but apparently they originate in the bladder and not higher up, consisting very largely of phosphates They are not necessarily the result of preceding cystitis, although in some individual rats there were marked evidences of infection The nutrition of the stone rats was notably poor, they were emaciated and anemic and some died too early for stones to have formed —*Munchener medizinische Wochenschrift,* December 21, 1928

Study of Goiter in Primitive Peoples —Dr C R Pfister a Swiss familiar with this dieease in his own country, has investigated an endemic of the same among the Bataks of Sumatra He investigated 48 villages with the technique employed in Switzerland, grading the cases by the degree of thyroid enlargement. In the communities studied there was a marked excess of female births and a higher mortality among girls and women than in males Females suffered more from goiter than males, although the excess was small The disease curve showed a sharp ascent at puberty, later the ascent being more moderate The author was unable to find a single external factor to the operation of which he could attribute the beginnings or development of the disease, and he therefore concluded that it was due to causes purely endogenous In other words the goiter subject is a biological variant, and his disease is a genotypic alteration If he is right, Pfister says, the only remedy is to breed the disease out This can readily be done in the case of goitrous animals, but the author has no definite plan which might hold good for mankind. New settlers in the tropics should be prevented from breeding with goitrous natives and marriage of a goitrous subject could be made the subject of restrictive measures Goitrous subjects could be prevented from settling in certain communities As a rule they are not much inclined to change their abode The Bataks live largely in isolated communities where in-breeding is inevitable and this factor must play a role in the goiter incidence Men are killed off in the war, others migrate, and the tendency is for the unfit to remain behind There is a general physical inferiority, often with a suspicion of cretinoid degeneration among these residual dwellers The author is evidently entirely skeptical as to any influence of soil, food, drinking water, etc, in the causation and as to the possibility of any improvement of conditions from hygiene — *Schweizerische medizinische Wochenschrift,* December 22, 1928

Benign Tumors of the Duodenum.—In a search of the literature Donald C Balfour and Earl F Henderson find that King, in 1917, collected 119 cases of benign tumor of the intestine, of which five were in the duodenum. To these they add eight cases culled from the literature and six cases seen at the Mayo Clinic The rarity of benign tumors of the duodenum and the fact that they do not necessarily produce symptoms are the chief reasons that they are so seldom encountered in surgical practice Of the six cases here reported, five were in men and three in women The patients ranged in age from 22 to 50 years Two of the tumors were myomas, 2 adenomas, 1 ademomatous polyp, and 1 a hemangioma The most significant sign was hemorrhage, which was severe in four of the six cases In five cases some form of indigestion was present, in three of these it had simulated somewhat the ulcer type A tumor was not noted on examination in any case. In only one case was definite obstruction present. This is in sharp contrast to benign tumors elsewhere in the small bowel, which usually first attract attention by producing intussusception The tumor was ulcerated in three of the six cases A diagnosis of benign tumor of the duodenum can be made only by the roentgen rays Unless the tumor is large it is difficult to visualize it on account of the rapid passage of the medium through the small bowel While gross gastric hemorrhage or melena should suggest the possibility of benign duodenal tumor, other intragastric and duodenal lesions are so much more common that this is a remote possibility So far as the authors have determined no instance of a benign duodenal tumor having undergone malignant degeneration has been reported —*Annals of Surgery,* January, 1929, lxxxix, 1

with arch supports, which deprive certain muscles of the privilege of exerting their normal corrective functions In most cases muscular exercise, walking on the toes, and other simple resources suffice Our art is not yet far enough advanced to correct anomalies of the spine and thorax and we also know by this time that retentive apparatus, like corsets, jackets, and braces, does more harm than good About all we can do here is to make the child sleep on a hard mattress or at least avoid feather beds which tend to weaken the back muscles In other words we must not think of the treatment of rickets merely as a matter of light rays and vitamin, but include proper skeletal development by special measures—*Klinische Wochenschrift,* December 16, 1928

Chronic Nephritis in Childhood.—J C Spence states that, although from the standpoint of morbid anatomy there are no forms of chronic nephritis that are peculiar to childhood, there are certain clinical features that deserve attention He discusses three types of chronic interstitial nephritis The first type, the "small white kidney," is characterized by an unrecognizable onset, marked uremic nephritis, and a slow course with renal dwarfism, sometimes very marked It does not appear to result from any preceding nephritis or infection, and though terminating in uremia, it does not produce any rise in blood pressure or retinitis In the second type there is a history of acute glomerular nephritis or prolonged sepsis Within a few years after the initial illness, high blood pressure (150 to 200 mm), cardiac hypertrophy, albuminuria with red blood cells, and retinitis occur The course of the disease is usually rapid This type is not common in children but fairly frequent in early adult life A third, and exceedingly rare, type of chronic interstitial nephritis is characterized by primary arteriosclerotic changes, with secondary contraction of the kidneys The cause of the arteriosclerosis is unknown, but it is probably an inflammatory and not a degenerative agent Renal dwarfism and tetany in chronic nephritis are probably dependent on a disturbance of the calcium-phosphorus ratio of the blood, possibly due to a parathyroid syndrome The best that can be done in the way of treatment is to maintain what health the patient possesses by conservative methods No success has been observed from the use of glandular extracts Chronic parenchymatous nephritis is the commonest type of nephritis in childhood In classical, uncomplicated cases there are no red blood cells in the urine and the blood urea is normal, but the disease rarely runs an uncomplicated course It is often due to a toxin, most frequently of the staphylococcus, the source of which should be sought and eliminated A high protein diet is beneficial, decapsulation is useless It is important that the patient be guarded against intercurrent infections The possibility that some cases of chronic interstitial nephritis have their origin in a chronic ascending pyelonephritis is worthy of consideration—*British Medical Journal,* December 22, 1928, II, 3546

Progress in Clinical Midwifery—Max Henkel enumerates briefly the present state of our knowledge of certain aspects of practical obstetrics In regard to new methods of obstetrical analgesia none has given such general satisfaction as to come into ordinary use. The subject of pregnancy toxicosis is bound up in that of the metabolism of the gravida and of the behavior of the internal secretions, and evidently we know too little under these heads, for the question is still unanswered as to why most women escape autoxicosis, while others suffer slightly, and still others perish The author is also a pessimist on the early diagnosis of pregnancy, but failure here is not worse than the failure to detect disease in its earliest stages A fourth subject in which we are backward is the effect of the rontgen rays on the ovaries and fetus itself, and whether any unfavorable action on the fetus really proceeds from the action on the ovary This subject naturally includes the sterilizing and abortifacient action of the rays and the possibility of a delayed action Personal equation clearly plays a dominant role here and we cannot reason from one patient to another A subsidiary problem is the possibility of arrested physical and mental development of the fetus Under the head of operative procedures for enlarging the pelvic diameters the author mentions the theorectically sound measure of ablation of the promontory, although in practice this does not seem to have made good He discusses cesarean operations at length and decides that transperitoneal cervical section is a great step forward Control of the numerous forms of uterine hemorrhage appears to show no definite advance A great problem for the future to decide is that of the induction of labor—when and how—and of control of the pains In regard to protection of the perineum a short expulsive period is a desideratum and the author believes that a deep median vaginoperineal incision, running as far back as the sphincter, will greatly shorten the expulsive stage and can be readily closed with sutures—*Deutsche medizinische Wochenschrift,* December 21, 1928

Calculus Formation from Vitamin-A Deficiency—Drs S Perlmann and Weber report their study of this subject from the surgical clinic of Professor Bier Research was limited to rats but in view of our ignorance of the causes of stone in mankind any suggestions

astute medical observer would readily comprehend his condition Information thus acquired is clearly within the scope and meaning of the statute "[3]

Further judicial interpretations of the rule will be of interest to the profession As previously stated, in order to establish the privilege the relationship of physician and patient must exist Thus, in the Griffiths case, which was an action for negligence in which the defendant was sued for running over a boy, a doctor who was in the employ of the defendant (not the boy), but who visited the boy in the hospital in order to ascertain the extent of his injuries, but not for the purpose of treating him, was held competent to testify to conversations with the boy, on the ground that the relationship of physician and patient did not exist [4]

In the Sliney case, a criminal action, it was held that a physician who examined a prisoner at the request of the District Attorney for the purpose of giving evidence as to the prisoner s sanity, was competent to testify to any information gained as a result of that examination, as the relationship of physician and patient was not there [5]

In the Kelly case, a civil action, the plaintiff called upon the physician a few days before the trial to ascertain what testimony the physician would give He did not call upon the physician in order to obtain medical treatment. It was held that the physician should be permitted at the trial to testify as to what the plaintiff said to him on that visit, the test as to whether the professional relationship exists being whether or not the physician has gained his information in the course of giving professional advice or treatment [6]

We have frequently been asked as to whether or not the fact that no fee was paid was determinative of the existence of the privilege In the Bauch case, it was squarely held that the payment of a fee was not essential to the relationship of physician and patient, and that a free patient was entitled to just as full and complete protection under the statute as a patient who had paid a fee [7]

Nor does it make any difference whether or not the physician was called by the patient himself, by a member of his family, or indeed by another physician Even if he is called by an utter stranger, if he attends the patient for the purpose of giving professional advice and aid, the relationship of physician and patient exists and the privilege arises Indeed, the fact that the patient was unconscious when the physician arrived and was unaware of the physician's presence, makes no difference If the physician in such cases attends for the purpose of giving professional attention or advice, the relationship of physician and patient exists, and the privilege is intact [8]

Thus, in Meyer v Knights of Pythias, it developed that the physician was summoned by a bellboy in a hotel to attend a guest who had attempted suicide by attempting to eat "Rough on Rats" It was held that the physician in that case could not give any information which he obtained while treating the patient [9]

The question is often asked as to what kind of information is privileged The answer is that the privilege extends to any information which is necessary to enable the physician to prescribe for or treat his patient [10] Thus, in the Green case where an ambulance surgeon learned from bystanders as to how the accident had happened, he was permitted to testify concerning this information, since that information was not necessary for any purpose of surgical treatment [11]

An interesting application of this rule was made in the Nelson case, in which a physician while attending his patient at childbirth, learned that she had an umbilical hernia He did not treat her for this, and the knowledge of its existence was of no aid to him in caring for his patient Nevertheless, the physician was not permitted to testify concerning the umbilical hernia, inasmuch as the very nature of his employment compelled the disclosure to him by the patient.[12]

A different application of the rule was made in the Spares case, in which a physician was permitted to testify that he performed an operation on a certain person at a certain time and place, but it was held that he would not be permitted to describe the nature of the operation or any condition which was disclosed by his examination of the patient's body [13]

In recapitulating, the information which the physician is forbidden to disclose is that which he acquires while attending his patient *in a professional capacity* In order to render the privilege available, it must clearly appear that the physician was attending the party in a professional capacity, and that the information which he acquired was obtained in that attendance, and was necessary to enable him to act in his capacity as physician The burden of proof that such information was obtained in this way, rests upon the person asserting the privilege [14]

Thus, in the Burley case, a physician who attended a testator during the last year of his life was asked whether he observed the testator during this time *when he was not attending him as a physician* The court held that it was competent for him to answer such questions as went only to the observations made as to the outward physical facts that were seen

LEGAL

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CONFIDENTIAL COMMUNICATIONS

This, the eleventh in our promised series of editorials,* deals with a subject of far-reaching interest and importance to the medical profession There is no subject upon which your Counsel has been more frequently requested to give advice We shall endeavor here to state clearly what the rule in New York State is, its history and its interpretation by the courts, to the end that all questions heretofore asked by individual members of the profession may be here fully answered

At common law, communications which were made by a patient to his physician for the purpose of receiving medical treatment were not privileged, no matter with what confidence they were made[1] This rule, says Professor Wigmore, "would probably have been acknowledged as a common law principle in every American court, but in New York in 1828 came a statutory innovation establishing the privilege, and the legislation of other States, accepting in this respect as in so many others the model established by the distinguished leaders of legal reform in that epoch-making movement in New York, embodied the privilege in other statutes Missouri followed next in 1835, until at the present day in one-half of our jurisdictions the privilege is a settled part of the law"[2]

In 1828 the New York legislature enacted a statute protecting privileged communications made by a patient to his physician This statute has been ever since in effect in this State, and is now found in Section 352 of the Civil Practice Act, which reads "A person duly authorized to practice physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity, unless where the patient is a child under the age of sixteen, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician or nurses may be required to testify fully in relation thereto upon any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry"

Briefly analyzing this statutory rule, it will be observed (a) that the privilege extends to duly licensed physicians or to professional or registered nurses, (b) the facts thus privileged consist of "any information" which the physician or nurse acquired in attending a patient "in a professional capacity, and *which was necessary to enable him to act in that capacity*", (c) the rule is mandatory, it does not authorize the physician to elect whether or not he will disclose such a confidential communication, the statute says that he "shall not be allowed to disclose" the same

This statute was first commented on by our Court of Appeals in 1878, when in the Edington case Judge Miller wrote "The statute is very explicit in forbidding a physician from disclosing any information received by him which is necessary to enable him to prescribe for a patient under his charge It is a just and useful enactment, introduced to give protection to those who were in charge of physicians from the secrets disclosed to enable them properly to prescribe for diseases of the patient To open the door to the disclosures of secrets revealed on the sick bed, or when consulting a physician, would destroy confidence between the physician and the patient, and, it is easy to see, might tend very much to prevent the advantages and benefits which flow from this confidential relationship The point made that there was no evidence that the information asked for was essential to enable the physician to prescribe is not well taken, as it must be assumed from the relationship existing that the information would not have been imparted except for the purpose of aiding the physician in prescribing for the patient Aside, however, from this, the statute in question, being remedial, should receive a liberal interpretation, and not be restricted by any technical rule When it speaks of information, it means not only communications received from the lips of the patient, but such knowledge as may be acquired from the patient himself, from the statement of others who may surround him at the time, or from observation of his appearance and symptoms Even if the patient could not speak, or his mental powers were so affected that he could not accurately state the nature of his disease, the

* We are omitting numbers 9 and 10 of the articles outlined in this Department on page 96 of the January 15, 1928, issue of this Journal. Numbers 9 and 10 are on "The application of law to medicine," and "The legal duties and liabilities of the physician." These subjects are covered in other articles of the series

astute medical observer would readily comprehend his condition Information thus acquired is clearly within the scope and meaning of the statute "[3]

Further judicial interpretations of the rule will be of interest to the profession As previously stated, in order to establish the privilege the relationship of physician and patient must exist Thus, in the Griffiths case, which was an action for negligence in which the defendant was sued for running over a boy, a doctor who was in the employ of the defendant (not the boy), but who visited the boy in the hospital in order to ascertain the extent of his injuries, but not for the purpose of treating him, was held competent to testify to conversations with the boy, on the ground that the relationship of physician and patient did not exist.[4]

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The question is often asked as to what kind of information is privileged The answer is that the privilege extends to any information which is necessary to enable the physician to prescribe for or treat his patient [10] Thus, in the Green case where an ambulance surgeon learned from bystanders as to how the accident had happened, he was permitted to testify concerning this information, since that information was not necessary for any purpose of surgical treatment [11]

An interesting application of this rule was made in the Nelson case, in which a physician while attending his patient at childbirth, learned that she had an umbilical hernia He did not treat her for this, and the knowledge of its existence was of no aid to him in caring for his patient Nevertheless, the physician was not permitted to testify concerning the umbilical hernia, inasmuch as the very nature of his employment compelled the disclosure to him by the patient.[12]

A different application of the rule was made in the Spares case, in which a physician was permitted to testify that he performed an operation on a certain person at a certain time and place, but it was held that he would not be permitted to describe the nature of the operation or any condition which was disclosed by his examination of the patient's body [13]

In recapitulating, the information which the physician is forbidden to disclose is that which he acquires while attending his patient *in a professional capacity* In order to render the privilege available, it must clearly appear that the physician was attending the party in a professional capacity, and that the information which he acquired was obtained in that attendance, and was necessary to enable him to act in his capacity as physician The burden of proof that such information was obtained in this way, rests upon the person asserting the privilege [14]

Thus, in the Burley case, a physician who attended a testator during the last year of his life was asked whether he observed the testator during this time *when he was not attending him as a physician* The court held that it was competent for him to answer such questions as went only to the observations made as to the outward physical facts that were seen

by him when he was not attending as such physician.[15]

Among many others, the following communications have been held to fall within the rule of privilege Information obtained by a physician with respect to the health of an assured while he was attending such assured as a physician,[16] the fact that a patient had a venereal disease while under a physician's care,[17] in an action for divorce, a physician was forbidden to testify as to conversations had with him by one of the parties tending to establish adultery [18] The rule, however, does not forbid a physician from testifying to the fact that a certain person was his patient, that he attended such person as a physician, and the dates and number of times hourly or daily that he so attended such patient [19]

The question often arises as to whether or not the information which the physician gained was in fact necessary to enable him to treat the patient As to this, it has been held that the physician himself is a competent witness to show whether his knowledge of a fact regarding his patient was or was not necessary to the due performance of his professional duties [20]

A question which has frequently been asked is as to who may claim the privilege The answer is that whenever it appears that the privilege is asserted to protect the feelings or the reputation of a living patient or the memory of a deceased patient, the testimony of the physician will not be received no matter whether the objection is taken by the patient, his personal representative or a third person Even the assignee of a cause of action may claim the privilege [21]

In one case, the Appellate Division of our Supreme Court has held that where no objection is taken to the testimony of a physician, the court itself is in duty bound on its own initiative to refuse to receive the testimony [22] In that case, however, it appeared that the patient was not present in court to object or cause his counsel to object to the testimony The opinion suggests that if the patient had been present in court and heard the testimony without objection, that this would have constituted a waiver by him of the privilege in his behalf [23]

There is an immense amount of learning on the subject of the waiver of the privilege This branch of the subject may be divided into three divisions (a) actions brought by plaintiffs to recover damages for personal injuries to themselves, (b) all other civil actions, and (c) criminal prosecutions

(a) "Where," said the Court of Appeals in Hethier v Jones,[24] "the plaintiff in an action brought to recover damages for personal injuries caused by the negligence of the defendant describes these injuries and their results and it appears that he has consulted or been treated by a physician in regard to them he waives the protection of section 834 of the Code (now section 352, Civil Practice Act) The physician may then be called by the defendant and examined as to any information acquired by him in the course of such consultation or treatment The rule as it was formerly understood was altered by our decision in Capron v Douglass (193 N Y 11) We there took the position that where the patient tenders to the jury the issue as to his physical condition it must in fairness and justice be held that he has himself waived the obligation of secrecy which would otherwise exist"

In the Capron case previously referred to, the plaintiff brought an action against a physician for malpractice in the treatment of a fracture of the tibia and fibula One of the physicians who subsequently treated the plaintiff's leg was offered as a witness for the defendant, but was not permitted to testify on the ground that it would constitute the divulgence of a confidential communication This objection was sustained by the trial court, but was overruled by the Court of Appeals where Judge Haight, referring to the plaintiff's conduct, wrote "He has thus permitted the condition of his broken limb to be given to the public in an open trial, thereby forever preventing it and its condition from being a secret between himself and his physician The intent of the legislature in enacting the statute making such information privileged was, doubtless, to inspire confidence between the patient and his physician, so that the former could fully disclose to the latter all the particulars of his ailment without fear that he may be exposed to civil or criminal prosecution, or shame and disgrace, by the disclosure thus made, and thus enable the latter to prescribe for and advise the former most advantageously This action, as we have seen, was for malpractice The plaintiff both in his complaint and in his testimony has fully disclosed all of the details of his affliction as it existed both at his home and at the hospital He has given in much detail how the fractures occurred, how they were treated, his pain and suffering, and so far as he was able to comprehend, when not under the influence of anaesthetics, the particulars of the operation at the hospital He, himself, has, therefore, given to the public the full details of his case, thereby disclosing the secrets which the statute was designed to protect, thus removing it from the operation of the statute The character of the action necessarily calls for a disclosure of his condition and the treatment that was adopted by the defendant and those assisting him To hold that the plaintiff may waive the privilege as to himself and his own physicians and then invoke it as to the defendant and his physicians, would have the effect of converting the statute into both a sword and a shield It would permit him to prosecute with the sword and then shield him-

self from the defense by the exclusion of the defendant's testimony It would enable the plaintiff to testify to whatever he pleased with reference to his condition and the treatment adopted by the defendant without fear of contradiction The plaintiff could thus establish his cause of action, and the defendant would be deprived of the power to interpose his defense by reason of the closing of the mouth of his witnesses by the provisions of the Code referred to Such a construction of its provisions we think was never contemplated by the legislature. It would lead to unreasonable and unjust results "[25]

In this connection, we should give attention to the provisions of Section 354 of the Civil Practice Act which provides that the privilege cannot be waived unless it is "expressly waived on such trial or examination by the patient ," or in the case of the validity of the last will and testament of a deceased patient the privilege may be waived by the "executor or executors named in said will, or the surviving husband, widow or any heir-at-law or any of the next of kin, of such deceased, or any other party in interest" The statute further provides "The waivers herein provided for must be made in open court on the trial of the action or proceeding, and a paper executed by a party prior to the trial providing for such waiver shall be insufficient as such a waiver But the attorneys for the respective parties, prior to the trial, may stipulate for such waiver, and the same shall be sufficient therefor"

This Section was construed in the Capron case, and it was there held that inasmuch as the plaintiff both in his complaint and his testimony had fully disclosed the details of his affliction, that he had "therefore given to the public the full details of his case, thereby disclosing the secrets which the statute was designed to protect, thus removing it from the operation of the statute "[26]

In the McKinney case, the Court of Appeals said "After its publication no further injury can be inflicted upon the rights and interests, which the statute was intended to protect, and there is no further reason for its enforcement. The nature of the information is of such a character that when it is once divulged in legal proceedings, it cannot be again hidden or concealed. It is then open to the consideration of the entire public, and the privilege of forbidding its repetition is not conferred by the statute The consent having been once given and acted upon cannot be recalled, and the patient can never be restored to the condition which the statute, from motives of public policy, has sought to protect "[27]

The writer has sometimes been asked whether or not, where Patient A has sued Doctor B and has been subsequently treated by Doctor C, it is permissible for Doctor C (prior to the trial) to divulge the information gained by him in the treatment of the same injury, without the permission of Patient A. There is no question whatever but that Doctor C, if called as a witness for Doctor B, may at the trial testify to any facts learned by him in the course of his treatment, nor in our opinion is there any doubt but that Doctor C may divulge such information either to Doctor B or to Doctor B's lawyer in advance of the trial to enable Doctor B to prepare for trial Where Patient A in his complaint has disclosed (and he must necessarily do so in whole or in part) the facts of his condition, from the date of the making and serving of that complaint the privilege is waived For instance, in the Capron case, supra, the Court said "The plaintiff both *in his complaint* and in his testimony has fully disclosed all of the details of his affliction as it existed both at his home and at the hospital,"[28] and as will be recalled, the privilege was there deemed waived

In Terner v. Dare, Patient A sued Physician B for malpractice, and testified as to his own condition At the trial, the court excluded evidence as to the nature of the disease for which the defendant had previously treated the plaintiff, but the Appellate Division held that this exclusion was error, and Judge Kellogg said "It is evident that the defendant could not by experts show to what extent the present condition of the plaintiff might be due to a chronic disease unless he was able to show what the disease was *By bringing an action* against his regular physician, who had been treating him for a disease, claiming that the subsequent treatment was malpractice, the plaintiff waived the professional privilege and the defendant was permitted to show any facts he knew bearing upon the present condition of the plaintiff "[29]

To recapitulate, where Patient A has brought an action against his Physician B, by the mere making of his complaint and the bringing of his action he has waived that privilege which by law he would have been entitled to had he not instituted the action in question, and that privilege is waived from the moment of the making and serving of the complaint.

(b) In all other actions, that is, actions other than those for malpractice, personal injuries or the like, the privilege is not waived unless it is expressly waived in open court by the party claiming such privilege, or by the stipulation of his attorney prior to the trial.

(c) In criminal prosecutions, it has been repeatedly held that the patient's privilege cannot be used to shield a murderer or other criminal, where it appears that the privilege is in no wise asserted for the benefit of the patient Thus, in the Pierson case, where a defendant was charged with committing murder by arsenical poisoning, the testimony of the physician who had been called to attend the victim of the crime was offered by the prosecution to prove the cause of death The Court of Appeals held that the objection to

this testimony was properly overruled, upon the ground that the purpose of the statute was "to enable a patient to make known his condition to his physician without the danger of any disclosure by him which would annoy the feelings, damage the character, or impair the standing of the patient while living, or disgrace his memory when dead," and furthermore that the statute was not enacted for the purpose of constructing a shield for the benefit of murderers [30] Generally stated, the law is that where the death of a patient is the subject of a criminal prosecution, the testimony of the physician who treated the deceased will not be excluded on the ground of privilege [31]

Professor Wigmore, in his invaluable work on the law of evidence, has strongly criticized the New York statute creating this privilege which was unknown to the common law His discussion is interesting and valuable from a philosophic point of view, and indeed would be of great importance to the legislature of any State which had not previously enacted this privilege into law There are about 50 per cent of the States of the Union which have not adopted this legal privilege [32]

Whether Professor Wigmore is or is not correct from an abstract point of view is not germane to this discussion, although the writer, with due diffidence and modesty, would like to express his dissent from the views of this most distinguished law writer upon this subject The question, however, whether there should or should not be a privilege, is purely an academic one inasmuch as the privilege (subject to the qualifications hereinbefore outlined) has been in existence in this State by force of statute for one hundred years

REFERENCES

1 Chamberlayne's Modern Law of Evidence, Vol 5, Sec 3701
2 Wigmore on Evidence, Book 1, Part 3, Title 2, Subtitle 3, Chap LXXXIV, Sec 1776
3 Edington v Mutual Life Ins Co, 67 N Y 185, pps 194-5
4 Griffiths v Met St Ry Co, 171 N Y 106
5 Peo v Sliney, 137 N Y 570 See also Peo v Hoch, 150 N Y 291
6 Kelly v Dykes, 174 A D 786, Meyer v Knights of Pythias, 178 N Y 62
7 Bauch v Schultz, 109 Misc 548
8 Renihan v Dennin, 103 N Y 573
9 Meyer v Knights of Pythias (supra)
10 Edington v Aetna Life Ins Co, 77 N Y 564
11 Green v Met St Ry Co, 171 N Y 201
12 Nelson v Village of Oneida, 156 N Y 219
13 Spares v Travelers Ins Co, 185 A D 861
14 Heath v Broadway & 7th Ave R Co, 57 Supreme Ct 496
15 Burley v Barnhard, 9 N Y St Rep 587
16 Dillebar v Home Life Ins Co, 10 Wkly Dig 180
17 Sloan v N Y C R Co, 45 N Y 125
18 Hunn v Hunn, 1 Thomp & C 499
19 Patten v United Life & Accident Ins Assn, 133 N Y 450
20 Estate of Darragh, 15 N Y St Rep 452
21 Edington v Mutual Life Ins Co, 67 N Y 185, 196
22 Weil v Weil, 151 A D 622
23 Weil v Weil, supra, Peo v Bloom, 193 N Y 1
24 Hethier v Jones, 233 N Y 370, pps 371-2
25 Capron v Douglass, 193 N Y 11, pps 15, 17 See also Albers v Wilson, 201 A D 775, Fennelly v Schenectady R Co, 201 A D 221, Dewey v Cohoes & Lansingburgh Bridge Co, 170 A D 117, McKenney v American Locomotive Co, 164 A D 625
26 Capron v Douglass, supra, p 17
27 McKinney v Grand Street R R Co, 104 N Y 352, p 355
28 Capron v Douglass, supra, p 17
29 Terier v Dare, 146 A D 375, p 376
30 Pierson v Peo, 79 N Y 424, p 434
31 Peo v Brecht, 120 A D 769
32 Wigmore on Evidence, Book 1, Part 3, Title 2, Subtitle 3, Chap LXXXIV, Sec 1776

TONSILLECTOMY—CLAIMED BROKEN TOOTH DURING OPERATION

In this case, the plaintiff, a man thirty-one years of age, came to the office of the defendant, a specialist in diseases of the nose and throat He gave a history of having been troubled with irritation of the throat for a number of years Upon examination the doctor found both tonsils and adenoids badly infected, and recommended an operation for their removal The patient consented, and a few days later the doctor, under general anesthesia, removed both tonsils and adenoids There was very little bleeding, and the patient made an uneventful recovery, and left the hospital the day after the operation

About a week later he came to the doctor's office, and complained that one of his teeth had been broken off during the operation, and demanded that the doctor pay him some money This the doctor refused to do, telling the patient that he did not break off any tooth during the examination or operation

Subsequently, the patient brought suit, charging the doctor with negligence in the performance of the operation, and claiming that during it the doctor had carelessly and negligently broken off a tooth The case came on to be tried, and at the close of the plaintiff's case, the plaintiff having failed to produce any evidence of negligence on the part of the doctor, his complaint was dismissed, thus terminating the matter in the physician's favor

NEWS NOTES

LEGISLATIVE BULLETIN NO 5—FEBRUARY 13, 1929

Since our last bulletin the following bills have been introduced in which we have an interest

Mental Hygiene

Assembly Int No 783—Goodrich, provides for a third assistant commissioner of correction who shall be a qualified psychiatrist of not less than five years' experience in practicing nervous diseases

Assembly Int No 784—Goodrich, provides for a psychiatric clinic at Sing Sing prison

Senate Int No 549—Wales, Assembly Int. No 787—Jenks, reintroduces bill relative to annulment of marriage on ground of incurable insanity

Assembly Int. No 857—Ambro, provides for examination of certain persons accused of crime, by a division in Mental Hygiene Department, to determine mental condition which may affect their criminal responsibility

Senate Int No 646—H D Williams, admission to institutions for mental defectives to be only on certificate of physician or psychologist or on voluntary application

Workmen's Compensation

Assembly Int No 772—Lefkowitz, amends Workmen's Compensation Law, making compensable every disease established by medical testimony to be due to nature of claimant's employment and contracted therein prior to date of disablement This is an improvement over the several other bills that have been introduced adding to the list of compensable diseases and occupations, and is more acceptable because it provides for scientific establishment of the fact that there is a disability There is a great desire on the part of everybody to have all compensable disability and the occupation causing it, recognized by law, but there is an objection to a blanket law on the ground that it would permit malingering

Child Welfare

Three new bills on child welfare have been introduced, authorizing (1) child welfare allowances where father is totally disabled, (2) for widowed mother with one or more mentally defective or physically disabled children under twenty-one, (3) grant of child welfare benefits notwithstanding fact that mother or children may be entitled to workmen's compensation award, in which case child welfare allowance shall be lien on workmen's compensation award

Public Health

Senate Int No 554—Quinn, Assembly Int No 775—Nugent, New York Charter—empowers commissioner of water supply, gas and electricity to require any company selling water in city to determine whether it is healthful, safe and proper for consumption and whether furnished in quantity and at pressure adequate for fire protection, cross connections between such system and the city's water system to be made if commissioner finds it necessary

Senate Int No 565—Pitcher, Assembly Int No 810—Lattin, provides local health board of a district within boundaries of a state park shall consist of park commission and state commissioner ex officio, such board to appoint health officer

Miscellaneous

Assembly Int No 927—Steingut, asks for exemption of property of medical colleges in certain cities

Hearings

There appeared before the Committee on Codes on Tuesday, proponents of the anti-vivisection bill They were fewer than usual and inclined to be less sentimental in their plea for the bill, as a matter of fact, they made a very weak plea this year On the other hand, Dr Sondern had brought along with him, in opposition to the bill, a very strong team, consisting of Drs Flexner, Sweet and Williams Dr Wadsworth appeared as the representative of the Department of Health There is no question about the impression left upon the committee and as to the fate of the bill

The following hearings are scheduled for the the coming week

Feb 19—Assembly Int No 35—Remer, birth control—Assembly Committee on Codes

Feb 19—Senate Int No 289—Brown, sterilization bill—Assembly Int No 338—Dominick, (Joint) Committee on Public Health

Feb 19—Senate Int No 438—Freiberg, water pollution—Senate Committee on Finance

Henry L K Shaw
Harry Aranow
Garrett W Timmers

Committee on Legislation, Medical Society of the State of New York

CADUCEUS POST, AMERICAN LEGION

Caduceus Post, Number 818, of the American Legion, which is New York City's Medical Post, held a meeting on January 12th in the New York Athletic Club building The principal feature of the meeting was a series of moving pictures of Russia taken by Dr Orrin S Wightman, Editor-in-Chief of the NEW YORK STATE JOURNAL OF MEDICINE Dr Wightman was a Major in the American Red Cross during the World War and went on a special mission through Siberia to Moscow and Petrograd, and down to the Crimea and Rumania, and took moving pictures showing bits of scenes, the customs of the people, and the women's regiment An attack of influenza held Dr Wightman home on the night of the lecture, but Dr Theron W Kilmer, who had lived in Russia, explained the pictures and added side lights of his own The room was crowded and those present gained a new idea of Russia as though with first-hand knowledge

Caduceus Post held its annual dinner on the evening of Saturday, February 16, in the New York Athletic Club, with about 250 members and guests present Col Douglas McKay, U S A, Commander of the State of New York, installed the officers as follows

Commander, Dr Samuel J Kopetzky, Vice-Commanders, Drs Fenwick Beekman, C Burns Craig and Kirby Dwight, Adjutant and Treasurer, Mr Robert R Gerstner, Chaplain, Rt Rev Herbert Shipman, D D

The installation ceremony was peculiarly impressive because Col McKay performed the prescribed ceremony from memory

Dr Harlow Brooks, as toastmaster, referred to his experiences in the army as the most satisfactory of all in his life, for they resulted in the lasting friendships of men who were accomplishing things worth while He introduced Col Charles R Reynolds, Commander Medical Field Service School, Carlisle Barracks, Pennsylvania, as the first officer under whom he had served in the World War and under whom also many of those present had served in Camp Upton, over seas, and at Carlisle Barracks

Col Reynolds described the standardization of the instruction in Carlisle, and especially the preparation of correspondence courses which are of a practical nature He also described a series of movies which are now being prepared in order to show service in the field to those who are unable to attend the Carlisle courses

Capt Rand P Crandall, U S N, spoke from the standpoint of the Navy and related humorous war stories

Major General Hanson E Ely, Commander of the Second Corps area, said that he had a very great respect for the medical officers, for, if they wished, they could find an appalling number of defects in an officer coming up for promotion or retirement He said that the training of the Reserves was designed largely to discover the capabilities of the men in order that they may be fitted to the needs of the service when an emergency arises

Brigadier General H O Drum, Commanding the First Division, U S A, spoke of the friendly bond which the war developed between the officers of the Regular Army and those of the Medical Corps Doctors were the first group of professional men that realized they had to prepare themselves for service, and to respond to the call for action German officers of note have paid a high tribute to the American physicians for their skill in performing their war duties

General Drum spoke of two factors to be considered in the prevention of war First, is the moral factor, which works both ways In 1793 a bill was introduced in Congress to establish a Department of Peace instead of War, and yet twenty years afterwards, the Government had to call out half a million of men to repel an invasion by seventeen thousand English soldiers who knew their business A second factor is commerce, now involving twenty-six billions of dollars, owed to the United States as the result of the World War The United States cannot secure peace nor collect debts, merely by wishing to do so

Col Albert E Truby, M C, U S A, spoke of the growth of the Reserve Corps, and said that there were 2,700 Medical Reserve officers in the Second Corps area alone He emphasized the need of young men as medical officers

Dr George Henry Fox spoke as one whose service was in the Civil War

Dr J Herbert Lawson, Past Commander, described the work among disabled veterans and said that the members of Caduceus Post were rendering invaluable services to the veterans free of charge Dr Lawson had recently been made Commander of the American Legion of New York County whose principal work is along medical lines in the diagnosis treatment of incapacitated veterans

Dr Kopetzky, the new Commander, spoke of the good fellowship which exists among the members of Caduceus Post, and of the plans for the regular meetings of the Post

QUEENS COUNTY—ANNUAL MEETING

The annual meeting of the Medical Society of the County of Queens was held at Eagle Palace on November 27, 1928, at 8 30 P M, president, F G Riley, M D, in the chair

The Board of Censors, through the Chairman, Dr E A Flemming, recommended and the following doctors were elected to active membership Louis Berwick, M D, 3149 36th Street, Astoria, Joseph E Breen, M D, Sanford Avenue and Bowne Street, Flushing, James R. DeRose, M D, 2333 Grand Avenue, Astoria, Samuel S Feuerstein, M D, 4215 Graham Avenue, Astoria, William Filler, M D, 3506 72nd Street, Jackson Heights; Arnold Gottesman, M D, 10020 37th Avenue, Corona, Clement A. Jarka, M D, 6124 Grand Avenue, Maspeth; David Kirschenbaum, M D, 6109 37th Avenue, Woodside, Louis Wachtel, M D, 4415 43rd Avenue, Long Island City, Martin L Weitz, M D, 8774 150th Street, Jamaica

Frederick H Fechtig, M D, Jamaica Hospital, Jamaica, was elected to associate membership (intern)

Ernest W Goode, M D, 294 Amherst Avenue, Jamaica, was received by transfer from the Medical Society of the County of New York

The Secretary reported the regular meeting of the Comitia Minora on November 10th and the conduct of the routine business of the Society

The nominations for the officers and boards presented at the October meeting and published in the Bulletin were duly elected

The annual financial report was presented by the Treasurer, Dr J M Dobbins, showing the following accounts on hand general fund, $3,071 73, sinking fund (initiation fees), $565, land fund, $1,200 36, total, $4,836 09

Scientific Session

Paper—"Achylia Gastrica," by Mills Sturtevant, M D Discussion opened by J M. Wicks, M D., and continued by Drs E E Keet, T C Chalmers and closed by Dr Sturtevant

Paper—"The Dose of Medicine," by E E Smith, M D Discussion opened by Dr E E Keet and continued by Drs Chalmers and Riley

Adjourned Collation Attendance, 83

E E Smith, *Secretary*

QUEENS COUNTY—JANUARY MEETING

A stated meeting of the Medical Society of the County of Queens was held at Eagle Palace on Tuesday, January 29, 1929, at 8 30 P M The meeting was called to order by the retiring president, Dr F G Riley, who introduced president-elect, W J Lavelle, M D, as he took the gavel

The following new members were elected Adrian Eugene Donnelly, M D, 4169 Parsons Boulevard, Flushing, David Klein, M D, Jamaica Hospital, Jamaica, Anna Mirkin Schlesinger, M D, 101 North 108th Street, Corona.

The following associate (intern) members were elected Frank J Corniglia, M D, Jamaica Hospital, Jamaica, Frank Vincent Yannelli, M D, Jamaica Hospital, Jamaica

Dr T C Chalmers, Chairman, reported for the Board of Trustees

In the absence of the Chairman, Dr H C Courten reporting for the Committee on Medical Economics, stated that the Committee had in mind another class on public speaking to be conducted without an instructor at about $5 00 per member. Members of the Society wishing to join such a class were asked to notify Dr Rohr, Chairman of the Committee.

Scientific Session

(1) Address—"The Private Physician as Public Health Agent," by Shirley W Wynne, M D, D P M, Commissioner of Health Discussion by Drs F G Riley, Charles S Prest, J J Kilcourse, Harry M White, D F Downing, Miss O'Neil, James M Dobbins and closed by Dr Wynne

(2) Address—"Urology, Its Place in Practice," by Francis G Riley, M D, Retiring President. Discussion opened by Dr Irving Simons and continued by Drs E E Smith and G A. Distler and closed by Dr Riley

Attendance, 72 Collation was served after the meeting

E E Smith, *Secretary*

MEDICAL WARES

PHONOGRAPHIC RECORDS OF HEART SOUNDS

A phonograph is to sound as a cinematograph is to sight While moving pictures have been adapted to teaching medicine, phonographic records have been used for that purpose to only a slight extent, but researches by the Western Electric Company and the Columbia Phonograph Company, Inc, have resulted in the development of practical means of making records of the chest sounds, especially of the heart

One difficulty in the reproduction of heart sounds has been that, while the normal heart sounds are faint, the abnormal ones are usually still more faint, and are likely to blend with the normal sounds Some magnifying device was therefore necessary in order to produce vibrations of sufficient intensity to drive the stylus which cuts the wax of the recording cylinder The invention of the sound magnification of the radio has resulted in the development of the device called the "multiple stethopone," which enables a roomful of students to listen to the heart and lungs The principle of the multiple stethophone is that the heart sounds produced by a patient are received in an ordinary stethoscope and are conducted to an amplifier from which branching tubes extend to the individual students of the room, each ending in a double ear piece like those of an ordinary stethoscope Such a device was exhibited at the annual meeting of the Medical Society of the State of New York in Syracuse, on May 14, 1925, as related on page 761 of this JOURNAL of June, 1925

The Stethophone was not entirely satisfactory, because the magnified sounds did not preserve their relative values when they entered the ear For example, when a sound of a high pitch was magnified, it became piercing to the ear, while a considerable magnification of a sound of a very low pitch was scarcely apparent to the ear Sounds of high pitch therefore became unduly prominent in the stethophone This difficulty was largely overcome by the development of filters which were adjusted to exclude or soften certain sounds The elimination of the high pitch sounds was comparatively easy, but when they were eliminated, there was likely to be an unbalance of the remaining sounds An observer's judgment of the sounds of the heart or lungs is the result of a composite blend of sounds of various pitches and intensities, and when one particular sound is magnified, or excluded it becomes unduly apparent Moreover, the blending of sounds of high pitch with those of low pitch was difficult, although the problem could probably have been solved if sufficient time and money had been expended on it

The stethophone was successful in transmitting the sounds of the heart, for they were largely of low pitch, but it was not developed to a point where it would transmit the high pitched breath sounds and rales of the lungs

Phonographic records of the heart beats have been made under the direction of Dr R C Cabot, Professor of Clinical Medicine of the Medical School of Harvard University, and Dr C J Gamble, of the Medical School of the University of Pennsylvania Their records are on on phonograph discs of regular size and are available on the market They are made by the use of the stethophone and are faithful records of the sounds which the stethophone produced The phonographic heart records are therefore subject to the same limitations as the sounds of the stethophone in a recitation room

The inequalities of harshness of the phonographic tones of the heart records may be softened by the use of a special sound recorder which has been developed by the Columbia Company, and they may be still further modified by the use of a fiber needle

The ear of a medical student is trained to pick out a particular biological sound from a number of others, and to do it when all the sounds are of an intensity to which his ear is accustomed For example, when he first listens to a heart he is confused by the multiplicity of sounds which come from the lungs and from outside sources, but gradually he learns to ignore the extraneous sounds and to concentrate his attention on a particular sound, which at first is almost inaudible When he hears a phonographic record for the first time, it is likely to be several times louder than the natural sounds to which his ear is accustomed, and so he may not recognize the fine points, but if a phonograph record of the heart is carefully adjusted to the loudness or intensity to which a doctor is accustomed, it will prove itself to be a faithful reproduction of the original sound

THE DAILY PRESS

TEAR GAS IN HOLD-UPS

The bandits of New York City are up-to-date in adopting tear gas in the place of pistols The accounts of the use of the gas do not seem to reach the newspapers, but yet according to the New York *Times* of February 6th, the Board of Aldermen passed the following resolution

"No person shall manufacture, sell, possess or use any lachrimating, asphyxiating, incapacitating or deleterious gas or gases, liquid or liquids, or chemical or chemicals, without a permit to be used issued by the Police Commissioner, under such regulations as he may prescribe."

The *Times* states the reasons for adopting the resolutions were as follows

"Passage of such an ordinance was suggested by the police after they had found the gas in possession of several criminals, in containers resembling fountain pens and easily carried in a vest pocket The police learned that the gas and these containers had been sold by two sisters, both of whom have police records

"Police Inspector John J Noonan and Colonel Charles W Exton, chemical warfare officer, stationed on Governors Island, appeared before an Aldermanic committee recently and stressed the need of such a restrictive measure. The Police Inspector exhibited one of the fountain pen devices and offered to demonstrate its use Fearful of the effects of the gas, the committeemen agreed to take his word for it.

"He and Colonel Exton told them that in some of the Western cities criminals were discharging the gas from hollow walking sticks They declared that it could readily be used in hold-ups and that enough volatile gas could be discharged from one of these harmless looking containers to render several victims helpless for at least an hour It could be made quite as effective, they declared, as a revolver or a blackjack"

THE SMOKE NUISANCE

The control of smoke in cities has always been imposed on the Department of Health on the ground of its unhealthfulness, but when a doctor is asked for a bill of particulars he does not make out a convincing case The New York *Times* of February 18 discusses the smoke nuisance editorially and says

"We all know that Smoke is a Nuisance Just how much of a nuisance, and why, the Mellon Institute at Pittsburgh is at pains to point out in a pamphlet from which our local Department of Health gleans the following seven-point summary

"1 Lowers resistance to disease

"2 Injures buildings

"3 Destroys real estate values People move into the suburbs, where they can get a look at the sun once in a while

"4 Depreciates merchandise and increases the cost of its care (That is a point our New York merchants have often made against the local smoke evil)

"5 Increases soap bills and cleaning bills, and so adds to the cost of living

"6 Injures trees

"7 Increases the community's electric light bill

"Pittsburgh ought to know It had a smoke problem of its own once."

It is somewhat surprising that the Mellon Institute said nothing about the smoke excluding the ultra violet rays of the sun

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THE ANTIVIVISECTION BILL

A hearing on the antivivisection bill was held on February 12 in Albany The New York *Times* of February 13, describing the hearing, said

"Antivivisectionists, in suggesting that surgeons do their experimenting on murder convicts awaiting execution, invoked the name of Lincoln today in an effort to have the Assembly Codes Committee approve liberation of dogs from the experimental knife on the birthday of the emancipator

"For once, however, at a public hearing on the time-honored bill to outlaw experiments on dogs the attending opponents of the measure, headed this year by Dr Simon Flexner, director of Rockefeller Institute, outnumbered

the anti-vivisection group and marshaled an array of medical lore to prove the value of dogs in the operating room

"Dr Wilbur J Murphy, who said he was a general practioner representing the New York Anti-Vivisection Society and the Bronx Kennel Club, said he knew of no accomplishment in medical knowledge that could be traced to experimenting on the living dog

"Ten million Christian Scientists and the great increase in chiropractice are the results of the popular reaction against vivisection," he declared

"The bronchoscope to extricate from the windpipe objects accidentally swallowed was exhibited as an instrument, the use of which was made possible by experimentation on dogs, and medical experts testified to an increasing control over human diseases through surgical studies of the animals"

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"Safety campaigns carried on in the schools by the police with the cooperation of the school authorities have resulted in a steady decline in the number of fatal highway accidents in which children of 16 and under were the victims More than 40 per cent of the 325 children who lost their lives last year in street accidents were 6 years old or under and therefore not under the supervision of the schools

"In most cases there has been a decrease in deaths and injuries in 1928 compared with 1927, but the figures still are high and reductions can be made only by continually warning children against engaging in unsafe practices They should be taught to confine their play to the safe places set aside for them, such as playgrounds, parks and play streets

"The total of 325 marked a decrease of eighty-three fatalities compared with 1927—the greatest reduction that has been made in six years Pointing out that there were 453 children killed by automobiles in 1923, Mr Hoyt declared the figures for last year were especially remarkable, since automobile registration had increased more than 100 per cent since 1923 and school enrolments had risen at the rate of from 17,000 to 20,000 annually"

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"The proposed legislation would have the effect of centralizing in the sanitary commissioners, supervision of all these functions which up to the present time have been largely under control of the several borough heads The measure was referred to the cities committee in both branches of the Legislature.

"The Board of Estimate already has made an appropriation of $600,000 for this work, and at the present time the committee is engaged in a survey of the various types of incinerators and their possible locations in the five boroughs of the city through the board's recent $8,500,000 appropriation for such improvements

"Many large cities throughout the country were visited last year on an inspection of their garbage and sewage disposal plants, incinerators and street-cleaning methods, and it was as the result of a report on this inspection that the preliminary appropriations were voted by the board"

BOOKS RECEIVED

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.

THE DIABETIC LIFE: ITS CONTROL BY DIET AND INSULIN. A Concise Practical Manual for Practitioners and Patients. By R. D. LAWRENCE, M.A., M.D. Fourth Edition. Octavo of 138 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1928. Cloth, $2.50.

DISEASES OF THE BLOOD. By A. PINEY, M.D. Octavo of 195 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1928. Cloth, $4.00.

THE CLINICAL EXAMINATION OF THE NERVOUS SYSTEM. By G. H. MONRAD-KROHN, M.D. Fourth Edition. 12mo of 209 pages, illustrated. New York, Paul B. Hoeber, Inc., 1928. Cloth, $2.50.

RÖNTGENOLOGY. Its Early History, Some Basic Physical Principles and the Protective Measures. By G. W. C. KAYE, O.B.E., M.A., D.Sc. 12mo of 157 pages, with 49 illustrations. New York, Paul B. Hoeber, Inc., 1928. Cloth, $2.00.

THE CARE OF THE CHILD. By ALTON GOLDBLOOM, B.A., M.D. 12mo of 240 pages. London and New York, Longmans, Green & Company, 1928. Cloth, $1.50.

A HANDBOOK ON VENEREAL DISEASES. For Nurses and Others Engaged in the Routine Treatment of These Diseases. By W. TURNER WARWICK, F.R.C.S. 12mo of 221 pages, illustrated. London, Faber & Gwyer, Ltd., 1928. Cloth, 5/. net.

EUROPEAN CLINICS. Editorial Staff of European Clinics, 1927. Dr. WILLIAM LINTZ, Brooklyn, N. Y., Editor-in-Chief. Octavo of 347 pages, illustrated. Philadelphia and London, J. B. Lippincott Company, 1928.

THE PRACTICAL MEDICINE SERIES. Comprising Eight Volumes on the Year's Progress in Medicine and Surgery. Series 1927. Chicago, The Year Book Publishers, 1928. General Medicine. Edited by GEORGE H. WEAVER, M.D., and others. 12mo of 332 pages, illustrated. Cloth, $3.00.

THERAPEUTIC ANTITOXINS, OPSONINS, CHEMICAL, PHYSIOLOGIC AND PATHOLOGIC STUDIES. By DR. GEORGE E. BROWN and EDGAR V. ALLEN. 12mo of 219 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1928. Cloth, $3.00.

THE KAHN TEST. A Practical Guide. By R. L. KAHN, M.S., Sc.D. Octavo of 201 pages. Baltimore, The Williams & Wilkins Company, 1928. Cloth, $4.00.

QUANTITATIVE LABORATORY METHODS. By the Late Professor LEHMANN-CORTI. Authorized translation from the general part of 6th revised edition, by RALPH E. CRISPIN, Ph.D. Edited by ROGER ADAMS and HAVS T. CLARKE, Ph.D. Baltimore, The Williams & Wilkins Company, 1928. 469 pages, illustrated. 8vo. Cloth, $6.50. (The World Wide Chemical Translation Series. No. 2. Edited by E. EMMET REID.)

STERILITY IN WOMEN. Diagnosis and Treatment. By SIDNEY FRENCH, M.D. Octavo of 133 pages, with 25 illustrations. New York, William Wood & Company, 1928. Cloth, $3.50.

ULTRA-VIOLET RADIATION AND ACTINOTHERAPY. By ELEANOR H. RUSSELL, M.D., and W. KERR RUSSELL, M.D. Third Edition. Octavo of 648 pages, illustrated. New York, William Wood & Company, 1928. Cloth, $6.50.

RÖNTGENOLOGY. The Borderlands of the Normal and Early Pathological in the Skiagram. By ALBAN KÖHLER, Prof. Dr. med. Rendered into English from the Fifth German Edition by ARTHUR TRUMBULL, M.A., B.Sc., M.B. Octavo of 555 pages, illustrated. New York, William Wood & Company, 1928. Cloth, $14.00.

SURGICAL CLINICS OF NORTH AMERICA. Vol. 8, No. 6. December, 1928. (Pacific Coast Surgical Association Number.) Index Number. Published every other month by the W. B. Saunders Company, Philadelphia and London. Per Clinic Year (6 issues), cloth, $16.00 net; paper, $12.00 net.

CHILD HEALTH AND CHARACTER. By ELIZABETH M. SLOAN CHESSER, M.D. 16mo of 204 pages. New York, Oxford University Press, 1927. Cloth, $1.50.

QUALITATIVE AND VOLUMETRIC ANALYSIS FOR MEDICAL STUDENTS. By H. LAMBOURNE, M.A., M.Sc., and J. A. MITCHELL, M.Sc. 12mo of 64 pages. New York, Oxford University Press, 1928. Cloth, $1.50. (Oxford Medical Publications.)

A HANDBOOK FOR THE DIABETIC. By ALBERT H. ROWE, B.S., M.S., M.D. 12mo of 129 pages. New York, Oxford University Press, 1928. Cloth, $2.50. (Oxford Publication.)

METHODS OF BIOLOGICAL ASSAY. By J. H. BURN, M.A., M.D. Octavo of 125 pages, illustrated. New York, Oxford University Press, 1928. Cloth, $2.55. (Oxford Medical Publications.)

LIPIODOL IN THE DIAGNOSIS OF THORACIC DISEASE. By F. G. CHANDLER, M.A., M.D., and W. BURTON WOOD, M.A., M.D. Octavo of 133 pages illustrated. New York, Oxford University Press, 1928. Cloth, $3.50. (Oxford Medical Publications.)

NOUVEAU TRAITE DE MEDECINE. By G. H. ROGER, FERNAND WIDAL and P. J. TEISSIER. Fasc. XVI. Pathologie du foie et des voies biliaires. Octavo of 1043 pages, illustrated. Paris, Masson et Cie, 1928. Cloth, 125 francs.

I. HUMAN CONSTITUTION. Its Significance in Medicine and How It May Be Studied: II. The Influence of Sex in Determining Human Disease Potentiality. III. The Patient and His Physician. By GEORGE DRAPER, M.D. Octavo of 75 pages, illustrated. Baltimore, The Williams & Wilkins Company, 1928. (The Beaumont Foundation Lectures—Series No. 7.)

A TEXT-BOOK OF SURGICAL DIAGNOSIS. Edited by A. J. WALTON, M.S., F.R.C.S., B.Sc. Two octavo volumes of 1121 pages, illustrated. New York, William Wood & Company, 1928. Cloth, $20.00.

PARATHESIS: COMPENSATIONS AND ANTAGONISMS IN DISEASE. By EDWARD C. B. HOTSON, M.D., B.S. Octavo of 348 pages. Philadelphia, F. A. Davis Company, 1929. Cloth, $3.50.

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OUR NEIGHBORS

A SPECIAL HEALTH TRAIN IN TEXAS

The December issue of the *Texas State Journal of Medicine* has the following description of a special health train —*Editor's note*

The first page of a folder describing the third annual Missouri Pacific Health "Special" says "The Missouri Pacific Lines, in cooperation with the Texas State Department of Health, will operate over our lines in Texas, a special train, conveying a comprehensive message designed to stimulate increased interest, in the strictest observance by the people of the state, of all advanced rules and regulations of better health and sanitation"

Before the tour of the better health special train was started, letters were sent to the station agents of the towns where stops were to be made, and literature was mailed to the various civic organizations, schools, and public health groups of these towns

The selected groups in these towns then arranged for the proper and orderly handling of the crowds upon the arrival of the train Placards bearing the date and time of arrival, and departure of the train were placed in conspicuous places about the town, several weeks before its arrival

The train was composed of seven cars, the first of which, a chair car, was used as a buffer but, at times, was brought into service as a lecture car The second car, a baggage car, carried the supplies of the train The third car was especially prepared by Dr Clarence E Smith, of the United States Public Health Service for the demonstration of measures of milk sanitation Two chair cars were next, which were used as lecture cars The sixth car was especially fitted out, containing models and placards, presently to be described, on typhoid fever, malaria prevention and rat control This car was the one into which the public was first shown The last two cars were for the personnel of the train, and consisted of a dining car and obervation Pullman car

The two exhibit cars contained more than eighty separate displays and exhibits In the front end of the first car were models of mosquitoes, made chiefly of wood, in characteristic poses Models of the common Culex mosquito and of the Anopheles mosquito were shown, emphasizing the differences in the lighting postures of the two species and some of the other easily recognized differences These models drew a wide range of comment Beside these mosquito models were models of their respective eggs, showing the differences as usually recognized In tanks about two feet square, and two feet deep, were kept some live Gambucian Affinis, or what is usually spoken of as pot-bellied minnows In reality, these are grown fish In vials near this tank were specimens of these fish in their various phases of life The specimens were preserved in alcohol Fly swatters were given to each lady visiting the exhibit

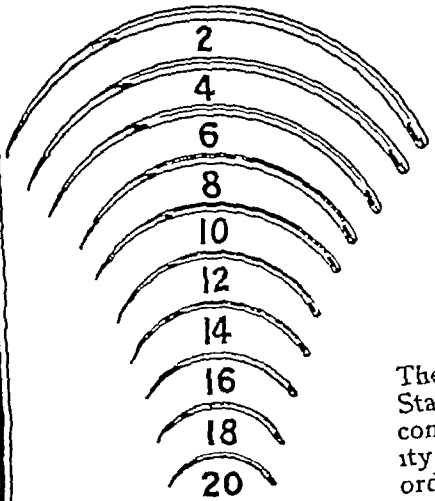
Various kinds of rat and mouse traps were exhibited and the proper method of baiting them was explained

Pamphlets describing malaria and yellow fever, and the rôle of the mosquito in the transmission of these diseases, were handed out to everyone who visited the train The prevention of malaria, by killing the mosquito or destroying its breeding places, was discussed In this connection, the use of the small fish as a means of doing away with the mosquito larvae, the value of cleaning grass around ponds, draining stagnant pools, and covering rain barrels and cisterns was clearly brought out Demonstrations of poorly screened windows and the contrast of well screened ones were shown The need of a small size of wire mesh was emphasized in the models and exhibits In connection with the mosquito exhibit, as a practical demonstration of malarial prevention, were models of farm places, showing poorly arranged farm buildings, ponds with grass growing around the edges, and uncovered rain barrels and cisterns In contrast to this, models of well-kept premises with everything in accordance with the recognized principles of sanitation, were exhibited

The third car of the train contained the milk exhibits Here were placards advising the drinking of a quart of milk a day, and the use of more milk and its products in the daily diet, more especially in the case of the younger children Models of pure and impure milk were shown The correct bottling of milk was demonstrated There were also models of sanitary barns for the cattle, demonstrating the proper arrangement of the stalls Model milk pails were exhibited

At the entrance to the first exhibit car was some one of the train's personnel, usually Mr Tom S Bond, assistant chief engineer, Missouri Pacific Lines, who directed traffic, as it were, and who held the official counter, checking each person who visited the train Usually the visitors were asked to line up, in single file, with the youngest school children going through the train first Lectures were not given to the very young children After the people passed into the first car (the sixth of the train) they were requested to move slowly through this car, observe the models on either side, and pass the second lecture

(*Continued on page 300—adv xviii*)

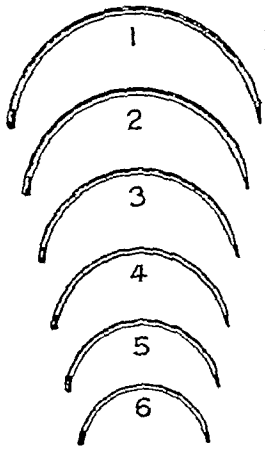


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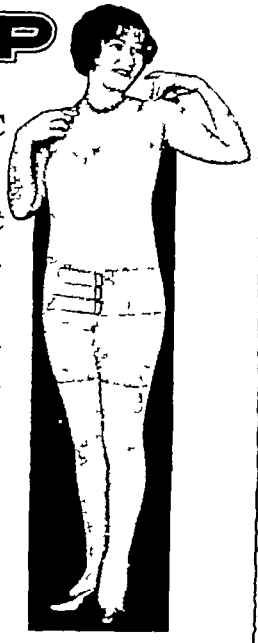
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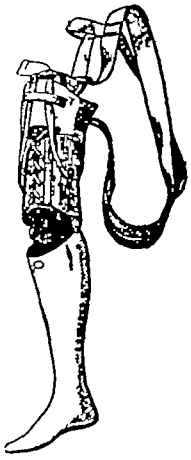
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(*Continued from page 298*)

car ahead and be seated As soon as this car was filled, some one of the physicians of the train personnel lectured for about five minutes on the ordinary communicable diseases of childhood, and some aspects of other public health problems, especially birth and death registration. Of the communicable diseases discussed, special emphasis was placed on vaccination against small pox and immunization against diphtheria Measles and scarlet fever were also discussed The greater number of these lectures were given by Drs J C Anderson, Oscar Dowling, E B Parsons, A H Flickwir, J A King and S P Cunningham

After this car was filled the second lecture car was opened to the visitors and lectures on safety and accident prevention were given here The importance of crossing railroads at the points designated by the railway was stressed, as was the necessity for looking carefully in both directions before crossing the tracks Messrs J P LaBarge, L A Henry and L Q Linson delivered most of the lectures on these subjects

Each town was allotted a certain period of time for the train to remain there This period was governed chiefly by the population of the town It was necessary, in some places, to lecture to the public on the station platforms and outside the train, because the crowds in attendance were greater than had been anticipated, and it was imperative that the original schedule be maintained The schedule was adhered to practically throughout the twenty-six days of the tour In a few places some of the train officials visited the schools and colleges and gave lectures. The train was greeted everywhere with enthusiasm and attention The crowds were most orderly and well behaved Committees met the train practically everywhere and gave it a formal welcome

To recapitulate somewhat, the train covered about 2,500 miles in 26 days, and visited 110 towns By actual count, 63,450 persons were shown through the train Over 150,000 health educational pamphlets were distributed, and about 10,000 fly swatters were given out

Before the tour of the Better Health Special was completed, some striking visible results began to show themselves Immediately following a visit of the train, several towns instituted the standard milk ordinance, as promoted by Dr Clarence E Smith That the tour accomplished great good there can be no doubt, however, most of its accomplishments cannot be pointed out as tangible, but are results which are obtained by more accurate knowledge of public health problems, better health, better sanitation, fewer accidents and more rightful living, generally

(Continued from page 302—adv xx)

corrected while only 22 per cent of the total number found were corrected.

"From one association came the report that 24 defects in one child were discovered at a clinic by three prominent physicians who agreed something must be done to save serious trouble later These defects were nineteen carious teeth, some rotted to the gum, a hernia, a spinal curvature, heart trouble, diseased tonsils and adenoids The mother, quite concerned, went to her own physician who laughed at the findings of the other doctors Thus we have a child probably doomed to a life of ill-health while men of science differ

"One city reported that in 1926 a committee was appointed to interview the physicians and secure their cooperation but none of these with the exception of the county health officer seemed in favor of a Round-up so the project was not pushed In 1927 it was decided by the associations in that city to send the children to their own physicians But with few exceptions the mothers, who took their children to their physician, were sent home without an examination, one doctor even tearing up the examination blank and throwing it into the waste basket. Not discouraged, in 1928 the parent-teacher workers in this city selected the physician who had been most radical against the Summer Round-up in former years and he with the county health officer and a dentist conducted a clinic charging $1 for each child examined and the defects were corrected by the family physician Credit should be given to this man who was willing to acknowledge thus publicly that he had been in error

"Let us state the ways in which the medical profession may be helpful in making the Summer Round-up of benefit to the future citizens of Iowa.

"1 By helping to bring to the attention of parents the benefits to their children of an early correction of physical defects

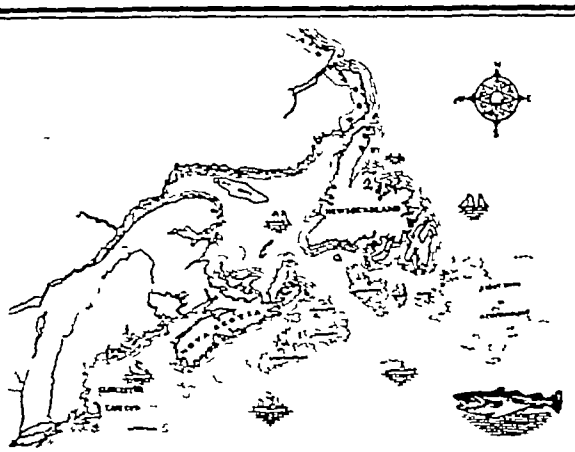
"2 By taking the initiative in making plans for a Round-up which will meet local conditions

"3 By showing a sympathetic attitude toward volunteer workers who in their enthusiasm sometimes make mistakes

"4 By active support of legislation looking toward a public health nurse in each county to direct follow-up health work

"5 By helping to make possible the ultimate aims of the Round-up—that each child from birth to maturity shall have an annual positive health examination"

New York State may profit by the example set by Iowa in making provision for bringing medical service to school children Iowa affords an excellent example of co-operation between the medical profession and lay health organizations



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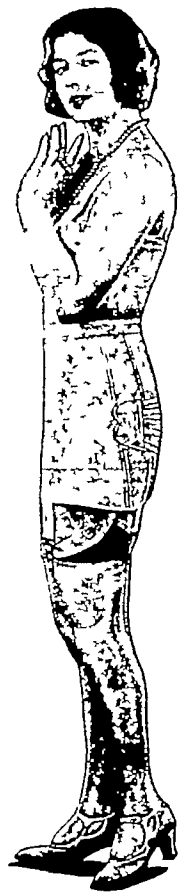
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PARENT-TEACHERS ROUND-UP OF IOWA SCHOOL CHILDREN

A conference of the County Secretaries of the County Societies of Iowa was held in Des Moines on December 13, 1928, at which the broad topic discussed was how to advise with state officers of lay agencies in securing proper medical guidance and aid in various local health activities Among the subjects discussed was a round-up of school children by the Parent-Teachers Associations The following descriptions of the work are taken from the January issue of the Journal of the Iowa State Medical Society

"The idea of the Round-up is to send into the beginning grade of each school a class of children who are free from remediable physical defects

"The plan provides for a survey of the school district in the spring to secure the names and addresses of the children who will enter school for the first time the following fall, to have these children examined in the spring for physical defects, have such defects as are remediable corrected during the summer and a check-up in the fall to determine what corrections have been made In 1925 there were 102 associations in twenty-two states enrolled in this campaign, while, in 1927, 2120 associations in forty-four states conducted a round-up in which 13,520 children were examined and 6,173 defects were corrected

"Early in the year a conference was called of representatives of those groups which could be expected to be interested in the conduct of the Round-up

"Following this conference a letter was sent by the chairman of the Child Hygiene Committee of Iowa Congress to the president of each local association explaining the Round-up and enclosing a copy of the method of procedure This method of procedure suggested that the approval and cooperation of school officials and Medical and Dental Societies in each county or local physicians in each town should be secured before undertaking the work It also advised that parents should be encouraged to take their children to their family physician and dentist for examination

"Letters were sent by the Iowa Commissioner of Health, to all County Medical and Dental Societies, and by the Director of the Division of Public Health Nursing to all Public Health and School Nurses explaining the Round-up and asking their support of it in their communities As a result 123 Parent-Teacher Associations registered for the 1928 Round-up These represented 49 communities, 88 in cities, 33 in towns and 2 in rural communities

"It may be interesting to state that 68 per cent of the defects found by the family physician were

(Continued on page 303—adv xxi)

1929

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MALPRACTICE SUITS

Why are malpractice suits brought? The *New England Journal of Medicine* discusses this question in its January 10 issue and says

"In the practice of medicine there will always be, in the nature of the art, a large field in which, if the physician chooses to do wrong, no one but he will know about it, until the Day of Judgment No amount of enactment of specific regulation can appreciably limit this field without changing the nature of the art of healing It is therefore of the utmost importance to have the right kind of physician

"The earliest responsibility then falls on the medical school, to restrict its degree to those who are morally and ethically qualified to practice medicine The difficulty of making this determination does not absolve the school from responsibility The next responsibility, in Massachusetts, falls on the Commonwealth, to restrict the license to practice to those who meet high standards The medical practice act should be modified so that a high-minded and efficient Board of Registration can restrict the licenses to those well qualified in every way to engage in the practice of medicine. There are crooks and shysters practicing medicine, but the legal profession has its responsibility also in this regard, with its share of these 'undesirable citizens' Legal procedure also is to blame, for jury trial does not always mean justice

"It may be that the prime movers in the malpractice suits are the patients who really feel that they have not been treated justly by their physicians

"But the situation is so serious in Massachusetts today, that the medical profession, through its present organization, or, if for any reason that is inadequate, through special organization, should make as thorough a study as possible What are the facts? Every claim should be investigated as thoroughly as possible, and all the information collected for study Who is responsible for starting the suit? Patient, patient's family, lawyer, another physician? Especially the responsibility of the physician should be investigated Is medical practice as bad as it would seem to be from the number of claims filed? Are the insurance companies stimulating suits to get physicians to take out insurance with them? Many of these facts are doubtless available already, but they should be set before the organized medical profession for consideration"

The NEW YORK STATE JOURNAL OF MEDICINE offers the explanation that the most frequent cause of malpractice suits is a disparaging remark made by a second doctor regarding the work of the first doctor that treated a case.

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STUDENT MEDICAL SERVICE IN OHIO STATE UNIVERSITY

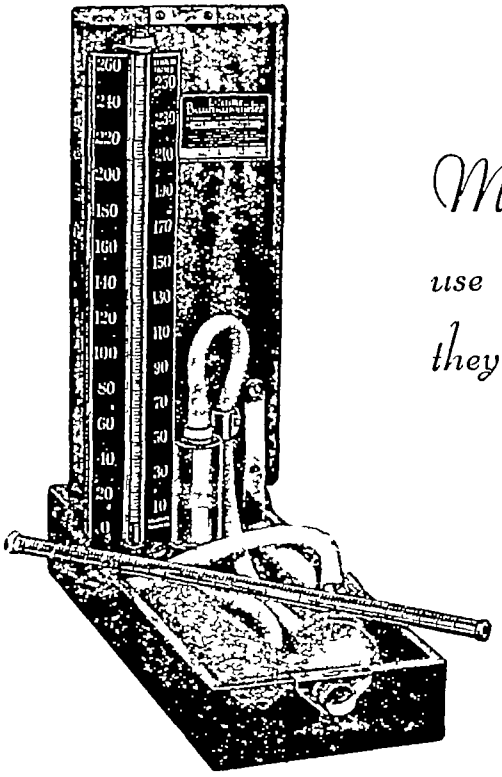
Medical service to college students is receiving an increasing amount of attention from college authorities and medical societies The Council of the Ohio State Medical Association appointed a special Committee on Student Medical Service, whose report is printed in the February issue of the *Ohio State Medical Journal,* from which the following excerpts are taken,—*Editor's note*

This committee has not only field several conferences but has assembled much correspondence and numerous documents bearing on the development of the student medical service at Ohio State University and elsewhere, and has reviewed in detail the consideration previously given to this general question by our State Association

We are all mindful of the thoughtful intent of the Board of Trustees of Ohio State University and of other officials of the University in providing some sort of supervision over the physical well-being of the thousands of students enrolled each year at that institution

We are in accord with the purpose of a plan of health supervision which will minimize and control communicable diseases in the University district, that will advise students about health problems, and when needing medical or surgical services refer them to reputable and qualified practitioners, that will teach proper hygiene and sanitary principles, that will emphasize the importance and value of frequent or periodic health examinations, that will render emergency and casual medical service to the students when on the University campus, that such service should be emphasized as emergency aid, advisory and preventive rather than curative medical practice, and that the student health service be attached to and under the supervision of the College of Medicine of the University

We suggest that a twenty-four hour telephone service, especially for handling night calls and reference of students requiring medical and surgical service, be inaugurated and maintained in connection with and under the supervision of the Student Medical Service, probably at the University Hospital, and that physicians referred by such call bureau be employed by the student patients on a private pay basis



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PAY IN WORKMEN'S COMPENSATION CASES

The physicians of Massachusetts, as well as those of New York, are deeply concerned over the repudiation of their charges by insurance companies The Court of last resort of Massachusetts has decided that a surgeon treating an injured employee in a free ward of a hospital cannot make a charge for his services

Physicians are glad to give their services free to those who have no means to pay An injured employee has the means to pay for his medical treatment, for that is the object of the Workmen's Insurance law Commenting on these principles, an editorial in the January 17 issue of the *New England Journal of Medicine* says

"Since there is a common and growing custom of permitting members of a hospital staff to charge for the care of private patients, physicians may, it seems to us, properly charge for services for injured workmen insured under the present laws pertaining to accident insurance, even though hte patient has not selected his personal physician

"If the profession and hospitals are agreed on this matter an effort should be made to secure payment to doctors for services in these cases

"We fail to see why competent physicians should be obliged to give professional service to any one who is not in the class of those who are entitled to charity

"The present laws relating to accident insurance are the result of efforts to deal justly with all concerned and we may confidently expect that the Industrial Accident Board will not obstruct efforts to have the laws changed in order to provide payment for reasonable charges by physicians It will of course become necessary to show that the charge of staff doctors is reasonable

"The insurance companies and perhaps the employers may not look favorably on any added costs to them, but we can see no reason for objection by the Board or the Courts Both now act in conformity with the interpretation of existing laws These laws have been amended from time to time Further changes may be in order"

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THE AMERICAN MEDICAL LIBERTY LEAGUE, INC

The *Wisconsin Medical Journal* for February contains a warning against the American Liberty League of 59 East Van Buren Street, Chicago, Illinois The Journal reproduces a letter from the secretary of the League whose letterhead is as follows

"American Medical Liberty League, Inc
A Citizens' Movement for Medical Liberty
on the same Basis as Religious Liberty
Endorsing the Principles and Aims of the
the Anti-Vivisection Societies"

The explanatory warning in the *Wisconsin Journal* reads

"On the first of the year all members of the Wisconsin Legislature received a mimeographed letter from a Mrs Lora C Little, Chicago, Secretary of the American Medical Liberty League. The letter urged the legislators to oppose legislation suggested by the American Medical Association Enclosed with the letter was a 66 page pamphlet on 'Doings of Doctors' written by one George Starr White, M D, 'F.R S.A., London,' whose address is given as Los Angeles, California.

"The letter is probably a preliminary step towards the introduction of measures in the interests of the cultists and possibly aimed to prevent vivisection, and limit vaccination and quarantine methods One H J Michaels is listed as the Vice President of the League for Wisconsin While no address is given, an H J Michaels is a chiropractor in this state

"The pamphlet enclosed with the letter is composed of a series of 'case reports' with such titles as 'Spinal Puncture—Dead Child,' 'Killed to Cure a Pimple,' 'Black Smallpox Hocus-Pocus,' 'Why Trust Doctors Control Hospitals,' 'Healthy Child Dies of School Inspection,' 'Smallpox Scares Built to Sell Vaccines,' 'Depraved Work of Doctors in High Standing,' etc.

"The American Medical Liberty League was exposed in the *J.A.M.A*, 1922, in which article it was stated that White was previously a second vice-president of the Allied Medical Associations in 1918 He graduated in 1908 from New York Homeopathic at the age of 42 and has been at times an advocate of 'spondylotherapy' 'zone therapy,' and of 'Bio-Dynamo-Chromatic-Diagnosis' The *J.A.M.A* declared that the letters F S Sc London, used in 1922 'carry with them an air of erudition and mystery that is well worth what they cost' They mean 'Fellow of the Incorporated Society of Science, Letters and Arts of London, Ltd' The 'Fellowship' is held by not a few 'patent medicine exploiters in the United States It costs one guinea ($5)' White was expelled from the Los Angeles County Medical Association in 1916 following his conviction in 1915 of practicing medicine without a license in Chicago"

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LEGISLATIVE PROBLEMS IN OHIO

The first article in the February *Ohio State Journal* describes medical legislation in that state and says

'As an outgrowth of the joint legislative committee on economy in public service, which has surveyed all branches and divisions of the state government in the interim between the last legislative session and the start of the present one, a number of bills have been introduced and still others are expected As some of these will have a direct bearing on the State Medical Board, the State Department of Health, the State Department of Welfare, the State Industrial Commission, and many other departments of state in which problems of public health and medical practice are involved, the Policy Committee and the headquarters of the State Medical Association will follow these complicated proposals through their legislative course

"Judging by the unusual activity of various groups and cults there will be a greatly increased number of bills seeking 'special privilege' There is of course the new initiated chiropractic bill, a Christian Science proposal, a new osteopathic measure and proposals are expected from the anti-vaccinationists, anti-vivisectionists and others Then, too, there will be a number of more or less radical proposals in the field of 'socialization,' with more expense to the taxpayer, more functions of government more duplications, and exploitation of un-American ideas

"The Policy Committee and the headquarters of the State Association will closely watch all legislation as in the past, and will communicate developments and suggestions to the legislative chairman in each county medical society and academy It is his function, together with the other local officers, committees and membership, to cooperate in the united legislative policy of the Association '

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TUBERCULOSIS IN KENTUCKY

The *Kentucky Medical Journal* for January contains an editorial on tuberculosis work in Kentucky, from which the following extracts are taken *Editor's note*

The treatment of early cases is almost completely dependent upon education It is only recently that physicians have given the patients the systematic and thorough examination that recognizes this disease in its incipiency when it responds most readily to treatment It is now the recognized duty of the physician to thoroughly examine the chest in every patient who presents any of the elusive symptoms of this insidious disease

Leadership in the campaign against tuberculosis has been wisely furnished by the Kentucky Tuberculosis Association in the past year, in co-operation with the county medical societies and county health departments Diagnostic clinics have been held in thirty-six counties Most of those examined were known contacts with active cases of tuberculosis This campaign has been largely financed by the sale of the Christmas Seals and the result secured has cost as little as any other public health activity with which we have ever been acquainted

The care of the advanced case presents many problems This is particularly true in a state like Kentucky where unfortunate political influences have created a very large number of poor counties Many of these counties have such meagre incomes that they are unable to attack successfully any of their problems whose solution costs any money Here again the leadership of the Kentucky Tuberculosis Association has been especially effective in the past few years More than 300 patients are now getting well in open air shacks and sleeping porches that have been built upon the advice of this organization The excellent results secured in Louisville and Lexington by the Sanatoria indicates the necessity for more liberal appropriation for beds for the tubercular and an enlarged state institution The State Tuberculosis Sanatorium at Hazelwood, near Louisville, is splendidly and economically conducted, but is only available for patients who can pay $15 per week, from which it derives its support

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PERNICIOUS ANEMIA; DIFFICULTIES IN DIAGNOSIS FROM A NEUROLOGICAL STANDPOINT.*

By N W WINKELMAN, M.D, PHILADELPHIA, PA., and JOHN L ECKEL, M.D, BUFFALO, N Y.

From the Graduate School of Medicine, University of Pennsylvania, and the Wards and Laboratory of Neuropathology, Philadelphia General Hospital.

THE rapid strides recently made in the treatment of pernicious anemia make it all the more important to diagnose the disease early and to differentiate it clearly from conditions with which it may be confused For this reason stock taking of our diagnostic ability should be made at this time from all angles

The earliest symptoms of pernicious anemia are the most important from a therapeutic standpoint Three different systems may show the earliest manifestations and it may be limited to a system for a long time First, the most common form is that in which the blood picture change predominates Second, those cases in which gastro-intestinal manifestations antedate the blood picture Third, those in which the first manifestations concern the nervous system

Because of the great variability in symptoms and systems involved, various other diseases may at times be mimicked It is well known that the differentiation between the blood picture of a primary and secondary anemia is not easy There are many conditions, such as cancer, syphilis, severe hemorrhage, pellagra, pregnancy, severe sepsis, intestinal parasites, tuberculosis, focal infections and leukemia that may so closely resemble the blood picture of pernicious anemia that one cannot differentiate them from that standpoint alone The above conditions have a tendency to low color index, but this alone cannot always make the differentiation A blood picture showing the following is extremely suggestive of pernicious anemia a marked diminution of red cells, a variation in their size, i e (microcytes, macrocytes, anisocytosis, poikilocytosis), polychromatophilia, megaloblasts, nucleated red cells, diminution of blood platlets, diminution of white cells with relative lymphocytosis and a high color index

Of all the above blood changes, the two most important and constant signs are the high color index and variation in the morphology of the red cells Pernicious anemia cannot as yet be regarded as a definite disease entity, nor as having a definite etiology. It is more the expression of a selective toxemia manifesting itself at a number of points in the body, affecting each one differently It apparently involves first the bone marrow, resulting in hemolysis and this condition in turn prevents an adequate blood regeneration Again the toxin may first affect the nervous system, producing changes in the spinal cord and peripheral nerves, and in still others it may involve other organs, particularly the gastro-intestinal tract

With reference to the gastro-intestinal tract, Grinker,[1] Bailey[2] and others have contributed excellent pieces of research to the subject. Whilst most investigators report approximately 100 per cent of cases of pernicious anemia with absence of free hydrochloric acid, still there is undisputed evidence in the literature that in the neighborhood of from 3 to 5 per cent of cases have had free hydrochloric acid present in varying amounts Achlorhydria may precede the anemia for from months to years The achylia of pernicious anemia when present is complete and is not relieved during remissions It is apparently not dependent upon the blood picture

Arriving at the main discussion of this thesis, that is, difficulties in diagnosis, we have selected a number of cases from our series which serve to illustrate some of the troubles encountered in arriving at a correct diagnosis Each of the cases presented has been autopsied, so that in addition to the clinical evi-

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany May 23 1928.

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volvement of the peripheral nerves These latter authors disagree with most opinions in the literature, claiming the nervous symptoms in pernicious anemia did improve with the blood picture They presented several cases in which there was marked improvement in the nervous symptoms during a remission We can add a case of our own in which a patient was unable to walk He had marked objective sensory disturbance with subjective pain in all four extremities With improvement in the blood picture his neuritic symptoms improved and for the last two years this man has been carrying on his profession as an attorney It is our thought that when complete degeneration has occurred in the spinal cord, clinical improvement cannot take place, because regeneration in the central nervous system does not occur The improvement which takes place spontaneously or with treatment is probably dependent mainly on the subsidence of the neurotic pathology and the clearing up of the mild or incomplete cord changes

Case 2, 24-180, W F, a white male, aged 60, was admitted to the Philadelphia General Hospital five times between March 4, 1919, and his death, October 7, 1924 On the first admission he complained of shortness of breath, weakness, swelling of the feet and a slight yellowish discoloration of the skin This condition had gradually developed during a few months

Examination upon this first admission, March 4, 1919, revealed a fairly well nourished man, whose skin showed a yellowish tinge Pupils were of medium size, equal and reacted normally to light and in accommodation There was a slight systolic murmur at the apex of the heart. His lungs were clear Both liver and spleen projected a short distance below the margin of the ribs and could easily be palpated The tendon reflexes, both upper and lower extremities, were equal and very active He presented no abnormal toe signs He complained of paresthesias In the lower extremities vibration sense below the knees was lessened but not entirely lost Position and spot localization were well retained He had infected teeth, which were taken care of during the first few weeks in the hospital

Laboratory Examination Hemoglobin was 20%, red cell count 1,239,000, white 4,500 A stained smear showed many nucleated red cells, poikilocytes, also anisocytosis With diet, removal of his infected teeth and rest this man improved rapidly His blood picture likewise improved and he was discharged May 23, 1921, following which he worked as an orderly in the hospital During the spring of 1922 he again grew weak and pale and on April 26, 1922, was readmitted to the hospital At this time his hemoglobin was 24% There were 1,000,000 red cells, 6,000 white cells A blood smear showed marked variation in the size and shape of the cells with many nucleated red cells After several transfusions, diet and rest he improved rapidly Reflexes of the lower extremities at this time remained present and active Vibratory sense was practically lost There was no disturbance of position and spot localization He improved so that on November 1, 1922, he was discharged and again worked about the hospital as an orderly His improvement, however, did not last long He was readmitted about ten weeks later, January 13, 1923, complaining of headaches and weakness He soon developed gangrene of one of the toes of his right foot, which was amputated It was noted upon this admission that the tendon reflexes at knees and ankles were much reduced in their activity, but no Babinski sign was noted Following removal of the toe he improved rapidly and was discharged the third time May 24, 1923 He again worked as an orderly in the hospital His fourth admission was July 3, 1923, at which time he complained of weakness, cramps, numbness of the legs, dizziness, pain in the stomach, diarrhea and general malaise The gastric contents upon this admission showed absence of free hydrochloric acid with low total acidity There was no lactic acid The Wassermann tests of both blood and spinal fluid were negative The blood picture showed 20 to 25% hemoglobin and approximately 1,000,000 red cells A smear showed marked morphological changes with nucleated reds He was given rest and diet and improved again, so that he was able to leave the hospital on October 19, 1923, and again worked as an orderly until his fifth admission, September 20, 1924 At this time he complained of great difficulty in swallowing along with gastric distress, pain in the stomach, with diarrhea and general malaise The difficulty in swallowing began in July, 1924 He regurgitated solids These appeared to pass down the gullet for some distance before the regurgitation took place Fluids taken in very small quantities passed into the stomach Roentgenological examination at this time revealed an obstruction which was nearly complete at the lower end of the esophagus, which was thought to be malignant On September 28, 1924, a gatrostomy was done and ten days later he died Blood analysis upon last examination revealed hemoglobin 25%, 1,100,000 red cells, 4,600 white cells A stained smear revealed variation in the size and shape of the cells with many nucleated reds The urine was negative on all admissions

The blood picture in this case was suggestive of pernicious anemia There was a marked

dence we have the benefit derived from thorough pathological examination

Case Reports

Case 1 M S, a white woman, aged 70, widowed, was admitted to the University of Pennsylvania Hospital, service of Dr Spiller Her complaints were inability to walk, retention of feces and urine and tingling in the hands and feet

P H Little is known of her childhood She had eight sons, all alive and well, and there had been no miscarriages She cared for her own home and sold books to help maintain herself Her habits were good Her husband died at the age of 46 from a "stroke" Her general health had previously been good

P I. For the past three or four years she had had pain in the lower back, which radiated down the legs to her feet There was slight numbness of the feet during this time In the last year the numbness increased and weakness set in gradually, so that she had difficulty in walking For the past three weeks she was unable to walk alone Her arms and legs felt "dead" She could not tell the location of her hands or feet and was unable to distinguish objects in her hands She had a feeling of constriction about the body at the waist She had no control of sphincters She did not complain of headache There was no vomiting, no eye symptoms There were no convulsions and no vertigo She was able to talk and swallow She had no digestive complaints Her appetite was fair She had lost twenty-five pounds in the past six months

Examination showed that she was well built, rather obese She was unable to walk and was slightly deaf Mentally she was clear Her pupils were equal, round and reacted normally Both optic discs showed some pallor The retinae were normal Blood pressure was 135 systolic, 70 diastolic Heart sounds were normal The power of her limbs was greatly reduced There was neither spasticity nor flaccidity, but slight cyanosis of extremities was present in the upper limbs There was neither ataxia nor dysmetria and no astereognosis Sensitivity to touch and temperature was normal She was hypersensitive to pain in all her limbs Appreciation of vibration and muscle position was lost below the elbows and the knees The deep tendon reflexes were lost The abdominal reflexes were absent Babinski sign was present on both sides, but without ankle clonus The muscles of the calves and those of the forearms were tender to pressure and she complained of constant pain in her limbs She had to be catheterized

Laboratory Analysis The hemoglobin was 93%, red count 3,600,000 cells, thus presenting a 1 plus index, white cells 7,400 Differential, polys 68, lymphocytes 23, large lymphocytes 3, transitional 3, basophiles 1, eosinophiles 2. Stained smear failed to reveal any change in size and shape of red cells and no nucleated red cells were found Urine showed a specific gravity 1015, it was slightly alkaline in reaction, there was neither albumin nor sugar present Microscopically it was negative. Gastric analysis gave an absence of free hydrochloric acid on six different examinations Total acidity varied from 3 to 6 per cent. There was a moderate amount of lactic acid present No occult blood was found in the gastric contents Blood sugar was 109 mgm per 100 cc of blood, urea nitrogen 15 mgm There was no increase of urobilin in the urine. Course She grew worse rapidly, losing both in weight and in strength Frequent blood analyses were made during the next month These gave hemoglobin 80 to 85 per cent. Red count was in the vicinity of 3,500,000 White count 7,500 On one or two occasions a smear showed some definite variations in the size and shape of the cells However, there were no macrocytes and no nucleated reds Diagnosis of multiple neuritis with pernicious anemia was made She died rather suddenly from a left cerebral thrombosis

Postmortem examination was made one hour after death and was confined to the nervous system The brain was atrophic and showed moderate arteriosclerosis and recent thrombotic softening involving the left hem isphere in the distribution of the middle cerebral artery The spinal cord was uniformly small Microscopically, posterolateral sclerosis of the anemic type was shown by all staining methods The sciatic nerves showed definite inflammatory changes,—a real neuritis Some fibers showed early myelin sheath degeneration by the Marchi stain

Discussion This case was under observation for only a short period, during which the multiple neuritis syndrome was in the foreground However, the early history and a complete laboratory analysis suggested pernicious anemia with a complicating multiple neuritis, a not infrequent combination The blood findings by themselves were not diagnostic It was only in association with the other findings that the diagnosis was correctly made The autopsy substantiated the clinical diagnosis in this case

Up to recent times there has been but little reference in the literature to neuritis in association with pernicious anemia Von Noorden[3] in 1892, gave the first description of a case with this syndrome Later Russell, Batten and Collier[4] described a case with peripheral nerve involvement The best review is given by Hamilton and Nixon[5], wherein they describe six cases of their own, all carefully studied, in which there was in-

While syphilis is a frequent cause of such a condition, it could be ruled out in this case with considerable assurance The absence of free hydrochloric acid in the stomach made the diagnosis of pernicious anemia more than a possibility Knowing that the blood changes may not occur early in pernicious anemia, there was no doubt in the minds of those studying this man as to the diagnosis and the eventual prognosis This case occurred in 1921 before the liver diet era

As we watched the progress of this patient we expected to find the blood changes of pernicious anemia develop Innumerable blood examinations were made but at no time were the blood findings characteristic, even though the neurologic signs were progressive Even the final blood count made four days before death showed nothing that we could interpret as characteristic of pernicious anemia

Pathologic study left no doubt that pernicious anemia was the correct diagnosis In the nervous system the changes were characteristic and fully developed, so that a picture of a transverse cord lesion was present clinically and pathologically

Case 4 23-165 M B, a 53-year-old woman, was admitted to the Philadelphia General Hospital July 10, 1923, and died July 17, 1923 She showed on admission a marked anemia and very pronounced mental symptoms, with great restlessness at night Upon examination it was noted that the feet and ankles were swollen The history as to the onset of these symptoms dated back for nearly a year, when she is said to have gradually become pale and she tired on the least exertion For the past three months she had become dyspneic. Swelling of the feet and ankles had developed during the previous week

Examination Pupils were of medium size, they were round, equal and reacted promptly The optic discs were pale and the retinae contained a few small hemorrhages The tendon reflexes at the knees and ankles were increased and there was a double Babinski present. The blood Wassermann was negative The finer tests for sensation, localization and position were not reliable due to her mental condition It was noted that she was very fearful, apprehensive, restless, noisy and resistive and at times it was almost impossible to do anything with her When she talked it was in a confused manner and mixed with delusions of persecution, claiming that people were against her and that some one was trying to poison her No fabrication could be brought out

Laboratory examination showed a hemoglobin of between 15 and 20%, red count 780,000 and white cells 2,800 It was thus a high color index. Stained smear showed very marked variations in the size and shape of the red cells and there were numerous nucleated red cells found The white cells showed a relative lymphocytosis During her week's stay in the hospital her temperature was between 98 and 99° F, and her pulse was 80 to 100 She failed rapidly and died

Postmortem examination showed the brain to be pale but no other gross pathology The spinal cord showed definite areas of combined sclerosis of the anemic type The cortex showed severe ganglion cell disease, especially cell shrinkage and lipoid degeneration

Comment The interesting feature in this case was the extremely low blood count with a relatively high index and the marked mental symptoms, which had existed for several weeks before her death The feature of the mental symptoms herein described was that they did not conform to any definite mental entity They were more those of confusion, fear, and thoughts and ideas of poisoning, rather than any elaborate system of delusions There were no hallucinations present Mental symptoms developing in the course of pernicious anemia are rather rare and it has been noted by the few authors who have mentioned them, that in their experience they have never conformed to one of the definite mental groups It would appear that they are due to the toxic-exhaustive phase of the condition and that the manifestation is wholly a result of the cortical ganglion cell involvement. No foci such as found in the spinal cord could be seen in the cortex In this respect our case confirms those in the literature

Case 5 24-154 J J M, a white male, aged 65 A clerk by occupation There were thirteen children in the family He was admitted to the Philadelphia General Hospital, service of Dr M J Burns, June 24, 1922, and discharged April 18, 1923 Readmitted July 11, 1924, service of Dr Lloyd, and died October 15, 1924 The history given was that of a back injury some seven years before admission, following which there was gradual weakness of the lower limbs and later incontinence of urine On the first admission he was unable to stand and his feet were quite numb

Examination revealed pupils that were round, equal, but very sluggish in their reaction to light They were normal in accommodation There was some kyphosis of the fifth and sixth dorsal vertebrae This area was not tender The spine as a whole was quite rigid The knee and ankle jerks were absent. The arm reflexes were present There was no Babinski sign He had incontinence of urine There was ataxia of both lower extremities There was slight diminution of superficial sensation in both legs Deep sensibility was slightly impaired Vibration sense was diminished Blood pressure was 145 systolic, 70

variation in the size and shape of the cells with nucleated reds, and this, plus the reduced vibratory sense in the lower extremities, with absence of free hydrochloric acid in the gastric contents, with lemon tinged skin, seemed sufficient to make probable a diagnosis of pernicious anemia He was so regarded for a period of nearly four years The obstructive signs in the esophagus did not appear until four months before death It must be borne in mind that after the first attack each new attack was ushered in with symptoms of general malaise, indigestion and gastric pain, and the last two attacks with diarrhea We have since learned that a decrease or absence of vibratory sense in older individuals is a fairly common finding and does not necessarily mean posterior column disease

Postmortem revealed no degeneration of any tracts of the spinal cord by Weigert or Marchi stains The anterior horn cells of the cord contained much fat A number of the cells were small and atrophic The vessels of the cord were everywhere considerably thickened There were hyalin changes in vessels of the brain which were surrounded by gitter cells The stomach upon removal showed marked involvement of a malignant nature with metastases to the esophagus An interesting feature of this case was that for a period of five years this patient showed marked anemia, his blood picture closely resembling that of pernicious anemia, but the condition was apparently due to cancer, primary in the stomach, with extension to the esophagus, producing obstruction as a terminal manifestation

Case 3, 21-199, F L , a white male, aged 40, was admitted to the University of Pennsylvania Hospital, service of Dr Spiller, March 15, 1921 His chief complaint was weakness and difficulty in walking He had noted for a period of several months that there was numbness in his feet He had noted that the vibration of the truck he was driving became less and less perceptible to him Weakness was an early symptom, increasing to such a degree that he could not lift weights and could not manipulate the brake and clutch of his truck He began to lose control of his legs, parethesias increased, and later his legs became stiff and he staggered like a drunken man Constipation began and soon he had difficulty in voiding His sex power gradually diminished, pains in his legs became severe and they were very tender to touch His food did not taste as well as formerly There was nothing in his previous history bearing upon his present condition Venereal history was denied The family history was negative

Upon examination he appeared well nourished and mentally he was clear and coherent There was a yellowish discoloration of his skin His pupils were normal The tongue was unaffected The reflexes of the upper limbs were decreased The patellar and achil les reflexes were exaggerated, more so on the right Ankle and patellar clonus were present. Vibration and the sense of muscle position and of joint motion were absent in the lower half of the body, up to the umbilicus Other forms of sensation were normal Babinski sign was present bilaterally He could not stand alone and walked with a spastic and ataxic gait

His first blood examination showed red cell count of 3,770,000, white cell count 7,400, hemoglobin 75% The differential count gave 54 polys, 32 lymphocytes, 5 large monocytes, 2 transitional, 7 eosinophile The urine was essentially negative The blood and spinal fluid Wassermann tests were negative Gastric analysis showed total acidity 6, with absence of free hydrochloric and lactic acids Occult blood was present Examination of the blood April 6, 1921, revealed hemoglobin 80%, red cells 4,110,000, white cells 10,200 The feces were negative He left the hospital unimproved after five weeks He tried a variety of cults until October 14, 1921, when he was admitted to the Philadelphia General Hospital, service of Dr Weisenburg His blood on examination showed hemoglobin 85%, red cell count 4,200,000, white cell count 5,600 A stained smear revealed a very slight change in the size and shape of the cells with no nucleated red cells After one month in the hospital decubitus developed, he became toxic and died December 25, 1921

Blood examination four days before death revealed hemoglobin 80%, 4,470,000 red cells, 10,500, white cells Differential gave 78% polys, 19% lymphocytes, 3% large monocytes A stained smear of the blood revealed a slight variation in the size and shape of the red cells but no nucleated red cells could be found. Roentgenological examination of the spine showed some slight roughening of the articular surfaces of the tenth and eleventh vertebrae. No other lesion was found

Diagnosis in this case was made entirely on the neurological symptoms The blood count even four days before death did not show the characteristic findings of pernicious anemia.

Postmortem examinatoin showed very marked posterior and lateral sclerosis of the anemic type

Comment Clinical diagnosis in this case could be made from the neurologic findings alone. The presence of symptoms indicating a posterior column degeneration, as shown by disturbance in vibration, muscle position and the sense of joint motion, combined with lateral column degeneration shown in this case only by the presence of a Babinski sign, was sufficient for a diagnosis of a posterior lateral sclerosis The most common cause for posterior lateral sclerosis is pernicious anemia.

STILLBIRTHS AND NEONATAL DEATHS IN 1960 CONSECUTIVE PRIVATE CASES*

By JAMES KNIGHT QUIGLEY, M D, F A C S, ROCHESTER, N Y

OBSTETRICAL literature is replete with analyses of stillbirths from public health reports and from hospitals, but the presentation of a similar study of private cases is not common Again, much has been reported of the incidence and causes of stillbirths but less has been written on neonatal deaths and in the consideration of this subject they are inseparable, for many babies are resuscitated only to die in a few minutes or hours from the same causes as those that result in stillbirth, this is particularly true of the groups of birth trauma and asphyxia, the English quite properly combine stillbirth and neonatal death

Sterling in an exhaustive article on this subject in the U S Public Health Reports March 18, 1927, says that from 1916 to 1924 the total infant mortality rates dropped from 101 to 71 per 1,000, or 30 per cent, while the neonatal death rate showed a reduction of only 44 to 39 per 1000, 30 per cent as against 11 per cent During a similar period, 1911 to 1924, in England there was a decrease in the neonatal death rate of 17 5 per cent Our neonatal mortality rate is greater than that of England, and Wales, Australia Ireland, New Zealand, Netherlands, and Uruguay

The following table is of gross infant mortality rates from various localities

A marked lowering of the stillbirth rate for New York State during the past six years can be attributed at least in part, I think, to the work of The Division of Maternity, Infancy and Child Hygiene of the State Health Department The very low rate of 2 5 per cent credited to the midwives of Philadelphia is due to the fact that these were for the most part normal deliveries with probably no operative deliveries and few complications of pregnancy or labor

That there is need for more accurate determination of the cause of death, in other words, autopsies upon these cases rather than reliance upon clinical data alone, is evidenced by a comparison of the causes of stillbirth and neonatal death given from a selected section of the registration area including 18,634 deaths where clinical data was a criterion for diagnosis in a large percentage of the cases, with the causes determined by autopsy in a series of 300 cases of Eardley Holland of England

The differences in these two series is obvious, syphilis and difficult labor including instrumental delivery are of almost minor consideration in the cases not autopsied as compared with the cases checked by post-mortem examination, while the unknown group is comparatively high, 30 per cent, as against 10 per cent in Holland s cases The striking feature of the tabulation in the cases proven by autopsy is the high percentage of stillbirths and deaths due to birth trauma Ehrenfest states "that in at least 40 per cent of all autopsies properly performed on all stillborn infants and those dying within the first few days after birth intracranial traumatic lesions of some sort are discovered" Complications of labor stand at the top of the list as the most frequent cause of stillbirth and neonatal death followed by toxemia of pregnancy and syphilis

TABLE I
INFANT MORTALITY RATES

				TOTAL ‡	STILLBIRTH
Anspach	Private cases	400		2 25%*	
Danforth	Private and Ward	500		3 6	
Beck	Ward cases	1,138		3 0	
Williams, J W	Ward cases	4,000		7 55	
Toronto General Hospital	Ward cases	4,492		8 61	
Sloan Maternity	Ward cases	10,000		7 39	4 29
New York Lying-in Hospital	Ward cases	5,467	1924		4 1
Bellevue Hospital 2nd Division	Ward cases	4,396		6 1	4 8
England and Wales	P H Reports		1924		3 3
France	P H Reports		1922		4 4
Province of Ontario	P H Reports			8 46	
U S Registration Area	P H Reports	1,930,614	1924	7 7	4 0
New York State	State H Rep		1910–1921		4 67
New York State	State H Rep		1927		3 56
New York City	State H Rep		1910–1921		4 41
Polak	Ward cases	12,000	"Infant mortality"		2 5
Midwives of Philadelphia quoted from Nicholson		51,693			2 5

*Anspach's series included only cases that had been under his prenatal supervision for at least three weeks prior to delivery and therefore no emergency or consultation cases

‡Total mortality rate meaning the stillbirths plus the neonatal deaths

The Health Organization of the League of Nations briefly summarizes this question as follows "the cause of antenatal fetal death is usually some maternal or placental disease, the fetus is usually macerated The common causes of intranatal

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany May 23 1928

diastolic The heart was normal in size and position and there were no murmurs Blood Wassermann was negative Hemoglobin was 45%, red count 2,050,000, white cells 7,300, differential counts gave normal proportions for lymphocytes Stained smears revealed a marked variation in the size and shape of the red cells and there were many microcytes and macrocytes but no nucleated reds He improved with rest, diet and tonics and was able to walk and get about He was discharged from the hospital April 18, 1923, as a case of probable tabes dorsalis He did well for nearly a year, when he began again to become weak and ataxic and had difficulty in walking He was readmitted to the hospital July 11, 1924 At this time the blood findings were very similar to those of his first admission There was still a slightly low index The hemoglobin was between 40 and 45, red cells slightly over 2,000,000 and white count 7,000 Again there was marked variation in size and shape of the red cells but no nucleated reds and blood and spinal fluid were negative In the spinal fluid there was a trace of globulin, 8 cells per cmm, and a gold curve of 2233220000 The blood sugar was 122 mgm Urea nitrogen 16 mgm Uric acid 2 Unfortunately there is no report of the gastric analysis

Examination at this time revealed marked ataxia of gait, absence of knee and ankle jerks, with no Babinski Vibratory sense was markedly diminished There was moderate disturbance of position and spot localization, and likewise some disturbance of superficial sensation of the legs The arm reflexes were present There was incontinence of urine and loss of libido He gradually failed and died October 15, 1924

Postmortem revealed kyphosis of the dorsal region of the spine Examination of the cord yielded no evidence of pressure or softening at that point Stained sections of the cord later showed marked degeneration of the posterior columns of the cord but no degeneration of the lateral columns There was an increase of fat in the anterior horn cells A latent carcinoma of the cardiac end of the stomach was found

Comment When this case was first studied the clinical picture of tabes was found, which was attributed by the patient to an injury to his back, which occurred shortly before the onset of the condition The marked anemia which was present at the first examination could not be accounted for, since there was no evidence of bleeding anywhere in the body On his readmission the neurological signs had not changed but the blood picture still confused the diagnosis Pernicious anemia was strongly suspected The serological tests on both blood and spinal fluid were negative, even though the gold test was suggestive It is known that in many cases of cerebro-spinal syphilis, especially of tabes, the Wassermann reaction may be completely negative at all times No clinical signs of involvement of the stomach were noted Dr Lloyd felt that the case was one of tabes, plus an unknown condition, probably a malignancy, which would account for the abnormal blood picture His associates were strongly in favor of the diagnosis of pernicious anemia The finding of a carcinoma of the stomach and the microscopic findings of tabes dorsalis in the cord fully explained the symptom complex While a gastric analysis was not reported, it probably would not have added to the differential diagnosis

Summary

We have herein reported five cases in which a diagnosis of pernicious anemia was made or strongly suspected These give an idea of the difficulties attending the diagnosis in cases with complications In our first case the peripheral neuritic picture overshadowed all else. It was only by a complete history and blood examination that pernicious anemia could be diagnosed In the second case, pernicious anemia was considered highly probable but the development of a malignant stricture of the esophagus pointed the way to the correct diagnosis In the third case neurological diagnosis was comparatively easy This man showed all the signs and symptoms from a neurological viewpoint, on which a diagnosis of pernicious anemia can be made, but at no time did the blood give more than the faintest suggestion of this condition The patient died before blood findings developed In the fourth case the mental symptoms so dominated the clinical picture that neurological symptoms were in the background The blood examination, however, gave the clue to the correct diagnosis This case clearly demonstrates the importance of complete examination in all mental cases In the final case, the combination of tabes with a latent carcinoma of the stomach gave a very confusing clinical picture and demonstrates the value of pyramidal tract signs in making a distinction between tabes and postero-lateral sclerosis of the anemic type

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TABLE II

INFANT MORTALITY IN 1960 BIRTHS IN PRIVATE PRACTICE

Number of deliveries	1933		
Number of twins	27		1960
Number of stillbirths	46		
Number of neonatal deaths (including 14th day)	23		
Total infant deaths	69		
Number of live births	1914		
Rate of stillbirth		2 34%	
Rate of neonatal death		1 17	
Gross infant mortality rate		3 51	

TABLE III

CLASSIFICATION OF STILLBIRTHS

Cord Accidents				11
Prolapsed	3	Around body	2	
True knot	1	Around neck	3	
Around arm.	2			
Dystocia				10
Forceps	4	Version	2	
Breech delivery	3	Ruptured uterus	1	
Toxemia of Pregnancy				9
Referred cases with no prenatal care			2	
C Scientist who failed to co-operate			1	
Acidosis			1	
Cases under treatment			5	
(3 of these of chronic nephritic type)				
Premature Separation of Placenta				3
Lobar pneumonia in mother				1
Monsters				3
Placenta previa				1
Syphilis				1
Infarcted placenta				1
Unknown				5
Trauma to mother				1
				46

TABLE IV

CLASSIFICATION OF NEONATAL DEATHS

Hemorrhagic disease of newborn	5
Toxemia	4
Dystocia	3
Congenital pneumococcus septicaemia (twins)	2
Congenital heart anomalies	2
Congenital pneumonia	1
Meningitis, pneumococcus	1
Habitual death newborn	1
Monster	1
Asphyxia	1
Atelectasis	1
Cardiac decompensation in mother	1
	23
Autopsies were done on	16

For sake of comparison a like number of deliveries in the obstetrical ward of The Rochester General Hospital was investigated

Number of babies born	1920
Number of stillbirths	54
Rate of Stillbirths	2 81%

85 per cent of these cases came from the hospital's prenatal clinic

times and in spite of this died Two died on the fourth and eighth days respectively with practically no external bleeding, subdural hemorrhage being a part of a general condition of bleeding, these were unaided easy deliveries The fourth died suddenly on the fourth day of melena, subdural hemorrhage, and a large hemorrhage into the anterior mediastinum The fifth died suddenly on the eighth day from what might have been thought clinically to have been congenital heart disease, but an autopsy showed hemorrhage into the peritoneum and pericardium

Significant features of the combined groups of "Dystocia" are seven of the ten vertex cases were *occiput posterior* and there were three *breech presentations in primiparae* Of the thirteen in this group nine were in their first labor and the four remaining in their second. In two of these multiparae disproportion was responsible for the dystocia, the successful delivery previously of fair sized children through slightly contracted pelves and the inability to accurately prejudge the size of the second children made the choice of version as a method of delivery an error of judgment.

Prematurity was a factor in 18 cases though not solely responsible in more than two or three, it was associated with toxemia chiefly

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death are, intracranial injury, prolonged labor, prolapsed cord, separation of the placenta, etc The common causes of postnatal fetal death are severe head injuries due to difficult labor

TABLE I-A
CAUSES OF FETAL DEATH OR STILLBIRTHS

	Bureau of the Census	Holland
Complications of labor	23 1	51
Diseases or conditions of placenta and membranes	8 9	6
Prematurity (abortion, miscarriage, and premature birth)	8 2	
Toxemias of pregnancy	5 2	10
Malformation (congenital defects)	4 1	5
Syphilis	2 6	16
Traumatism and overwork	3 7	
Other diseases and conditions of mother	3 1	2
Various causes	10 9	
Not specified and unknown	30 2	10

It is customary to divide stillbirths and neonatal deaths into two groups, the preventable and the irreducible unpreventable Anspach estimates that the preventable fetal mortality is about one per cent and that the unpreventable is from one and one half to two per cent

Three groups are susceptible of further reduction First, syphilis, the remedy is obvious, routine Wasserman tests and the thorough treatment of syphilitic cases has proven that healthy children can be born to syphilitic mothers Second, toxemia, intensive prenatal observation of the patient will help, I believe, however, that there is a small percentage of cases, the nephritic toxemic group where in spite of prenatal care placental changes will be inevitable and result in stillbirth before the mother is so ill as to demand interruption of the pregnancy Third, the large group of birth trauma where disproportion, malpresentation, breech and posterior positions of the occiput are largely responsible

F J Browne of Edinburgh who has made an exhaustive survey of this question in Scotland draws the following conclusions 1 Asphyxia was the most common cause of intranatal death and was met in 56 per cent of the total intranatal deaths

"2 Primiparity and breech delivery were the two chief predisposing causes, the latter being twelve times as frequently associated with it as vertex delivery

"3 Its incidence may be diminished by the practice of premature induction of labor ten days before term, especially in primiparae, by external cephalic version in the case of breech presentations, and by careful watching of the fetal heart during the second stage of labor, even when this does not seem to be unduly prolonged"

To all of this I heartily subscribe except to his proposal to induce labor ten days before term in all primiparae It is not easy to determine when this time has arrived, furthermore routine induction even in the hands of its advocates carries with it a fetal mortality of six per cent. It would seem that the best results for both mother and child are not to be had from any routine procedures such as induction of labor, version or forceps delivery but from conservative obstetrics

The determination of the cause of stillbirths and neonatal deaths is very important, too often asphyxia or prematurity is given as a cause when careful examination might have proven that a congenital cardiac defect or an enlarged thymus or some visceral anomaly wholly unsuspected and undiagnosed was the real cause

There are two very good reasons for securing autopsies First, to add to our knowledge in the hope that thereby we may be able to lessen materially the number of these tragedies of childbirth, this particularly concerns the physician. Second, to settle in the minds of the parents the exact cause of death, knowledge is better borne than uncertainty, the cause may have been due to some condition incompatible with life or one where death at birth might be preferable Let me illustrate Baby S born spontaneously after a labor of five hours seemed normal in every way until its fourth day when he developed fever, became listless, of a grayish color with labored respiration. Fluoroscopic examination of the chest showed a widening of the cardiac shadow with a question of enlarged thymic shadow, he died the evening of the fourth day without a diagnosis having been made The autopsy in brief disclosed that the pulmonary artery and the aorta both having their origin in the left ventricle, a much dilated pulmonary artery and a narrowing of the aortic arch

Much has been learned from a careful evaluation of data furnished by autopsies, in this country—Adair with 450 autopsies, McCord with 243, and J W Williams' 212, and in England Eardley Holland has reported 300

The number which are considered in this paper is not large and the author in presenting this series does not claim remarkable results but hopes that some lessons may be learned from this study In the conduct of pregnancy and labor in this series the policy has been one of conservatism, no routine practice of induction of labor, of forceps delivery or of version has been employed but indications have been treated as met, the conservatism practised has been that of close observation, the cases reported are consecutive with no omissions and include not a few first seen when in labor and there are no "corrected" percentages

The first group in the stillbirth classification, cord accidents is relatively high, in the seven cases of coils of umbilical cord about the body, arms, and neck, the cord was tight and more or less collapsed

Under the heading of Hemorrhagic Disease of the Newborn there were five neonatal deaths, an unusually large number today from this cause. One baby had been given human blood several

diphtheria toxin Böhme[12] furthermore showed that pigs, vaccinated according to Jenner's method with living erysipelas germs (Rothlauf), were successfully immunized Neither bacilli nor immune bodies were found in the blood Various authors, such as Moeller[13], Stukowski[14], Jesionek[15], have experimented with tubercle bacilli showing great differences between subcutaneous and intracutaneous application in regards to the toxic effect and overwhelmingly in favor of the intradermal method

Finally I want to refer to Besredka's very interesting book, "Local Immunization," in which he attributes a very special function to the skin in the mechanism of immunity production

The material on which I am reporting consists of 131 cases, divided into three groups

Acute Infections
35 Cases

1st Group—

	Cases
Septic fever	1
Erysipelas	1
Cellulitis	1
Follicular tonsillitis	2
Pelvic inflammation	1
Acute adenitis	4
Sore throats	9
Acute sciatica	7
Neuritis	4
Acute polyarthritis	5

Chronic Inflammation
91 Cases

2nd Group—

	Cases
Simple arthritis	51
Arthritis associated with sciatica	4
Arthritis with bursitis	1
Arthritis with sinus	3
Arthritis with endocarditis	1
Arthritis with synovitis	1
Arthritis with muscular rheumatism	2
Simple sciatica	4
Lumbago	12
Bursitis	4
Muscular rheumatism	4
Adenitis	3
Toxic heart	1

Chronic Suppurative Conditions
5 Cases

3rd Group—

	Cases
Osteomyelitis with recurrent erysipelas	1
Otitis media	2
Sinus and antrum	2

These cases were studied to determine the effect on pain, function, inflammatory signs, both local and general, and the economic capacity

First Group
Acute Infections

In the first group are a number of different diseases grouped together for convenience as they all present symptoms of the same general nature, they are chiefly in first attacks, with the exception of sore throats, which frequently have a history of previous attacks

One erysipelas, two follicular tonsilitis, one septic fever of unknown origin, one female pelvic inflammation, one cellulitis, and four adenitis These were of a type in whom one could expect rather stormy and dangerous symptoms In all a reduction of fever was noted in twenty-four hours which was brought to normal in twenty-four to forty-eight hours with the exception of one, the cellulitis, in which case it was twelve days Constitutional reaction as measured by malaise, strength, general appearance, and earning capacity, was markedly improved at the end of forty-eight hours to three days, and at the end of two days patient was able to resume all activities The case of cellulitis of the arm is especially interesting This was a young man who contracted a rapidly spreading cellulitis of the arm from an abrasion of the hand He became septic with temperature of 106, cold sweats, delirium, and so forth The arm was extensively incised and drainage established In spite of repeated operation, inflammation extended rapidly so that amputation at the shoulder was considered, with, according to the surgeon's experience, but the slightest hope of saving his life After the first vaccination the temperature dropped to 103 in two days, and the whole condition became markedly improved after the second He was considered out of danger after the third vaccination in seven days, by this time the temperature was 100 It was noticed that the process of inflammation stopped after the second vaccination Hemolitic streptococci and staphylococci were found in the pus

The case of septic fever is also of interest Temperatures 99½ to 103 for four weeks No focus obtainable Towards the end of the four weeks purpura hemorrhagia Cultures from the blood were negative, none was made from the hemorrhagic skin lesions All treatment was of no avail After vaccination temperature reduced in 24 hours, becoming normal in ten days Very striking was the quick improvement in the general condition Sleep, appetite, appearance, strength, all improved very rapidly, returning to normal in two weeks

Adenitis I There are four cases, two of less than 48 hours duration, one of three weeks, and one of two years with three acute exacerbations A reduction of the fever was noted in from twenty-four to forty-eight hours, with the exception of one case which, although there was an abrupt fall, took ten days before it became normal The temperature remained stationary after reaching normal While the general condition showed improvement coincident with the reduction of fever, a normal state was obtained in about three days with one exception, which however progressed very satisfactorily

This case is of especial interest. It concerns a boy who in a recurrent attack had been in a

N Y State J M
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THE TREATMENT OF INFECTIONS BY CUTANEOUS VACCINATIONS

By J G WM GREEFF, M D, NEW YORK, N Y

SOME two and one-half years ago a patient of mine, who had been unsuccessfully treated for a severe sciatica by a number of prominent physicians, walked into my office, cured by a course of vaccinations according to the technic advocated by Ponndorf I was naturally very much interested and began the study of this method, and after working with it for the past two years desire to present the clinical material from my experience with one hundred thirty-one cases, leaving the theoretical problems for subsequent discussion This treatment of infection consists of the application of vaccines by the intracutaneous route Ponndorf uses two types of vaccine *A*, which is pure Tuberculin, and *B*, consisting of a bacterial autolysate of microorganisms, viz, streptococci, groups of pneumonococci, staphylococci, micrococci, and influenza bacilli, plus a certain amount of albumen, fat, lipoid, and soluble material obtained from the tubercle bacilli My experience is with the Vaccine B Up to the present time I have treated acute and chronic cases, whether of known etiology or not, with variable results, but in the main so satisfactory that I wish to make a preliminary report The intracutaneous route is the introduction of vaccine strictly into the true skin and not into the subcutaneous fat The skin is cleansed with water only, though ether may be used if the skin is very oily Then the skin is incised down to the papillary layer, making from twenty to thirty linear incisions covering an area of from six to seven by nine centimeters, and the vaccine is applied to this In incising one must avoid bleeding and cut just deep enough to show at most a slight oozing Duration of treatment and number of vaccinations given varies with the type of case, also whether acute or chronic From eight to ten treatments are generally required in chronic cases while three to four in acute are usually sufficient The interval in acute cases is four days, and in chronic cases three to four weeks The amount of vaccine remains the same for each vaccination, but should a greater reaction be required, we obtain this by enlarging the vaccination field A positive reaction is indicated by a local inflammation of the skin, and one may get constitutional reactions such as malaise, fever, chills, headache These last about twenty-four hours The degree of local reaction is often indicative of the improvement which may be expected, in that vesicular or pustular dermatitis at the site of vaccination promises a greater likelihood of success than do the milder reactions of simple papular reaction with or without an area of redness around the vaccination site Very mild reactions or none at all may be due to the fact that the patient is greatly run down or anemic In these cases we may not get any result until the patient's general condition is improved.

The Ponndorf method is in reality a rediscovery of a principle presented by Jenner in his smallpox vaccination With the exception of Petrushky[1], who drew attention to the action of tuberculin salve on the unscarified skin, no scientific effort was made to use the skin until Ponndorf[2] started his work in 1908 for the treatment of disease by vaccines used intracutaneously It seems odd that so many years had to elapse since Jenner's time before any one thought of making use of an organ which apparently must be considered one of the important immune biological agents of the body Dating back into antiquity we find evidence that the Chinese, a thousand years ago, put specific crusts into skin lesions or the nose to protect against smallpox Primitive people used the same principle, utilizing the skin as a medium for immunizing animals against peripneumonia A spear plunged into the lungs of an infected animal was used to apply this material, thus obtained, to the skin of an animal they wished to protect against peripneumonia

The study of the mechanism set at work in the skin is of great interest So far the knowledge, let us say the assumption, that the skin is an organ with a special function is based more on clinical experimental work than on laboratory work

It is beyond the scope of this paper to go deeply into all the evidence we have tending to prove a special function, but I would like to allude to just a few examples which bear consideration These are, first of all, immunity derived by Jenner from vaccination Next we have Capesser's[3] soap inunction therapy in tuberculosis of the peritoneum, mustard counterirritation and painting of the chest wall with tincture of iodine in pleurisy, Robert Koch's[4] fundamental experiment in tuberculosis vaccination, Von Pirquet's[5] and other investigations on vaccination allergy with TBC, immunity following diseases with marked skin manifestations, Erich Hoffman's[6] work with the short active rays of artificial sunlight, which we know do not penetrate deeply and yet effect beneficial results on the general health and exert an influence on remote foci, Bohme's[7] interesting experiments with live Klebs-Loeffler bacilli applied intradermally, producing an immunity against diphtheria and showing that the bacteria are killed in from four to five hours, results substantiated by Schlossmann[8], Muller and Meyer[9], and Bayer[10] Bogendörfer[11] showed experimentally that diphtheria toxin in vitro was neutralized or attenuated when brought in contact with macerated skin of man whose organism contained antibodies against

was obtained in local symptoms, both arthritis and sinus, while in one of these cases the sinus was never relieved entirely but the arthritis pains disappeared and the sinus symptoms greatly diminished In the other case the sinus was entirely relieved while the arthritis condition was reduced in one month, and was practically eliminated in the course of three months The case of arthritis with an involvement of the endocardium showed a reduction of pain after ten days Six months later was reported as being worse. I have since heard that some further improvement was noted

Associated with Bursitis VIII One case In this case the arthritis condition was brought back to a normal state of health within four months while no change was noted in the bursa

Associated with Sciatica IX Four cases All with over a year's duration Previous treatment consisted of vaccine injections, eradication of foci, and physiotherapy Improvement of pain and tenderness and function was noted in from five days to nine weeks in all Only one was relieved entirely of both arthritis and sciatic local symptoms Three showed general constitutional improvement, and two of these became normal in from two to three months One was never changed constitutionally

Associated with Muscular Rheumatism X Two cases of two to fifteen years standing In both of these cases a reduction of pain and discomfort was noticed alike in the muscles and joints in from one to two months, and the same applies to the constitutional effect, as shown by increased capacity and strength, and ability to work

Simple Sciatica XI Four cases of sciatica of from five months to seven years standing In all of them we had reduction of the pain in from three days to three months, three months in a case of seven years' standing, while only ten days in a case of three years' duration Two of these cases were entirely relieved of their pains and brought back to normal capacity in from one and one-half to two months, while two cases were never relieved of their pains nor were they brought back to full capacity although a follow-up of sixteen months records that a greater improvement was noted since the vaccinations

Lumbago XII Twelve cases of lumbago of varying durations, lasting from three months to a number of years Various forms of treatment such as physiotherapy, medicines, removal of foci were without avail A reduction of pain and stiffness was noted in all In a few cases this occurred in from seven to ten days, in more, in a month, and in none of them was the time for this reduction in their local signs longer than thirty-eight days Seven of these twelve cases lost all pain and discomfort, and five were not brought to a normal state Constitutional condition, that is, full strength and capacity to resume their normal occupation, was improved in all but two cases, and brought to normal in four This was accomplished in from three to ten vaccinations over a period of from one to nineteen months, or an average of eight months In one instance, a case of several years' duration which never had any treatment, improved as regards pain, but never regained a full constitutional status A year's follow-up showed no recurrences of pain The average follow-up of all was six months

Chronic Bursitis XIII There were four cases of chronic bursitis with a duration of from seven months to a number of years In one there was no change at all Of the other three improvement as to pain was noted in from ten days to two months, two only becoming normal in this respect All these three were considered normal regarding their function and capacity, one after four weeks, one seven weeks, one four months

Muscular Rheumatism XIV Four cases of from four months to two years' duration In all there was a reduction of their local signs, pain, stiffness, in from eight to ten days, but were not brought to normal Three improved as to capacity, and one remained unimproved One case was brought to normal capacity though the local signs never became normal The patient reported practically no symptoms a year later In two of these cases, associated with arthritis, both showed a reduction in the local signs and constitutional improvement, but no complete restitution

Chronic Adenitis XV Three cases of two months to two years' duration In two the pains and swelling of the glands was reduced in ten days, in one one month Constitutionally improvement was noted in ten days in two, one month in one Complete return to normal occurred in two cases, one in ten days, and the other in thirty-seven days The third case never returned to normalcy This case was one of only two months' standing and received but three vaccinations, while the other two had received six each

Toxic Heart XVI In this same group of chronic inflammations was a case of toxic heart It concerns a boy of fourteen who was ill in bed for three months with temperatures ranging between 99 and 102, with severe infection of the nasopharynx and tonsils and involvement of the cervical glands For a period of six months his heart was under observation He had a pulse of 120, and electrocardiograms revealed auricular premature beat and sinus arhythmia After one month with three vaccinations his pulse was reduced to 80 and remained there He showed constitutional improvement as measured by malaise, disposition after eight days, and was considered able to resume all activity in fifty days A check-up of two years shows him to be in splendid physical condition, with no complaints about the heart He has grown and developed wonder-

desperate state with uninterrupted fever for five weeks In spite of the best care, with all advantages at hand in the way of advice, general care, and various treatments, he did not improve After the first vaccination, a change in temperature, pulse, and tenderness was noted, and after the second his temperature reached normal From this time on he has been in a continuous state of improvement, and although after one and one-half years he had not regained his entire health, he was back at school, is able to play all games with but slight supervision Three years after the first vaccination he developed a sore throat, enough to prostrate him for three days, no rash. His sister came down with a well-defined scarlet fever one week later The boy's whole condition was cleared up by a further vaccination.

Acute Sciatica II Seven cases, with a duration of from five days to two months Previous treatment was rest in bed, local applications, medicines, heat, massage, general hydrotherapy After vaccination one case which showed fever ranging from 99 to 102, had it reduced and brought to normal in twenty-four hours Pain and tenderness were reduced in eight hours in one case, in four cases in from three to ten days, and in two, within five weeks Complete absence of pain and discomfort was obtained in six, while one did not become normal Improvement as to capacity was noted in six cases within ten days, and were brought to normal within five weeks One case remained unimproved The follow up is from two to fourteen months

Neuritis III Four cases One of ten days duration, two of two years, and one of long but not definitely stated time Vaccines, physiotherapy, removal of foci had been done, and in one laminectomy Improvement as to pain was noted in three, one of which became normal in ten days Constitutionally, two were improved, one became normal, one worse, and two were unimproved

Acute Arthritis—Acute Articular Rheumatism V Five cases of from one day to seven weeks duration Two had their fever reduced in from twenty-four hours to two days two in one week, and one in four weeks In this latter case the temperature became normal in two months In three, temperature was normal in from two to ten days In one the temperature did not go to normal during three months' treatment in spite of five vaccinations This one never showed any improvement while all the other cases recovered their full capacity in from one to three months A follow-up of from eleven to twenty-one months showed no return of arthritis symptoms

Sore Throats * V The duration in the cases treated was from one to two days to a year Two of them were apparently in their first attack, while the others had frequently recurring attacks, often without fever, in the course of a year In the cases presenting fever, a reduction was noted in from twenty-four hours to two days The local signs were reduced about equally as soon in the first febrile attacks as they were in those that presented themselves with recurrent attacks with or without fever, that is, in from forty-eight hours to six days, with the exception of one case of one year's duration, which showed an increase after vaccination Constitutionally three cases took from ten to twelve days to show any improvement, two showed improvement in twenty-four hours, two in three days, one in four Of the patients with recurrent attacks, two considered themselves normal in four days, and with a follow-up of from two to four months showed no recurrence One after a year remained normal, two, which became normal in from ten days to two weeks, did not have recurrence in six, and twenty-two months, respectively One seen in an acute attack, which became normal in fourteen days, remained so for twenty months

SECOND GROUP

Chronic Arthritis VI Fifty-one cases of polyarthritis had a varying duration of anywhere from one to forty years All of them had received treatment, such as tonics, climatic changes, physiotherapy, and medicines Foci, where found, were removed, vaccines of various kinds were used without results In all but seven there was a reduction in their local signs, in one instance as soon as five days, in a large number of cases in anywhere from ten days to two weeks, in some only after three or four months after beginning treatment, in one case after nine months The majority had a follow-up of from two to fifteen months In nine, no follow-up could be obtained Nine were not improved as to their capacity and general well-being, the others, 42, all showed improvement in from two to four months The largest number of vaccinations given was twelve, and the least number two Some cases are still under treatment, some showed short relapses, after which they resumed a satisfactory progress towards improvement It will be noted that twenty-four of these cases which did not attain a normal state of health as measured by capacity and general well-being, nevertheless were improved in respect to pain and discomfort

Arthritis With Associated Conditions VII There were two cases of sinus with arthritis, one case of synovitis in one joint with arthritis, and one case of endocarditis and arthritis

Of the two cases of arthritis and sinus, relief

* By sore throat is meant a condition which is difficult to define as an entity There is no definite pharyngitis nor tonsilitis In many cases as a matter of fact tonsils have been removed yet these patients suffer with definite symptoms, recurring from time to time such as malaise temperature, pain a feeling of fullness and often actual swelling, cervical or submaxillary glands are frequently swollen Gargles, hot douches local applications are of little avail A simple term describing what we wish to convey would be infected throats

Disease		Case No	Duration	Prev Treatment	Result: Fever When Reduced	Fever When Normal	Local Signs When Reduced	Local Signs When Normal	Constitutional When Improved	Constitutional When Normal	Effect of Vaccination Constit.	Effect of Vaccination Local	No of Vacc	Duration of Treatment	Follow Up
ARTHRITIS (Continued)	5	4	2 yrs.	Vacc Medicine			14 dys		1 mo		++	+	12	2 yrs	2 mos. Slowly but steadily improv Able to work again past year
	6	21	1 yr	Medicine			1 mo	4 mos	1 mo	4 mos	+	0	0	4 mos	1½ yrs Letter—Has not had any pains.
	7	16	7 yrs	Medicine			17 dys	4 mos	17 dys.	4 mos	+	+	5	4 mos	15 mos. Letter—I eels very well
	8	66	2 yrs	Physiotherapy Med			9 mos	15 mos	Normal	Normal	+	+	0	15 mos	1 yr Normal
	9	57	2 yrs	Physiotherapy, Med			10 dys		Normal	Normal	+	+	0	13 mos	1 yr Improved, but still slight pains
	10	112	1 yr	Medicine			10 dys		53 dys		++	++	7	4 mos	1½ mos. Short relapse, improving
	11	102	4 mos	Aspirin			2 wks.	2 mos	2 wks	2 mos	+	0	3	2 mos	6 mos Very satisfactory
	12	129	15 yrs	Physiotherapy, Corset			7 wks		4 wks.		++	0	0	3 mos	
	13	62	6 mos	Tonsillectomy, Teeth out, Sinus Oper			1 mo	6 mos	1 mo	6 mos	++	+	6	6 mos	Under treatment Definite improvement.
	14	107	3 mos	Medicine			10 dys		10 dys.		+	+	7	5 mos	4 mos Then sharp attack in other joints No return of original pains
	15	65	2 yrs.	Medicine			1 mo				0		0	3 mos	2 mos. Definite improvement Only slightest pain occ
	16	15	7 yrs	Everything Vacc			2 mos		1 mo		+++	+++	12	21 mos	10 mos Definite improvement
	17	97	3 mos	Hospital			10 dys				+	+	2	1 mo	Under treament Improving
	8	84	2½ yrs	General			9 dys.		2 mos	2 mos	+	0	4	3 mos	
	1														No report after 3 Vacc then pains only aft long walk.
	19	12	?	General			9 dys.				+	+	0	4 mos	14 mos Pains very slight Is very nerv s
	20	50	?	Medicine			1 mo		2 mos	2 mos	+	+	4	2 mos	9 mos Very little pain No stiffness
	21	132	21 mos	Tonsillectomy					5 wks		0	0	5	2 mos	1 mo Unchanged
	22	122	? yrs	None			2 mos				#	+	6	4 mos	
	23	41	18 yrs				3 wks	14 mos	2 mos		0	0	4	2 mos	
	24	14	14 mos	Physiotherapy Med					3 wks		#	+	8	15 mos	
	25	130	10 yrs	Tonsils Teeth out			1 mo				0	0	4	2 mos	
	26	138	6 mos	Medicine			1 mo	4 mos	10 dys		#	+	4	2 mos	Under treatment
	27	69	4 yrs	Various Watering Pl			10 dys	3 mos	2 mos	4 mos	0	+	4	2 mos	Under treatment
	28	46	5 mos	Hospital			2 mos		1 mo	3 mos	+	+	6	4 mos	7 mos No pains
	29	117	2 yrs	Physiotherapy			2 wks	1 mo	2 mos		+	+	6	3 mos	10 mos Normal
	30	7	1 yr	Physiotherapy, Med			10 dys		Normal	Normal	+	+	6	4 mos	2 mos Still under treatment
	31	93	Sev yrs	Aspirin					Normal	Normal	+	+	7	5 mos	15 mos No return of symptoms
	32	83	Sev yrs.	Teeth extracted, Tonsillectomy			10 dys				0	0	5	9 mos	
	33	115	4 yrs	Physiotherapy, Tonsillectomy					1 mo	1 mo	++	0	6	3 mos	
	34	110	3 yrs	Physiotherapy			2 mos		2 mos		+	+	6	3 mos	2 mos. General improvement
	35	32	7 yrs	Teeth remov Med			20 dys	2 mos			+	+	6	4 mos	2 mos Complains only of stiffness.
	36	126	Sev yrs.	Diet, Colon Irrig.			20 dys		20 dys		+	0	2	20 dys	
	37	37	10 yrs	Medicine Physiotherapy Med			5 dys								
	38	20	Sev mos	Tolysin			1 mo.		1 mo						
	39	27	1 yr	Physiotherapy, Med					1½ mos		++	+	3	1 mo	2 mos Generally improved
	40	61	5 yrs.	Teeth rem Med			1 mo					+	13	33 mos	Under treatment Capacity imp
	41	151	Years	Teeth rem Med					10 dys						75% since one year
	42	80	2 yrs.	Tonsillectomy, Artificial Menopause			10 dys	3 mos			+	+	4	7 wks	
	43	76	0 mos	Vacc., Med			1 mo	6 mos	Normal	Normal	+	+	7	5 mos	2 mos No change
	44	55	5 yrs.	Atophan					1 mo		+	+	0	3 mos	9 mos. No return of condition
	45	100	2 yrs	Vacc Morph							+	+	7	6 mos	8 mos. No pains
	46	82	0 mos	Hospital			1 mo	8 mos	2 mos	8 mos	0	0	0	3 mos	
	47	10	5 yrs	Vacc., Physiotherapy Teeth Tons rem			20 dys.	8 mos	Normal	Normal	0	0	0	8 mos	Unchanged
	48	45	10 mos	Medicine			1 mo		1 mo		+	+	8	10 mos	5 mos Very satisfactory
							1 mo		1 mo		+	+	5	3 mos	8 mos. No pains.
											#	0	4	mos	4 mos. Slight improvement
	49	119	4 yrs	Physiotherapy Med			3 mos		3 mos	0 mos	#	0	4	2½ mos	1 mo Improved more in three Vacc than in prov 8 mos.
	50	2	Sev yrs	Med Physiotherapy			2 mos		2 mos	3 mos	+	+	8	7 mos	No change.
	51	20	3 yrs.	Medicine, Teeth and Tonsils removed			3 mos	0 mos	3 mos	6 mos	++	++	0	3 mos	0 mos. Capacity improved 75% Swelling same.
							1 mo		2 mos		+	+	7	0 mos	18 mos Very satisfactory
													5	3 mos	

Disease	Case No	Duration	Prev Treatment	Result: Fever When Reduced	Fever When Normal	Local Signs When Reduced	Local Signs When Normal	Constitutional When Improved	Constitutional When Normal	Effect of Vaccination: Constit	Effect of Vaccination: Focal	No of Vacc.	Duration of Treatment	Follow Up	
PELVIC INFLAMMATION	79	3 dys	Douches	24 hrs	48 hrs	48 hrs	3 wks	48 hrs	10 dys.	+	0	3	16 dys	7 mos	100%
1 CELLULITIS PURULENT	146	5 dys	Incision and drain	24 hrs.	12 dys.	3 dys	12 dys	3 dys.		+	−	4	14 dys	1 mo	
1 ERYSIPELAS	92	2 dys	None	24 hrs	24 hrs	24 hrs	2 dys	24 hrs	2 dys	+	+	2	2 dys.	10 mos	
1 FOLLICULAR TONSILLITIS 1	153	2 dys	Local	24 hrs	24 hrs	36 hrs	2 dys	24 hrs	2 dys	+	0	1	One	1 mo	Very satisfactory course
2	163	1 day	None	24 hrs	24 hrs	36 hrs	3 dys	24 hrs.	3 dys	+	0	1	One	3 wks	
1 SEPTIC FEVER	64	4 wks	General care	24 hrs.	10 dys			24 hrs	2 wks	+	0	6	6 mos	9 mos.	
1 ADENITIS 1	25	12 hrs	None	12 hrs.	24 hrs.	24 hrs	3 dys	24 hrs	4 dys	++	0	1	One	1 mo	
2	147	5 wks	General and local	24 hrs	24 hrs	24 hrs	4 dys	24 hrs.	30 hrs	0	0	2	4 dys	1 mo	
3	59	5 wks	General	24 hrs	12 dys	4 wks		4 wks	12 mos	+	0	6	3 mos	1½ yrs	
4	136	48 hrs	Irrig and Med	24 hrs	48 hrs	48 hrs	3 dys	24 hrs	3 dys	+	0	3	28 dys	1 mo	Very satisfactory
II															
SCIATICA 1	74	4 mos	Med , Hydrotherapy			9 dys	5 wks	9 dys	5 wks	++	++	3	5 wks	9 mos	No return.
(Of recent Onset) 2	137	2 mos	Bed Med , Heat.	24 hrs.	24 hrs.	8 hrs	13 dys	5 dys	4 wks	0	0	6	3 mos	2 mos.	Occ. stiffness No pain
3	90	2-3 mos.	Physiotherapy Med Teeth out			1 mo			↓	+	0	5	2½ mos	6 mos	For 1 month occ twinge None later
4	101	2 wks	Massage, Medicine.			10 dys	5 wks	10 dys	5 wks	++	+	3	5 wks	6 mos	One slight return. Total relief in 2 Vacc 3 mos O K
5	5	5 dys	None			6 dys	2 wks.	6 dys	2 wks	++	+	1	One	14 mos	No return
6	86	1 mo	Medicine			5 wks	6 mos	Normal	Normal	+	+	7	8 mos	4 mos	No return
7	155	5 wks	Physiotherapy, Med			3 dys	1 mo	1 wk	1 mo	+	++	7	1 yr	1 yr	No return.
III															
NFURITIS 1	36	2 yrs	Vacc Medicine			4 mos		1 mo	4 mos	+	++	16	21 mos	1 yr	No pain. Since then as severe as ever
2	34	?	Physiother Teeth out			1 wk		1 wk.	Worse	+	+	4	2 mos		
3	141	10 dys	Physiotherapy, Med			2 dys	10 dys			0	0	2	10 dys	2 mos	
4	128	2 yrs	Laminectomy							0	0	4	6 wks	2 mos	No change at all.
IV															
ACUTE ARTHRITIS 1	67	2 wks	Salicylates Bed	1 wk.		10 dys		1 wk		+	0	5	3 mos		No improvement
2	9	1 mo	Medication.	2 dys	4 dys	9 dys	2½ mos	2 wks	9 wks	+	0	6	3 mos	1 yr 9 mos.	
3	78	2 wks	Salicylates Gen	1 wk	10 dys	7 dys	4 wks	7 dys.	2 mos	+	++	5	2 mos	11 mos	No recurrence Formerly every one to two months.
4	13	1 day	None	24 hrs	2 dys	2 dys	2 mos	10 dys	1 mo	++	++	5	3 mos	1 yr 11 mos	No recurrence No signs o former pains
5	70	7 wks	Salicylates Gen	1 mo	2 mos	1 mo	2½ mos	1 mo	3 mos	0	0	5	1½ mos	11 mos	Improv very gradually Developed dementia senilis
V SORE THROAT															
Acute 1	111	1 day	Palliative	2 dys	2 dys.	3 dys	4 dys	3 dys	4 dys	++	++	3	32 dys	4 mos	
Recurrent 2	48	3 wks	Local			3 dys	2 wks	3 dys	2 wks	+	+	3	5 wks	6 mos	
Recurrent 3	149	4 dys	Local			2 dys	4 dys	24 hrs	4 dys	0	0	3	27 dys	2 mos	
Recurrent 4	47	1 wk	Local			3 dys	10 dys	Normal	Normal	+	+	6	3 mos	1 yr	
Recurrent 5	150	1 yr	Local					12 dys	33 dys	+	+	3	32 dys	1 mo	
Recurrent 6	35	2 mos	General			6 dys	4 wks	10 dys	4 wks	++	0	3	4 wks	5 mos	
Recurrent 7	17	3 dys	Local	24 hrs	2 dys	3 dys	4 dys	10 dys	14 dys	+	+	4	2 mos	20 mos	Normal
Recurrent 8	157	2 dys	General			48 hrs	3 dys	24 hrs	48 hrs	+	+	2	10 dys	1 mo	Very satisfactory
Recurrent 9	10	4 mos	General			4 dys	10 dys	4 dys	10 dys	++	±	3	2 mos	22 mos	
VI ARTHRITIS 1	135	40 yrs	Baking Massage, Med			10 dys	1 mo	10 dys	1 mo	0	0	4	2 mos		
2	28	2 mos	Massage Heat			1 mo		1 mo		+	+	3	1 mo	1 yr	No return of pain Has since died of CA uterus
3	103	1 yr	Physiotherapy Med							+	+	8	6 mos	3 mos	No benefit
4	100	9 yrs	Medicine Climate, Vacc Physiotherapy			28 dys		28 dys		+	+	7	4 mos		Still under treatment Claims to be some improved

RESULT

Disease	Case No	Duration	Prev Treatment	Fever		Local Signs		Constitutional		Effect of Vaccination		No of Vacc	Duration of Treatm t	Follow Up	
				When Reduced	When Normal	When Reduced	When Normal	When Impr vd	When Normal	Constit	Focal				
XIII															
CHRONIC BURSITIS	1	33	7 mos	Med Morph (Addict)			2 mos		1 mo	1 mos	++	+	0	4 mos	1 yr	No pains.
	2	56	Sev yrs	Massage, Medicine			10 dys	1 mo	Normal	Normal	0	0	4	7 wks	14 mos	
	3	11	Sev yrs	Aspirin Massage Baking			1 mo	8 mos	Normal	Normal	0	0	3	1 mo	8 mos.	Reports no return of pains
	4	43	Sev yrs	Local			No chg.		No chg		±	+	4	3 mos	15 mos.	(Diabetic)
XIV																
MUSCULAR RHEUMATISM	1	3	?	None			10 dys		10 dys		+	0	4	2 mos		No report.
	2	51	4 mos	Medicine			8 dys		8 dys	8 mos	0	0	8	1 yr	1 yr	Reports great improvement Practically no pain.
	3	00	2 yrs	Aspirin			10 dys				+	0	4	2 mos	6 mos	Greatly improved
	4	63	10 mos	Mechanical Med			10 dys		4 wks		++	++	7	6 mos		
XV																
ADENITIS CHRONIC	1	8	6 mos	Alpine Tonsilitis			10 dys		10 dys.	10 dys	++	++	6	4 mos		
	2	44	2 mos	Heat			1 mo		1 mo		+	0	3	1 mo		
	3	01	2 yrs	Med Tonsillectomy			10 dys.		10 dys	37 dys	0	+	6	3 mos		
XVI																
TOXIC HEART (After strep. infect.)		23	6 mos	General			1 mo	1 mo	8 dys.	50 dys	+	0	6	3 mos	2 yrs	
XVII																
CHRONIC SUPP COND, OTITIS		81	6 mos	Surgery and Irrig			10 dys.	44 dys	10 dys.	10 dys	++	+	6	8 mos	1 yr	100% better
XVII																
CHRONIC SUPP (With Recurrent Erysipelas.)		123	8 yrs.	Alpine, General Surgery X Ray			10 dys		10 dys		+	0	4	2 mos	4 mos	Letter—Better than ever
XVII																
ANTRUM INF (Recurrent Colds)		94	Sev yrs.	Operation, Pallin			10 dys	2 mos	10 dys.		+	0	6	8 mos	10 mos.	No antrum flareup Only slight cold
XVII																
FRONTAL SINUS		100	5 yrs.	Vacc., Operation			10 dys		10 dys		+	+	3	1 mo	3 mos	Several colds without sinus pain
XVII																
OTITIS MEDIA (Frequent Recurrence)		116	2 yrs.	Paracentesis			No Recurr	No Recurr	Normal	Normal	+	0	6	3 mos	3 mos	No otitis nor colds since treatment began.

Disease	Case No	Duration	Prev Treatment	Result: Fever — When Reduced	Fever — When Normal	Local Signs — When Reduced	Local Signs — When Normal	Constitutional — When Improved	Constitutional — When Normal	Effect of Vaccination — Constit	Effect of Vaccination — Focal	No of Vacc	Duration of Treatm't	Follow Up	
VII ARTHRITIS WITH SINUS	1	72	A 1 yr S 2 yrs	Medicine Operation Local			1 mo 2 mos		1 mo 2 mos		±	±	6	3 mos	9 mos	
	2	133	A 9 mos S	Vacc. local			9 dys 3 mos		2 mos No effect		++ +	0 +	6	3 mos	9 mos	Only one slight attack. Much improved
	3	73	A 2 yrs S	Medicine Operation			1 mo 10 dys.	3 mos	2 mos 1½ mos	3 mos	++ ++	+ +	6	3 mos	9 mos	Practically no pain.
VII ARTHRITIS WITH ENDOCARDITIS		99	8 yrs	Hospital			10 dys	Worse			±	0	5	3 mos	7 mos	Some better in general.
VII ARTHRITIS WITH SINOVITIS		58	A 7 yrs S	Rest Strapping.			2 mos 1 mo		Normal	Normal	+	+	7	14 mos	8 mos	Synovitis never recurred
VIII ARTHRITIS ASSO WITH BURSITIS	1	116	A 15 mos. B	Med., Hydrotherapy			3½ mos	3 mos	Normal	Normal	+	+	6	4 mos	1½ mos	Anthritis pains, none Bursa unchanged
IX ARTHRITIS ASSO WITH SCIATICA	1	130	A 1 yr S 1 yr	Medicine Medicine			1½ mos 7 wks	3 mos 1½ mos	2 mos 2 mos	3 mos 3 mos	0 0	0 0	6	3 mos	4 mos	All well in past two years One slight attack, sciatica.
	2	24	A Sev S mos.	Med., Tonsillectomy			5 dys.		10 dys		++ ++	+ +	4	2 mos 2 mos		No report.
	3	156	A 1½ S yrs	Mechanical			10 dys		Never reduced	Never reduced	+	+	6	3 mos		Unimproved
	4	26	A Sev S yrs	Vaccination			1 mo		1 mo	2 mos	+	++	9	18 mos		
X MUSCULAR RHEUMATISM WITH ARTHRITIS	1	105	2 yrs	Oper., Tons. and Eth. G B drain. Vacc.			1 mo		1 mo		+	++	6	3 mos	3 mos	Letter—Improved.
	2	127	15 yrs	Tonsillectomy Med. Massage, Chirprac.			2 mos		2 mos		+	+	6	4 mos		Still under treatment
XI SCIATICA OF LONGER DURATION	1	1	6 mos	Massage, Medicine.			2 wks	1½ mos	2 wks	1½ mos	+	+	6	4 mos	1 yr	Normal.
	2	18	3 yrs.	Physiotherapy Stretching			10 dys		1 mo		+	+	6	4 mos		Letter—I see more improv since Vacc than 16 mos previous
	3	40	5 mos	Teeth removed			1 wk		1 wk		0	0	3	5 wks		
	4	49	7 yrs.	Physiotherapy, Med			3 mos	14 mos	10 dys	2 mos	++	0	10	14 mos	3 mos	No complaints
XII LUMBAGO	1	54	3 mos	Physiotherapy, Med			10 dys	Worse	1 mo		+	+	4	2 mos	None.	
	2	71	3 yrs.	Tonsillectomy G B drainage, Med.			2 mos		2 mos		+	+	8	10 mos	3 mos.	Report no change (Intercurrent strep throat 4 mos ago.)
	3	22	?	Diet			7 dys		8 dys		+	+	4	7 wks		No report.
	4	104	Sev yrs	General			38 dys.		38 dys		++	+	4	5 mos		
	5	0	Sev yrs	None			1 mo	1½ mos			++	0	4	8 mos	1 yr	No pains
	6	108	Sev yrs.	None			1 mo		2 mos		++	++	10	5 mos	1 mo	Improved.
	7	114	1½ yrs	Physiotherapy Med			10 dys	1 mo.	10 dys.	1 mo	++	+	7	4 mos	4 mos	No return.
	8	25	1 yr	Medicine			1 mo	10 mos	8 mos	9 mos	+	0	3	1 mo	3 mos.	Satisfactory
	9	125	6 mos	Physiotherapy Med			1 mo				+	0	6	19 mos	1 mo	Occ. slight pain and stiffness Much less
	10	87	8 mos	Teeth extracted Med			1 mo	1 mo	1 mo		+	−	4	7 wks.		
	11	113	7 yrs	Physiotherapy			10 dys	2 mos	10 dys	1 mo	0	0	0	3 mos	2 mos.	No pain. Slight stiffness.
	12	52	1 yr	Physiotherapy			15 dys.	3 mos	15 dys	3 mos	++	+	5	3 mos	1 yr	No return.

EDITORIAL

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For list of officers of County Medical Societies, see this issue, advertising page xxxi.

MAL-PRACTICE DEFENSE

Defense against malpractice suits is one of the major benefits of membership in the Medical Society of the State of New York No doctor is exempt from the chance that a lawsuit will be brought against him, and doctors of financial means are especially attractive marks for designing ambulance chasers

The article on page 347 sets forth the principles on which the Medical Society of the State of New York defends its members, who arm themselves with lawsuits It would seem that the principles are broad enough to cover every condition in which a careful physician is likely to become involved

fully in every respect, and is able to do sports of the most strenuous type

Third Group

Chronic Suppurative Conditions XVII There are five cases of chronic suppurative condition in the third group, one a case of osteomyelitis with recurrent erysipelas, and two of otitis media, and two with sinus and antrum inflammation

Two cases of otitis media were of six and two years' duration in whom frequent paracentesis had been resorted to The one with two years standing was one which had frequently recurring attacks, and came during an interval for vaccinations Since vaccination there has been no recurrence nor did the patient have any colds in the following sixteen months In the other case the discharge and discomfort was reduced in ten days, became normal in forty-four, while general constitutional improvement was noted and brought to normal within ten days A follow-up of a year shows no recurrence, and the mother reports him 100 per cent improved

The antrum and frontal sinus cases of from several to five years' standing showed a reduction of their pains in ten days, with one case becoming normal in two months, the other never quite normal Both cases showed constitutional improvement within ten days though never becoming entirely normal The follow-up of from three to nineteen months reveals the fact that though several colds have occurred the sinus has never given any more pain, and in the other case during nineteen months' observation only slight colds were noticed without a flare-up in the antrum

Chronic Suppurative Condition with Recurrent Erysipelas This is a case of considerable interest It concerns a man of thirty-six years of age, who, at the age of sixteen, injured his toe following which a septic inflammation set in, with an osteomyelitis in the lower third of his tibia In the course of eight years numerous operations were resorted to to remove sequestra as they occurred Finally the wound healed but again opened with a fresh sequestrum four years later Since then the patient has been troubled with suppurating fistuli, one a very large one showing the bone and three smaller ones, all suppurating extensively Lues and tuberculosis were excluded The patient received almost every known treatment in the form of *x*-ray, Alpine light, dressings, and general tonic treatment In the past six years patient developed two to five weeks' attacks of erysipelas confined to the leg, but of very violent character, temperature going to 103 and 105, attacks lasting from three or four days to two weeks These would occur chiefly with the closure of one or the other of the fistuli The patient presented himself with this status for treatment by vaccinations He received in all four treatments, and from the time of the first reported progressive improvement, closing of the fistuli, and healthy granulations with diminishing discharge In six months he hasn't had a recurrence of erysipelas, and feels better in every way than he has during the past six years

Conclusions

The intracutaneous administration of stock vaccines composed of an autolysate of various microorganisms—streptococci, groups of pneumonococci, staphylococci, micrococci, and influenza bacilli, plus a certain amount of albumen, fat, lipoid, and soluble material obtained from the tubercle bacilli—has in a series of thirty-five acute cases and ninety-six chronic cases produced in most a definite beneficial effect.

In acute infections the lowering of temperature and subsiding of the local signs of inflammation after one or two vaccinations has been striking

In chronic cases (arthritis, lumbago, neuritis) the results have been definite although less striking Conditions treated by all of the established methods without success have experienced relief of pain, diminution of swelling, and partial or complete return of function in all but nine cases Where a bacterial cause has been definitely established or presumed, results have been more definite In cases with non-demonstrable bacterial origin, results have been less obvious, in these cases improvement of general condition and relief of pain has been more striking than the return of function

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MONOTONY OF CULT LEGISLATION

This is the open season for medical legislation, and for a repetition of the specious arguments whose dull monotony seems original to every crop of inexperienced legislators Cult legislation goes back at least one hundred years to the time when a medical practice act was passed in New York State, but with the disabling exception that anyone could prescribe herbs which are native to New York State Since that time there has been an endless reiteration of demands for exemptions from the provisions of medical practice laws

The reasons put forth by the cultists for special exemptions are extremely monotonous in their annual repetitions of arguments at least a quarter century old, as will be seen by the following list

1 Public benefit—the cultist exemptions are in response to a popular demand as shown by the number of persons who appear at hearings in support of cultists

2 The selfishness of physicians in contrast to the generosity of cultists in giving the people what they want

3 The inalienable right of American people to secure the kind of medical treatment that they may choose

4 Always the exemption of present healers, regardless of their skill and qualifications "Exempt us and we will put the qualifications so high that no one else can enter the fold to compete with us in our restricted monopoly"

These arguments are but the labels of conventionalized arguments which sound as though they were fixed on phonograph records ten years ago, and are played to legislators in endless repetition every returning convocation of legislative assemblies

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THIS JOURNAL TWENTY-FIVE YEARS AGO

Malpractice Defense—The first article in the NEW YORK STATE JOURNAL OF MEDICINE for March, 1904, is an historical editorial entitled 'Associated Medical Defense." After referring to a revised charter granted by the Legislature to the New York State Medical Association in 1900, the editorial says, 'Owing to the novelty of the idea that a medical organization could be of practical value and use to its members, other than in a scientific way, the proposed plan for associated defense of members from suits for alleged malpractice was for a time postponed The plan was finally adopted, and, as is well known, became effective last March That it filled a long-felt want was shown by the fact that its announcement was responded to by the immediate application of between four and five hundred physicians for membership

"When the matter of associated defense was first under consideration, it was thought that probably the best way to accomplish it would be by making a contract with an insurance company of standing to furnish the necessary legal services to members for a definite yearly payment by the Association, but this proved impracticable on account of the premium demanded by the companies, and therefore it seemed best for the Association to employ its own attorney, at an annual salary, not only to attend to this work, but to look after the enforcement of the medical laws of the State as well This plan also offered the advantage of confining professional family secrets to executive meetings, thus saving its members the unpleasantness of stating their differences with their patients to lay strangers, who naturally would give them little courtesy and scant sympathy by reason of not fully understanding the situation

"Statistics show that in the United States an average of one physician in every 150 is sued each year for alleged malpractice The experience of The New York State Medical Association at first confirmed these figures, but when it became publicly known that the Association had assumed the defense of its members, this average rapidly fell off, and the great majority of the suits brought against members were discontinued as soon as it was learned by the plaintiff that the Association had undertaken the defense

"The effect of this wise action on the part of the Association in defending its members against attacks upon their professional honor and standing has not only been of direct benefit to the members of the Association, but to all members of the medical profession of the State and country as well, as shown by the adoption of similar plans for the protection of their members by other representative medical organizations"

DISCUSSIONS

A discussion is usually considered to be a necessary part of a medical society meeting A program is introduced by a leader who may be a lecturer, a clinical teacher, or the sponsor of a new medical movement Then comes the discussion, when anyone can take the floor to ask questions, or add new points, or to take exception to those made by the speaker The discussers will include the "Me, too" man who agrees with the listener and then simply repeats his points There is also the chronic objector who calls attention to insignificant "points which the speaker has failed to mention"

These consumers of time are always with us, and will remain so long as discussions are considered to be necessary in order to "arouse interest in the society proceedings"

Program makers often list discussions with the deliberate design of giving certain members the opportunity to hear their own voices, on the theory of the preacher who said,—"The best prayer meeting is that one in which *you* take part"

Discussions are usually necessary on the program of a medical society, how important they are will appear in an analysis of their characteristics They consist of three elements

1 Facts
2 Deductions
3 Opinions

There are men who possess knowledge of facts with a power of thoughtful expression in a happy combination that delights an audience no matter how often they rise to speak, but these men are also good listeners, always grasping the thought of the lecturer Then, too, there are men who come to learn, and who prepare themselves before the meeting so that they ask questions intelligently and thus compliment the speaker These questions secure the approbation of both the lecturer and the audience One who is listed to discuss a paper is often at the mercy of the lecturer Did you every try hard to listen to a speaker and were unable to determine what he was driving at? Only an expert could make the discussion of such a paper interesting

If only those possessing knowledge of a subject were to discuss a paper, the lecturer would feel that he had made a failure, for the acid test of his success is the degree which his lecture has been understood by those who are in most need of instruction and inspiration Intelligent questions from interested listeners are the greatest compliment that an audience can pay a speaker

Doctors are accustomed to make deductions and to draw conclusions As Dr Samuel Lambert says "A diagnosis is a working hypothesis for the application of therapeutics, and is subject to change on discovery of further evidence" One who hears a paper forms a working hypothesis whose application may be different from that intended by the speaker It may be that the wrong diagnosis is the result of incomplete evidence presented by the speaker, but it is more likely to be the result of faulty comprehension by the listener Every lecturer values the point of view of his audience, and only from those who discuss the paper can he see his own thought as it is reflected back from the discusser

Much that is said in a discussion consists of deductions in distinction from facts Both the lecturer and the audience will welcome deductions made by thoughtful listeners, but always a distinction is to be made between the deductions of the listeners and the facts on which they are based

Then, too, there are discussions consisting of opinions which are based on neither facts nor deductions The audience recognizes the opinion of the speaker, even though the chairman of the meeting is compelled to treat him with a courtesy which may be interpreted as a compliment

Discussers are of two types,—the talker and the thinker One of the talking type is not a listener, but he exercises his brain in scheming what he shall say after the lecturer finishes, and all through the lecture he pours out ideas rather than absorbs those of the speaker No lecturer can make an impression on one who is devising a reply

The thinker, on the other hand, puts aside his own opinions and tries to grasp the thought of the lecturer, and when he is asked to speak, he often begins slowly and uncertainly, but as he amplifies the lecturer's points he becomes eloquent Good listening is essential to a good discussion

A discusser may be either a reporter or a propagandist The reporter forms deductions and conclusions, while the propagandist refuses to accept the evidence but continues in his own preformed opinions A medical audience is bored by the propagandist

A discussion may be either informative or controversial Medical audiences are impatient with speakers of the controversial type

To what does this editorial lead? It is an outline of the opinions involved in making a diagnosis of a discussion in an average medical society If Dr Lambert's definition of a diagnosis is applied this editorial is a list of facts to be ascertained by the observation of those who take part in a medical society meeting These facts are the basis for making a diagnosis of the elements of success or failure of a speaker, and of forming a working hypothesis on which discussers may base their method of speaking If the speakers diagnose the conditions correctly, they will apply the proper treatment to the subject with satisfaction to the lecturer, the audience and themselves

of the general practitioner to promote all such movements, because the public look to him for leadership One specific responsibility to which the writer refers is in regard to tuberculosis The practitioner should be more careful to make an early diagnosis, to report cases of this disease, and to instruct the patients and their families in respect to the means of preventing spread of the infection, emphasizing the point that heavy infections in childhood are particularly dangerous Another responsibility concerns the solution of the problems of maternal and infant hygiene The family physician can do more than anyone else to persuade mothers of the need and value of antenatal care He should insist upon this care or refuse to take the case The general practitioner should give a start to, and then support the securing of, an adequate nursing service for the care of confinement cases in his community He should be careful in examining food-handlers when called upon to sign a certificate stating that they are free from any communicable disease, including tuberculosis and syphilis He should endeavor to further the application of preventive measures against smallpox and diphtheria It is not intimated that practitioners oppose such measures, but it is suggested that they fail to present to the individual parent the reasons why his children should receive this protection The future of the periodic health examination rests with the general practitioner The family physician should be the logical one to perform this service The general public are demanding these examinations and are not going to be contented with any half-hearted examination and jocular advice.

XIX Century Medicine and Present Day Criticism—Paul Diepgen discusses this subject from angles old and new The time may now be ripe, he says, for a revision of our conceptions of the revolutionary advances of the XIX century The inception of these may be ascribed by the future historian to the influence of Napoleon who broke down so many of the precedents of the day Not only was science but pseudo-science stimulated, and side by side with actual progress we saw the development of various therapeutic schisms and phrenology Later in the century colonization of the tropics broadened our knowledge of disease in more ways than one, the chief being the necessity of sanitation among oversea troops, marines, etc The Red Cross was in a sense an outgrowth of the preceding and a step in the development of world medicine. Social medicine and public health had their origin in the middle of the century as a question of domestic politics In a sense this could have originated either in an aristocracy of the paternal type or as a natural expression of democracy Another development of the idea of democracy was the admission of women as practitioners A philosophy of medicine was awakened midway in the century by thinkers like Comte and Mill, whose advocacy of observation and experiment and exclusion of a subjective and metaphysical influence stimulated some of the great medical scientists to research, this movement was furthered by the works of Darwin, Spencer, and others. There were, however, numerous reactionaries against purely materialistic conceptions and the late developments of the century tended to exalt energy at the expense of matter Psychotherapy and psychoanalysis are purely products of the XIX century and are also opposed to the purely materialistic view, standing in association with hypnotism and spiritism in this respect But perhaps the greatest influence in XIX century medicine was the rapid advance in the exact sciences of physics, chemistry, and biology and the aid supplied by them to laboratory workers —*Deutsche medizinische Wochenschrift*, December 28, 1928

The Causal Organism of Yellow Fever—That so acute and experienced a bacteriologist as the late Noguchi should have been mistaken as to the cause of yellow fever is a fact not easily explained W H Hoffman and F Jahnel have made researches on the cadaver of a victim of African yellow fever in an attempt to clear up this mystery As far back as 1920 Hoffmann identified Noguchi's American yellow fever spirochete with the spirochetic cause of epidemic jaundice, which at least it strongly resembled Much subsequent research by Noguchi, however, seemed to make out a complete case for his discovery and the latter held the stage until the recent outbreak of African yellow fever—in other words for ten years Explanation is most difficult Could Noguchi's patient's have been victim's of Weil's disease, so called, and not of yellow fever? Could the experiment animals on which the doctrine was built up have suffered from latent parasitism? The viscera from the African victims have been subjected to a most exhaustive study by Hoffman since 1926 and although the pathological finds were unmistakable he has not found a single spirochete, neither Noguchi's lepospira nor the organism of Weil's disease No organisms of any kind could be detected Noguchi may perhaps have been influenced slightly by the alleged discovery of Stimson in 1907 of a spirochete in the kidney of a yellow fever patient, but all subsequent study of the kidneys has failed to detect this organism, termed by Stimson *Spirochæta interrogans*, from its resemblance to an interrogation point. Weil's disease has at times been confounded

MEDICAL PROGRESS

The Scope of Physical Therapy—Dr William Benham Snow states that the indications for physical therapy comprise a very wide field, including various types of inflammation—those arising from infection, those arising from trauma, and those resulting from restrained or disordered metabolism The low volt constant current, though filling a smaller rôle than it formerly did, cannot be replaced for electrolysis and for destroying or altering tissue conditions locally The static modalities occupy an important place therapeutically for the removal of accumulated infiltrations or exudations occurring in the forms of arthritis, neuritis, and in congestions of the various viscera For the restoration of normal general metabolism and the awakening of sluggish activities of the various organs of the body the static modalities are more effective than other measures The high frequency modalities carry warmth and increased nutrition to every part of the body The induction of local hyperemia with diathermy controls conditions associated with infection by provoking increased activity of the phagocytes and brings an increased number of nature's germ destroyers into the field where germs are present The employment of the high frequency current for electromedical surgery is a field of wonderful possibilities Radiant light and heat, penetrating as they do to considerable depth, induce local hyperemia which facilitates the destruction of bacteria in regional fields, as in the treatment of otitis media and sinusitis The ultraviolet rays produce changes in the blood constituents and other changes in remote parts of the body, acting in a manner as vitamins do in effecting the conquest of various superficial infections, and producing a reaction from severe surface exposures, as in herpes zoster and neuritis The *x*-rays and radium are useful in the treatment of all tuberculous infections, as well as in tuberculous adenitis and peritonitis Hydrotherapy and thermotherapy are useful for stimulating circulation in the periphery, and for their reflex action on the deeper centers of the body Hot air generated by a special apparatus is particularly useful in awakening the deep reflexes of the cardiovascular system, and also for the treatment of local and general septic infection Mechanical vibration and massage increase the local blood supply, and so improve the nutrition of parts atrophied or having lowered conditions of circulation, they are particularly useful where exercise cannot be employed, as in certain cardiovascular conditions—*Physical Therapy*, January, 1929, xlvii, 1

Modern Drug Remedies—Professor F Eichholtz sums these up briefly under the following heads functional remedies, principally the hormones—adrenalin, thyroxin, insulin and the two hormones of the pituitary, symptomatic remedies, such as hypnotics, anesthetics, antipyretics, stimulants, etc, are placed in a separate category, their action often being variable, so that we use them more or less empirically New methods of physiological testing show that we have not understood their action, for while aspirin is merely ranked as an "antipyretic," as if it acted on the heat center, its principal activity is exerted on the peripheral blood stream Amidopyrin, another alleged antipyretic, has been shown to be a spasmolytic of the papaverin type and its control of pain is due in some way to relaxation of peripheral spasms of some kind Hence these new methods of measuring activity represent a great advance in showing how some of our old favorites really act In this symptomatic group the author also places liver extract for anemia, its action being still obscure. The remainder of the article is devoted to chemotherapy, including the organic arsenicals, preparations of bismuth and antimony, various quinine derivatives, certain mercurial combinations, chaulmoogra oil (for leprosy), tryparsamide for trypanosome diseases, emetine and various drugs—especially carbon tetrachloride—for intestinal nosoparasites and naturally serum therapy in so far as it represents a chemical antidoting, although the author merely mentions it in passing, which neglect also is noted regarding the new remedies for rickets He sums up by stating that the advances in drug treatment for the past 15 years exceed those of any previous period, for within that interval many thousands of cases of pernicious anemia, diabetes, rickets, leprosy, and numerous tropical maladies have benefited to such a degree that these ailments have lost much of their terrors—*Deutsche medizinische Wochenschrift*, January 11, 1929

Responsibilities and Opportunities of the Private Practitioner in Preventive Medicine—A Grant Fleming, writing in the *Canadian Medical Association Journal*, January, 1929, xx, 1, directs the attention of the individual practitioner to his obligation to humanity to bring about the application and practice of the known means to prevent disease and to promote the public health It is the peculiar responsibility

tinguishable by the electrocardiogram Left ventricular preponderance was most frequent (17 cases) and premature contractions ranked second in frequency (12 cases) Electrocardiographic evidence is of extreme importance not only as affording a clear-cut demonstration of focal lesions, but as a method of precision by which the progress of the disability can be estimated. In early cases treatment should be directed to elimination, the adequate adjustment of rest and exercise, and the avoidance of all excesses, especially over-eating, intemperance in alcohol and tobacco, and prolonged physical and mental stress Apart from the usual emergency remedies, certain cases respond best to sodium iodide in large and increasing dosage (10 to 40 grains, three times daily) To obviate the depressing effects of certain drugs when administered over long periods, it is wise to alternate with occasional courses (perhaps one week in four) of some reliable general tonic, such as Fowler's solution, combined with strychnine or nux vomica and perhaps iron Digitalis, except in complicating auricular fibrillation, auricular flutter, and dilatation, has no useful application in myocardial degeneration In certain cases reliable diuretics (diuretin, theocine sodium acetate, urea, etc) may become necessary, and, if these fail, novasurol —*The Lancet*, December 29, 1928, ccxv, 5496

The Nosebleed of the Arteriosclerotic —E Bergmann points out that in the arteriosclerotic subject nosebleed mostly supervenes without apparent external cause and is usually profuse A bloodvessel gives way under the increased intravascular tension and may be said to represent a spontaneous phlebotomy The advice to the practitioner is to let nature take its course and await the cessation of the hemorrhage If the patient himself have insight into the nature of his trouble it is best not to call a doctor for the latter may feel compelled to make a showing and apply hemostasis Naturally the loss of blood may be dangerous or, what is about the same, may frighten the patient and then it will be necessary to interfere The first-aid forward tamponade seems at first to have conquered the condition, but the patient is probably swallowing the blood and moreover the tampons become saturated In regard to the posterior tamponade, so frequently advocated in textbooks, it is really without theoretical justification and is also a source of great danger, according to those who have really given much time to its study All of the structures which make up the face and appendages are greatly swollen, the patient suffers in various ways from the forced mouth breathing, and the subjective sensations are highly disagreeable The rational method of procedure is to inspect the membrane and locate the leaking vessels which are almost always seated forward, after which one applies some hemostatic in situ The author has found that two measures suffice—mechanical compression and the use of silver nitrate in some form which will secure coagulation —*Munchener medizinische Wochenschrift*, December 28, 1928

Is Malignant Hypertension a Disease Entity?—J B McElroy thinks that the term essential hypertension may still be retained to designate cases of this condition without evidence of kidney involvement. There is a large group of cases of hypertension associated with arteriosclerotic kidney (a hyaline and fatty degeneration of the vessels the size of the vasa efferentia and interlobular arterioles) In these cases vessels of corresponding size of the spleen, pancreas, and brain may be similarly affected, but it is not a generalized disease This is the strongest evidence against the view of the primary functional hypertension as the only cause of the cases in this group Clinical and anatomical experience will not permit the writer to accept the view that malignant hypertension is only the renal form of the arteriosclerotic kidney Though essential hypertension, the beginning and end stage of the arteriosclerotic kidney, and the beginning stage of malignant hypertension may all present very similar clinical pictures, a careful study will differentiate them Arteriosclerotic kidney usually occurs in patients after the fiftieth year of age Evidence of slight renal involvement is present. Malignant hypertension occurs at a much earlier age than arteriosclerotic kidney —usually from the fortieth to the fiftieth year This fact is not easily reconciled with the view that malignant hypertension is the end stage of the arteriosclerotically contracted kidney Syphilis, lead, gout, and well known vascular poisons, play a distinct rôle in the causation of malignant hypertension In the early stage when kidney insufficiency is not pronounced, it may be diagnosed by hypersensitiveness to added salt and by inability to excrete added urea Later, when marked kidney insufficiency develops, the end-stage of malignant hypertension has to be differentiated from the end-stage of chronic glomerular nephritis There are toxic injuries in both conditions, but in glomerular nephritis the toxin produces primarily a capillaritis and affects the arterioles secondarily, in malignant hypertension there is the reverse of this order, as demonstrated by the microscopial picture. The conclusion cannot, therefore, be avoided that malignant hypertension is a disease entity dependent upon definite and distinct pathological conditions —*Southern Medical Journal*, January, 1929, xxii, 1

with yellow fever in the clinic and until disproved we must bear in mind this possibility of confusion. The authors do not mention what if any first hand experience Noguchi had had with Weil's disease and the *Spirochaeta icterohaemorrhagica* assigned as its cause and this omission seems to be of vital significance in this connection.—*Münchener medizinische Wochenschrift* December 14 1928.

Tuberculosis Reinfection of the Lungs.—Professor L. Aschoff reaches the following conclusions after a first hand study of the subject. He refers solely to extrapulmonary reinfection, whether this proceed from some other portion of the patient's anatomy or by the aerial route. If the patient reinfects himself the bacillus reaches the lung by the hematogenous or lymphatic route. If we study the lesion of an isolated reinfection this will be found to consist of an exudative and productive irritation-focus—so-called entry infiltration—which as a rule will undergo an extensive absorption of collateral exudate leaving cicatricial tissue which may be pleural subpleural intrapulmonary etc. Statistics of all pathologists show us that these lesions tend very strongly to heal themselves with scars which are specific for tuberculosis and contrast with the primary focus or foci. In the autopsy room primary lesions and scars are found in about the same frequency. Reinfection occurs both in childhood and in adult life and attempts to form two groups on this basis have been futile. We know only that reinfection is rare before puberty and that calcareous residues are especially rare. The majority of reinfections are localized in the respiratory area of the apical bronchus and the more caudally the others are situated the rarer the incidence although the size of the focus should increase caudally. Practically this distinction does not seem of much value for in every clinical form of tuberculosis both old and new lesions may occur side by side nor is any information forthcoming as to whether we have to do with an autoinfection or a heteroinfection. But the fact that these foci of superinfection have a general tendency to heal is reassuring even though in the exceptional case they may lead to the generalization of the process in the lungs. The author is silent as to the behavior of the primary focus in the presence of reinfection.—*Klinische Wochenschrift* January 1 1929.

Clinical Significance of Questionable Diphtheria Bacilli.—K. R. Grebe essays extensively of his experience with atypical and false diphtheria bacilli. He gives histories of patients who showed the presence of these strains in the throat or elsewhere all of which belonged to the so-called corynebacteria group of bacilli. Authorities naturally differ as to the significance of the latter—whether or not they are pathogenic at all whether they stand in some relationship to various diseases and even whether they are potential diphtheria bacilli. The patients showed very different clinical pictures. One woman with chronic pulmonary and laryngeal tuberculosis coughed up membranoid objects which gave rise to cultures of corynebacilli. This middle-aged individual had gone through diphtheria in childhood and apparently an attack of influenza had mobilized some latent infection. Despite the negative result of numerous tests the author appears to believe that this may have been an example of diphtheritic tracheobronchitis of a very atypical nature. These atypical organisms have been found in a number of affections of the respiratory tract and especially in tonsillitis of intrinsical disease. A second patient of the author showed numerous points of agreement with the first. On the other hand in a patient with mastitis and high fever the pus evacuated showed apparent diphtheritic bacilli and Professor Clairmont actually made use of antidiphtheria antitoxin in this patient. The mother and three children who played about her bed had their throats remained free from any of the corynebacilli. Study of the literature shows that various and very dissimilar affections have caused the suspicion of latent or masked diphtheria yet thus far all evidence of true clinical diphtheria has been wanting.—*Sonderabdruck aus der Medizinischen Wochenschrift* December 28 1928.

Myocardial Degeneration.—With the object of establishing a clearer conception of myocardial degeneration Basil Parsons-Smith analyzed the records of 50 cases of this condition in adults ranging in age from 37 to 75 years. The outstanding symptoms were: Breathlessness in 80 per cent anginal phenomena in 44 per cent giddiness fainting syncopal attacks in 40 per cent cough in 20 per cent hemoptysis and wheezing in 8 per cent and some oedema and deficient mentality in 4 per cent. The pulse findings included a wide range of abnormalities: in 70 per cent of the cases it was raised to 100 or over in 8 per cent it was reduced to 40 or under. In a large proportion of the cases the pulse tension was raised irregularities of rhythm were present and cardiac enlargement was obvious. The area of dullness was in no way characteristic. Frequently there was dilatation of the tricuspid area. Many of the heart sounds and murmurs were of poor quality. A combination of poor quality of the first sound with a relatively accentuated second sound was frequent. The blood pressure readings showed wide variations. The group of phenomena peculiar to conditions of the circulation bore witness to the unbalanced vasomotor circuit. Many very widely differing abnormalities were also

a man who holds himself out as a specialist is in fact such Doctors know whether he is or not, but all the public knows about it is what he himself represents Would it not be wiser for the profession to regulate this matter than to have the regulation come from inexpert and possibly hostile sources? Would it not be better for the doctors themselves to devise some system by which the public could be assured that an alleged specialist is in fact such, rather than to have an unfriendly legislature proceed to this without the advice, the help and the leadership of you who are best qualified to advise about it?

At this time, too, we hear much of commercialism both in law and in medicine A man whose chief objective is the acquisition of wealth makes an initial mistake when he enters the ranks of either of these two professions for that purpose Men of unusual attainments in these professions often acquire considerable wealth, but this comes or should come as an incident rather than as a predetermined objective of a professional life The lawyer should dedicate himself to the cause of justice, the doctor to the cause of health The first consideration of the professional man should be the interests of his client or his patient, not the amount of the fee which may be derived from the professional relationship The amount of compensation in any case is a matter of civil contract but the public and indeed the law itself is zealous that there should be no overreaching The amount of the fee charged in any case should be based upon the following essential factors

First, the character and nature of the malady

Second, the amount of time and effort expended

Third, the result achieved

Fourth, the standing experience and professional position of the physician, and

Fifth, the patient's ability to pay

No one of these considerations should be paramount to any other, all of them should be considered A physician should be as just as honorable and as fair in treating the patient's pocketbook as in administering to his physical condition Overreaching injures not only the individual physician in his standing and his reputation, but the entire profession as well

Then too, the public as it scrutinizes your profession, observes some men engaging in practices either fraudulent or directly criminal Your profession is not helped by those who engage in criminal operations The existence of the abortionist in every community is a notorious fact. He should be stamped out, but he continues nevertheless to flourish Not only does the abortionist violate man's laws and God's, but usually these conscienceless practitioners maltreat their patients in so shocking a way, through the failure to use ordinary aseptic precautions and the ordinary principles of surgery, that death or grievous bodily injury is the result This subject is not a pleasant one, but it should be met boldly and courageously by the profession itself If you do not meet it, the public may meet it for you.

In the recent ambulance chasing investigation conducted in New York City, shocking disclosures were made "A close connection," said Mr Justice Wasservogel, who so ably conducted the investigation, "is frequently found between the physician and the 'ambulance chasing' lawyer In a great many cases the physician recommended the lawyer, and occasionally the lawyer suggested the physician In some instances the testimony or certificate of the physician was used to bolster up claims for injuries which were never sustained or were grossly exaggerated" Numerous disbarment proceedings are now in progress and it is believed that many of the lawyers who engaged in reprehensible practices will be disbarred. The doctors' Grievance Committee is also at work and will deal justly, but sternly, with those physicians who are found guilty of improper conduct

It is not a pleasant task to catalog the various criticisms which are and can be leveled against the medical profession, and yet it would be serving a good purpose could all of these be marshalled, studied and proper action taken Criticisms from the public should be carefully considered, not ignored Where the criticism is unfounded, this should be established Where it has been well taken, prompt steps should be followed to remedy the condition The future of the medical profession is in your hands and those of your high-minded colleagues in every state These subjects require attention and study When just conclusions have been formulated action should be taken For all of this the co-operation of the entire profession is required, but most of all leadership is demanded Choose the leaders whom you trust and then follow them, support them, encourage them, and back them up Your profession needs more rather than less leadership My observation is that yours is a difficult profession to lead You are essentially individualists Doctors find more difficulty in co-operating one with the other than is discoverable in most other callings The individual physician relinquishes with difficulty, if he relinquishes at all, his individual opinion even after the majority has spoken This is one reason why constructive legislative medical programs are so difficult to put through After a decision has been

LEGAL

By Lloyd Paul Stryker, Esq.
Counsel, Medical Society of the State of New York

THE DOCTOR AND THE PUBLIC*

Gentlemen of the Hudson County Medical Society

Although in what I have to say tonight I am speaking for myself alone, nevertheless as general counsel for the Medical Society of the State of New York, I take great pleasure in bringing to you the greetings and good wishes of that great organization, composed as it is of nearly twelve thousand practicing physicians

The medical profession, like all other callings and professions, is in the crucible of debate and is under the microscope of public scrutiny Many of the criticisms which are leveled against the medical profession are without merit Some of the criticisms, no doubt, deserve a careful study

Take, for example, the question of fee splitting now so much discussed in all the public prints The public is aroused to this situation and demands an early answer as to whether or not the medical profession as a whole sanctions and approves this practice The relationship between the physician and his patient, like that subsisting between the lawyer and his client, and the priest and his penitent, is one involving the very highest degree of trust, confidence and good faith It is the duty of the professional adviser at all times and in every detail of his relationship with the man who trusts him, to deal openly and with perfect fairness and good faith When a patient is advised by his family physician that he is in need of operative intervention or some other procedure which the family physician feels himself unable to accord, the patient when he is advised that he must secure the services of a specialist and requests his family physician to secure that specialist for him, should have no reasonable basis for a doubt as to whether or not the surgeon or the specialist secured is retained upon the sole ground of ability and competence rather than for the reason that the family physician may profit by arrangement The term "fee splitting," as monly understood, means the splitting of without the knowledge, consent or approf the patient, and therein lies its vice t-minded man," said Dr John A Hartwell, President of the New York Academy of Medicine, recently, "can justify this fee splitting, and disaster, if not disgrace, threatens the profession if it is tolerated" Further, Dr Hartwell said "In essence, fee splitting amounts to the family doctor's receiving a rebate from the specialist for a service for which he is charging a separate fee without the patient knowing that such a rebate is being paid It results in two evils First, the selection by the family physician of a specialist who will pay the rebate, which may readily lead to the employing of a less qualified man than would be otherwise obtained, and, second, an increased charge by the specialist to cover the unacknowledged rebate It is a secret understanding between two professional men which they dare not bring into the open"

You doctors hold yourselves out to your patients as men of honor, character and integrity Undoubtedly the overwhelming and vast majority of your number are justified in these representations, but any doctor who, relying upon the confidence thus imposed, seeks to make a secret and undisclosed profit from his patient, not only violates the sacred obligations which rest upon him as a professional man, but injures the entire profession by lessening the high repute in which it should be held The medical profession should not wait for the public to enact laws upon this subject, but should take the lead in stamping out this or any other practice which does not accord with the high standards of your calling

Now that the profession has been so largely subdivided into various specialties, the public is taking an increased interest in the question of specialists and is asking what is the specialist? A specialist presumably is one who has made an unusual study and through practice has become peculiarly adept in some particular department of medicine or surgery But for a man to call himself a specialist does not make him one There are, unfortunately, some self-styled specialists who do not deserve the title Some men hold themselves out as having special qualifications in some particular field, when the justification for such a representation has all too little basis The ranks of specialism increasingly have attracted followings The public wants to know whether

the Hudson County Medical Society of New
1929, at the Hotel Pennsylvania.

unjust and improper inroads upon the legitimate professional incomes of those physicians whose practice is diminished by losing to charity those persons who should be private patients The general public has no more right to demand that a doctor should work for nothing than that it should be carried on a railroad free of charge, or should be permitted to send telegrams without paying for them

By way of comparison between you and your predecessor of an earlier day, we hear much from time to time in praise of the old family doctor He struggled through the snows of winter and drove long miles into the open country in the stormy nights He acted without thought of wealth or the hope of fortune Sometimes he was paid small fees for his great service, sometimes he was paid in kind by eggs or vegetables of the farmer—often he was not paid at all But he achieved the love, the affection, the regard, the respect and the following of his community Although he was unacquainted with thousands of the discoveries of science with which you are familiar, although he was deprived of innumerable diagnostic aids such as radiography and fluoroscopy, and the various clinical and laboratory tests which are the commonplace of medical practice now, he served his day and generation well, maintained his self-respect, achieved honor and established himself in the affections and the regard of his community He held a position of greater influence and leadership than that possessed by the average practitioner today In part this was due to the different world in which he lived and in part to his attitude towards himself, his patient and the community

The doctor of today is better equipped, knows more, has the advantages of the countless discoveries of science, but with all this finds himself held in less esteem than his confreres of a former generation Why is this so? One reason may be the growing disappearance of the general practitioner and his supplanting by innumerable specialists Another reason is that the modern physician is less of a character in his community, takes less part in public affairs, is more busily absorbed in the details of his practice and hence, finds it more difficult to seek or to assume that position of leadership which would be his for the asking

What I have here said tonight may seem depressing, but there should be no more depression in studying these facts than in your scrutiny of symptoms in an effort to make a diagnosis to formulate a prescription and to effect a cure in any private case I do not come to bring you a message shot through with gloom or weighted with despair, rather I should like to speak stimulating words of hope I know the medical profession as few laymen know it Probably I know more individual doctors than any other layman living, and I come away from my contact always with a renewed confidence in your great calling and those who ply it. In knowledge and ability you are incomparably greater than your predecessors In character, I am sure you are their full equals Despite the fact that into your profession there have entered some men who never should have been allowed to practice medicine, just as there are many who disgrace the calling of the law, it is my deliberate opinion that there is no body of men comparable with yours in the matter of character, unselfishness and service to mankind You are not sufficiently understood or appreciated by the public You do not sufficiently take the public into your confidence You should more carefully understand your public and seek a closer contact with it Criticism and suspicion are the weeds of ignorance and misunderstanding Enlighten your public, let them understand what you are and what you do, get your public with you, educate your public, lead it Then when new inroads are made upon your individual liberty, when new and improper nostrums are suggested to curb and to restrict you in your professional life, you can enlist the public as your friend, champion and defender

INFLAMMATION OF THE EAR—CLAIMED BURN DUE TO TREATMENT

In this case it was charged that the doctor while treating the plaintiff, a man about 36 years of age, for ear trouble, prescribed a poisonous curative and advised the plaintiff to use the same, as a result of which he sustained serious burns to his ear and face

This patient came to the doctor's office complaining of pain when chewing and moving his jaw and also pain over the mastoid antrum and tip, and furuncles on both anterior and posterior walls of ear canal An examination disclosed that the drum could only be seen with difficulty The doctor made a diagnosis of acute inflammation of drum of the ear The doctor prescribed a proprietary medicine to be applied on cotton three hours on and three hours off, also applications of hot water bag or flaxseed poultice on the ear He told the patient to return, but the patient did not follow these instructions

After the case had been on the calendar for some time, plaintiff's attorney finally discontinued, thus terminating the action in the doctor's favor

reached by a medical society, acting either collectively or through its accredited representatives and definite conclusions have been arrived at, it all too often happens that the minority is still vocal and ofttimes is found actively opposing that which the majority has decided to support In this way constructive measures are ofttimes endangered and many times defeated The doctors have much to learn in the matter of co-operation and group action

You have not yet sufficiently learned, after you have done your utmost to further your individual opinion and have not prevailed, to co-operate in sponsoring the program which the majority of your profession has endorsed Therein lies your weakness You cannot expect to receive the support of the public or to gain the ready ear of the legislature, unless you come forward with a united front In your private councils, advocate your views fearlessly, struggle for their recognition, but after you have done this, if you are overruled, stand by the majority as loyally as though it had expressed all that you had sought The adoption of this principle is the success of political parties, of labor movements, of all group activities and of democracies themselves In all the great questions that confront us, such as the questions of public health, the public does and should look to you for leadership But if when it looks, it finds you wrangling and divided, it will turn away and will perhaps exert a leadership for you which you have failed to exert for yourselves Choose your leaders—real leaders—and when you have chosen them, follow them and support them

It is not uncommon to hear doctors complaining of the red tape and the restrictions which surround them, and no doubt many of the complaints are justified, but we are living in an age of regulation The only way in which you can escape more regulation is by demonstrating to the public that it is to the public's interest that there should be no more You cannot make this or any other demonstration without co-operation and without leadership

I have spoken of but a few of the criticisms and the questions which should engage your anxious scrutiny There are many more Anyone of you could make a far larger catalog than I have done

The great, the vital and the pressing questions affecting your profession are all too little discussed and analyzed among you Too many doctors' meetings are taken up with details, personalities or unimportant points of parliamentary procedure More time could profitably be employed in the consideration of the great questions confronting medicine and in a constructive effort to meet and solve them In the mechanics of your organizations, you might with profit look to the business-like dispatch with which commercial enterprises are conducted In this way more time and effort can be devoted to the great questions affecting your profession, and the likelihood would be greater that you will solve them rather than have a hostile public solve them for you

You face, as we all face, the increasing danger of the curtailment of public liberty and of our right to be and act as individuals There are many voices in the public demanding state medicine, a system whereby all may be treated without cost I know of no graver injury which could befall not only the medical profession, but the public as well, than the inauguration of state medicine Such a program would stamp out all of the initiative, the enterprise and the individualism of the doctor Eliminate these qualities, and you have made him a mere machine, a civil servant, a mechanism without ambition and without hope. Yet in the last analysis the people of this country will get and will have what they want. It is the duty of educated leaders to see to it that the public are educated to demand that which is best Without your leadership and your guidance, the public may some time demand that all medical service shall be furnished by the state free of cost It is for you to point out to the people and to educate them that such a course would ruin the best qualities and the best ability which your profession has to offer

I state without fear of contradiction, that there is no class in the community that renders so much charitable service as the medical profession Every busy physician spends at least one-half to two-thirds of his time in giving gratuitous service to the poor The patients in our charitable hospitals receive the benefit of the very highest class of medical and surgical attention without cost Doctors give to these patients the same anxious study, care, zeal and attention as that which they expend in behalf of those who compensate them liberally This is a splendid thing It is not sufficiently appreciated or understood by the general public I wish that the legal profession could point to as fine a record in that regard Despite this, however, we hear from all sides increasing demands for charitable service Many of these demands are made by those well competent to pay for what they get and who should not seek or expect charitable medical attention Unjustified demands for charity of this kind result in three evils First, an unjust and improper burden upon the individual practitioner of medicine, second, the inevitable diminution of self-respect which must be the result where a person who is not entitled to charity asks and receives it, third

NEWS NOTES

LEGISLATIVE BULLETIN No 6—FEBRUARY 23 1929

The following bills in which we have an interest were introduced since the last bulletin was written

Workmen's Compensation

Senate Int No 791—Gates, Assembly Int No 1090—C P Miller, amends the Labor Law by providing for a state medical advisory committee as an adjunct to the council, and appropriates $5,000 00 to cover the expenses of the board. This is the bill in which we were so vitally interested last year and which passed the Senate, but failed in the Assembly because it lacked an appropriation for paying the expenses of the council That fault has been corrected by requiring an appropriation of $5,000 00, which amount it is assumed will be sufficient to meet the expenses If at the end of the year it is found that this is not enough or is too much, in another year the amount may be more definitely stated May we suggest that each chairman immediately communicate with his Senator and Assemblyman, asking their active support of this bill As we stated last year, it is probably one of the most important steps that the state can take in clearing up the confusion that at present exists in the administration of the medical phases of the Workmen's Compensation Law

Mental Hygiene

Senate Int No 865—Baumes, Assembly Int No 1160—Esmond, adds new section to the Mental Hygiene Law, creating a board of psychiatric examiners consisting of mental hygiene commissioner and the education and health commissioners, who shall determine qualifications of psychiatrists qualified to act in any criminal proceeding Mr Baumes has encountered some difficulty in securing competent medical service in the mental examination of criminals, and this type of examination has recently grown so popular that it is necessary that the court make provision for such examination, in certain types of cases at least The present bill was drawn up by the members of the crime commission, with the assistance of the State Departments of Health and Mental Hygiene We particularly urge that you read the bill carefully and give us immediately a statement of your reaction to it We are confident that the bill will be moved and, if it should be amended, we should like to have your advice as early as possible in order that the amendment may be properly considered

Hospital Fire Alarms

Senate Int No 813—Wales, Assembly Int No 1132—Whitcomb, would require asylums, almshouses, hospitals, orphanages and schools in cities and other municipalities having central fire alarm station, to be equipped with fire alarm boxes This bill was turned down by the legislature last year on the ground that it would unreasonably increase the expense in a great many instances

Progress on Bills

Senate Int No 182—Fearon, Assembly Int. No 628—C P Miller, workmen's compensation, radium, has advanced to third reading in both houses

Senate Int No 370—Webb, Assembly Int No 544—Rice, mentally retarded children—has been reported out of committee in the Senate

Senate Int No 522—Westall, health camps and preventoria—advanced to third reading

Senate Int No 402—Pitcher, Assembly Int. No 596—Lattin, amending Health Law with regard to duties of health officers—has advanced to third reading in the Assembly

Senate Int No 409—Pitcher, Assembly Int No 621—Lattin, water purification—reported out of committee in the Assembly

Senate Int No 408—Pitcher, Assembly Int No 623—Lattin, water supplies—reported out of committee in the Assembly

Hearings

Feb 26—2 P M Senate Int No 261—Webb, Lien Law, hospitals As Int No 467—Lattin, (Joint) Judiciary Committees This bill will be amended so as to give physicians and nurses the right of protecting themselves by lien, as well as the hospital

Feb 27—2 P M Senate Int No 466—Pitcher, Health Law, vaccination As Int No 679—Lattin, (Joint) Public Health Committees

March 5—2 P M Before joint Committees on Finance and Ways and Means, five bills on old age welfare.

At the joint hearing on Tuesday the 19th, before the Public Health Committees, no opposition was presented to the sterilization bill (Senate Int No 289—Brown, Assembly Int No 338—Dominick), nor was any opposition presented against the water pollution bill (Senate Int. No 438—Freiberg, Assembly Int No 660—Swartz), which had a hearing on the same day before the Senate Finance Committee

LONDON LETTER

LONDON LETTER

The King—At last there seems a lessening of the tense anxiety and apprehension which has pervaded not only England but so many communities throughout the world to whom the King of England stands for so much more than just a representative of an hereditary monarchy This long drawn-out struggle with Death is ending, and convalescence is becoming established slowly but surely The last report that there is now no trace of the original infection of the lung has brought relief to the whole Empire and we may reasonably hope that as the days lengthen into spring our King will be restored to us in sound health Nothing gratified me so much during my recent tour in America as the keen interest taken by all in the daily bulletins, and one feels, illogical as it may seem, that our Royal Family forms a link between the two great English-speaking nations God save the King!

My American Visit—I have just returned from an all too short visit to America I was invited to deliver the Mütter lecture before the College of Physicians of Philadelphia, and seized the opportunity to get a hasty glimpse of your great teaching institutions and meet men whose work has made their names famous throughout the world To a visitor from an old country the sudden transition from the almost barbaric massiveness of the Presbyterian Hospital of New York to the serene simplicity and dignity of the College of Physicians at Philadelphia, and then on to the modern activities of Johns Hopkins at Baltimore, presented a kaleidoscopic picture which emphasizes the amazing versatility of your great country In Philadelphia I was given the opportunity of meeting three veteran surgeons Professor Keen on the eve of his ninety-second birthday welcomed me to his quiet room, and after apologizing gracefully for his absence from my lecture on the ground that he was not allowed to go out at night, entertained me with delightful stories of his experiences in the Civil War I had hoped to have heard from his own lips the story of his operation on President Cleveland while weekending with him on his private yacht on the Potomac, but time was short and I had to bid him adieu, with many messages from his friends in England And then on to Dr da Costa whose trying bodily infirmities do not seem to have dimmed his amazing vitality Later on I was privileged to see Dr Deaver at an operation clinic, conducted with that effervescent bonhomie that has made him famous for all time as a teacher The esteem, almost love, which all bear towards Dr Deaver was well evidenced at the presentation of his portrait group, a ceremony which I was fortunate enough to witness

My next call was at Baltimore, and at once, so spontaneous was my welcome at Johns Hopkins that I felt myself almost a part of this great university Dr Dean Lewis, Dr Thayer, Professor Welch, and my old friend (if I may so term him) Dr Finney did the honors, and gave me the opportunity of meeting and seeing the work of many of the keen group of teachers on the University staff It is not too much to say that I was enthralled by the organized enthusiasm I saw around me, and a little envious perhaps of the perfection of equipment which seems so difficult to obtain in our country We are so used in England to take for granted that a University is immeasurably old, that it is quite a shock to realize that Professor Welch, just undertaking his third and latest charge, could be an original Founder of Johns Hopkins Each new activity he assumes seems to make him younger, and I am seriously considering his offer, when my time comes to retire, of a sunlit room on the upper floor of his fine new building where I could settle down peacefully to my old love, the study of the History of Medicine. I do not believe that Professor Welch will be a day older when I am helped out of my bath chair to take the lift to his sanctum and control my quavering voice to say, "Please, sir, I've come"

American hospitality is proverbial, and if I say I have received full measure and brimming over, I shall still leave unexpressed my gratitude to my many hosts From the moment of my greeting on the station platform at Philadelphia by my good friend Dr Lyon, to my last evening with Dr Finney and his family at Baltimore, I received nothing but the greatest kindness My old friendships are better established, and I hope I may say that I have made some new friends whose visits to the Old Country I shall eagerly await

H W Carson, F R C S, Eng

has been amended in both houses at the nurses' request

Senate Int No 402—Pitcher, Assembly Int No 596—Lattin, amending Health Law with regard to duties of health officers—has passed the Assembly and gone to the Senate

Senate Int No 182—Fearon, Assembly Int No 628—C P Miller, workmen's compensation, radium—has gone to the Governor

Senate Int No 438—Freiberg, Assembly Int No 660—Swartz, water pollution—has been amended and recommitted

Senate Int. No 409—Pitcher, Assembly Int No 621—Lattin, water purification—has advanced to third reading in the Assembly

Senate Int. No 408—Pitcher, Assembly Int No 623—Lattin, water supplies—has advanced to third reading in the Assembly

Senate Int No 411—Pitcher, Assembly Int No 625—Lattin, relative to local health officers—has advanced to third reading in the Assembly

Senate Int No 466—Pitcher, Assembly Int No 679—Lattin, vaccination—has advanced to third reading in the Assembly

Senate Int No 467—Pitcher, Assembly Int No 680—Lattin, prevention of rabies—has advanced to third reading in the Assembly

Senate Int No 565—Pitcher, Assembly Int No 810—Lattin, health districts in state parks—has advanced to third reading in the Assembly

Senate Int No 813—Wales, Assembly Int No 1132—Whitcomb, hospital fire alarms—has been reported out of committee in the Senate and advanced to third reading in the Assembly

Assembly Int No 566—Dickey, habit forming drugs—has been amended and still remains with the Codes Committee

Hearings

March 5—2 P M Five bills on old age welfare, before joint Committee on Finance and Ways and Means

March 6—2 P M All bills relating to occupational diseases before Joint Labor Committees

March 13—2 P M Senate Int No 112—Love (Assembly Int No 523—Esquirol), habit forming drugs—Senate Health Committee

The Senate Judiciary Committee accorded the hospital lien bill a hearing on Tuesday There appeared in its support representatives of the State Hospital Association and several prominent superintendents of hospitals, and your executive officer The opposition consisted of representatives of the New York Central Railroad Company and the trolley companies of New York City Prominent members of the bar had also filed opposition It is possible that the bill may be amended so as to limit its application to cases that come into court. We are inclined to accept such amendment, feeling that half a loaf is better than nothing at all

We have been informed that the Regents, before adjourning on Washington's birthday, took a vote as to whether they should support the osteopaths in their request, and decided that they would not

Considerable opposition is developing, particularly among dentists, to the Department of Education's bill—Senate Int No 512—Webb, Assembly Int No 755—Rice—which we announced as an effort on their part to establish uniform regulations for the various professional examining boards The Regents have announced that on Saturday morning, March 2nd, they will give a hearing upon the bill in New York City

Assembly Int. No 362—Higgins, is a bill we did not call to your attention to before, but we have decided that it may, after all, have a considerable general interest. Mr Higgins would amend the Civil Practice Act by raising the amount of wages from $12 00 to $35 00 or more per week, which can be garnisheed for the security of debts Collection agencies have informed us that this would prevent them from collecting a great many debts for physicians, and they also feel that the present law does not work a hardship in that it permits the court to require ten per cent of the weekly salaries when it amounts to $12 00 or more, but also permits the court to use its discretion as to whether the amount may not be less By raising it to $35 00, of course all weekly salaries of less amount would be exempt

The Christian Scientists are making an effort to have included in the Poor Law bill the following definition of medical care, which would permit them to treat cases in hospital "'Medical care' shall include any remedial care or treatment lawfully practiced in this state" We have called the attention of the sponsors of the bill to the regulation adopted by the American Medical Association, the American College of Surgeons, the Catholic Hospital Association, and the Protestant Hospital Association This regulation, which is common to all of these associations, specifically states that none but regularly licensed, practicing physicians may be admitted to membership on the hospital staff or treat cases on the wards

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We want to thank those who were good enough to write us their opinions on the bills submitted with our last bulletin We hope that the number of interested chairmen may increase, because we are largely dependent upon their suggestions and are exceedingly grateful for the assistance they thus render us

Henry L K Shaw,
Harry Aranow,
Garrett W Timmers,
Committee on Legislation,
Medical Society of the State of New York

Approximately five hundred people, equally divided in number, appeared for and against the Remer contraceptive bill at the hearing given by the Codes Committee on Tuesday, February 19th For a number of years interest in this bill seemed to be lagging and, without doubt, the interest this year was stimulated materially by the entrance into the discussion of women's organizations and church groups Opposition to the bill was so pronounced that it is quite likely to share the fate of its predecessors

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We learned that the osteopaths requested the Regents' support for the following amendment to the medical practice act that "A license to practice osteopathy shall not permit the holder thereof to administer drugs or perform surgery involving the opening of a natural body cavity, or the amputation of an extremity, or other surgery generally *considered hazardous to life* Notwithstanding the foregoing provisions, a person licensed to practice osteopathy may use in the treatment of patients the following therapeutic agencies—anaesthetics, antiseptics, vaccines, antitoxins, and narcotics by administration but not prescription" The Regents Committee on Law and Legislation gave the osteopaths a hearing on the matter Friday, February 22nd The Medical Society was invited to send representatives to the hearing, and the following attended Dr Shaw, Dr Trick, Dr Card, Dr Sadlier, the counsel and the executive officer In our opinion, the osteopaths fell short of their expectations

We are enclosing a copy of the ambulance chasing bill (Sen Int No 281—Sheridan, As Int No 364—Moran), which we reported in bulletin No 2 as having been introduced We should like very much to have you read this bill carefully and immediately advise us whether, in your opinion, it should be enacted into law There are several bills similar in character, only relative to the profession of law, before the legislature, indicating that it is quite likely some measures will be taken to correct the deplorable conditions mentioned in Commissioner Rogers' report

There is a rumor that the legislature is planning to adjourn about the middle of March.

HENRY L K. SHAW,
HARRY ARANOW,
GARRETT W TIMMERS
Committee on Legislation,
Medical Society of the State of New York

LEGISLATIVE BULLETIN No 7—March 1, 1929

The following bills in which we have an interest were introduced since the last bulletin was written

STATE DEPARTMENT OF HEALTH

Senate Int No 1032—Downing, Assembly Int No 1325—Alterman, amends State Charities Law, dividing cost on 50% basis of maintaining and treating children in the state orthopedic hospital for children between state and county in which child resides, where cost has not been paid by parents or other persons

Senate Int No 1037—Pitcher, Assembly Int No 1337—Lattin, adds new section to the Health Law, requiring state to pay one-half of salary of health officer in every city of 50,000 or more, but only $3,000 if salary exceeds $6,000

Senate Int No 1057—A J Kennedy, provides that vaccination requirement shall not apply to minor whose parents or guardian object to his vaccination

OLD AGE ASSISTANCE

Senate Int No 1069—Antin, creates temporary commission to ascertain most practical and efficient method of providing security against old age want and appropriating $25,000

CHIROPRACTIC

Assembly Int No 1384—Esmond, chiropractic bill We have not yet seen this bill, but we notice that it has been referred to the Ways and Means Committee, which may indicate that it carries an appropriation If it does, in our opposition we shall make the most of that feature and thereby elicit the support of all those economically inclined

WORKMEN'S COMPENSATION

Senate Int No 1801—Kirkland, Assembly Int No 1391—Goodrich, amends Labor Law generally by providing, among other things, for a council of industrial standards and appeals, to replace the industrial board, and creating a workmen's compensation board, referees to be appointed on recommendation of workmen's compensation board at $8,000 a year, and appropriating $41,500

Senate Int No 679—Mastick, Assembly Int No 1228—Moffat, amends Workmen's Compensation Law by providing compensation for all diseases arising out of employment

PROGRESS ON BILLS

Senate Int No 323—H D Williams, Assembly Int No 416—Lattin, nurse registry bill—

METHOD OF MALPRACTICE DEFENSE

The following correspondence was occasioned by a paper by Mr Lloyd P Stryker, Counsel of the Medical Society of the State of New York, on "The Legal Aspects of the Practice of Medicine," which was presented before the Geneva Academy of Medicine on January 10, 1929, and was published on page 211 of the February 15 JOURNAL Dr Thomas W Maloney, of Geneva, wrote to Dr Harry R. Trick, President of the Medical Society of the State of New York, asking for further light on the questions suggested by Mr Stryker's paper Dr Trick referred the questions to the Executive Committee of the Council of the Medical Society of the State of New York, which authorized a formal reply to the questions, and directed that the reply be published in the NEW YORK STATE JOURNAL OF MEDICINE

The following are the letter and the reply—*Editor's note*

My dear Dr Trick

In order to clear my mind of a possible misapprehension as regards the defense for mal-practice featured by the State Society in case of suit against its members, I request you to furnish me with the information embodied in the following questions

As a prelude to the questions, I offer the following information Mr Lloyd Paul Stryker, Counsel of the Medical Society of the State of New York addressed the members of the Geneva Academy of Medicine on Thursday, January 10th, 1929, reading a paper entitled "Legal Aspects of the Practice of Medicine" On the same evening Mr H F Wanvig of New York who at the request of the State Society in 1921 organized and has since supervised the present Plan of Group Insurance also read a paper, the subject of which was "The History and Significance of the State Society's Group Plan of Insurance" These papers were both opened for discussion. During the discussions, it was brought out by Mr Stryker that any member of the State Society was within his rights and was privileged to carry his insurance against mal-practice in any company which he chose, but that if any member of the State Society carried his insurance in any company except the Aetna, he—Mr Stryker—would not participate at the trial except as Chief Counsel of the defense He stated further that the facilities of his office, in so far as the investigation of the circumstances leading up to an alleged mal-practice action was concerned, would be extended to any member of the State Society and he stated also, in substance, that his office would assist any counsel in the preparation for trial

Assuming that an insuring Company, other than the Aetna, preferred to employ as Chief Counsel, another than who represents the Medical Society of the State of New York, and assuming that the Counsel of the State Society refused to act as an associate in the defense, the conclusion appears to be that the member would not receive the defense to which his membership in the State Society entitles him and which defense is given to the members insured in the Aetna Insurance Company

The defense in case of suit for alleged malpractice always has been considered by the members of the State Society as one of the most valuable features of membership therein For this reason it is believed the following questions and answers thereto should make clear to the members of the State Society just what they may expect in case they are unfortunate enough to be sued for mal-practice

Questions

(1) Does the State Society provide its members with defense in case of suit for malpractice?

(2) Does the State Society provide defense against malpractice for those who are insured in the Aetna Insurance Company?

(3) Does the State Society provide defense against malpractice to its members who are insured in the companies other than the Aetna Insurance Company?

(4) Does the State Society provide defense against malpractice to its members insured in the Aetna Insurance Company in a different degree than to those who are insured in any other company?

(5) "Regardless of who the insurance carrier is, and if it is satisfactory to said carrier, *would* Mr Stryker, State Society Counsel, have to take the case of a State Society member should such occasion arise?" (this question by request of Dr Crance)

(6) Has the State Society changed its constitution and/or by-laws as regards the defense against malpractice since the organization of the Group Insurance Plan in 1921?

My dear Dr Maloney

Your letter of January 18, 1929 addressed to Dr Trick, was referred by him to the Executive Committee of the Medical Society of the State of New York for its consideration This Committee after consideration and after conference with Mr Stryker, has decided to reply to your letter to Dr Trick.

LEGISLATIVE SPECIAL BULLETIN—MARCH 4, 1929

The Esmond Chiropractic bill—Assembly Int. No 1384, Print No 1533—is of the same character as those he has introduced in former years It provides for the appointment of a special examining board by the Governor, the only qualifications of the members shall be that they are chiropractors He has taken great pains to outline the form of instruction future chiropractors shall be obliged to take, but, by the usual waiver clause, would license all persons who are practicing in the state at the present time The bill also would give authority to the chiropractic board to accept applications for licensure from chiropractors of other states, and although other examining boards recommend to the Regents such persons for licensure, this law would make the chiropractic board's recommendations "final and conclusive"

The bill has purposely been drawn so as to have it referred to the Committee on Ways and Means instead of the Committee on Public Health, in which it has been buried so frequently

You are urgently requested to get in touch immediately with members of this committee, and especially make certain that if your Assemblyman is on the committee, he thoroughly appreciates the importance of killing the bill

ASSEMBLY COMMITTEE ON WAYS AND MEANS

Hutchinson, Fulton-Hamilton, Porter, Essex, Lord, Chenango, Lattin, Orleans, Miller, Genesee, Robinson, Tompkins, Fake, Schohane, Pammenter, Monroe, Allen, Dutchess, Garnjost, Westchester, Borkowski, Erie, Moffat, New York, Hamill, New York, Howard, Kings, Eberhard, Bronx

HENRY L K. SHAW,
HARRY ARANOW,
GARRETT W TIMMERS,

Committee on Legislation,
Medical Society of the State of New York

LEGISLATIVE VERY SPECIAL BULLETIN—MARCH 6, 1929

We are sorry to say that we have what we consider very accurate information to the effect that the chiropractors are unusually confident of achieving success this year They are boasting that they have the support of the leaders of the majority party, and we must confess that it does seem strange to us that the bill, which is practically the same as that of preceding years, was not handed to the Committee on Public Health, but placed with the Committee on Ways and Means We do not believe for a minute that the boast which they are making is well founded, but, nevertheless, our experience with legislative matters convinces us that a legislator supports his arguments by the volume of support or opposition he receives to the measures under consideration, and so we urge, *urge, URGE* that you immediately write to the persons named below, and that you also ask every physician and lay person to do the same Make your opposition on the ground that to admit chiropractors to licensure would be to lower the state's educational standards The state is proud of its high educational standards, and rightly so, and there could be no greater calamity to the Department of Education's wonderful achievement than to admit a group of people, although few in number, to a professional standing, who can offer very little more than a high school training

Ask your associates in the professions of law, dentistry, and education to add their protests to yours These letters should be directed to the following four persons, as well as to your own Senator and Assemblyman

Hon H Edmund Machold, 9 E 41st St, New York City—Chairman of the Republican State Committee

Hon Joseph A. McGinnies, Speaker of the Assembly, Assembly Chamber, Albany

Hon Russell G Dunmore, Majority Leader, Assembly Chamber, Albany

Hon Eberly Hutchinson, Chairman Committee on Ways and Means, Assembly Chamber, Albany

Get busy with this at once, and don't stop until we send you an "enough" signal

HENRY L K SHAW,
HARRY ARANOW,
GARRETT W TIMMERS,

Committee on Legislation, Medical Society of the State of New York

corporation in and for this state, upon whom all lawful process in any action or proceeding against the corporation may be served, is guilty of a misdemeanor"

A foreign corporation is any corporation which has not been created by or under the laws of the State of New York or located in the state, and created by or under the laws of the United States, or by or pursuant to the laws in force in the colony of New York before the 19th day of April, 1775 (Civil Practice Act, Sec 7, General Corporation Law, Sec 3, subd 5)

One of the methods of disposing of an action for malpractice (and where the facts require it), a necessary method of disposing of such an action is by settlement To settle is to "adjust" a loss A lawyer therefore, who might undertake to settle an action for a foreign insurance company not authorized to do business in this state, would bring himself within the provisions of Sec 1199 of the Penal Law and would thereby be engaging in the commission of a crime The same applies to the trial of such an action, for it is clear that a lawyer who tries a case, in which an unauthorized foreign insurance company is the insurer "aids the transaction" of business The statute is very clear, it says that one who "adjusts losses or *in any manner aids* the transaction of any business" of an unauthorized foreign insurance company is guilty of a crime

We have discussed this matter with Mr Stryker and he has advised us that he would not and could not endanger his professional reputation by performing any act which was or could be construed as a criminal offense We understand and endorse his attitude in this regard and would not of course, request him to do anything which could be regarded even as unprofessional, surely we would not request or sanction the commission by him or any representative of ours of a criminal offense One of the assets of this Society is the high professional standing of our legal counsel

But this does not answer your question insofar as it may concern insurance companies which are lawfully authorized to do business in this state We are informed and believe that every such corporation provides in its policy of insurance that the policyholder must take and accept the service of the counsel which that company provides No company other than the Aetna Life Insurance Company provides the services of our legal counsel If, therefore, a policyholder in such a corporation were to refuse the services of the counsel provided by such corporation and to demand the services of Mr Stryker and the company were unwilling to accept those services, such a policyholder would be guilty of a breach of his policy and would lose its benefits In the eight years operation of the group plan, a case has never yet arisen in which such a corporation has requested our legal counsel to act as an attorney in any case involving a physician covered by such a company It such a case should arise it would be covered by a resolution adopted by the House of Delegates on March 29, 1926, which reads

"*Resolved*, that the Executive Committee of the Council shall have the power to decide whether or not a member is entitled to legal defense by the State Society against alleged malpractice claim or suit, and how many times, and to what extent he shall be defended for any claim or suit, and what aid shall be rendered in case of appeal from judgment of the court, and the procedure for conducting the defense shall be that authorized by the House of Delegates, April, 1914, and such other rules and regulations as the Secretary, the Executive Committee and the legal counsel may authorize."

(4) Does the State Society provide defense against malpractice to its members insured in the Aetna Insurance Company in a different degree than to those who are insured in any other company?

The answer to question (3) is likewise the answer to this question

(5) 'Regardless of who the insurance carrier is, and if it is satisfactory to said carrier, *would* Mr Stryker, State Society Counsel, have to take the case of a State Society member should such occasion arise?

The answer to question (3) is likewise the answer to this question, except that we might add that even if the Executive Committee acting under the resolution of March 29, 1926, previously quoted, were to request Mr Stryker to defend a member of our Society insured in some company (other than the group plan carrier) and such company was authorized to do business in this State, it would in no event make such request unless such company expressly and unequivocally agreed that Mr Stryker would have full, complete and supreme command of the case, which would include the right to make such a settlement as he saw fit to make, or to do any other thing which in his legal judgment was necessary in the proper conduct thereof, absolutely free from any direction, control or supervision of such company, its officers, attorneys and agents In this connection, we would again call your attention to that sentence which is a part of the form of agreement which an applicant for defense must sign, which reads "He renounces his own and places in the Medical Society of the State of New York *full power* to defend said action and to look after his interests, through its legal counsel"

(6) Has the State Society changed its constitution and/or by-laws as regards the defense against malpractice since the organization of the Group Insurance Plan in 1921?

The answer is no Neither the defense nor the group plan agreement are a part either of the By-Laws or of the Constitution of the Society

We have endeavored thus to answer specifically your six questions

We shall first answer the six questions which you propounded, giving our answer to each question in order

(1) Does the State Society provide its members with defense in case of suit for malpractice?

The State Society provides the following defense

(a) Under the resolutions adopted by the Council on December 5, 1913, it was provided that members of our State Society in good standing are entitled to the defense of our counsel for alleged acts of malpractice committed during the time when they were members of the Society, and provided that the doctor sued furnishes to the Secretary, the Executive Committee and the legal counsel a complete and accurate statement of his connection with and treatment of persons upon which complaints against him are based, etc , and that such doctor furnish to the Secretary, the Executive Committee or the legal counsel "such other relevant information" as may be required There are also certain other requirements, among which might be mentioned, that if the doctor sued "shall without the advice or consent of the attorney of the Society, determine to settle or compromise any claim against him, he shall reimburse the Society for the expenses incurred in undertaking his defense, and in default thereof, he shall be deprived of further privileges under this resolution" Each doctor desiring to avail himself of this defense is required to sign a written agreement which provides, among other things "For and in consideration of this defense the undersigned agrees not to compromise or adjust this claim without the consent of the Medical Society of the State of New York or its attorney *He renounces his own and places in the Medical Society of the State of New York full power to* defend said action and look after his interests, through its legal counsel The undersigned agrees not to obligate the said Society to the payment of any money whatsoever for any purpose, and will help, aid and assist and cooperate with the Medical Society of the State of New York and its attorney in the defense of said action in the securing of witnesses, in the execution of any papers properly presented to the undersigned for signature and execution, and do all things necessary and proper in the defense of the above action"

(b) A member of the Society in good standing who has taken out coverage in the Society's group plan of insurance (in the Aetna Life Insurance Company) is likewise entitled to the defense of the Society's counsel Perhaps the most important feature of the Society's agreement with the Aetna Company is that this insurance carrier agrees to use and employ the legal counsel of the Society in the defense of all malpractice actions of doctors who are insured in that company under our group plan In your letter you state "The defense in case of suit for alleged malpractice always has been considered by the members of the State Society as one of the most valuable features of membership therein" It was because of the recognition of this truth and of the unusual experience and success of our counsel in the defense of malpractice actions that this condition (*i e*, the condition that our counsel be engaged by the insurance carrier in the defense of all actions covered by it) was included in the agreement Summarizing, the two methods of defense rendered by the Society are (a) the defense of uninsured members in good standing, and (b) the defense of members in good standing who are insured in the group plan

(2) Does the State Society provide defense against malpractice for those who are insured in the Aetna Insurance Company?

The Aetna Insurance Company furnishes defense in such cases, but agrees to furnish and does furnish the Society's legal counsel

(3) Does the State Society provide defense against malpractice to its members who are insured in companies other than the Aetna Insurance Company?

As to those who are insured in foreign insurance companies which have not complied with the laws of this state and are not authorized to do business here, the State Society does not provide defense for the following reasons

The Insurance Law (Sec 26) provides that "Every insurance corporation incorporated under the laws of any other state of the United States, and doing business in this state, shall keep on deposit with the superintendent of insurance of this state, or with the auditor, comptroller or general fiscal officer of the state by whose laws it is incorporated, the same amount and character of securities which a like domestic insurance corporation is required to deposit with the superintendent of insurance of this state***," The Insurance Law provides further "No foreign insurance corporation shall transact any business of insurance in this state until it has executed and filed in the office of the superintendent of insurance a written appointment of the superintendent to be the true and lawful attorney of such corporation in and for this state, upon whom all lawful process in any action or proceeding against the corporation may be served with the same effect as if it was a domestic corporation Service upon such attorney shall thereafter be deemed service upon the corporation"

Sec 1199 of the Penal Law provides that "Any person acting for himself or for others, who solicits or procures, or aids in the solicitation or procurement of policies or certificates of insurance from, or *adjusts losses or in any manner aids* the transaction of any business for, any foreign insurance corporation, which has not executed and filed in the office of the superintendent of insurance, a written appointment of the superintendent to be the true and lawful attorney of such

COMMITTEE ON SCIENTIFIC WORK

There are two prizes which may be awarded at the Annual Meeting of the Medical Society of the State of New York

The Merrit H Cash Prize—This prize was established by Dr Merrit H Cash in 1863 and is given to the author of the best original essay on a subject designated by the Committee on Prize Essays Competition is limited to the members of the Medical Society of the State of New York, who at the time of entering the competition are residents of New York State

The essay shall be typewritten or printed, and the only means of identification of the author shall be a motto or other device It shall be accompanied by a sealed envelope having on the outside the same motto or device, and containing the name and address of the writer

The Lucien Howe Prize—In 1906, the late Dr Lucien Howe, then residing in Buffalo, N Y, presented the State Medical Society with a prize fund, the interest of which is to be used by the Society for the presentation of a suitable medal for the best original contribution to our knowledge of some branch of surgery, preferably ophthalmology The author need not be a member of the Medical Society of the State of New York

"The method of presenting the communication and of awarding the prize shall be substantially the same as that followed in regard to prize essays That is to say, the communication shall be typewritten or printed, and the only means of identification of the author shall be a motto or other device It shall be accompanied by a sealed envelope having on the outside the same motto or device, and containing the name and address of the writer If, in any year, the committee does not deem any essay or communication which is offered worthy of the prize, then it shall not be awarded, and the interest for that year shall be added to the principal"

The attention of the members of the Society is drawn to these two prizes It is hoped that this year many communications will be placed in competition

Prize essays must be submitted before May 15th They must be directed to the Committee on Prize Awards, Medical Society of the State of New York, 2 East 103rd St., New York City

If any identification marks other than the ones prescribed are attached to the essay, it will be debarred from the competitions

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The Surgical Section of the Society having in charge the General Wednesday Afternoon Session has proposed the following program

"Diseases of the Breast," Dr Jonathan M Wainwright, Scranton, Pa (By invitation)

"Intestinal Obstruction," Dr John B Deaver, Philadelphia, Pa (By invitation)

"Toxemias of Pregnancy," Dr John O Polak, Brooklyn, N Y

This, we believe, will offer to all members of the Society an excellent opportunity to meet men of international reputation and hear them present their personal experiences in such a comprehensive, enlightening way that the messages they bring will be of actual value in the care and treatment of patients

We again call attention to the fact that this year there will be no section meetings on either Tuesday or Wednesday afternoons, for at those times the entire membership will gather together in one large hall and listen to the addresses of men of note and the enlivening discussions which are certain to follow

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AMERICAN MEDICAL ASSOCIATION CONVENTION, PORTLAND, ORE

The American Medical Association National Convention will convene at Portland, Oregon, July 8, 1929 This meeting will be the occasion for the transaction of important business and constructive effort on the part of all who attend, and a representative registration is anticipated

Portland, with a delightful climate, will permit full recreation Sixteen splendid golf courses to select from—hundreds of miles of paved highways will make easily and quickly accessible beaches, mountains, forests, waterfalls, and the many other fascinating, colorful scenic attractions of the Convention City, and its beautiful environmental and recreational districts

Transportation from the Atlantic Seaboard to the Pacific Coast is always a problem involving considerable detail The Committee appointed by the President, has, after careful consideration of many plans, with your comfort and interest in mind, adopted the following arrangements

Leaving New York City at a convenient hour, June 30, 1929, traversing the great Empire State by daylight, arriving at Chicago mid-day, where time will be allowed for a brief stop, thence into the heart of the cool Great North West, arriving at Glacier National Park, where mystery mountains, valleys, glaciers, lakes and rivers, set off with forests, and gay with ever-changing flowers, will fascinate and

There is another paragraph of your letter which we will discuss briefly This paragraph reads

"Assuming that an insuring Company, other than the Aetna, preferred to employ as Chief Counsel, another than he who represents the Medical Society of the State of New York, and assuming that the Counsel of the State Society refused to act as an associate in the defense, the conclusion appears to be that the member would not receive the defense to which his membership in the State Society entitles him and which defense is given to the members insured in the Aetna Insurance Company"

We do not agree with the conclusion which you state For the benefit of its members, the New York State Medical Society retains a lawyer of high standing in his profession and one peculiarly experienced and equipped in medico-legal and malpractice matters He is not engaged to act as a subordinate or assistant to someone else, but for the purposes which his title implies, namely, general counsel The State Society by inaugurating and maintaining the system of defense which it maintains, has at heart the interests of all of the members of the Society The proper defense of each case is a matter of concern to every member of the Society and to the Society itself No professional man, whether he be lawyer or doctor, can give the best that is in him unless he is in command of the case which he assumes Complete responsibility implies complete control The trial of a law suit is not a place for differences of opinion between counsel on the same side of the case There must be one general and only one in command Mr Stryker has advised us and we agree with and endorse his position, which is that he would be unwilling to act "as an associate in the defense" where some other lawyer was acting as "chief counsel" Not only do we agree with him in this, but it is plain that his attitude is consistent with that part of the agreement which the applicant for defense must sign, namely, the sentence previously quoted wherein "He renounces his own and places in the Medical Society of the State of New York *full power* to defend said action and look after his interests, *through its legal counsel*"

For many years before the inauguration of the group plan, the only method of defense furnished by the Society was the defense of its counsel which, while an extremely valuable privilege, gave the individual doctor no protection in the event that a settlement was required or that (as must sometimes happen) a judgment was rendered against him It was for this reason, and to provide indemnity as well as legal defense of the physician, that the group plan was inaugurated The history and nature of this plan has been many times described in our State Medical Journal, a good summary of it was contained in the report of the Insurance Committee of the Executive Committee, which appeared in the New York State Journal under date of October 15, 1928, at page 1,244 The Society's sole interest in this group plan lies in the fact that through constant study by many officers and many committees, and from a long experience it has been deemed a very wise and beneficial arrangement for the individual doctors Of course, no member of the Society is forced to insure himself in this plan, if he does not desire to do so He is in this respect, as in all others, a free agent. In times past, before the inauguration of the group plan, where a physician was insured in some company, so far as we know, it was the invariable practice for such an assured to accept the service of the counsel of that company, rather than the counsel of the Society The purpose of the Society's defense is to furnish its members with the defense of its counsel where they are not insured. Where they are insured in the group plan the Society's agreement with the insurance carrier is that the insurance carrier shall provide the services of the Society's legal counsel

In your letter, you further state (referring to Mr Stryker's appearance before the Geneva Academy of Medicine) "He stated further that the facilities of his office, *in so far as the investigation of the circumstances* leading up to an alleged malpractice action was concerned, would be extended to any member of the State Society and he stated also, in substance, that his office would assist any counsel in the preparation for trial."

Mr Stryker advises us that he believes you are partially mistaken in your recollection of what he said, that he did not say that (in cases of which he was not in charge) he would extend the facilities of his office as to "the investigation of the circumstances leading up to an alleged malpractice action," but that what he did say, and what he has always done, is that in any case involving a member of the Society, whether or not he is insured in the group plan, he would be glad to confer with that doctor or the counsel of the company in which he may have insured himself, in order through such conference to advise and instruct such counsel in the duties which he may have assumed

This, however, of course, would not apply to assisting counsel for an unauthorized insurance company, as by rendering such assistance Mr Stryker might be deemed in some manner to be aiding the transaction of the business of such unauthorized company, and thereby directly or indirectly participating in a criminal offense.

We have written you at some length in an endeavor to answer all of your inquiries

Very truly yours,

HARRY R TRICK,
President

D S DOUGHERTY,
Secretary

MEDICAL WARES

ADVERTISEMENTS

Advertisements are necessary in medical journals for several reasons They inform doctors where they may obtain supplies The increased sales resulting from the advertisements enable manufacturers to improve their products and widen their distribution, and to conduct research departments, many of which rival those of medical schools in equipment and quality of work

The service rendered by medical journals, like that by a physician, is both impersonal and personal The reading matter and news columns of a medical journal are impersonal They deal with matters of general interest and no contributor profits financially by the items On the other hand, the advertisers profit by the distributing service offered to them by the Journal They are the private patients of the Journal and expect to pay for what the Journal does for them

A medical journal, like a doctor in private practice, expects to supervise its patrons, to diagnose their conditions, to prescribe the remedies, and to assist in carrying out the directions

A medical journal may assume the attitude of a drug clerk and either hand out what a customer calls for, or say that the article is not carried in stock The Journal may reply to the advertiser, "No, we do not carry that kind of advertising," or it may take the attitude of a doctor to a patient, and say, "Your advertisement is sick or defective, but here is the way to cure it, and when its defects are remedied, we will accept it"

An advertisement in a medical journal is intended to impress physicians Its first essential is that it should be scientifically truthful in its statements Advertisers in their zeal search through medical literature and are usually able to quote statements that confirm their most optimistic claims But doctors expect each advertiser to state the truth without recourse to long words which make the advertisement read like the harangue of a negro preacher

The medical profession can influence advertisers best by editing their copy and showing them wherein their claims are exaggerated or false Most advertisers seeking admission to medical journals are honest and sincere in their efforts to conform to the wishes and standards of physicians, and they say, "How can we know the copy to be edited They also say that they will try to adopt the suggestions of the editors as they prepare copy for lay periodicals, so that their advertisements shall conform to one standard To raise the standard of medical advertisements attitude of the medical profession unless doctors tell us that the quotations that we find in reputable medical books and journals do not represent the opinions of modern physicians?" It is surprising how many objectionable advertisements can be made acceptable by the change of a few words which do not affect the general style of the advertisement

Medical products whose advertisements are offered to medical journals may be divided into three classes

1 Those used by doctors only
2 Those used by both doctors and laymen
3 Those used by laymen only

There is seldom any trouble with an advertisement of an article used only by the medical or allied professions These articles are nearly always well written, scientific, and truthful, and are always acceptable to any medical journal

Advertisements of medical products sold to laymen only also give editors little worry, for they are rejected because they are written in the exaggerated style of the quack Practically all medical journals agree that cosmetics, beauty restorers, and patent medicines have no place in their columns

Advertisement articles which are sold to both doctors and laymen arouse controversy principally because the manufacturers and dealers sometimes have one set of statements for doctors and another for laymen It seems to be a principle of advertisers in newspapers and magazines that the manufacturer who makes the best claims stands the best chance of selling his goods The standard of a medical journal is that an advertisement shall tell the truth without exaggeration

There is sometimes a question as to whether or not a product, such as that for external use, shall be considered a therapeutic agent If the use of a harmless plaster or ointment allays pain, soothes a part, or relieves distress of either body or mind, it is an ethical product according to medical standards, and its use by physicians is permitted But doctors object to the claim that a household remedy can cure any disease at all

Will manufacturers and dealers accept the advice of physicians and medical editors? Experience shows that they will welcome the suggestion of physicians and accept the editing which medical journals may require Advertisers have shown a spirit of cooperation in accepting the editorial printed on page 160 of the February first issue of this JOURNAL, and are offering their

charm Invigorated by our three-day tour of this ideal vacation land, we again resume our westward journey through the Rocky Mountain section, arriving at Portland with mind clear and body rested, prepared for convention activities

On our return we will for three and one-half days enjoy the diversity and wonders of Yellowstone National Park, visit Salt Lake City, thence via the scenic Utah-Colorado Rockies paralleling the mighty Colorado River with its indescribable scenic attractions, passing through "Tennessee Pass," "Canon of the Arkansas River," with brief stop at "Hanging Bridge," visiting Denver, the Capital of the great State of Colorado, terminating our sightseeing and educational features with a visit to the marvelous region within the boundaries of the "Rocky Mountain National Park," arriving back in New York July 24, 1929

With three of our great National Parks included in our tour, and every necessary detail carefully planned, recreation, fellowship and carefree travel are our offering to the members of the State Society

We cordially invite our members and their families to join in this ideal vacation tour Your cooperation will make it possible for railroads interested to provide a special train with its many advantages for our exclusive accommodation Further announcements will be forthcoming

JOHN A CARD, Poughkeepsie, N Y,
ARTHUR W BOOTH, Elmira, N Y,
Transportation Committee

ULSTER COUNTY

The regular meeting of the Medical Society of the County of Ulster was held in the coffee shop of the Governor Clinton Hotel, Tuesday evening, February fifth, beginning with a short business session In the absence of the president, E F Sibley, vice-president, occupied the chair C T Gervais, of Milton, and Augustus S Keefe and Harold Rakov of Kingston, were elected members of the society, and Charles B J Mittlestaedt was transferred from New York County membership to Ulster County

The membership of the standing committees for the year was announced, as follows Committee on Legislation Alexander A Stern, Chairman, Mark O'Meara, Mary Gage-Day Committee on Public Health Raymond S Crispell, Chairman, Joseph Jacobson, Frederic W Holcomb Committee on Milk William J Cranston, Chairman, Hugh S Chidester, Saugerties, Frank M Holcombe, Ellenville

Dr William A Howe, Head of the Bureau of State Medical Inspection of School-children gave a talk on "School Health Program" Dr Howe expressed himself, as highly gratified over the interest being taken, in preventive medicine, both for the child and the adult In fact, he considered the prevention of all mal-adjustments in life, both mental and physical, to be a work of real progress He compared the beginnings of Medical Inspection with its part time service, with the present when there are forty-five full time Medical Inspectors in New York State He gave a most interesting illustration of the great benefits, which had come to the school-children, from medical inspection The speaker emphasized the importance of medical leadership in all this work, and he pleaded with every physician in the county to stand behind the school-medical work He believed, that close cooperation, would greatly increase the benefits of medical inspection

Statistics show that all over the state, from sixteen to fourteen per cent of the school children are retarded In some cases this was due to mental defects and in others it was due to physical He believed that when there was more ideal cooperation and better medical leadership, some of this retardation might be prevented, thereby securing greater happiness and usefulness to the individuals, as well as saving much expense to the state, for every school-repeater is an added expense to the school system In this state, women physicians had been very successful as medical inspectors At the present time 700,000 or 77% of the school children are being inspected and 580,000 defects had been discovered, some serious, others slight, and 275,000 defects were receiving attention

After a general discussion, refreshments were served, after which Dr Raymond Crispell gave a very interesting talk on Endocrinology He warned the doctors not to accept all the rosy advertisements of the manufacturing firms at full value, for our real knowledge of the internal secretions was very slight There was considerable discussion of this subject after which the meeting adjourned

The Superintendent of the City Schools, the Principal of the High School, and members of the Board of Education were the guests of the County Medical Society

F H Voss, *Secretary*

SKYSCRAPER HOMES

The impression that all New York buildings are rising higher and higher is disproved in an editorial in the New York *Times* of February 21, which says

"That New York homes, taking the city as a whole, are destined to be pitched in topless towers is not true. The great metropolises, as places of residence, are not piling up, but are decentralizing The real process now under way is not urbanization, but suburbanization

"In New York City it has been true for ten years that Manhattan of the minarets has been fast losing population The drift has been to the outlying boroughs with a moderate skyline The Bronx shelters its near two millions in apartment houses of about the same height as Manhattan buildings before the skyscraper Queens has nearly a million people living, largely, in two-story homes Inasmuch as Queens has been heavily populated by migrations from Manhattan, this means that in the city as a whole a great many more people have gone down in the world, from five stories to two, than have gone up, from five stories to fifteen or even forty-five For all our towers, business and residential, the average height of Manhattan's buildings is probably four stories, we still have miles of three-story brownstone and two-and-a-half-story brick residences, on the side streets and in the lower part of the town"

While dwelling houses in general are only three or four stories high, yet some of the most desirable houses are bungalows located on the tops of immense skyscrapers whose roofs are big enough to permit the tenants to cultivate vegetable gardens

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SAFETY FIRST FOR CHILDREN

The safety first campaigns conducted in schools is bearing results according to the following editorial in the New York *Sun* of March 1

"In 1922 the increase in child deaths began to arouse public interest, with the result that accident prevention began to be generally introduced into school curriculums Until 1924, the safety magazine recalls, the number of children killed in accidents in the United States steadily increased The downward trend was first observed in that year Since then the reduction has continued, despite an increase in the number of vehicles using the roads and in the number of children exposed to street mishaps The saving in children's lives is more significant when it is considered that 'for the population as a whole the number of accidental deaths is going steadily upward each year'

"Of the great variety of fads and contests introduced into the schools in recent years safety education seems to be destined for a permanent place in the curriculum This is one bit of propaganda which has fully justified itself"

PUBLICITY AND INFLUENZA

The New York *Times* of March 2 draws wise conclusions regarding the effect of publicity and education in the prevention of influenza when it says

"Health Commissioner Wynne praises his department's publicity in helping to check the ravages of the recent influenza epidemic Except as this policy sometimes attempted to minimize the danger of infection, it doubtless was of educational value It served to draw attention to the necessity of simple precautions

"From England comes the report of an editorial in *The Lancet* characterizing as knaves and fools victims of influenza who do not go straight to bed This is in line with the advice published in New York Despite the fact that little is still known of the nature of the 'flu' and how it is transferred from one person to another, the presumption is that if the victim goes to bed immediately he lessens the likelihood of spreading the disease and increases his own chances of early recovery

"The world has been slow to recognize the damage caused by the various ailments which we call 'colds,' 'grip' or 'influenza' The very fact that they now bring forth campaigns of health publicity such as that to which the Health Commissioner refers is an indication that the public at large is adopting a more sensible attitude in the matter"

THE DAILY PRESS

HOOVER ON HEALTH

President Herbert Hoover, in his inaugural address on March 4, touched on health as follows, as reported in the New York *Herald-Tribune* of March 5

"There is an equally important field of co-operation by the Federal government with the multitude of agencies, state, municipal and private, in the systematic development of those processes which directly affect public health, recreation, education and the home We have need further to perfect the means by which government can be adopted to human service

"In public health the discoveries of science have opened a new era Many sections of our country and many groups of our citizens suffer from diseases the eradication of which are mere matters of administration and moderate expenditure Public health service should be as fully organized and as universally incorporated into our governmental system as is public education The returns are a thousand-fold in economic benefits, and infinitely more in reduction of suffering and promotion of human happiness"

That Congress is considering the Nation's health is shown by the following editorial from the New York *Times* of February 20 In describing a Senatorial bill to create a National Institute of Health, the editorial says

"The bill was unanimously reported from the committee It has the approval of Secretary Mellon, who points out that it would not only make possible the use of existing governmental machinery without setting up new bureaus, but might encourage private gifts to the government in aid of the study of health problems He has also stated in a letter to the chairman of the Senate committee that he is advised by the Bureau of the Budget that the appropriation which it carries "is not in conflict with the financial program of the President" This comes very near implying a Coolidge endorsement of the measure.

"Assured is the endorsement of the leading scientific societies, of the American Medical Association, the American Public Health Association and the American Farm Bureau Federation and of many other organizations interested in public health, as well as of many prominent men in the field of medicine and education, including Dr Ray Lyman Wilbur, Dr Mayo, Dr Treat Johnson of the Yale Medical School and Dr Reid Hunt of the Harvard Medical School"

The plan outlined in the bill is an expansion of present agencies which may naturally develop into a department headed by a cabinet officer

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VIVISECTION ARGUMENTS

The New York *Sun* of March 4 prints letters from which the following excerpts are taken

"If you will write to the New York Anti-Vivisection Society, 1860 Broadway, New York, or to Vivisection Investigation League, United Charities Building, New York, you will be furnished with literature that will prove to you conclusively that animal experiments do not help to "spare a child suffering" These experiments are all compiled from doctors' books"

The next letter refers to the opinion of one who is "a firm believer in vivisection, on the theory that it is far better to take the life of an animal, if so doing will spare a child much suffering" The letter continues

"This theory appeals to what is basest and most cowardly in mankind As Bernard Shaw says 'We are prepared to snatch at any dirty receipt for immortality rather than face death like ladies and gentlemen'

"It is not one life sacrificed but countless lives, the never-ending slow, hideous torture of innocent defenseless creatures by practices which it would challenge the ingenuity of hell itself to duplicate

"Vivisection, over 2,000 years old, has never saved a single life, on the contrary, it has led the healing art into grotesque blunders D A. Pugh can verify this at the Antivivisection Society

"Morally, it is indefensible! The right to save one's life has its limits We have no right to save life (our own or another) by an act of dishonor

"We are not opposed to doctors, as such, personally, I have known many fine doctors, but we oppose devilish deeds which are as futile as they are unnatural"

Physicians should know something about these and other arguments with which antivivisectionists beseige legislators and a long-suffering, sentimental public

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BOOKS RECEIVED

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them A section from this column will be made for review, as dictated by their merits, or in the interests of our readers.

INTERNATIONAL CLINICS Edited by HENRY W CATTELL, A M, M D Thirty-eighth Series, Volume IV Octavo of 312 pages, illustrated Philadelphia and London, J B Lippincott Company, 1928

ANNUAL REPORT OF THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR 1928 Octavo of 346 pages Washington, United States Governent Printing Office, 1928

THE FUEL OF LIFE. Experimental Studies in Normal and Diabetic Animals By JOHN JAMES RICKARD MACLEOD, M B, LL D Octavo of 147 pages Princeton, Princeton University Press, 1928 Cloth, $2 50

METHODS AND PROBLEMS OF MEDICAL EDUCATION (Eleventh Series) Quarto of 263 pages, illustrated New York, Division of Medical Education, The Rockefeller Foundation, 1928

A COMPEND OF DISEASES OF THE SKIN By JAY FRANK SCHAMBERG, A B, M D Eighth Edition 12mo of 324 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $2 00 (Blakiston's Compends)

RECENT ADVANCES IN BACTERIOLOGY AND THE STUDY OF THE INFECTIONS By J HENRY DIBLE. Octavo of 363 pages, with 22 illustrations Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $3 50

MEDICAL CLINICS OF NORTH AMERICA Vol. 12, No 4 January, 1929 (Philadelphia Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues), cloth, $16 00 net, paper, $12 00 net.

AN INTRODUCTION TO THE HISTORY OF MEDICINE, with Medical Chronology, Suggestion for Study and Bibliographic Data By FIELDING H GARRISON, A B, M D Fourth Edition. Octavo of 996 pages, illustrated Philadelphia and London, W B Saunders Company, 1929 Cloth, $12 00

DISEASES OF THE NERVOUS SYSTEM A Text-book of Neurology and Psychiatry By SMITH ELY JELLIFFE, M D, Ph D, and WILLIAM A WHITE, M D Fifth Edition Octavo of 1174 pages, illustrated Philadelphia, Lea and Febiger, 1929 Cloth, $9 50

A HANDBOOK OF CLINICAL CHEMICAL PATHOLOGY By FRANK SCOTT FOWWEATHER, M D 12mo of 216 pages, with 18 illustrations Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $3 00

THE INFANT AND YOUNG CHILD ITS CARE AND FEEDING FROM BIRTH UNTIL SCHOOL AGE. A Manual for Mothers By JOHN LOVETT MORSE, A M, M D, EDWIN T WYMAN, M D, and LEWIS WEBB HILL, M D Second Edition, revised 12mo of 299 pages, illustrated. Philadelphia and London, W B Saunders Company, 1929 Cloth, $2 00

PEDIATRICS FOR THE GENERAL PRACTITIONER. By HARRY MONROE MCCLANAHAN, A M, M D Octavo of 606 pages with 230 illustrations Philadelphia and London, J B Lippincott Company, 1929 Cloth, $6 00

POCKET ATLAS OF ANATOMY By VICTOR PAUCHET and S DUPRET 12mo of 306 pages, illustrated New York, William Wood and Company, 1928 Cloth, $4 00

A TEXT-BOOK OF MEDICINE. By various authors Edited by J J CONYBEARE, M C, M.D Oxon., F.R.C P Octavo of 976 pages New York, William Wood and Company, 1929 Cloth, $8 00

PATHOLOGY FOR STUDENTS AND PRACTITIONERS Authorized translation of the Lehrbuch der Pathologischen Anatomie by DR. EDWARD KAUFMANN Translated by STANLEY P REIMANN, M D Octavo of three volumes containing 2452 pages, with 1072 illustrations. Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $30 00

ERYTHEMA NODOSUM By J ODERY SYMES, M.D 12mo of 72 pages, illustrated New York, William Wood and Company, 1928 Cloth, $2 00

MODERN PROBLEMS IN NEUROLOGY By S K KINNIER WILSON, M D, B Sc Octavo of 364 pages, illustrated. New York, William Wood and Company, 1929 Cloth, $6 00

SURFACE ANATOMY By ARTHUR ROBINSON, M.D., F.R.C S, and E B JAMIESON, M.D Octavo of 175 pages, illustrated New York, William Wood and Company, 1928 Cloth $6 00 (Oxford Medical Publications)

THE STORY OF MODERN PREVENTIVE MEDICINE. Being a Continuation of the Evolution of Preventive Medicine, 1927 By SIR ARTHUR NEWSHOLME, K.C.B., M.D 12mo of 295 pages Baltimore, The Williams and Wilkins Company, 1929 Cloth, $4 00

THE HARVEY LECTURES Delivered Under the Auspices of the Harvey Society of New York, 1927-1928 Under the Patronage of the New York Academy of Medicine. By DR. EDWARD FRANCIS and others Series XXIII Octavo of 280 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1929 Cloth, $4 00

REPORT OF THE INTERNATIONAL CONFERENCE ON CANCER LONDON, 1928 Held Under the Auspices of the British Empire Cancer Campaign. Octavo of 588 pages New York, William Wood and Company, 1928. Cloth, $12 00

SURGICAL CLINICS OF NORTH AMERICA. Vol. 9, No 1 February, 1929 (Mayo Clinic Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12 00 net.

A SHORTER ANATOMY WITH PRACTICAL APPLICATIONS By E WOLFF, M D, B S, F R C S Octavo of 451 pages illustrated New York, William Wood & Company, 1929 Cloth, $6 00

CERTIFIED MILK CONFERENCES HELD IN 1928 Annual Conference American Association of Medical Milk Commissions, Inc., and Certified Milk Producers' Association of America, Inc., Minneapolis, Minn, June 11-12, 1928, etc. Octavo of 328 pages

A DOCTOR'S LETTERS TO EXPECTANT PARENTS By FRANK HOWARD RICHARDSON, M D Octavo of 118 pages New York, "Children—The Parents' Magazine," and W W Norton & Company, Inc., 1929 Cloth, $1 75

BOOK REVIEWS

BRONCHIAL ASTHMA. Its Diagnosis and Treatment. By HARRY L. ALEXANDER, A.B., M.D 12mo of 171 pages, illustrated. Philadelphia, Lea and Febiger, 1928 Cloth, $2.25

In a small compact book the author presents the latest conceptions of the subject of Bronchial Asthma and attempts to correlate the older theories with the new Lengthy discussion and arguments and technical terminology are avoided, making the work interesting to the general practitioner as well as to the specialist. The clinical side of the subject is stressed throughout. There are interesting chapters on the pathogenesis and pathological findings The immunological aspects comprise another chapter but this is presented rather summarily in order not to over-emphasize this part of the subject. The accepted methods of treatment are adequately presented and reviewed. The bibliography is fairly complete and the illustrations instructive.

The author seems to have his subject well in hand and presents it in a manner which will make pleasant reading for all who seek a broad but complete review of the subject of Bronchial Asthma in its present state.

M W

LABORATORY MANUAL OF THE MASSACHUSETTS GENERAL HOSPITAL. By ROY R. WHEELER, M.D, and F T HUNTER, M.D Second Edition 12mo of 101 pages Philadelphia, Lea and Febiger, 1928 Flexible leather, $1.75

Wheeler & Hunter is a small volume of 99 pages devoted to accurate and concise descriptions of that laboratory technique essential in diagnosis and treatment. Methods of collecting specimens, the accepted technique for the performance of the tests, and the reading of the results are described clearly and succintly For hospital use, especially for the interne, technician and pathologist, it contains information of great practical value.

MAX LEDERER.

PHYSICAL EDUCATION ACTIVITIES FOR HIGH SCHOOL GIRLS By the Staff of the Department of Physical Education for Women, University of Michigan, Ann Arbor, Michigan. Octavo of 322 pages Philadelphia, Lea and Febiger, 1928 Cloth, $3.50

This interesting and highly instructive volume offers a particularly excellent guide to instructors in physical training and camp administrators It is the work of a group of writers, and the thoroughness and attention to detail throughout the book bears out the wisdom of this plan. Each chapter is accompanied by a list of books and periodicals on its subject, together with information concerning the source of the materials required.

Several chapters, notably those devoted to canoeing, swimming, tennis and golf, will be of interest to teachers of young folks of both sexes The book is well written and clearly printed, and can be recommended to the reader as an outstanding achievement in its field.

JEROME WEISS

A TEXT-BOOK OF FRACTURES AND DISLOCATIONS Covering Their Pathology, Diagnosis and Treatment. By KELLOGG SPEED, S B., M D Second Edition Octavo of 952 pages, illustrated. Philadelphia, Lea and Febiger, 1928 Cloth, $11 00

This volume of 952 pages with 987 illustrations appears in its second edition having been thoroughly revised thus bringing it entirely up to date. It is unnecessary to specifically review the individual treatments of the various types of fractures and dislocations described therein Suffice it to say that every conceivable fracture and dislocation of every type and of every bone in the body is fully and carefully discussed The plan of the work has been somewhat changed in this second edition, namely, the preliminary chapters on "bone, pathology of fractures, and symptoms, signs, and diagnosis of fracture" have been omitted. These points are covered in the discussion of each bone as it appears in the text.

Special consideration is given to the treatment of compound fractures because of their increasing numbers due to industrial and automobile injuries It is noteworthy that the author has avoided encumbering the text with the untried and unproven fads of treatment.

As a text book for the student of surgery, as a guide to the general practitioner and as a work of reference for the surgeon this book is highly recommended.

MERRILL N FOOTE.

A TEXT-BOOK OF PHARMACOLOGY AND THERAPEUTICS or the Action of Drugs in Health and Disease. By ARTHUR R. CUSHNY, M.A, M D Ninth Edition, revised by C W EDMUNDS, A.B., M.D, and J A. GUNN, M.A., M D Octavo of 743 pages, illustrated. Philadelphia, Lea & Febiger, 1928 Cloth, $6 00

This ninth edition of Dr Cushny's well known book has been revised by Drs Edmunds and Gunn to bring it into line with the present Pharmacopoeia Under such qualified supervision Cushny's work maintains the status that it has long enjoyed—easily the leader in its field.

M F DEL

BACTERIOLOGY GENERAL, PATHOLOGICAL AND INTESTINAL. By ARTHUR ISAAC KENDALL, B S., Ph D Third Edition Octavo of 733 pages, illustrated. Philadelphia, Lea and Febiger, 1928 Cloth, $7 00

There are several important features in this edition which add to the splendid reputation which the book already enjoys as a text book of Bacteriology Kahn himself contributes a section on the Kahn test, giving a full description of the preparation of the antigen and the apparatus as well as the reagents to be used, both for blood and spinal fluid analysis, qualitatively and quantitatively The results of the tests as well as the comparison with the Wassermann test are also discussed.

The author also presents enlightening information on the mooted questions regarding the etiology of such diseases as poliomyelitis, typhus fever, and some of the exanthemata. One finds there a careful review of the more important and recent work on the Filterable Viruses, the Bacteriophage and Rickettsia

S H. POLAYES

DISEASES OF THE EAR, NOSE AND THROAT Medical and Surgical. By WENDELL CHRISTOPHER PHILLIPS, M.D Seventh revised Edition. Octavo of 922 pages, illustrated Philadelphia, F A. Davis Company, 1928 Cloth, $9 00

This, the latest edition of Dr Phillips' book on Ear, Nose and Throat contains additions of value and makes it the most up to date of any of the text-books on the subject. Chief among the additions are a revision of the chapter on test for hearing, including all phases of the audiometer tests the limitations of the so-called historical functional tests, an entirely new chapter, "The hearing problem" Recent studies of the mastoiditis of infants, the actinic ray in otology, improvements in the submucous resection operation, and also to be noted are the addition of 38 new cuts illustrating bronchoscopy and esophagoscopy, in this latest edition.

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OUR NEIGHBORS

ANNUAL REGISTRATION OF PHYSICIANS IN TEXAS

The physicians of Texas are planning a bill for the annual registration of physicians modelled after the law of New York State The following abstracts from an editorial in the December *Texas State Journal* of Medicine give the general plan of the bill—*Editor's note*

The legislative committee of the State Medical Association has prepared, as per instructions of the House of Delegates, a measure which if enacted into law will place in operation the plan of annual registration of practicing physicians, as per the discussion which has been in progress in our midst for the past several years

Under this measure, all persons engaged in the practice of medicine in this state, as defined in the present Medical Practice Act, will be required to register with the State Board of Medical Examiners by the first of January of each year, and pay a registration fee of $2 00

If any person required to register fails to do so within sixty days, his license to practice medicine in the State of Texas stands forfeited, and he cannot continue in the practice of medicine until he has registered Should he continue to practice in the face of his failure to so register, he may be prosecuted under the Medical Practice Act, for practicing medicine without authority of law However, it is definitely and affirmatively provided that the forfeited license shall be restored immediately upon the filing of the registration blank and payment of the accumulated fees, plus an additional fee of $1 00, the sum calculated as being necessary to pay the additional expense of collection It will be noted that there is here no jeopardy of the right of any physician to continue to practice medicine in this state, once he has been extended that right and the same never having been cancelled by due process of law

All funds resulting from the collection of the registration fees, are placed in the state treasury, subject to voucher by the State Board of Medical Examiners, under regulations anticipated by the measure and compiled by the State Board of Medical Examiners This money may be used in paying the salary of a permanent secretary for the board, and for the maintenance of a central office, with the necessary inspectors, legal service and the like, incident to the enforcement of the law and its administration in general The fees coming to the board as the result of its activities in examining and licensing physicians, will continue to go to its members, as heretofore, as their compensation, the necessary expenses of administering that part of the operation of the law having been taken from the amount thus received before the distribution of the balance

The legislative committee did not deem it feasible to predicate prosecution for practicing medicine without a licence, on failure to register under this measure, should it become a law Prosecutions will, as heretofore, be based on the Medical Practice Act The only connection between the two would be that the right to practice medicine under the Medical Practice Act stands temporarily suspended when a physician fails to register annually He can cure such discrepancy at any moment by registering, which must stop any prosecution incident to failure to thus register

Manifestly, if any physician who has thus failed to register has no right to practice medicine under the Medical Practice Act, registering will not extend to him that right In fact, the measure specifically so states It is felt that the two laws have been coordinated in this respect with absolute safety to the physician who is legally practicing medicine It is also felt that an additional law, such as this, will make the Medical Practice Act more readily enforcible and more easily administered Certainly there will be an established, accepted state agency for the enforcement of the Medical Practice Act, and with the power and the means to succeed in its endeavors

LEGISLATION IN COLORADO

Colorado, as well as New York, has its legislation problems The February issue of *Colorado Medicine* discusses legislation editorially, and says

"The Twenty-seventh General Assembly of Colorado is now in session What this body of lawmakers does is a matter of concern to every citizen of the state What laws it may pass or amend touching matters of health and medical practice, is of particular concern to physicians If this concern is born of selfishness—a desire for class legislation—it should 'die a-borning', but if it springs from that altruism which has so characterized the medical profession of the past, it deserves the most considerate attention on the part of our legislators

"A bill has been presented providing for a separate Board of Chiropractic Examiners for licensing chiropractors Among other things the

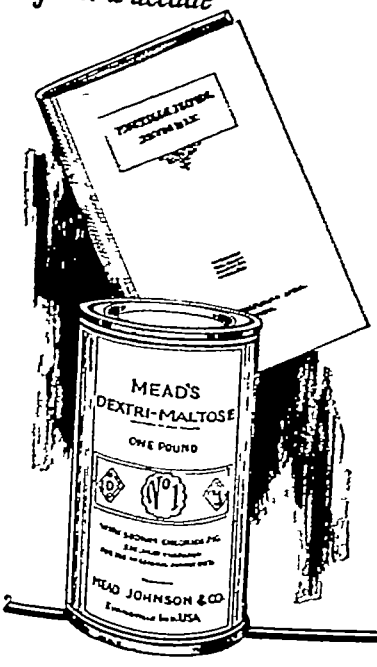
(*Continued on page* 361)

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MEAD'S DEXTRI-MALTOSE

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The stools are characteristic of this particular type of indigestion, large, foul and bulky from undigested fat

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The new Super Solar Arc Lamp employs many advanced features in construction May we send you our new bulletin, completely describing this efficient appliance?

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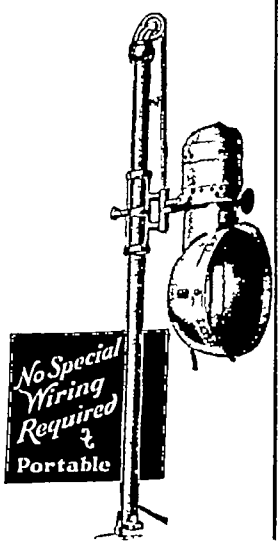
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The Battle Creek Solarc Bath—Type BB
A very efficient apparatus for general body radiations of light, heat and ultra violet. Additional units may be added so that one lamp will radiate the adjacent sides of two tables.



(*Continued from page 358*)

bill redefines chiropractic as 'the science that teaches health in anatomic relation, and disease or abnormality in anatomic disrelation, and the art of restoring anatomic relation by a process of treatment as now or hereafter may be taught by leading chiropractic schools and colleges' Some latitude indeed!

"A bill has been proposed for the annual registration of physicians The proposed registration fee is five dollars Arguments for annual registration may be found in another part of this JOURNAL Other states have found it possible to execute the law on a much lower fee Why should we not profit by this experience, if indeed we want the law at all? The House of Delegates has more than once advocated this measure in principle, without consideration of the amount of fee This is a matter concerning which physicians should express their wishes to their legislators at once, as pressure for its passage or defeat or any modification of fee must come from physicians throughout the state There is no doubt that there is merit in the proposal, but it may be wise to postpone its passage or make the fee more nearly nominal

"Three other bills have been presented obviously of cultist inspiration. We are informed that one of these would make the vaccination of school children optional with the parent, another would prevent medical and dental examinations as authorized by certain school boards, still another aims its shaft at 'serums,' apparently intending to prevent the prophylactic use of toxin-antitoxin and anti-scarlet fever serum in schools as public health measures The supporters of these bills will undoubtedly masquerade under the much overused banner of personal liberty and throw up a smoke screen of the 'horrors of serum poisons' which do not exist

"There is great danger, however, that many of us will dismiss this pending legislation as none of our business But merely because we are better informed in these matters than any other group of citizens, a grave responsibility and an inescapable obligation exists not common to others If we fail to hold the torch of enlightened thought in things pertaining to health and disease by what light are our legislators to be guided?"

CULT LEGISLATION IN PENNSYLVANIA

The *Pennsylvania Medical Journal* for February devotes about 17 pages to medical legislation, most of which is on chiropractic licensure Pennsylvania is apparently going through the experience of New York State in 1926 when it secured the passage of the medical practice act which is now in successful operation

(*Continued on page 362—adv xviii*)

The Follow-Thru Of Your Instructions

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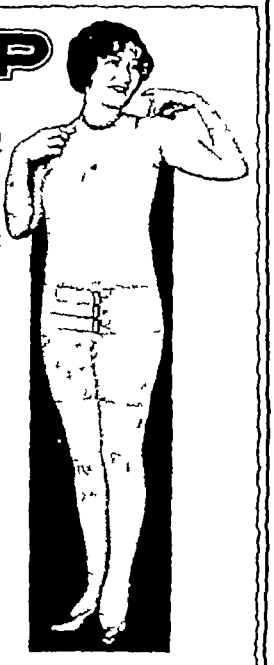
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(*Continued from page 361—adv xxii*)

The action of the New York Legislature in appointing a committee to investigate chiropractic in 1926 was parallelled by that of the Pennsylvania Legislature in May, 1927, providing for a Commission of ten persons "To study the Laws relating to the Healing Art," but what it did do was to consider ways of admitting chiropaths, naturopaths, and other cultists to practice without submitting to a course of study or examination An assenting report was signed by six members of the Committee, composed of a chiropractic, a naturopath, an osteopath, a laywoman who signed with reservations, and the chairman of the Public Health Committees of the two Houses of the Legislature

A dissenting report, upholding the ideals of the medical profession, was made by four members of the Committee, consisting of a regular physician, a Homeopath, an Eclectic, and a church official, the Right Rev John C Ward, of Erie, Pa

The *Pennsylvania Medical Journal*, page 345, gives the following figures regarding the number of practitioners in the state

Registered Physicians	12,000
Registered Drugless Therapists	118
Registered Physiotherapists	147
Registered Chiropodists	328

The State Societies have membership as follows

Medical Society of the State of Pennsylvania	7,832
Pennsylvania Homeopathic Society	1,200
Pennsylvania Eclectic Society	100

The number of licensed cultists is as follows

Drugless Therapists	236
Physiotherapists	681
Chiropodists	502

Regarding who practice "Drugless Therapy," the *Journal*, page 365, says

"The last group of chiropractors licensed under the state law were given the privilege of electing the type of special therapeutics they desired designated upon their licensing certificates All chose the words "drugless therapy" as covering a much more desirable and unlimited field than does the very small field of chiropractic."

The *Journal*, page 346, records the number of osteopaths as follows

"Under the Act of 1909, creating a State Board of Osteopathic Examiners, there are now about 700 licensees registered in this state"

It also states on page 364 that there are eight licensed osteopathic surgeons in Pennsylvania

The assenting, or majority, report of the Commission supported three bills which have been introduced in the Legislature. Senate Bill No 12 provides a commission composed largely of cultists to codify and revise the medical laws and

(*Continued on page 363—adv xix*)

(*Continued from page 362—adv xviii*)

lefine the practice of medicine (See the *Pennsylvania Journal*, page 363)

Senate Bill No 13 refers to osteopathic surgeons of whom there are only eight in the state

Senate Bill No 14 is long and provides for a sweeping licensing of practically all present chiropractors It contains the provision asked by the chiropractors of New York State, "Admit us to a monopoly of practice, and we will put up the bars so high that no more chiropractors can get a license."

STATE MEDICINE IN NEBRASKA

The February issue of the *Nebraska State Medical Journal*, page 89, has an editorial, evidently copied, which puts the plea for State Medicine in the best possible light as it says

"Here is our state of affairs, as a result of the privileges in a free country, of every patient to go to any sort of healer he chooses, and of every medical man to practice medicine according to his own ideas

1 Medical science is able to accomplish such wonders as the following

To prevent all but a very small percentage of infectious disease, deformity, insanity, mental deficiency, premature death, mortality in general,

To cure all manner of diseases and relieve most of the world's suffering and inefficiency

2 Yet, in spite of the fact that medical science *can* do these things, we find such things as the following

70,000 cases of smallpox per year,

300,000 cases of malaria every year,

11,000 deaths from diphtheria every year, and so forth with infectious diseases

30,000 babies born every year without a doctor in attendance

Unaccounted thousands of school children deformed and handicapped because they need tonsils and adenoids removed

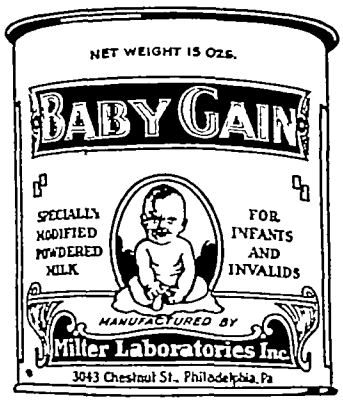
An average length of life of 42 or 43 years, when it could easily be 60 or 70

Inefficiency and handicaps among laboring and business men due to remediable defects, which are not being remedied

Medical science is not being used for the benefit of humanity in general, it is merely being thrown about a bit at haphazard

3 Medical service is beginning to be so expensive that it is a burden to people of moderate means The yearly income of the medical man in this country averages not far from $1,000 (There are a few large incomes, but for every physician who makes $10,000 per year, there are ten who make less than $1,000)

(*Continued on page 364—adv xx*)



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Keeping quality in any climate
Freedom from undesirable bacteria
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The butterfat globules, by the spray process, are reduced in size and easier of digestion

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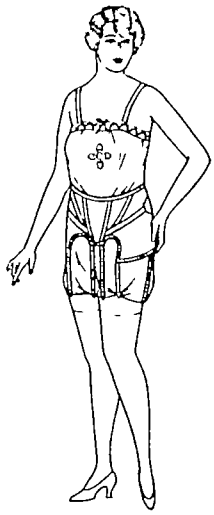
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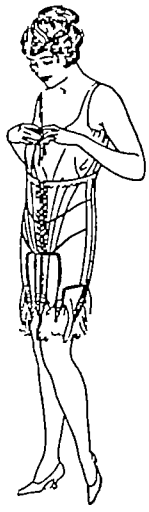
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Manufacturers of Stable Liquid Endocrines

(*Continued from page 363—adv xix*)

It couldn't be worse, could it? The system doesn't accomplish much, it is too expensive to the patient, and yet it doesn't pay the doctor much

Suppose the fire-department were a private enterprise, and charged fees The bigger your fire, the more you have to pay for the service. If you can't afford to call them in, let it burn, and never mind what happens to the neighbors Medical service is certainly as important to the community as fire-fighting

"Medical care of the community is as much of a community problem as is education of children. Uncared-for personal health is as much of a public problem and a public responsibility as is an individual privately-owned house afire, or an individual uneducated child

"It is inconceivable that such glaring inadequacies and inconsistencies will be permitted to continue. Some remedy will be found for them. What it will be is mere conjecture Most of us consider that the political machinery can never handle the situation Political machinery has evolved two mechanisms of indubitable efficiency the fire-department and the post-office. Perhaps the United States Public Health Service can also be classed with them

"On the basis of what we know at present, 'State Medicine' will probably be administered by methods and under standardization quite analogous to that of the school district."

MEDICAL EXTENSION IN WISCONSIN

The Wisconsin State Medical Society conducts circuits in pediatrics, as reported in its *Journal* for February, which says

"Dean Snell reported that to date Dr Wayne Rupe had conducted two series of courses on the subject of pediatrics The first circuit was composed of the cities of Antigo, Marshfield Wausau, New London, Rhinelander and Stevens Point One hundred and one were registered in this circuit with an average percentage of attendance of 82 2 A second circuit included the cities of Beaver Dam, Janesville, Beloit, Watertown, Madison and Fond du Lac with 93 registered (percentage of attendance not as yet compiled)

"Dean Snell presented summaries of the questionnaire sent all who had taken the two courses in which it was indicated that the courses were meeting with enthusiastic approval of the membership"

Regarding the courses, the following questionnaire was sent out

(*Continued on page 365—adv xxi*)

(*Continued from page 364—adv xx*)

Where did you attend the course?

Were the lectures excellent, good, fair, passable, or poor?

Were the clinics excellent, good, fair, passable, or poor?

(a) What part or characteristic of the course do you consider the most valuable?
(b) Do you think a different apportionment of class time should be made? If so, how much time should be devoted to lecture, discussion, clinic?

If another course were to be given in your locality, what subject would you suggest?

What suggestions have you to offer for the improvement of this plan of postgraduate work?

The answers indicated that the courses were ighly satisfactory

Dr Wayne Rupe was offered a salary of $10,-00 to continue to conduct clinics and lectures n pediatrics A fee of five dollars will be harged for the course.

THE DELAWARE STATE JOURNAL

The Medical Society of Delaware has resumed he publication of its own monthly journal, which s called the *Delaware State Medical Journal* t had begun the publication of its own journal n 1910, and had continued it for thirteen years ntil it became merged with the *Pennsylvania ledical Journal* The two took the name *Atntic Medical Journal* The plan of the foundrs of the combined journal was that a single ournal should be developed by a merger of all he journals of the Middle States, for a feeling xisted that there were too many medical jourals But the combination never materialized n the meantime experience showed that many ounty medical societies of less than 100 memers could make a success of their own organs f publicity, and, therefore, the State of Dela-/are, with its 152 members, should be able to upport its own journal Delaware therefore reurrected its journal and began its new series ith the January issue, which says editorially

"Thus, in this year of grace, 1929, the Medical ociety of Delaware, with its hoary and honorble history dating back to its special Act of ncorporation in 1789, is perforce offering to its onstituents and friends once more Volume I, Number 1 We naturally hope for success and ong life, both scientific and economic"

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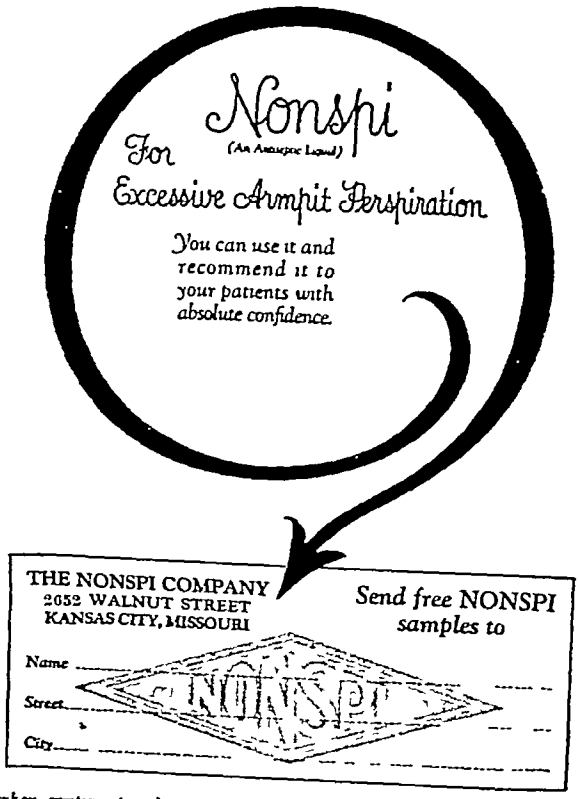
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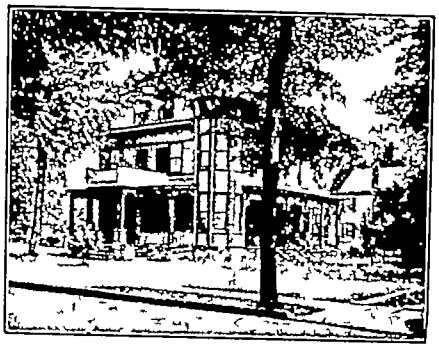
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Baking Treatment	**Hydrotherapy**
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Massage	**Thermal-Light**
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struction Work	**Irrigations**

Morse Wave Currents

Treatment given by graduate technician

Rooms available for resident patients

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Attention is given to special diets as ordered by their physicians

A physician is available for the resident cases whenever their attending physician is unable to visit the patient

Regular reports of progress are sent to the physician who refers the patient

VISITING PHYSICIANS ARE ALWAYS WELCOME

FRANK L. HOUGH
Licensed
PHYSIOTHERAPIST

WISCONSIN MEDICAL JOURNAL

The annual report of the secretary of the State Medical Society of Wisconsin, published on page 87 of the February *Journal*, shows an actual profit as is shown by the following table

FINANCIAL REPORT—1928

Receipts		
Advertising	$11,089 56	
Subscriptions	68 73	
C M A B refund and misc	458 76	
Total receipts		$11,637(
Publishing Cost		
Salaries	$ 2,321 44	
Printing	6,461 91	
Mailing	476 78	
Rent	395 00	
Discounts	1,171 40	
Cuts	162 94	
Miscellaneous	294 61	
Total cost		$11,284.(
Increase in net worth		$ 352.9

Commenting on the report, Secretary Crown hart says

"The financial report for the calendar yea past is submitted herewith Attention is calle to the fact that in 1923 the *Journal* cost th Society over and above all revenues received, th sum of $5,500 a year For the calendar yea of 1927 this was reduced to $1,500 a year Fo the calendar year of 1928, the *Journal* paid th Secretary-Managing Editor $100 a month a stipulated by the Council, paid salaries to a part time advertising solicitor, part-time salary of a stenographer, all publishing costs, and its jus portion of rent and yet the report shows a ne gain in assets of $352 97 without receiving a dollar from the State Society

"This has been accomplished without lowering the advertising standards, which are those of the *Journal of the American Medical Association* It is understood that this *Journal* is the only state journal to show an annual profit without support from its Society and maintaining the standards mentioned

"On the basis of this report, no financial aid is requested of the Society for the coming calendar year and henceforth all profits over a margin of safety will be re-invested in enlarging and bet tering the *Journal* itself

"It is of interest to note that through the financial savings in the *Journal* alone, the State Society has saved the entire cost of a full-time Secretary-Managing Editor"

HEALTH WORK OF IOWA WOMEN'S CLUBS

The health work of the Women's Clubs of owa is described in the January Journal of the owa State Medical Society as follows

"Every year we have presented resolutions o the federation, endorsing certain phases of ublic health work in which we were particuirly interested and we have tried to promote ese definite lines This year we have sponored the sale of Christmas Seals, yearly health xaminations, diphtheria immunization, and at ast one health program in every club

"In addition to these activities, we are tryng to arrange for a health survey to be made n two towns in each congressional district, me under 5,000 in population, the other over hat number In some sections of the state he plan is being carried on at present and the ounty medical associations can be of real serice in this undertaking The State Board of Health has been very helpful in giving aid

"The division of public health includes the ollowing subdivisions, community hygiene, ersonal hygiene, social hygiene, mental hygiene, public health nursing, occupational therapy, tuberculosis, narcotics, and vital statistics No club could devote sufficient time to study all of these subjects, but from reports sent to the chairman we feel that the entire division has received consideration along some line."

OREGON MEDICAL BLUE BOOK

The February issue of the *Oregon Medical Association* contains the following account of the Blue Book of the Society

"The Oregon State Medical Society has issued the first volume of its Medical Blue Book which, it is stated, will be published annually It is a paper covered volume of two hundred and forty-eight pages, containing all sorts of valuable information regarding medicine and the medical profession in the state The state society is featured with its constitution, by-laws, medical ethics and roster of officials Similar information is presented on the Oregon Public Health League, American Medical Association and special medical societies There is a summary of laws and regulations affecting physicians, including information concerning national and local boards of medical examiners State health laws and regulations are presented in full as well as Federal income tax laws and regulations The University of Oregon Medical School and the hospitals of the state are described The directory of physicians of the state includes an abstract of the life of each so far as available Every practitioner of Oregon will find a wealth of information in this volume concerning himself and his associates"

Cardiologists prescribe



Physiological action assured

More accurate than tincture drops

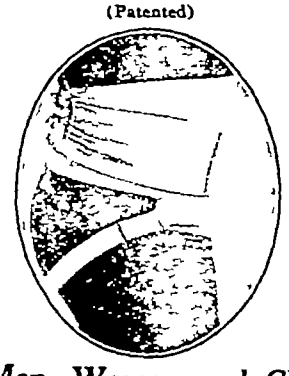
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KENTUCKY PUBLIC HEALTH MANUAL

The *Kentucky Public Health Manual,* published by the State Board of Health, must afford practical reading, judging from the following extracts

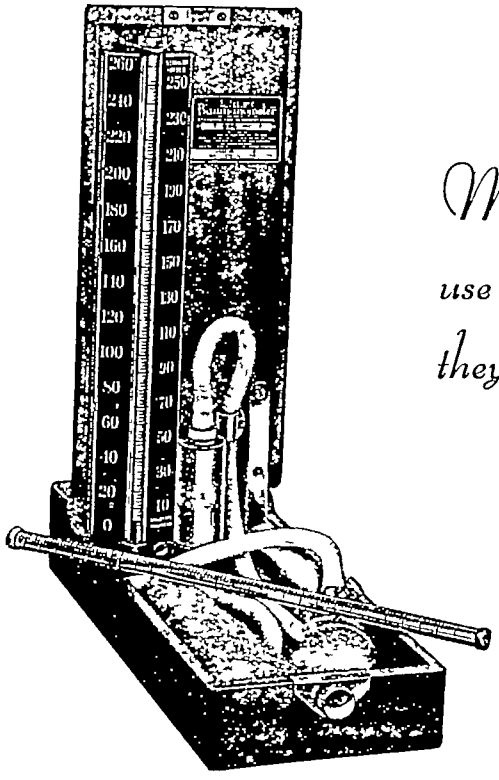
"To each physician who is a member of the Kentucky State Medical Association, a copy of the *Public Health Manual* was mailed in October, 1928

"These Public Health Manuals, bound in a heavy blue paper and containing 390 pages, are valuable to the physicians and also to the citizens at large for use as reference to the Health Laws of Kentucky and the Rules and Regulations of the State and local boards of health

"Do you trade at a grade-A grocery store? See pages 265-267 and then examine your store to see if it measures up to grade-A How many hotels in your county are grade-A? See pages 288-298 and after examining your hotels you will have a better idea of what the travelling public thinks of your town, for tourists judge a community largely by the accommodations they have received at the hotel What assurance have you and your family while travelling on a rail road train, that the drinking water provided is safe to drink? See pages 303-304

"Do you know the source of infection, mode of transmission, incubation period, period of communicability and methods of control for the communicable diseases such as measles, typhoid fever, tularemia, whooping cough, etc.? These are all briefly given in alphabetical order on pages 144-185

"Included in this volume also, are other health laws, many of them copied in several states and with which each citizen should be familiar, together with the names of the members of the State Board of Health, a description of the several bureaus carrying on the detail work of making Kentucky the desirable state in which to live and its people the healthiest, happiest, long est lived"



Why not start now?

Most of the doctors in your town use the Baumanometer When they "take" blood pressure they get it —quickly—exactly

Lifetime Baumanometer
STANDARD FOR BLOODPRESSURE

(Consult users)

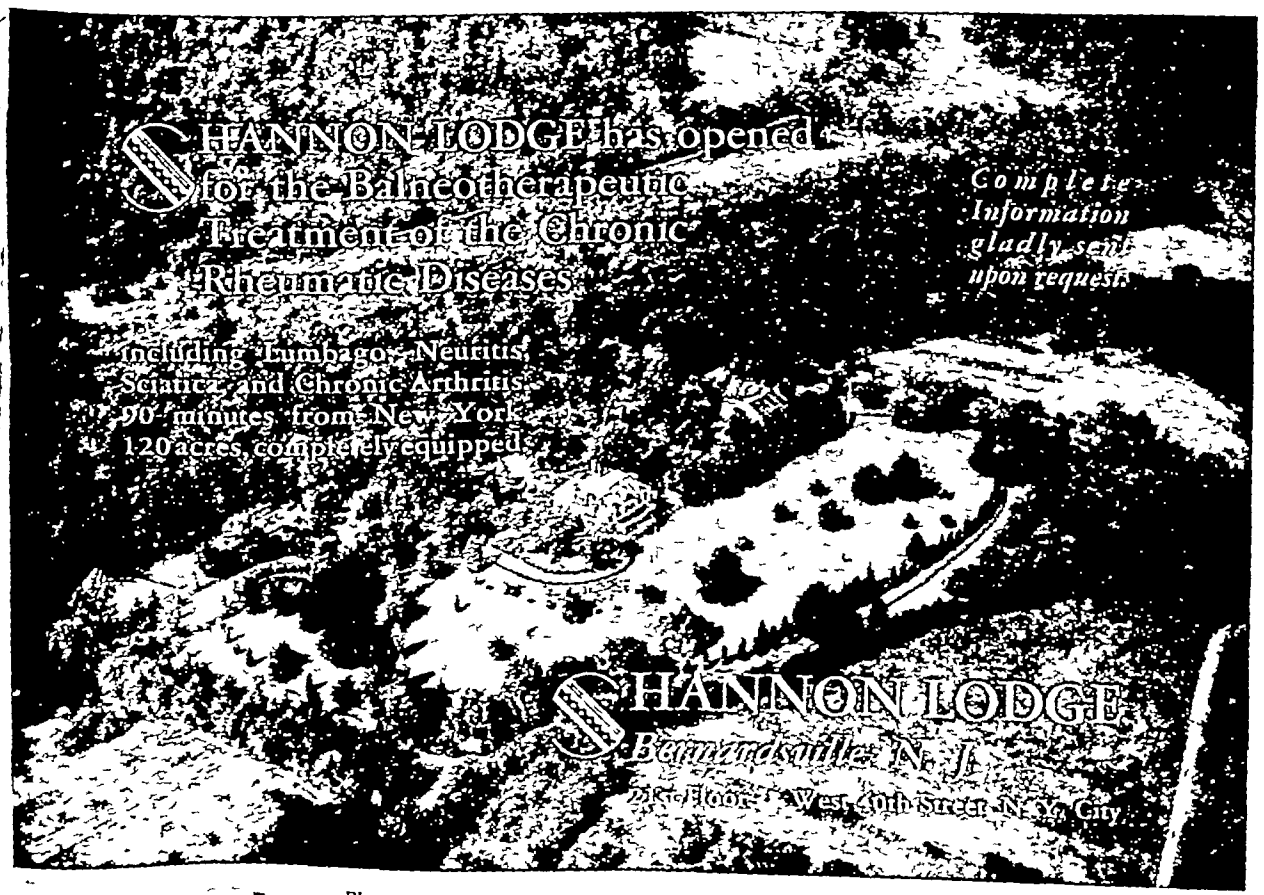
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and Makers Since 1916 of Bloodpressure Apparatus Exclusively
100 Fifth Avenue New York

DIPHTHERIA IMMUNIZATION IN VIRGINIA

What other states are doing in diphtheria immunization is of interest to physicians of New York State The *Virginia Medical Monthly* of December gives the following summary of the work done in that state

"Since the beginning of 1927 the Virginia State Board of Health has immunized 250,000 children against diphtheria In 1927 the State showed the lowest death rate from that disease in its history There was a reduction of 18 per cent in the number of cases and of 38 per cent in the number of deaths from the record of the previous year, although in the United States as a whole there was a general increase in the incidence of the disease Clinics for immunizing the children were held in the rural schools, local physicians and the state department of education cooperating with the staff of the board of health, to which additional physicians and nurses and a publicity agent had been appointed to carry out the campaign

"The board of health is also carrying out a general health campaign among school children, largely through arousing interest in winning the 'five-point' certificates which it issues to every child who comes up to the board's standard in regard to teeth, weight, sight, hearing, tonsils and adenoids One county has increased its number of five-pointers from 200 to more than 900 in a single year, and another has more than 2,400 The state employs ten dentists who travel about among the rural schools with portable equipment, charging a nominal sum for their work The state society of throat specialists has planned for the holding of tonsil clinics, and county nurses give much aid Teachers are now required to qualify themselves for the physical inspection of their pupils and, according to the supervisor of school dentistry, they usually discover about 65 per cent of the teeth defects, which, he says, is 'a whole lot better than nothing'"



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Located within the city limits it has all the advantages of a country sanitarium for those who are nervous or mentally ill In addition to the main building there are several attractive cottages in a ten acre park. Doctors may visit their patients and direct the treatment

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Josephine M Lloyd Hulda Thompson, R.N
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For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care Mental or nervous ailments not accepted.

Modern facilities in Electro Hydro and Physiotherapy

Special attention to Diets

The Medical Profession is extended a cordial invitation to make use of the facilities offered

Inspection invited Full information upon request

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New York State Hospital Commission

Founded in 1855

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Physician in charge,
Robert G. Cook, M.D

ROSS SANITARIUM, Inc.

Brentwood, L I., N Y
Telephone, Brentwood 55

The Ross Sanitarium is for convalescents, the aged, chronic invalidism, and for those needing rest and relaxation Resident medical and nursing staff. The Sanitarium is homelike, with close attention to diet and comfort of the patient. The number is limited, thereby making it possible for the medical and nursing staff to give individual attention Physicians sending patients may direct their management and treatment. Rates $35 to $100 per week. Established 32 years.

W H ROSS, M D., Medical Director

HOMES

For convalescents or those who wish a more permanent establishment. Fully equipped, nursing and domestic service

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Pawling, Dutchess County, New York

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Name _____ *Address* _____

Check the subject which interests you and return with your name and address to

THE DEAN, 302 EAST TWENTIETH STREET, NEW YORK CITY

THE MEDICAL RADIO IN KENTUCKY

The use of the radio to diffuse medical information is becoming widespread The February issue of the *Kentucky Medical Journal* has the following editorial on the entrance of the Kentucky State Board of Health into the broadcasting field

"Through the courtesy of the *Courier-Journal* and the Louisville *Times*, the facilities of their national broadcasting station, W-H-A-S, have been extended to the State Board of Health for the purpose of broadcasting public health education The hour assigned, Tuesday afternoons at five o'clock, has been so arranged as to talk to the household, as it begins its evening assemblages

"The people of Kentucky have entrusted their public health affairs to the control of the medical profession Its new responsibility will be accepted by the State Board of Health with a sense of fidelity to the profession and its public interest. It must always be realized that the practicing physician has the most potent influence in the advancement of public health The doctors of the various bureaus of the Board will explain their work and organizations so that everybody may understand them

"The Journal suggests to the readers that they tell their patients about this hour and urge them to tune in for these health conferences"

RABIES TREATMENT IN MEDICINE

Indiana evidently gives antirabies treatment free, provided the patient goes to the State Capitol for it The *Journal of the Indiana State Medical Association* for March discusses this subject editorially as follows

"Again we have a complaint concerning the treatment of rabies cases by the State Board of Health, and calling attention to the inconsistency of compelling these cases to go to Indianapolis where the treatment is administered gratuitously, whether the patient is poor or not, and the patient is kept under observation at a large expense which must be borne through taxation It is pointed out that anti-rabic treatment can be given by any fairly well-trained physician, so why should it be necessary to refer all cases to Indianapolis? We are pleased to learn that a bill to correct this practice has been introduced in the present legislature"

Poland Water

is not only a benign diuretic, but its Amylolytic properties make it helpful in cases of amylaceous dyspepsia

Literature Free on Request



POLAND SPRING COMPANY

Dept K

680 Fifth Avenue

New York City

A LUCRATIVE PRACTICE WANTED

The news department of the February issue of the *Journal of the Tennessee State Medical Association* says

"We quote a portion of a letter recently referred to this office If anyone knows of a location meeting the requirements, kindly let us know, so that we can communicate with the writer

"'I am a native of Tennessee and am anxious to come back. I am willing to do country practice, if I am in a good territory and can earn $7,000 or $8,000 per year'"

A country town supporting a $7,000 medical practice would be a health resort and not a rural community

TENNESSEE ANNUAL MEETING

The February issue of the *Journal of the Tennessee State Medical Association* in an editorial on the annual meeting says

"The night program will consist of the address of the President, Dr K. S Howlett. Also an address by the President of the American Medical Association, Dr W S Thayer, and the showing of a motion picture film, 'The Diagnosis and Treatment of Infections of the Hand'

"The committee on arrangements is actively at work It may be that the only trouble with the entertainment committee will be that of furnishing so much entertainment that the scientific sessions may be interfered with"

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Classified ads. are payable in advance To avoid delay in publishing, remit with order Price for 40 words or less, 1 insertion, $1 50, three cents each for additional words.

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IDEAL LOCATION FOR SALE for building Sanitarium or hospital Will sell any number of acres up to 100 On State Road, altitude 2,140 feet, electricity, pure water, coal mines nearby Highest point on Susquehanna Trail For particulars, write Mrs R. P Douglass, Mountain View Inn, Blossburg, Pa

FOR SALE—McIntosh Super Hogan High Frequency McIntosh Universalmode, Aloe Lighting Cabinet, portable treatment table, practically new perfect working order Specializing—leaving for Europe next month Rare bargain if sold by then Write Dr Harry Miller, 957 State St., Schenectady, N Y

DIABETIC DIET READJUSTMENTS

Some foods cannot be allowed in diabetic diet at all and others only sparingly This means a readjustment in dietary habits that is difficult for the patient and trying for the physician Practically all of the restricted foods may be duplicated by using Lister's Flour Each of these starch and sugar-free foods looks and tastes like the food that it replaces in the diet With the variety of foods, possible through the use of Lister's Flour, the patient is satisfied There is no temptation to "cheat" and the case is the better kept under control Some of the Lister foods are

Bread, Biscuits, Cheese Biscuits, Lunch Biscuits, Drop Cakes, Cookies, Spice Cake, Charlotte Russe, Lady Fingers, Bread Pudding, "White" Bread, Nut Bread, Spiced Bread, Gold Cake, Pie Crust, Pie Fillings, Filled Doughnuts, Meringue, Muffins, Pancakes, Waffles, Salmon Croquettes, Fried Noodles, Fluff Cakes, Breadsticks, Doughnuts, French Toast, Spiced Muffins —Advertising page i—*Adv*

INFANT FEEDING

Butterfat is the only fat in breast milk At the University of Oregon Medical School, dietary studies have proven that vegetable fats have not the growth-promoting and health-giving value of butterfat (Archives of Pediatrics, August, 1927)

All the fat in BABYGAIN—as in mother's milk—is butterfat. In the process of manufacture the fat globules of cow's milk have been reduced in size to conform with human milk and to attain the same easy digestibility The caloric value of butterfat is more than twice that of equal amounts of carbohydrates and proteins, which emphasizes its nutritional importance

The increasing demand for BABYGAIN proves the favor it is finding with physicians We often learn of satisfactory results obtained even in difficult feeding cases

Correctly modified to conform with mother's milk, BABYGAIN is as easily assimilated and digested Its basis is highest grade fresh milk from healthy cows

Free samples and literature will gladly be mailed to physicians on request— See advertisement, page xix. —*Adv*

CALIDAIR

A modern treatment giving prompt relief in coryza, bronchitis, laryngitis, hay fever and asthma, promoting unbroken sleep Sold to the public on prescription only New York State Distributors The Jeffrey Fell Co, 318 Pearl Street, Buffalo, George Tiemann & Co, 107 East 28th St., New York. Write for booklet to R W Cramer & Co, Inc, 136 Liberty Street, New York See advertisement on page xi—*Adv*

FREE MEMBERSHIP OFFER

Nelson Loose-Leaf Medicine offers a practical system of treatment for both General Practitioner and Specialist, by the Medical Authorities of the world, kept continually up-to-date with the Nelson Loose-Leaf Binding Device

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Please sign coupon on page vii—*Adv*

SHANNON LODGE
Bernardsville, N J

The famous balneological treatments for the Chronic Rheumatic diseases, including Arthritis, Sciatica, Lumbago, Neuritis and Gout, are now available at restful Shannon Lodge, at Bernardsville, in the beautiful Somerset Hills. Results identical with those obtained at hospitals and sanitariums abroad. Trained physicians and nurses Newly equipped Ideal surroundings of a fine country home Golf, tennis, billiards, bridle paths Elevation 800 feet—superb view of the countryside. Enclosed sun parlors, airy sleeping rooms. Finest cuisine Protected water supply from natural springs Within pleasant driving distance of all New Jersey points.

Send for descriptive Booklet, or better yet, drive out and see Shannon Lodge yourself Visitors always welcome. Consultation puts you under no obligation—See advertisements page xxv—*Adv*

CHARLES B TOWNS HOSPITAL

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction" Charles B Towns Hospital, 293 Central Park West, New York City See advertisement page xxxii of this JOURNAL.—*Adv*

BACILLUS ACIDOPHILUS CULTURE
(B. A CULTURE)

Here is a culture of BACILLUS ACIDOPHILUS in a convenient and effective form a culture furthermore of which your patient will not quickly tire

Ask your druggist for B A. CULTURE in the 4 ounce bottle The results will please you

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Requirements for admission Two years of college work including twelve semester hours of chemistry eight semester hours each of physics and biology six semester hours of English, and a modern foreign language.

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Physicians complying with A. M. A. requirements are given intensive individual instruction in both theory and practice of Physiotherapy Courses arranged at any time. Last summer class September first. Certificate on completion of course. Technicians available for hospitals, clinics and the profession. *For Catalogue address*

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NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 29, No 7 NEW YORK, N Y April 1, 1929

WHAT EVERY MEMBER OF MEDICAL, DENTAL, AND NURSING PROFESSIONS SHOULD KNOW ABOUT CANCER, SO THEY CAN BEST AID IN ITS CONTROL*

By JOSEPH COLT BLOODGOOD, M D., BALTIMORE, MD

WHEN the surgical treatment of cancer had reached its greatest development more than a quarter of a century ago, the actual cures at the end of five years were less than ten per cent. The introduction of the *x*-rays and radium in conjunction with surgery, or as the sole therapeutic agents, has added very little to the per cent of five-year cures, except in cancer of the cervix, and here radiation accomplishes the results without surgical aid

It is quite true that the development of surgical art and science made the cure of some forms of cancer possible Before the operative treatment of cancer was established, cancer was practically a hopeless disease

The best surgery in late cancer can offer at the most twenty per cent of five-year cures, but in every hundred cases of late cancer, among unenlightened individuals, at least one-half are hopeless, so that the actual five-year cures are but ten per cent. The chances of a cure in the operable groups are about twenty per cent, because in eighty per cent of the apparently operable cases there are already internal metastases, or the cancer cell has infiltrated beyond the possible zone of operation This infiltration cannot be recognized with the naked eye at the time of operation and has rarely been studied with the microscope

The proof of this is the large per cent of local recurrences in the operative scar We must always look upon local recurrence as a sign of late cancer, or the result of incomplete operation

We have no evidence that improvement in surgical technique, or the introduction of cauteries, or electric operating needles, or electric coagulation will increase the per cent of operative cures of cancer Nor is there any evidence as yet that further development in the wonderful and powerful therapeutic agents *x*-rays and radium will increase the cures of cancer

Fortunately we have ample evidence that the five-year cures of cancer in any locality in which the local removal has effected a cure, can be increased from less than ten to more than sixty per cent

We also have proof that cancer of the mouth and skin and probably cancer of the uterus, can be placed in the group of preventable diseases

This control of cancer can be accomplished through education All the people need correct information, and this teaching must begin with children in the primary schools and continue into adult life Members of the medical, dental and nursing professions must receive specific instruction not only in the years preceding their graduation, but continuously after the beginning of their professional career In addition to this educational problem of getting known facts in regard to cancer to the children in the public schools and the adult population, and further special information to the members of the three professions, there must be a constant endeavor to develop and improve an organization which has for its object the control of cancer as well as the control of all controllable diseases

In spite of the fact that cancer of the skin, mouth and cervix may be made preventable diseases and in spite of the fact that all types of cancers that have been cured by local removal may have their cures increased from ten to sixty per cent, there will still be almost thirty to forty per cent of cancer hopeless from its onset This demonstrates that the ultimate cure of all cancers rests upon successful research for the cause, the prevention and the cure

This discovery by research of the cause, prevention and cure has been accomplished in some diseases, such as diphtheria, so that it is theoretically possible in all disease

* Read by invitation at the Twenty ninth Annual Meeting of the Lake Keuka Medical and Surgical Association, at Keuka, N Y, July 12th and 13th, 1928.

Inadequate and apparently bungling as our efforts towards the control of cancer have been, there is no question that favorable results have been accomplished in all civilized countries, and perhaps most in some localities of the United States

The records of the Surgical Pathological Laboratory of the Johns Hopkins Hospital show that previous to 1900 we rarely saw a precancerous lesion In each locality cancer was eighty per cent and benign lesions twenty per cent Of the cancers over fifty per cent were hopeless and less than twenty per cent living after five years These figures varied with cancers in different localizations Since 1920 precancerous lesions in some localities are reaching sixty per cent, benign lesions as compared with definite cancer eighty to twenty, reversing the former figures of twenty to eighty per cent Of the cancers less than ten per cent are hopeless, and after five years more than sixty per cent are apparently free from disease

I have reported these figures in my paper before the Mohonk Lake Cancer Convention of the American Society for the Control of Cancer These papers have been published in *Surgery, Gynecology and Obstetrics* and, in book form, by the American Society for the Control of Cancer

I do not propose, in this paper, to discuss in detail the organized attack for the control of cancer which is a problem in education, but simply state that the improvement in the cancer situation in the past ten years is entirely due to the enlightenment of the public through the public press and the teaching of the members of the three professions by articles in the medical journals and cancer clinics The American Medical Association, the American College of Surgeons, the American Society for the Control of Cancer, the American Society for Cancer Research, national, state, county, city and other societies of the three professions are gradually coming together in an organized effort to educate and enlighten the people and to make the members of the three professions more expert in earlier recognition and better trained in special treatment of the local lesions which precede cancer, and cancer in its early stages

It is my chief purpose today to bring before you, with lantern-slide illustrations, some very practical statements in regard to cancer in various localities which I think will be helpful to you in dealing with your own patients, and, in addition, will be helpful to you to realize the importance of an organized attack along educational lines, and the equal importance of an organized effort to raise more funds for research

Cancer of the Stomach and Colon, Including the Rectum—In the first place, both, the public and the members of the professions, must know that resection of large portions of the stomach, colon, or rectum have been done with very little mortality and have accomplished cures of cancer more than twenty-five years ago Every great clinic of the world has cases to prove this The failure to cure cancer of the stomach, colon and rectum is largely due to late intervention In only a small per cent of the cases do the cancer cells break away early from the local growth in the walls of the gut and infiltrate the mesentery glands and adjacent viscera, thus making local removal impossible. In only a very small per cent of the cases do the cancer cells get into the blood or lymph stream and metastasize while the local growth is still operable

The hopelessness of cancer of the stomach, colon or rectum today, although it has been greatly reduced by the educational effort and increase of knowledge, is still too large, because the public is ignorant of the significance of simple indigestion, belching of gas, the sensation of gas distention, unexplained constipation and diarrhoea They either put up with these discomforts, or treat them themselves and do not consult a doctor until too late. Or, if they do seek help from a member of the medical profession, they are apt to get treatment rather than an examination Every human being should know from childhood on that any message of discomfort in the region called the abdomen or belly, may be a message of warning and every message requires an immediate answer Children should be taught to report to their parents or teachers, and adults should know that that is the time to consult the doctor

We have had for a number of years an instrument of precision which rarely fails to detect the filling defect due to a cancer of the stomach or colon For cancer of the rectum we have the surgeon's greatest instrument of precision—the finger, and we now have the proctoscope which lights up for our inspection a zone far above that which can be reached by the finger—into the sigmoid colon In spite of these accurate methods of detecting cancer in the curable stage, the per cent of hopeless cases recorded in the clinic is far too great. Of the last 500 cases in the Mayo clinic, Dr Balfour writes me, more than sixty per cent were inoperable In 1915, when I studied and reported all the stomach cases recorded in the laboratory at Johns Hopkins, almost ninety per cent arrived in the clinic in the inoperable and hopeless state The majority of people today who suspect that they have heart disease ask the doctor to examine the heart when they visit his office the first time, but very

ew people with indigestion ask for an *x*-ray xamination—they ask for relief by medicine

There is much to be done in enlightening he public and the profession on these matters f preventive medicine, and the life-saving value f the earlier recognition of disease

For example, every child should be taught his If it has any kind of pain in the stomach, t should report immediately to the teacher in school and be sent home, and this child should say to its mother or nurse "I have a pain in my stomach Don't give me any water or food, don't give me a cathartic and, please, don't make me take castor oil Just put an ice cap on my abdomen and send for a doctor" This must be taught every child, just as it must be taught to read, write and the multiplication table. If anyone dies of appendicitis today, someone has blundered, either because the child has not complained to the teacher, nurse or mother, or, there was some delay in sending for the doctor, or the doctor or surgeons delayed As a matter of fact there are very few deaths from appendicitis today and, as a rule, the delay is before the doctor sees the patient Three days ago I saw a young boy dying of peritonitis Yet, he had been operated upon twelve hours after his first pain The doctor had not been sent for until the tenth hour, although there was enough pain to justify calling the physician in the first hour But, because the pain got better, the mother gave her son castor oil and delayed informing her physician until peritonitis had set in The blunder of an uninformed mother was responsible for the death of her son

The probabilities are we can not cure every case of cancer of the stomach, colon or rectum, even when the patient, the physician and the surgeon are correctly informed and act instantly and properly, but the per cent of cures should be increased from less than ten to much more than sixty per cent

In spite of the fact that *x*-rays have been here for many years and that we have become very proficient in the recognition, from the *x*-ray and fluoroscope examinations, of lesions within the abdomen, this so-called gastro-intestinal study is usually postponed The patients wait, because they are not sick enough, and often the family physicians delay justifying the delay by the expense of the *x*-ray study But this can not be entirely true, because there is the same delay by the group of physicians who put off the *x*-ray examination because of expense, in the rectal examination with the finger which is not expensive In our organized educational effort, as we urge upon the entire medical profession that examination with the *x*-rays, proctoscope and finger should precede any treatment, we must also endeavor to so enlighten the people that they will demand a thorough examination first

We have had a long experience with resection of the stomach, colon and rectum The majority of experienced surgeons are returning to the Billroth I method of suture in which the duodenum is sutured to the open end of the stomach and the remaining opening closed There is only one contraindication to this suture, and that is, tension Studies of stomachs resected for cancer have shown that most surgeons give the cancer too much margin of healthy tissue on the stomach side Those who have learned to restrict this margin well within the lines of safety are more frequently able to restore the continuity of the resected stomach by an end-to-end gastroduodenostomy as first devised and performed by Billroth of Vienna in 1884 When this is impossible, experience has taught us not to perform a short-loop posterior enterogastroenterostomy of the modern type, but to return to Billroth's original second method in which the loop was long and anterior The more recent method devised by Polya seems a better method than the original Billroth II The patients who survive resection of the stomach for cancer or ulcer have practically no complications The choice of the method of suture after resection has been influenced by immediate mortality and complications, and here the Billroth I or the long-loop gastroenterostomy of the Polya type have apparently taken first place

In my own experience, there has been a definite change for the better in the past two years The per cent of inoperability in my clinic is less than twenty I have been able to resect the cancer in the majority of cases, and even when almost the entire stomach had to be removed, I have learned by mobilization of the duodenum to restore continuity by the Billroth I method I prefer blood transfusion to operations in two stages Blood transfusion has practically eliminated death from shock Billroth I and Polya have entirely eliminated death from duodenal dilatation The only danger is due to peritonitis from faulty suture, and this danger is only present when the resection on the anterior curvature extends almost to the diaphragm, and resections of this kind are only done to make a cancer patient more comfortable In a favorable case of cancer of the stomach practically the only dangers of operation are due to pneumonia and embolism—dangers common to all laparotomies

The greatest improvement in postoperative care is the introduction of a feeding tube through the nose into the duodenum after the Billroth I, or into the upper loop of intestine after a Polya

My records show that it is a mistake to

judge a case of cancer of the stomach inoperable from the *x-ray* picture only, or from palpation of the mass in the stomach I have a patient living now two years since resection The condition was diagnosed inoperable from the *x*-ray picture, and from palpation of the mass filling the epigastrium It proved to be a large colloid cancer of the stomach, freely movable, without adhesions

Fluid in the abdomen, nodules in the abdominal wall and a nodular liver are associated with hopless cancer, but the liver may be enlarged and yet not involved in the cancer

I am inclined to exploration in most cases, even when the evidence favors inoperability This can be done under local anesthesia In fact, resection is often possible without general anesthesia

The outlook for cancer of the stomach is undoubtedly improving I am convinced that when the patient is thoroughly studied, we will rarely overlook the cancer of the stomach, colon or rectum Fortunately, the most common lesion producing gastric symptoms which has no relation to cancer of the stomach, is duodenal ulcer, and there is no difficulty whatever in the *x*-ray film and the fluoroscope picture to differentiate gastric filling defects with possibilities of malignancy from defects on the duodenal side of the pylorus which practically rule out cancer of the stomach

Cancer of the Colon—A historical review of the facts here reveal the human element and gives us information of how we must proceed in order to control cancer through an educational effort Before 1900, in the Johns Hopkins Clinic, the only cancers of the colon which we were able to resect and among which there have been some cures of more than twenty-eight years' duration, were cancers of the sigmoid colon, because, in a certain per cent of cases, obstruction forced the patient to seek surgical aid immediately Little or no attention had been paid to the symptoms which preceded the obstruction, although they are recorded in practically all the histories Not until 1911 did a case of cancer of the right colon come for operation in the operable stage This patient is living seventeen years after resection of the right colon with ileo-colostomy In recent years the per cent of operable cases has tremendously increased, and rarely do we see cancer of the colon with acute obstruction They seek advice because of intermittent colic, with and without belching or vomiting, vague discomforts hours after eating, visible distention of the lower abdomen, unexplained constipation or intermittent diarrhoea In the majority of cases the tumor is not palpable, nor is there visible peristalsis —signs frequently recorded in the older cases The position of the cancer producing the obstruction is found in the bismuth study with the fluoroscope and *x*-ray films, or with the proctoscope

There is no difficulty with resection and suture of the colon, except in the lower third of the sigmoid We have learned to overcome the difficulties when the cancer is in the transverse or splenic colon There are practically no complications after resection of the colon with proper suture. When lateral suture can be done, it is just as good as end-to-end Fortunately, we now know how to perform the end-to-end anastomosis without danger In some case this is an operation of necessity I am looking for a most remarkable improvement in cancer of the colon The per cent of inoperability will always be less than in the stomach. Cancer of the colon metastasizes later than cancer of the stomach, and must be present a longer interval before it infiltrates into the mesentery or involves adjacent tissues or organs

Benign Polypoid Tumors of the Stomach and Colon—Until recently these lesions were found only at autopsy in patients dying of other causes Now we are finding them in the stomach and colon when we operate for cancer because of a definite filling defect About four years ago I photographed a resected right colon and pictured a benign polypus near a malignant polypus Since then, in both the colon and the stomach, I have explored and removed the benign polypus which undoubtedly is a precancerous lesion Balfour's report on benign lesions of the stomach is a good sign that both, the people and the profession, are receiving and understanding the message of examination first, that this examination must be made quickly after the first warnings, and that the *x*-ray is the instrument of precision for searching out lesions of the abdominal cavity

Cancer of the Rectum and Lower Sigmoid—The rectal examination with the finger or the proctoscope must be inconvenient and distasteful to both, patient and doctor, because it is so frequently neglected when positively indicated. A protoscope is no more expensive than a stethescope It can be used on an ordinary battery and carried with the stethescope and blood-pressure apparatus in the physician's bag It is an instrument of precision available to every member of the medical profession and should be of common employment like the stethescope and clinical thermometer, because no longer is the examination of the rectum with the finger sufficient. Lesions that produce the same symptoms may be situated above the limits of exploration with the finger, but can be easily seen and felt with the long proctoscope.

In the Johns Hopkins Clinic, the first cancers of the alimentary tract, excluding the lower lip, to be cured, were situated in the lower rectum and completely exercised by the method of Kraske The names of Billroth for the stomach, Halsted for the breast, Kraske for the rectum, and Wertheim for the uterus, should be preserved and honored together, as of pioneers in the conception and execution of radical operations for malignant disease Surgeons familiar with the works of these men will never experience local recurrence because of the incompleteness of their operations I have a patient, over eighty years of age, alive at this writing, whose rectum I resected by the Kraske method more than thirty-two years ago

Colostomy—It is essential that the public should be properly informed about colostomy, and it is essential, if we wish to make the complete removal of the lower sigmoid and rectum popular, to learn how to make a cloostomy easier to care for than the normal anus This can be done Many surgeons today are of the opinion that, for cancer of the lower sigmoid and rectum, the operation of choice should be complete removal from a point above the cancer to the anus, and a proper colostomy of the remaining sigmoid It may be done in two stages, for which Coffey's method is most popular, or, with blood transfusion, it may be performed safely in one stage At the present moment the surgery of the lower third of the sigmoid and upper rectum remains the most difficult and dangerous abdominal operation I am inclined to think that blood transfusion will reduce most of the dangers of operative shock. It is my practice, in some cases, to explore and do a colostomy of the cecum first This allows preparation by cleansing of the entire colon and best prepares for the complete removal and left-sided colostomy in one stage

I am also of the opinion that there is still a place, especially in old and feeble people, for the complete resection when the cancer involves the anal region or lower rectum, when this is done without opening the peritoneal cavity and without removing more than the coccyx There is distinctly less shock and the sacral anus can be made almost as easy to care for as an upper sigmoid colostomy

I have gone into these details in regard to the surgery of the stomach, colon and rectum, because many members of the profession have little opportunity to learn of the tremendous advances that have been made, the slight risks of operative procedures, the tremendous improvement in colostomy We cannot expect to convince people until we convince the members of the medical profession who are not specializing in surgery

More space has been devoted to cancer of the stomach, colon and rectum, because neither the public nor the profession seem to be as familiar with the exact facts and the marvelous advancements as they are with cancer of the breast, uterus, mouth and skin At this time the largest per cent of inoperability of all forms of curable cancer is in cancer of the stomach, and next perhaps in cancer of the colon It is my opinion that when we have taught children in the primary schools what they must know for their protection against death from peritonitic after appendicitis, we will have much less difficulty in instructing them in regard to cancer of the stomach, colon and rectum

Cancer of Bone—I use the term in a general sense It is wise to employ the word cancer for all types of malignant disease and use carcinoma for the epithelial group and sarcoma for the connective-tissue group, and it is very convenient to reserve the word tumor to include both the benign and malignant, because when you tell a patient that he has a cancer, he knows that he has a malignant disease, but when he is told that he has a tumor it allows the fundamental hope that it may be benign Fortunately, today more people are seeking examination in the tumor stage, and in many instances only the microscope will distinguish between the benign and malignant, so we are perfectly justified in saying "You have a tumor" in emphasizing that it should be removed, because it might develop into cancer Such a statement is not only truthful, but, to the patient, quieting and encouraging

When I repored in the Journal of Radiology in March, 1921, just seven years ago,I had less than 400 bone tumors Of the 72 sarcomas of bone over 50 had been observed more than five years, and of these only 2 were living The per cent of cures, therefore, was more than two But this was better than cancer of the stomach, in which the per cent of cures was less than two It is to be emphasized again that this included inoperable cases These two patients are living today, but the five-year group has increased from two to almost forty, and the per cent is approaching thirty When Codman of Boston started his registry of sarcoma of bone, the committee, after some years study, was able to find about 14 cases which it would accept as sarcoma living five years after operation As yet the registrar has not made a second report, but I am confident that we will find improvements everywhere.

Now, let us look at it from the standpoint of amputation only Certainly it must be clear to everyone that if the cures of sarcoma of bone after amputation have increased, amputation cannot be credited with this improvement The microscope shows no difference in the pathology The facts are, that the dura-

tion of time, between the first symptom calling attenion to the involved bone and the first X-ray, is getting shorter every year, and the duration of time between the first *x*-ray and the amputation is getting shorter, in spite of the fact that some members of the medical profession choose radiation rather than amputation There seems to be but one conclusion to explain the increasing number of five-year cures after amputation for sarcoma—the shorter duration of the disease

The failure to cure sarcoma is not due to local recurrence after amputation, but to metastasis before amputation There may be another factor In former years, in a larger number of cases there was not only delay, but operative interference—explorations for osteomyelitis, non-indicated curettings, incisions for biopsy with a long delay before amputation The malignant tumor of the bone is smaller today, although palpable, there is rarely infiltration of the skin or surrounding muscle We now never see joint involvement when the tumor is near the joint, rarely much disturbance of function, and usually the patient does not use a cane or crutch The people are getting very enlightened in regard to the importance of *x*-rays when there is any pain, swelling or tenderness in the region of a bone or joint, or any limp, or interference with function So well educated are they getting to be that a doctor who suggests treatment without an *x*-ray examination loses the patient, nor will the patients put up with the diagnosis of "growing pains" for their children, nor with medicine for "rheumatism" Nor will they allow the removal of tonsils or the extraction of teeth before the involved area is studied with the *x*-rays It is really a very remarkable advancement and shows what education can do In the past few years osteopaths and chiropractors have ben sending their bone cases for an *x*-ray study before beginning their specific quack treatment Even the Christian Scientists, in my own experience, fear to experiment with mind over matter, if the matter is in the bone We must remember that we have been *x*-raying bones from the time that Roentgen discovered the *x*-rays and, in view of the tremendous importance of factors in industries, accident insurance and workmen's compensation, the importance of an immediate *x*-ray study after an injury to a bone or joint, was so broadcast to the public and the profession, that the results were shown when we began to educate the public and the profession on malignant disease of bone It is my opinion that this educational effort was greatly advanced by Codman's registry of sarcomas of bone

Without the aid of any discovery, or anything new, the publicity of the registration of bone tumors is so widespread, that it reaches not only the profession, but the public

We now know that it is a safe procedure to have an *x*-ray picture taken after every injury to bone or joint, even when there is no sign or suspicion of a fracture This *x* ray may reveal a fracture and lead to its immediate treatment It gives us an *x*-ray for future comparison should the symptoms not subside, or should they reappear after an interval of treatment I have seen in the *x* ray plates a giant-cell tumor develop after an injury These *x*-ray examinations reveal many healed latent injuries, such as tuberculosis, osteitis fibrosa, Paget's disease, rickets, chronic osteomyelitis, syphilis It has taught all of us to be on the alert

Now that patients are coming at once for *x*-rays, we are finding the diagnosis much more difficult There are many diseases of bone that are not malignant and many of these get well without operation Yet, it is often difficult to distinguish a latent healed lesion brought under observation by a recent trauma, a benign lesion due to trauma, from sarcoma in its incipiency following a trauma When the *x*-rays fail to differentiate, there must be biopsy

The entire medical profession requires correct information on biopsy in bone lesions

Biopsy in Bone Lesions—Unless the bone case is in a clinic where the biopsy can be done, properly interpreted and followed immediately by the indicated operation, it should not be done It is far better for the patient to submit the *x*-rays to more experienced diagnosticians before taking up the question of biopsy While waiting, the patient's limb can be kept at rest and deep *x*-ray therapy given If there must be a biopsy with an interval of time, in order to submit sections to pathologists of greater experience, the piece should be removed with the cautery, the wound should be cauterized with the thermo-cautery, and then packed with a piece of gauze which has been saturated with a fifty per cent zinc chlorid solution and squeezed almost dry The wound may then be closed In some instances a piece of gauze may be left in the wound The interval of time should be as short as possible With air-mail and the telegraph, it can be reduced to less than a week in this country One of the two cases living after five years which I reported in 1921 had a biopsy with an interval of time of two weeks Among the cases cured five years which have accumulated since then in a few there were biopsies

Routine Examinations for a Bone Lesion—In these early doubtful cases there should be an *x*-ray of the involved bone and its mate of the chest and the pelvis, of the teeth and sinuses There should be a Wassermann, and

if the lesion is periosteal, there should be given a provocative intravenous arsphenamin, the urine should be examined in the usual way and, in addition, a careful test made for Bence-Jones bodies Beside the usual blood count, there should be repeated total and differential leucocyte counts Again and again the involved bone and its mate should be palpated, the sinuses should be transilluminated and the region of the tonsils and nasopharynx studied Search should be made for a possible malignant tumor, and if there are any scars, the pathology of the tumor removed should be ascertained by telegraph In my own experience, the number of patients who were *x*-rayed in the incipiency or after a slight injury, has greatly increased, and cases difficult to diagnose are on a decided increase In view of the certainty of a Wassermann and the great improvement in the syphilitic clinic, we rarely see now syphilitic bone lesions difficult to diagnose, but latent healed osteomyelitis and chronic osteomyelitis have taken the place of syphilis in the early cases difficult to diagnose Ossifying periostitis always presents a dilemma The *x*-ray picture of bone formation, of traumatic, infectious, or neoplastic origin, is often identical, and only a biopsy will make the differentiation Then it requires one of unusual experience to differentiate the sarcoma cells by which the bone is invaded from inflammatory granulation tissue due to trauma or infection. It is for this reason that it is a good plan to give *x*-ray therapy while waiting *X*-ray plates can be sent by mail and a number of good opinions obtained very quickly

Since dictating this note on the routine examination for a bone lesion, I have just had an observation which indicates that an *x*-ray picture, lateral and antero-posterior, of the skull must be added to the routine procedure, and perhaps *x*-ray films of the teeth and sinuses The case also pictures the value of our educational efforts

This patient was president of the Board of Trustees of a hospital in Delaware, a contractor and a man of unusual intelligence He was apparently familiar with the correct information on preventive medicine and the importance of the earlier recognition of disease He had never observed anything wrong with his right tibia until less than two weeks ago, when he accidentally felt two bumps on the shin, one over the tubercle and one over the junction of the upper and middle third of the tibia The lower bump was tender He did not think he had rheumatism, and he knew the importance of an *x*-ray, because he went to the roentgenologist who took *x*-rays of the affected tibia and its mate and revealed a disease involving the upper half of the right tibia The blood was examined, the urine tested for Brence-Jones bodies, and a negative Wassermann recorded The case when brought to me by his physician had been completely studied, except there were no *x*-ray films of the pelvis chest and skull Not until we had before us the *x*-rays of the pelvis and the skull had we the positive evidence that the condition in the tibia was part of a general disease affecting the entire skeleton—Paget's osteitis deformans

The *x*-ray picture of the pelvis of a woman after an operation for a verified cancer of the breast was almost identical with the *x*-ray picture of the pelvis in this case of Paget's disease.

I emphasize this, because the earlier patients come for examination after the first warning the more difficult the diagnosis and the more complete and the more general must the examination be in order to arrive at least at a working conclusion which will lead to protective or curative treatment

As our experience grows with cases of this kind, we are forced to think more seriously of group medicine, of diagnostic clinics, even in the smaller communities and to formulate in our vision a better organization among the professions of medicine, dentistry and nursing for the control of disease through a systematic educational effort and through properly financed research

STERILITY*

By I. C RUBIN, M.D., F.A.C.S., NEW YORK, N. Y.

STERILITY has a unique place in medicine The problems involved are concerned not alone with one individual, but with two of opposite sex united in a fruitless marriage It is the mating that is sterile and therefore the biological and pathological factors of each partner which contribute towards it must be considered apart and collectively

Inquiring into the Causes of Sterility in the Female

The female who fails to get pregnant within say three years of married life should for her part receive the following examination In the clinical history it is well to inquire into the occurrence of scarlet fever, typhoid, pneumonia, especially of the influenza type, malaria, mumps and tuberculosis Malnutrition as a sequel of these diseases or independently of them, scurvy and rachitis are not only generally debilitating, but

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are more especially a drain on the vitality of the ovaries and the other glands of internal secretion, especially upon the thyroid and adrenals Congenital syphilis and tubercular adenitis are also important etiological factors If these infectious diseases have been particularly virulent and if they happened to attack the individual in early youth they may be followed by retardation in general development or local development, or both

Development on the other hand may be defective congenitally and will be evidenced in general constitutional inferiority and infantilism, alone or combined with local anomalies Exceptionally, the latter may be found in individuals exhibiting every other trace of full development The anomalous condition will be more in the nature of a septate hymen or vagina, a uterus bicornus or duplex where the ovaries however have advanced to normal anatomical and functional evolution From any practical study of sterility, must at once be excluded those hopelessly abnormal cases of gynaplasia and the marked rudimentary type The latter may rarely acquire late maturity The cases associated with absence of genitals, pseudo hermaphrodites and true hermaphrodites belong to the relatively small group of anomalies where nature has failed of its accomplishment and hence seeks to terminate their kind, as it were, by depriving them of the reproductive faculty

Other factors that have an etiological bearing on sterility are late marriages and prolonged engagements The former because in general the nearer the menopause the less are the chances for impregnation, not only through quantitative reduction in available ova, but also by reason of the fact that with advancing age the individual's health does not as a rule improve The latter naturally holds alike for women and men Prolonged engagements are fraught with physical and psycho-sexual strain which experience has shown to exert an inhibitory effect on the reproductive capacity of the couple after marriage. The same may be said for those married couples who have practiced contraception for long periods! They find to their great surprise that nature does not respond to their call for a child Perverted genital secretions brought about by the artificial practices in some, chronic passive hypraemia and acute exaccerbatins in others, or both of these, combine to defeat the most ardent desire for offspring Instances are not rare where a second conception is rendered difficult by preventative methods being used after the first child is born

Masturbation when excessive and persistent may lead to sterility, in the male by psychastemia and impotence, and in the female by inducing menometrorrhagia, secondary to the microcystic disease of the ovaries Dyspareunia in its broadest sense may follow female onanism and undoubtedly acts as a deterrent to inpregnation

Deficient diet has been shown by Reynolds and Macomber to induce sterility in rats and other rodents, whereas feeding these animals rations containing adequate amount of vitamines restores the reproductive function. Experience in man is not nearly as simple, but the work and results of H Evans with vitamine "E" are suggestive

Profound psychic disturbance whether primary or secondary to somatic derangements offer a bad prognosis They are often associated by a temporary or more or less permanent amenorrhoea. Marked changes in the menstrual function, especially the metrorrhagias of puberty and adolescense and later, have a decided value in the clinical history They indicate both constitutional and local ovarian faults Obesity with and without amenorrhoea, from the extreme case with Frohlich's Syndrome to the milder grades, indicate faulty functional and probably also defective somatic development in which the glands, chiefly pituitary and thryoid are involved Frigidity while not often associated with general failure in development, nevertheless bespeaks psychic, emotional backwardness which may be based upon inadequate endocrine function at least as well as upon lack of education The individual with proper anatomical development requires very little sex stimulus to arouse sex desire

The mechanical factors involved in unsuccessful mating and residing in the woman are very readily determined, certainly external obstructions such as scars, burns, tumors which may in rare cases so deform the genital passage as to prevent male approach Obstruction of the uterus and tubes can now be definitely determined by peruterine tubal insufflation This method has enabled us to exclude mechanical obstructive factors and has therefore led us to focus our attention more upon chemical and physiological processes involved in fertility The only baneful sequel of a terminated appendicitis may be peritubal adhesions with tubal strictures or total occlusion

Of practical importance in sterility are those relatively minor local defects such as vaginal stenosis of milder or severer grade, shallow vaginal fornices and positional deviations of the cervix These conditions make it difficult for intromission and proper ejaculation of the semen into the cervical canal There is lack of mingling of cervical secretion with the semen and the latter is more apt to be subjected to the acid secretion of the vagina. The retroflexions and retroversions, the sinistro and dextro deviations fall under this category In retroflexion and retroversion there is still another factor namely an obstruction at the intramural and isthmic portion of the tubes which militates against ovular and spermatozoon migration. Utero-tubal insufflation can be utilized as a guide in the therapy The pin hole external os is also unfavorable for impregnation and for

the same reason These conditions are, however, amenable to corrective treatment

Fibroids exert a deleterious effect in a sheer mechanical way by blocking the cervical canal, uterine cavity and tubal ostiae, by causing hemorrhage in which however, the ovaries may play a primary etiologic role, and in the event of conception taking place, by not infrequently inducing abortion or causing dystocia Fibroids that do not produce these symptoms are compatible with conception and pregnancy carried to term These patients, however, require great care throughout their gravidity Surgical intervention before and during pregnancy, and during or after labor has been successful in meeting the difficulty

Inflammation of the external and internal genitalia disturb successful mating by perverting the normal secretions on the one hand and on the other by sealing up the passages completely or incompletely No matter where this inflammation may be located conditions obtain which are inimical to the spermatozoa or that render the sex act painful and incomplete. If the vaginal secretions in health do not particularly favor the activity of the spermatoza it is readily seen how much less favorable patholigic secretions of the vagina, cervix and tubes would be and actually are. The mucus plug in the cervix acts not only as a mechanical "cork" but the pus is actually lethal to spermatoza. Although in some cases spermatoza succeed in travelling up along the wall of the cervical canal, very few succeed in reaching their destination in the tube Chronic endocervicitis and cervicitis are responsible for a large percentage of the cases of sterility Tubal pus as a rule exerts an unfavorable influence on ovum and spermatoza if the tubes happen to be open which is not the rule, for tubal suppuration most often ends in tubal occlusion The latter is more commonly due to gonorrhoea and next in frequency it follows post abortion and post partum infections Tubal closure is responsible for about 40% (39 8% out of 2,000 personal cases) of all sterile marriages Tubercular salpingitis may be said to occur once out of every fifteen or twenty cases of tubal closure, in some series the incidence may be a little higher

In practice one meets with an unfortunate class of primarily fertile women who have subjected themselves to an induced abortion the first time they became pregnant and thus have sterilized themselves through the infection that followed The trouble in these cases lies as a rule in the tubes which become sealed off by the inflammation following the artificial early termination of pregnancy The ovaries in severe cases may also be involved in disease and thus add another difficulty On the other hand women are met who owe their sterility to an innocent peritonitis produced by an attack of appendicitis before marriage or soon after marriage In such instances a pelvic abscess forms which affects the fimbria and seals them off in the healing process It is in these cases where the use of utero-tubal insufflation is of pathognomonic value

Of all the constitutional anomalies, infantilism is probably the most important clinically as it is most often encountered The ovaries do not function normally, oligo and amenorrhoeas are frequent, occasionally meno-metrorrhagias (hyper and polymenorrhoea) The tubes exhibit tortuosity, angulations and tight points and possess poor muscular development The uterus is poorly developed, menstruation is frequently associated with dysmenorrhoea In case impregnation takes place it offers a poor site for ovular implantation The cervical canal is tight, very short and sometimes long and often kinked at the internal os These patients exhibit greater tendency to local spasm which also acts as a deterrent against impregnation. The introitus is tight by virtue of the fact that the muscles are either in spasm or the connective tissue is very dense and inelastic. This fact has a bearing upon the severe tears encountered in these cases that do get pregnant and go to term The labor is as a rule difficult and tedious The uterine muscle is relatively weak, inertia uteri is common Post partum hemorrhage is not uncommon It is well to recognize this class of patients if one would be prepared to protect them in the obstetric emergencies and for purposes of prognosis and treatment

On the male side congenital anomalies are less frequent. Failures in development parallel to those of the female partner occur but they are more apparent The vast majority of sterile males have acquired their defect by gonorrhoeal infection On the other hand impotence is by far more common amongst them and as compared to female frigidity is of greater etiological importance Mechanical factors are encountered in hypospadias and epispadias Urethral fistulae also prevent proper insemination by leakage outside of the vagina Deviations of the axis of the penis may also prevent normal insemination Psychic impotence is, however, far more frequently encountered than mechanical impotence

The generative type of impotence may be and is as a rule accompanied by perfect coitus There is however in the discharge from the penis, complete absence of spermatoza which are present in the testes but fail to find their way owing to some obstruction in the genital tract, or there is actually a complete failure of spermatozoic production The latter condition is as a rule hopeless, while in aspermatism due to bilateral stricture of the vas, operative treatment offers some hope for relief and successful cases have been recorded In the male as well as in the female, a careful clinical history with, if necessary judicious psychoanalysis is of great importance in determining etiology, prognosis and therapy

Special mention should be made of temporary lowering of fertility in males who may previ-

ously have been highly fertile The reduced fertility is evidenced by a marked diminution in the numbers and character of the spermatozoa The latter exhibit either no motility at all or relatively weak and atypical motion, while the majority in other specimens may be abnormal morphologically In general the conditions encountered in these instances are overwork or prolonged mental strain The temporary lowered vitality may also be due to some intercurrent disease Occasionally sedentary occupation is at the bottom of the altered spermatogenic function That these factors are causative may be assumed from the fact that when corrected through hygienic measures including athletic exercise, by regulating the occupation, a sojourn into the country, they prove beneficial to these patients and fertility is restored

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of appendicitis, habitual oligo and amenorrhoea In the male, the history of bilateral epididymitis, atrophic or undescended testicles, early impotence, etc, is of importance

General Instructions to the Married Couple Seeking Relief from Sterility

It is best for them to occupy separate beds, to maintain periods of continence beginning with a minimum of two weeks and increasing to four or more weeks The most favorable time for a fruitful coitus is within the middle two weeks between two periods Intercourse must be forbidden in case a menstrual period is overdue

The matter of exercise should be gone into Adequate rest with an occasional vacation, removing sources of mental worry and adjustment in domestic relations are sometimes followed by gratifying results Rational and appropriate diet is important The knee-chest position is helpful in cases associated with retroversions and retroflexions Cleansing douches of plain boiled water or mildly alkaline solutions can be used where there is marked hyperacidity and profuse mucous discharge Some women defeat their own purposes by using antiseptic douches after coitus A properly fitted pessary can aid in conception in cases of retroversion

Therapy in the Female

The aim and object of therapy in female sterility is to correct abnormalities and to restore anatomical relations and, if possible, functional conditions to as nearly normal as possible There are cases indeed where the most painstaking examination may fail to reveal any deviation from correct anatomical and physiological conditions The causative factors in such cases are not understood and have so far not been determined But theses are rather the exception than the rule In the vast majority, gross changes are present It must be admitted that pregnancy not infrequently occurs in the presence of apparently insurmountable obstacles There is no true biologic method by which we can prognosticate in a given human mating whether it may prove fertile Sterility may definitely be foretold when the fallopian tubes are closed and when the testes fail to produce spermatozoa and the latter cannot be properly ejaculated when produced In at least one-third of the sterility cases the tubes have been found to be non-patent In the patent tube cases the explanation is more difficult

In general, treatment will be directed against

1 Inadequate orifices, vaginal, cervical, tubal and tubo-uterine
2 Inimical vaginal and cervical secretions
3 Maldevelopment and constitutional anomalies
4 Ovarian functional disturbances and their secondary effects
5 Psycho-sexual disturbances

1 The mechanical causes lie in such barriers as imperforate hymen, rigid hymen, hypersensitive introitus, vaginal stenosis, small tight external os and stricture of the cervix with or without the mucus plug These conditions with the exception of the last named suggest their own appropriate mechanical treatment. Here mention need only be made that the discision operations upon the cervix have a limited scope and leave in their wake sequelae that frequently make matters worse The simple thorough dilatation of the cervix with the insertion of a stem pessary is far preferable to the Dudley or the Pozzi operations

2 Secretions in the vagina which are definitely due to vaginitis are lethal to spermatozoa The vaginitis can be cleared up by astringent douches, the introduction of Kaolin or Lassar's paste and tampon, Sitz baths, rest and coital continence. Abnormally acid vaginal secretions in the absence of vaginitis can be in part overcome by alkaline douches The cervical mucus plug as well as purulent escape from the cervix must be cleared up by topical applications, aspiration, douches, tampons, cauterization and dilatation The treatment is tedious and is not always efficacious The lesion requires clearing up whether or not the patient is interested in relieving her sterility

3 Mal-development and constitutional anomalies form the basis for a poor prognosis Unless they are obstructive in character and can be eliminated by surgical measures, such as the discision of an imperforate hymen, the removal of a vaginal bar, the enucleation of fibroids and polypi, developmental genital backwardness offers a poor prognosis Infantilism, local or general, can be aided by forced feeding, systematic exercise out of doors and other hygienic measures Such women may be said to "catch up" much later in their reproductive period The marital act may be said to promote "local gluital" development.

Psycho-sexual disturbances apparently have an inhibitory effect upon fertility in both sexes Frigidity and dispareunia in the female and impotence in the male can be corrected by suggestion, psycho-analytic interpretation, by proper physical and mental hygiene and not infrequently time causes spontaneous healing

4 Ovarian functional disturbances with their secondary effects upon the menstrual cycle, chiefly amenorrhoea and meno-metrorrhagia, sometimes come to a spontaneous correction Organotherapy is not of uniform benefit in these cases, but newer pharmacological methods of extraction and preparation promise to give better results The fractional doses of x-ray irradiation have proven of decided benefit in the habitually delayed menstrual type In my first series, nine out of twelve became pregnant after the menses had been restored while in a larger series, over 50% have become pregnant after the restoration to the normal menstrual type The ovarian dis-

turbance is often associated with other endocrine gland derangement, chiefly of the thyroid and the hypophysis The administration of thyroid gland has so far offered some definite aid both in amenorrhoea and meno metrorrhagia and should be given a trial before resorting to *x*-ray therapy A basal metabolism estimation is of decided help in determining the thyroid dosage Anterior lobe pituitary extracts have an empirical value and may be given to stimulate ovarian or testicular function

5 Impotence in the male is in the vast majority of cases of psychic origin It has been estimated that in only 5-10% of the cases, impotence is due to some mechanical factor The treatment is suggestive or radical (psycho-analysis) The latter is to be reserved for advanced and aggravated cases As a rule, winning the patient's confidence by reassurance and encouragement, offering a favorable prognosis, even that of absolute cure, go a long way toward restoring potency If one can find the psychic factor which has led to the impotence, suggestive therapy becomes simpler This would vary considerably In any event, an important part of the psychic treatment is to engage the patient's mind in work or diversion which tends to keep him from his perverted trend of thought For the more aggravated case (psychopathic), outdoor exercise and suitable occupation, such as gardening, tend to quiet the mind and insure sexual rest General hygienic measures and dietetic instructions which tend to promote the patient's nutrition and maintain normal metabolism are of importance in psychic depression Baths are said to be of considerable help in restoring potency The best type consists of luke warm to cold water bathing followed by spinal douches Carbon dioxide and oxygen baths are stimulating In some cases the use of the Galvanic, Faradic and Franklenization currents are useful Topical applications formerly employed almost to the exclusion of psycho-therapy, has a limited field in the treatment of male impotence, and is best left in the hands of urologists

In cases of aspermia due to obliteration or stricture of the seminal-excretory duct, the implantation of the vas deferens into the head of the epididymis as recommended by Martin, can sometimes, but rarely, be followed by success It is worth a trial in desperate cases where offspring are desired and where any measure offering the slightest prospect of success is welcome

The most favorable type of impotence is that which is due to constitutional syphilis Antiluetic treatment can result in restoration of function Local mercury inunctions over long periods of time, combined with internal administration of potassium iodide will prove of benefit in luetic epididymitis Long periods of abstinence are also of decided benefit in cases where excessive venery is a factor

Chronic morphinism is associated with impotence and in those cases yielding to anti-morphin treatment, function may be restored

Sterility in the male being involved with gonorrhoea to such a large extent can better be prevented than cured Too much emphasis cannot be laid upon venereal prophylaxis

6 *Artificial impregnation* In impotence due to mechanical deformity of the penis a fresh condom specimen can supply the semen for artificial impregnation The condom should be sterilized beforehand, and the penis thoroughly cleansed Whenever possible it is preferable to secure the specimen ejaculated directly into a sterilized glass vessel as it is less apt to deteriorate in glass than in a condom The cervix is exposed and cleansed and with a sterile pipette containing a c c. of semen the latter is injected into the upper portion of the cervical canal If the latter is plugged by mucus it should first be cleaned out by aspiration and cotton applicators and a drop or two of the semen may be introduced into the uterine cavity Great care should be exercised in injecting, avoiding much pressure, as the semen can be injected into the tubes and out into the peritoneal cavity resulting in peritoneal irritation and pelvic inflammation

Where this is feared the fresh semen can be transferred into a mensinga cervical cup and fitted over the cervix for 24 hours

The semen aspirated from the testes or epididymis is rarely ever efficacious When it becomes necessary to resort to this procedure the question of borrowing the semen from a close male relative or some other outside source sometimes comes up This is a rather complicated subject requiring sociological and medico-legal attention and one should undertake it with a great deal of caution

The deposition of a drop of semen from a sterile platinum loop into the cervix and then followed by peruterine insufflation has been recommended by L Fraenkel, who claims to have had success in a few cases

Peruterine insufflation shortly after coitus within an hour or so, accomplishes the same thing provided motile spermatozoa are found in the cervical canal By instructing the patient to have coitus after the insufflation when the genital tract is opened up, a better chance is offered for impregnation to take place Not a few of the successful results in my own cases appear to have followed either of these alternative procedures

The artificial injection of semen should be a dernier resort in carefully selected cases having due regard for all the hazards and precautions Success has been reported by Dickinson and others in a few instances, and therefore gives encouragement to those couples where everything else may have been tried in vain

Therapeutic Procedures in Cases of Tubal Non-patency

A Non-surgical (therapeutic application of peruterine insufflation)

B Surgical

(A) From the earliest use of the method of insufflating the uterus and tubes for diagnostic purposes, it was recognized that it might also prove to have some therapeutic value Peterson and Cron were amongst the first to report pregnancies following peruterine tubal insufflation They state "A number of patients examined for sterility by the Rubin Test where the gas had been forced through the tubes, reported that pregnancy had followed without change of other conditions present during the time they have been *desirous of children*" In 13 out of 36 patients who replied to their questionnaire, pregnancy had ensued An accumulating number of reports from other sources (Meaker, Rongy, Henderson and Amos, Hirst and Mayer, and Aldridge, and others) have corroborated Peterson's and Cron's first statement

In May, 1925, I reported 95 cases of pregnancy out of a series of 1,000 consecutive cases in whom utero-tubal insufflation had been done Inasmuch as at least one-third of these patients had totally occluded tubes, the percentage is increased, making that first series 14% pregnancies In a later series of 1,800 personal cases, 180 patients reported pregnancy If we exclude one-third of these patients who had totally occluded tubes, the corrected percentage would be approximately 15% In other words, one out of six patients coming for the relief of sterility, and whose tubes are not totally closed, becomes pregnant following the peruterine tubal insufflation It must, however, be noted in this connection that no definite systematic questionnaire has been sent out to these patients, the reports being quite voluntary It is possible, therefore, that the figures may be somewhat higher if all available data were at hand At the same time it is only fair to add that other factors probably have entered into the successful results following this method

Particularly may the test be said to be of therapeutic value when a woman married for five years or over and previously sterile becomes pregnant the month following a peruterine insufflation If other measures had been tried without avail the insufflation procedure may be presumed to have exercised a therapeutic effect even though two or several months elapse before pregnancy ensues In infertile marriages of ten years duration or longer the insufflation test has proved of definite therapeutic value Twenty-two of the first series of cases were in couples married five years and over In five the marriage had lasted ten years or over before pregnancy took place Two of these were married fifteen years

Peruterine insufflation exerts a therapeutic influence in several ways

1 By establishing patency of the genital tract from the external os of the servix to the abdominal opening of the fallopian tubes It is possible that the so-called "pinpoint" os is stretched by the introduction of the cannula and renders it more patulous for the reception of semen

2 It enables the cervix to expel a mucus plug from its deeper portion after the insufflation and upon withdrawal of the uterine cannula

3 It separates mild agglutinations of the folds of tubal mucosa, straightens out tortuous tubes, especially the infantile type, dislodges a mucus inspissation from a narrow to a wider portion of the tube, separates adhesions of the fimbriated end in cases requiring 150-200 mm Hg of pressure Cases are accumulating where higher pressures than 100 mm Hg, indicating incomplete stenosis of the tubes, have become pregnant as a result of the insufflation Several patients in my own experience have become pregnant after a third or fourth insufflation

4 By overcoming utero-tubal spasm in some cases, insufflation prepares the female genitals for favorable reception of spermatozoa

5 Finally, it may be assumed that the method may stimulate the psyche and as with other therapeutic agencies, accomplish a result through suggestion The explanation is difficult in these cases, and the matter of coincidence cannot always be excluded

(B) *Surgical procedures*

1 The simple opening of the fimbria when they are lightly agglutinated, squeezing the tube and milking it outwards The prognosis in these cases is good as there is very little trauma and practically no bleeding These cases are rather rare, however

2 By making a stoma at the closed end of a hydrosalpinx

3 By partial resection of the occluded portion of the tube, leaving the patent portion free and securing bleeding by fine ligatures When the isthmic portion is left, the serosa may be reflected back for a centimeter, leaving the muco-muscular tube bare and simply tying the ligature lightly over it so as to prevent oozing

4 When the isthmus is blocked, the tubo-uterine junction and occluded isthmus may be resected as far as the patent point is reached and implanting the latter into the fundus The operation may be unilateral or bilateral

5 When tubes are absent, having been removed by surgical operation, or when they are irreparably obliterated, they may be completely removed and an ovary may be implanted into the uterine cavity on one or both sides (The method of Tuffier)

Successful results have been reported from each of these procedures, and although the percentage of success is not great, they offer some chance to the married couple who would take advantage of any therapeutic measure for the sake of having an offspring

SOME LESS WELL RECOGNIZED SYMPTOMS OF PROSTATIC OBSTRUCTION*

By ARTHUR L CHUTE, BOSTON, MASS

It is my purpose to call your attention to the atypical symptoms that certain cases of prostatic obstruction may show, symptoms that deceived me when I first encountered them, and which I have found have deceived others as well

In most instances of prostatic obstruction the predominant symptoms are those of bladder irritation, they are frequent, difficult, and painful urination, one or all, often associated with changes in the urine These changes may indicate an inflammatory process that has been engrafted upon the underlying condition, or may indicate renal embarrassment due to back pressure. Symptoms of this sort, when they appear in men of middle life or after, are so suggestive of prostatic obstruction that one almost automatically makes a digital examination of the prostate which will give conclusive evidence in most instances In cases of this sort in which, for one reason or another, one is still in doubt as to the diagnosis, the use of a catheter or cystoscope will usually settle the question quickly and definitely

There are several conditions, however, in which due to an almost total absence of symptoms of bladder irritation, commonly the early and striking signs of prostatic obstruction, the recognition of this condition is not easy, due largely to the fact that these patients do not present the symptoms that raise the question of prostatic obstruction in the minds of most of us

A condition of this sort to which I wish to call your attention first, as it is by far the most important to recognize, and is as well the one most easily overlooked, is the one that has been called by some "dyspepsia urinaria," by others, "cachexia urinaria" In cases of this sort, the symptoms, as the names would indicate, point more to disease of the digestive tract than to that of the urinary tract. In some cases of this sort the mildness of the symptoms is such as to point to the digestive condition that we often speak of as a "dyspepsia", in others the intensity combined with a considerable cachexia, is such as to suggest malignant disease of the stomach This condition is presumably due to an unusual tolerance on the part of the bladder that allows a marked distension of that organ to take place without much resentment on its part. This distension of the bladder in time leads to a marked degree of renal back pressure and the consequent development of toxic, even preuremic symptoms, of the digestive type Whether or not this tolerance to over distension, on the part of the bladder, is the result of some abnormality of innervation, one can only surmise Be that as it may, as a result of the passing back to the kidneys of the pressure in the overdistended bladder, there is a marked cutting down of elimination on their part, with a toxic condition that may suggest serious, even malignant involvement of the digestive tract I shall cite briefly a few clinical examples

One of the early cases of this sort that I had a chance to study was that of a doctor 59 years old, seen with a medical friend in 1911 This man had been getting up once at night for a year or more and had sometimes had a little involuntary escape of urine at night. His symptoms were, however, predominantly those of digestive distress He had a bad taste in his mouth, was nauseated, vomited a considerable amount, and seemed to be at times on the verge of uraemia. He was put on a carefully regulated salt free diet and as he improved under this treatment he was allowed to spend the summer in Europe On his return in the late autumn he was again suffering from his former symptoms and I was asked to see him because of the possible relation of his urinary symptoms to his general condition I found his blood pressure 180, an over distended bladder, a benign prostate of moderate size, an unfected urine of low gravity I drew down his residual by intermittent catheterization, using every safeguard that I knew Three days after I began this, his urine showed infection, a week after I began, I put him on constant catheter drainage because of an increased urinary infection, and three weeks from the time I began to draw down his residual he died of pyelonephritis This man did have urinary symptoms to be sure, but the predominant ones were digestive He was treated for months on the assumption that his trouble depended on some medical condition rather than upon prostatic obstruction At that time we knew less of the treatment of "dyspepsia urinaria" than we do today and the patient was not treated as I should treat him now, but the outcome might nevertheless have been much the same since this condition is always a serious one

Another instance was that of a man of 55 seen a few years later, who had had a little dribbling of urine for a year, for nine months he had had "indigestion" and his "food had not set well" He had had nausea for 4 months, for 2 months he had been unable to work and had vomited "all the time." He had had gastro-intestinal *x*-rays that

*Read by invitation at the twenty ninth annual meeting of the Lake Keuka Medical and Surgical Association, at Keuka N Y July 12th and 13th 1928.

were negative He was salivated and at night had to tie a towel about his neck as he drooled a great deal during his sleep This man had a most suggestive pallor He was found to have a blood pressure of 160, a bladder that was well up to his umbilicus, and a residual of 40 ounces His bladder was opened under novocain and drained for a time His digestive symptoms improved within a short time and his salivation ceased Later a prostatectomy was done successfully This patient was last seen 11 years later, in good general condition, but with a urine that was not clear

At the time I opened this patient's bladder his haemoglobin was 30 per cent (Sahli) reds, 3,816,010, whites 11,400, marked achromia, no stippling, no blasts, or parasites A few days later his haemoglobin was 50 per cent Three weeks after operation this patient's haemoglobin was 63 per cent and there was very slight achromia The medical consultant who saw this patient with me insisted that his secondary anemia was due to a carcinoma of his stomach and it was a long time before he could be convinced that it was purely a case of "cachexia urinaria," due to prostatic obstruction

A man of 63, seen last summer, had had difficulty in urination with some frequency for two months He was nauseated, had more or less vomiting and diarrhea He was advised that he had indigestion due to bad teeth and that he ought to have them removed, so he had 17 extracted He waited for his mouth to heal but even after that had taken place there was no relief of his nausea Another doctor passed a catheter and removed 2 quarts of transparent urine When he came under my care his bladder was nearly up to his umbilicus, his urine transparent, his prostate, large, rounded, elastic, B P 208/134, his NPN 46 5 mg His bladder was drained for some days by the decompression method with an inlying catheter and then by a cystostomy for some little time Later his prostate was enucleated under spinal anesthesia He made a good recovery and has been free of digestive symptoms

While cases of prostatic obstruction do not present this picture commonly I have seen in the aggregate a considerable number of similar cases In none of these cases has there been an absolute absence of all urinary symptoms but in all there has been such a preponderance of symptoms referred to the alimentary tract as to mislead the practitioners who saw the patients at first, and to lead them to believe that the urinary symptoms were dependent upon the digestive trouble and were of secondary importance In these cases the symptoms have differed sufficiently from those ordinarily seen in cases of prostatic obstruction as to have been wrongly interpreted at first and the disease allowed to progress to a much more advanced stage than would otherwise have been allowed had the underlying condition been recognized earlier The fact that many of these patients have a non-infected urine, which in my experience has been the rule, though not without its exceptions, has undoubtedly been a factor that has helped to mislead

The diagnosis in this condition will usually be easy if one will but remember that digestive symptoms in middle aged or older men are now and again due to renal back pressure from an overdistended bladder One should always bear this in mind, in patients of prostatic age, who do not get relief of digestive symptoms under appropriate treatment The palpation of the suprapubic region will ordinarily show a tumor, easily recognized as a full bladder, to which may often be added on rectal examination the evidence of an enlarged prostate.

In certain other instances of prostatic obstruction we have both subjective and objective urinary symptoms to be sure, but not the ones that are most commonly seen in cases of prostatic obstruction, not those that speak strongly for bladder irritation There may be moderate frequency and a rather slow stream but there is no pain, no straining, and usually no great difficulty in voiding I refer to a certain number of patients, who having reached the prostatic age, begin to wet the bed, in some instances to have incontinence when they take a nap, even when sitting in a chair This is a certain modification of the so-called incontinence of overflow or paradoxical incontinence in that it does not occur when the patient is awake It presumably depends on a bladder that is moderately non-sensitive, since its overdistension is unattended with pain but yet a bladder in which it is nevertheless necessary to exercise a certain degree of voluntary control, sometimes apparently more or less unconsciously, in order to avoid incontinence In the first and second of the reported cases of "dyspepsia urinaria" this condition was present to a slight degree, but its significance had been overlooked in the face of the predominance of digestive symptoms I will relate briefly a few instances where nocturnal incontinence has been the striking symptom in cases of prostatic obstruction

A cardiac of 51, seen in 1919, began one and one-half years before I saw him to have nocturnal incontinence This was not attended with any bladder pain and he did not have this incontinence all the time During this year and a half he had also had on three occasions attacks of what were supposed to be severe colds attended with chills They kept him in bed for some weeks A lot of pus had been found in his urine at the time of these attacks but on the other hand he had to get up but once at night though he had had some difficulty in voiding By rectum no increase in size of his prostate had been made out On abdominal palpation this man was found to have a bladder that was practically up to his umbilicus His chief subjective symptom was incontinence, though he did at times have some straining on

urination In the absence of an enlarged prostate this incontinence had been thought to indicate some nervous derangement of the bladder This patient was subjected first to a cystostomy for drainage, which drainage was continued for about 3 months, a part of this three months he was allowed to spend in his own home Suprapubic enucleation was then carried out with relief to his symptoms and he was able to take up his business again He remained well to my knowledge for a number of years, dying about a year ago I do not know the cause of his death

A more typical case was that of a man of 72 seen some years ago Some 2 years before coming under my care, he had, on one occasion, had considerable difficulty in passing his urine while on a railroad train He finally succeeded, however, and had had no repetition of the trouble He ordinarily got up once at night, never more than twice, and while he had a small stream he did not have to strain to empty his bladder This man was referred to me for the reason that for some time, he had been wetting his bed practically every night, during his sleep His urine was transparent and the specific gravity was 1020, it contained neither sugar nor albumin, the phenolsulphonephthalein output was 24 per cent in 2 hours, the N P N 48 7 mg His blood pressure was 180/96 He showed a mass suprapubically that reached three-fifths of the way to his umbilicus and by rectum he presented a prostate considerably enlarged and typically benign in character A catheter proved that the suprapubic mass was an overdistended bladder This man's bladder was opened suprapubically, following this he was somewhat toxic, but this cleared up promptly under the use of subcutaneous salt solution Later his prostate was removed He has had no incontinence since his operation and when seen about two months ago reported himself as well

Patients with nocturnal incontinence often present themselves much mortified saying that they have reached their second childhood One most fastidious old bachelor of my acquaintance had his first incontinence while a guest in the home of a friend and had the mortification of wetting the bed He was operated upon with a disappearance of his symptoms At times these patients will have some frequency, when awake and perhaps a rather poor stream, but the striking symptom and the one that annoys them most, the one of which they complain, is their incontinence In some, especially at the beginning, there may be the escape of but a little urine and this at infrequent intervals, in others the incontinence may be so great as to make it necessary for them not alone to protect their beds, but also to change the bath towels in which they swathe themselves, several times at night. A number of patients of this sort, whom I have seen, have been given various things in the way of internal medication, quite without result, on the assumption that it was a true incontinence of urine As with the cases of "dyspepsia urinaria" palpation of the suprapubic region will usually show that the patient has an overdistended bladder, often times even inspection will make this evident as is sometimes the case in the instances of "cachexia urinaria"

It may be that in instances of both of the foregoing conditions the patient's abdominal wall may be too thick to make palpation of the overdistended bladder definite Many of these patients, however, will be rather thin as a result of their trouble and palpation will be easy In instances where suprapubic palpation is not decisive, the condition of the prostate, as felt by rectum, will often be helpful, in certain instances, however, it may be necessary to pass a catheter or even a cystoscope before one can be sure of his diagnosis The passage of a catheter or of a cystoscope should be done with the greatest care, especially in the patients who show a light gravity, uninfected urine

It is important to recognize the true nature of the basic trouble in both these conditions, both are ordinarily attended with a considerable degree of aseptic retention and the patient's margin of safety is practically always narrow in the first type, and may be so in the second, though it is perhaps somewhat less likely to be

There is yet another atypical symptom met in cases of prostatic obstruction to which I wish to call your attention

It seems to be pretty well proven that the introduction of any infectious material into the deep urethra may be followed by an epididymitis We see this in urethral infections with the diplococcus of Neisser, in instances where there has been urethral instrumentation as well as in patients in whom a catheter has been fixed in the urethra In instances of this sort the history makes the significance of the epididymitis evident

Beside instances of the above type there are seen, from time to time, instances of decidedly acute epididymitis coming on without, at first glance, an apparent cause, cases that are attended with a temperature and are too acute to make it probable that the epididymitis is tuberculous In a few instances this appearance of an apparently causeless epididymitis will be the first sign, subjective or objective, that a patient will have of a bladder infection that is secondary to a prostatic obstruction Given a man of prostatic age with a sharp and apparently causeless epididymitis one should consider the possibility of prostatic obstruction Naturally one will find that the patient has a turbid urine but this may come from other conditions than prostatic obstruction If in addition to the above we find a big prostate or a considerable residual urine, it is fair to make a tentative diagnosis of an epididymitis that is secondary to an infected residual

It is not necessary for me to remind you that it is quite possible, even common, to have bladder

were negative He was salivated and at night had to tie a towel about his neck as he drooled a great deal during his sleep This man had a most suggestive pallor He was found to have a blood pressure of 160, a bladder that was well up to his umbilicus, and a residual of 40 ounces His bladder was opened under novocain and drained for a time His digestive symptoms improved within a short time and his salivation ceased Later a prostatectomy was done successfully This patient was last seen 11 years later, in good general condition, but with a urine that was not clear

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prevent a fatal toxaemia this must be fought actively by the use of salt solution under the skin or intravenously, often up to the point of beginning oedema, the oedema is usually first noticed in the scrotum This use of large amounts of salt solution under the skin, often as much as 3000-4000 cc in 24 hours for some days, is carried out, on the theory, that damaged or embarrassed kidneys can extract the waste products from a very dilute blood much better than from a concentrated one In conjunction with the use of large amounts of fluid one should use such cardiac and renal stimulants as digitalis, caffein, and the like

In passing I may say that I believe these are the cases in which the two stage prostatectomy is of especial use, allowing the patient first to get his renal function straightened out before one subjects him to the trauma and shock of the removal of his prostate, even if this actually takes months, as has been the case in some patients who have come under my care. The use of local and spinal anesthesia has proved itself of the greatest advantage, in my hands, in caring for cases of the first two types

The third type, the type with epididymitis, is not so important as the other two, although in the case that I reported, a frail old man, this process, which went on to suppuration, made a very considerable inroad in his strength

In this paper it has been my wish to call your attention to these cases of prostatic obstruction in which, due, in most instances, I believe to the lack of a normal resentment on the part of the bladder, the symptoms of prostatic obstruction differ from those that we see in the great majority of cases of this trouble and are apt to be overlooked unless one has in his mind the possibility of the occurrence of these atypical symptoms and their significance

THE VALUE OF A GRIEVANCE COMMITTEE AS A PART OF A STATE MEDICAL PRACTICE ACT*

By ORRIN SAGE WIGHTMAN, M D, NEW YORK, N Y

THE WEBB-LOOMIS bill which is the present Medical Practice Act was passed by the Legislature of the State of New York in May, 1926 The signature by Governor Smith ended a long debate as to what was necessary and suitable to place the Practice of Medicine on a higher plane and also protect the State from the irresponsible practitioners who for a period of at least 40 years, had not been properly reregistered with the Regents of the State at Albany

The statement of the passage of this Act takes but a moment but it was accomplished only after the most difficult efforts by the Regents, the Lay organizations of the State, the State Medical Society and Dr Downing the then active head of the Regents

In spite of the most active propaganda in the State Medical Society extending over a period of years, groups from various County Societies resented the idea of making any Physician reregister yearly it was undignified, it was a nuisance, it carried penalties in case a busy man forgot to re-register, it cost several dollars a year, it was humiliating, it was distinctly unpopular At this stage Dr Downing impressed upon the Medical Profession that it was the only professional group in the State who had not come under the Regents, that by re-registering for several years the State would have an accurate list of those physicians who were rightly entitled to practice that only wilful neglect to re-register yearly would entail penalty and even then the Regents could remit the fine at their discretion The die hards were never fully convinced and the Doctors never having a full 100 per cent approval, it remained for the lay groups to exercise the necessary pressure to make the State Legislature see the light While this is all past history now, it behooves those States which have a bad or vicious law at present, to remember that medical men by themselves, are bad politicians, and any movement to be popular, must have the backing of such public organizations as can act in an unbiased way, before the Lawmakers will be convinced it is good

In addition to re-registration with a yearly fee this act created a Committee on Grievances consisting of ten men This list was made up as follows Seven were appointed by the Regents from lists submitted by the Medical Society of the State of New York, the New York Homoeopathic Society and the New York State Osteopathic Society together with three members appointed by the Regents independent of such nominations

If a Physician has been convicted of a felony, he naturally goes before the Regents for a revocation of license as provided by law In other cases where his license is involved, his case is referred to a sub-committee of three members of the Grievance Committee The decision of these three is subsequently referred to the whole Grievance Committee of ten who must be unanimous in their final report.

Cases coming before the Grievance Committee are those in which charges are made under one of the four following headings

1 Fraud and deceit in the practice of medicine, or in his admission to practice

2 On the conviction of a crime or misdemeanor

*Read before the Annual Congress on Medical Education Medical Licensure and Hospitals at Chicago Ill. February 20 1929

infections that come by way of the kidney Time and again I have seen an infected urine where there had been no possibility of infection by way of the urethra Whether a well kidney can let through organisms from the blood stream or not, seems to be an unsettled question, certainly a mild infection of the kidney of the type we usually call pyelitis is often followed by a consecutive cystitis of which it is presumably the cause The probabilities are that if a bladder contains a certain amount of residual urine, perhaps only a little, as is the case in beginning prostatic obstruction, the chance of this happening is increased Once we have an infected urine it seems possible that the infection may progress down the ejaculatory ducts and involve the epididymes, as is apparently the case in other types of epididymitis

At any rate, whether my hypothesis is correct or not, one sees an occasional case in which the first real definite sign of a prostatic obstruction is an apparently causeless epididymitis, these are invariably associated in my experience with an infected urine and often with a relatively small residual

A very good example of this came under my care last September This man, who was 73 and frail, was sent in with the story that for 2 months he had been having difficulty in voiding A very few days before he came in he had had a painful swelling of his left testis that came on without evident cause, since this man had never been catheterized, nor had he ever had any venereal trouble or anything of that sort On entrance it was found that he had a very acute epididymitis His urine was turbid and contained a lot of pus By rectum he had a prostate that was rather large and slightly irregular in contour A catheter was passed and he was found to have about four ounces of infected residual urine This man was toxic from his epididymitis, which went on to suppuration, was opened and discharged for some little time He was so toxic that for some little time he had to have subpectorals of salt solution twice a day For the most part during the time he was in the hospital we kept him on constant bladder drainage After the suppurating epididymitis had healed this man showed a residual of from 2 to 4 ounces of turbid urine His condition was rather poor, and he was allowed to go home to see if he could get back a little of his strength before having his prostate removed He has not as yet returned

This is a pretty typical example of a number of patients whom I have seen with a similar condition Although they had had some difficulty in urination it had not been very great, and the first thing that led them to seek medical advice was the acutely painful swelling of one testis They have been found invariably, so far as I can remember, to have had a turbid urine and usually an enlarged prostate as well In this man the process went on to suppuration As a rule this does not happen

This whole group represents cases in which for some reason or another the striking symptoms of prostatic obstruction have not pointed to any considerable degree of bladder irritation, the usual symptom that these cases present In all there has been evidence of a certain degree of bladder irritation, but the symptoms of bladder irritation have not been the striking symptoms that have called the patient's attention to his trouble

In the first two types the underlying condition is very important to recognize as early as possible, since for the most part these patients are suffering from renal back pressure as a result of bladders overdistended with a non-infected urine, often of light gravity This is the type of patient in whom the relief of the residual is attended with a considerable amount of danger This danger is due in part to the fact that a kidney that has been working against backpressure for a considerable time, shows a great liability to a passive congestion, even to a degree that threatens and some times produces anuria at the time the backpressure is relieved, especially if this is relieved suddenly

To this crippling of the renal function due to passive congestion as a result of the relief of backpressure, may be added an acute renal infection which will add to the crippling of the renal function these patients with an uninfected urine have not the immunity that patients who have had a slight bladder infection seem to possess These are the patients in whom one has to consider most carefully the wisest method of relieving the overdistended bladder One's object is to do this without, on the one hand, producing a passive congestion of the kidneys due to the sudden taking away of this back pressure, or on the other hand the introduction of an infection that may produce an anuria of inflammatory origin due to an active congestion of the kidneys The careful letting down of the pressure in the overdistended bladder, by inserting an inlying catheter and letting the patient slowly empty his bladder against a certain amount of gravity, the so-called method of decompression, is I believe a great safeguard against the danger of passive congestion

The danger of the active congestion due to renal infection must be combatted by as scrupulous a use of asepsis technique as it is possible for one to observe, this without regard as to whether one uses the gradual way of relieving renal back pressure by employing the so-called "decompressing" method or the quicker method by opening the bladder suprapubically under local anesthesia and the introduction of a large drainage tube.

In spite of the exercise of the greatest care of which I am capable I see a certain number of instances in which, because of one or the other of the reasons just mentioned, the congestion following the relief of urinary backpressure leads to a marked diminution of the urinary output To

ticularly as the institution was making $600,000 a year This case was properly prosecuted, and the institution was put out of business, and in spite of repeated effort, has not been able to re-open

It is unfortunate that institutes of this character are able even for a time to evade the law, but with the money in hand they have endeavored by securing the ablest counsel, to keep their work active, until large numbers of the community have been fleeced Under the present law in New York State they are bound to come to grief, and in future will be slow to risk the necessary capital, when failure is inevitable Naturally these healers scan the chances of success before they begin, but the securing of a number of convictions, and the closing of these places, has had a most remarkably deterrent effect on the starting of others

The Press likewise have been convinced that in the long run, honesty serves the whole people best Hence the editors are now looking to the organized medical profession for an opinion, before venturing to take advertisements of a questionable character This is as it should be, for the Press is as much a servant of the people as is the Medical Profession

In the beginning the managers of the radio stations were not convinced they were doing wrong in renting their facilities to anyone who was within the law But after a number of convictions they began to scan the subject very carefully and we believe they have arrived at about the same conclusion as the Press

The matters which are brought to the attention of the Grievance Committee in conference are of so varying a type that up to the first of the present year, the Sub-Committee working in the New York City area felt that its sessions should not be open to the public and the Press as public hearings While under the Act the Committee can make such laws as it chooses in the conduct of a hearing, there seemed some doubt as to whether it could be carried to the point of a closed hearing The members of the Committee felt that many charges were without foundation, that if a Doctor's name appeared in print even on false charges, once it had been in the headlines the doctor had no way of regaining his reputation even though a retraction was made later Everybody likes to read scandal, but few take the trouble to make a mental note of its correction This early action caused a good deal of criticism in one of the City Journals, and on advice of Counsel the Committee now have its hearings open except where there is justification in excluding the public according to the accepted ruling of the regular Courts

Fortunately the Act specifically states that the Committee is not governed by the regular laws of evidence as applied to Courts in general Many times it is confronted with a mass of desirable information which could not be ordinarily admitted but which is pertinent to the case Although exceptions are often taken by Counsel to the admission of this evidence, it is a very necessary provision in the law as latitude should be incorporated in any law made for the enforcement of Medical practice At times, following the procedure of other courts, shrewd lawyers have a way of viewing with complacency the disappearance of necessary witnesses In order to bring the facts which such a witness would naturally present to the Committee, this evidence must be taken in an indirect way, with the regular objection that it is irrelevant, immaterial, etc, by defending counsel

The idea of the Grievance Court is to administer justice both to physician and the public, and where technicalities are injected in order to obstruct this the latitude and powers of the Court are of great value in overruling a quibble

Aside from a Court of Appeal the Grievance Committee is enabled to save many a Doctors' reputation by discreet advice as to his future behavior Where he has used bad judgment and either by blatant advertising or false claims secured unethical publicity, he has been guided in the right direction, and as a result he has desisted from questionable methods or rewritten his advertisements in a way which would not offend

Another valuable feature of the Grievance Committee is the arbitration clause which submits a controversy between Doctors to this Committee The Decision of the Committee is final and binding in a Court of Law This may particularly apply where there is some misunderstanding as to business and financial arrangements In one case a physician had spent several months in Europe leaving his practice in the hands of a confrere On his return there were misunderstandings as to finances and a civil suit was threatened

There is no doubt but that the judicial power of a Grievance Court has a very deterrent effect upon those who contract to do or actually carry out abortions Under Section 1264, sub-division (e), the law specifically states "that a physician did undertake or engage in any manner or by any means whatsoever to procure or to perform, etc" This provision of the law gives the Committee greater latitude in its interpretation of "undertaking and engaging" Cases which have been brought to our attention are offenders who have felt that the technical construction of the law would leave them an easy loophole in case of prosecution We feel that this situation is changing for the better

Our law provides in the nature of disciplinary measures that a physician may have his license revoked, or he may be suspended from practice, or his license may be annulled, or he may be reprimanded or disciplined These grades of punishment deserve careful consideration *Revocation* comes as a harsh measure after the time and money spent upon a medical education It takes away a man's livelihood, as physicians are proverbially bad business men and are seldom suited

3 Being a habitual drunkard or drug addict, or where the physician has become insane

4 For undertaking or offering to perform criminal abortions

In order to start revocation proceedings, charges may be drawn by anyone These are then investigated by the Attorney General's Office, who renders an opinion as to whether they are meritorious If so, they are filed and a copy served on the accused physician, with a ten days notice of hearing before the sub-committee

At this hearing testimony is taken by the Court stenographer This testimony is reviewed by the sub-committee whose members make their findings for hearing before the full Committee The unanimous report of the full Committee then goes to the Regents The Regents make the final report The Physician however has the right of appeal to the Courts and if he cares to, having the final report of the Regents reviewed The Physician is thereby thoroughly protected, first, by the need of a unanimous agreement of his guilt by the entire Grievance Committee, and again in his right of final appeal to the Courts This is as it should be, since his license to practice medicine is at stake

The functions of the Grievance Committee have often been misunderstood, as many have thought that it was a prosecuting body This is not so It merely receives the proper complaints through the Regents and then sits as a Court The testimony however is regularly taken so as to be in proper form and suitable for review by the regular Courts, if such a course becomes necessary Another task however has devolved upon the Grievance Committee in cases where patients think they have a real grievance against a physician Patients sometimes complain that they have been neglected when upon proper enquiry it has developed that physicians have not used tact or have bluntly antagonized them Again patients sometimes refused to follow doctors orders, or even co-operate, and then have tried to hold the physicians accountable A request for the appearance of both physician and patient before the Committee has usually resulted in a better mutual understanding, with the result that the matter is kept out of the courts and the physician spared very undesirable publicity The people are not always the offenders When medical men perform their duties in a half-hearted way, or do not seem to take a deep interest in their cases, the patients too often interpret this as neglect, and disregarding the scientific limitations of medicine, take the medical profession to task for bad practice More than one doctor has been brought up with a round turn, to his own enlightenment, and with a deeper responsibility toward his patient

Classes of illegal practitioners who are immediately affected by the creation of a Grievance Committee are the chiropractors, naturopaths, men without licenses, foreign physicians who cannot obtain a license, bone setters, and men who in the field of optometry and chiropody are quietly practicing medicine under cover Many of these have been driven from the State, and Dr Rypins, Secretary of the Board of Regents, assures me that his estimate of 1,000 scattered into adjoining States is not an exaggeration This may not be an act of brotherly love, but it will inspire one's neighbors with the desirability and need of more stringent protective laws in their own States

In the defense offered by illegal practitioners, the report of Mr Sol Ullman, our efficient Deputy Attorney General has brought out a number of peculiar lines of argument Among the excuses offered there are general denials, partial admissions, acknowledgment of having given treatment but disclaiming making a diagnosis, or in abortions the treatments were given because of a local infection, or an old tear or abrasion In all of these cases the physicians sitting as a Court have not been deceived

To show the need of a Grievance Committee or some authorized department who may have a control of these abuses I quote from the Department of Education for the year 1928

From January 1st, 1928, to September 1st, 1928, 638 complaints were made against unlicensed practitioners Of that number 229 quacks were stopped without prosecution 98 were prosecuted of whom 44 were convicted 1 acquittal 41 are awaiting trial 12 were withdrawn, while the remaining complaints were awaiting further consideration and action The New York City Bureau of the Attorney General's Office had 27 convictions, out of 44 guilty

These figures are sufficient to convince the public that the Act is working for the common good The medical profession is alive to the fact that infractions of the law will not be tolerated

The Regents often have to deal with the human equation in men who have not the natural background for the successful practice of medicine Like men in every other profession, they may not recognize this, and so when they find they have not been a success, they assume some shady method of securing a livelihood They may connive or contract to do an abortion Men in their neighborhoods seem to be successful and escape the law, why not they? Others, as age overtakes them and practice dwindles, lend their names to questionable methods, or institutions of unsavory reputations Internes come within the scope of unscrupulous lawyers, and connive at ambulance chasing Still another group have become involved in the falsification of compensation cases

A flagrant case was that of a group of illegal practitioners who opened a House of Health They advertised by radio, and employed so-called physicians who were addressed as Doctor but had no other qualification to practice medicine than a speaking knowledge of a foreign language. What emigrant entering a busy pretentious suite of offices would not be impressed with this, par-

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THE WORKMEN'S COMPENSATION LAW

By JAMES N VANDER VEER, M D., ALBANY, N Y

THERE has been so much debate and acrimonious discussion relative to the working out of the Workmen's Compensation Law, and frequent questions arising, coupled with the recenf investigation by Prof Lindsay Rogers as a Moreland investigator, that it would seem trite to again bring the attention of the profession to the provision of the law as it now stands and the workings of the same

In 1913 the law came into existence as Chapter 816 It has been amended from time to time and is now known as Chapter 67 of the consolidated laws

Its reasons for coming into being are manifold, chief ones being * * 1 Formerly there was no protection to workmen, save in the courts, through a right of action to recover damages for injuries or death Some employers in these earlier days carried protective insurance with commercial companies for such emergencies, but the vast majority did not, and the injured workman became in many instances an occupant of a charity bed in a hospital Here he was given reasonable care by the surgeon on service or his assistants, at no expense to himself, but as a burden to the community through taxation for hospital support, and on the surgeon and later on the physician as a burden for charity service, and perhaps ultimately became a further burden to the community as the occupant of an alms house In most instances if incapacitated for further work he was discharged by his employer and thus had little, if any, means of further support

In but few instances did the contract with the insurance company carry the burden far, or was the physician or nurse remunerated, and in fewer instances did the injured workman receive compensation after hospital discharge.

In many cases where the workman attempted in honesty to pay his own way, his slender savings were soon exhausted and he, with his family, became dependent on charity

Where suits were started against negligent employers, who were culpable without question, the final awards were many times consumed in costly litigation and expert fees, with no resultant benefit to the person injured, and he was left in his original position of having to depend on the charity of the community, his relatives, or the state, for a mere livelihood to the end of his days

Those of us who have been in the profession long enough can recall many instances of this nature, and even to this day some of these examples may be seen in our midst

Having such conditions in mind and with the trend of the times to provide more adequately for the possible eventual dependents of the state, the law in its various amended forms has become a fixture on our statute books, and in its general provisions seems to be satisfactory in theory to the public at large

Section 19 of Article 1 of the Constitution is that under which the law was drawn. This section reads as follows

"Nothing contained in this constituution shall be construed to limit the power of the legislature to enact laws for the protection of the lives, health, or safety of employees, or for the payment either by employers, or by employers and employees or otherwise, either directly or through a state or other system of insurance or otherwise, of compensation for injuries to employees or for death of employees resulting from such injuries without regard to fault as a cause thereof, except where the injury is occasioned by the willful intention of the injured employee to bring about the injury or death of himself or of another, or where the injury results solely from the intoxication of the injured employee while on duty, or for the adjustment, determination and settlement, with or without trial by jury, of issues which may arise under such legislation, or to provide that the right of such compensation, and the remedy therefor shall be exclusive of all other rights and remedies for injuries to employees or for death resulting from such injuries, or to provide that the amount of such compensation for death shall not exceed a fixed or determinable sum, provided that all moneys paid by an employer to his employees or their legal representatives, by reason of the enactment of any of the laws herein authorized, shall be held to be a proper charge in the cost of operating the business of the employer"

The law attempts to set up a just governing board, a department of labor which shall make rules and regulations to bring together the parties involved in every way and adjust the differences which may arise, between employer, employee, insurance carrier, expenses incurred in hospital, professional services of physicians, nurses, physiotherapists and others, and for appliances which must be furnished in after-care, and for the welfare and keep of the permanently injured person after discharge by the physician and his return to society at large

Its provisions govern only "accidental injuries arising out of and in the course of employment and such disease or infection as may naturally and unavoidably result therefrom"

In many rules of the referees and the courts the above section has been construed broadly, and under the approval of the Appellate Division and the Court of Appeals "an accident is an unlooked for mishap or an untoward event which is not expected or designed, being limited so that an act done deliberately and willfully by a third

to anything else The Grievance Committee makes no hasty conclusions where so serious a decision is involved

A man may be *suspended* from practice A reasonable period of time acts as an effective warning, while too long a period may spell bankruptcy

A *reprimand* before the whole Grievance Committee may be of value but is doubly so when accompanied by the necessary publicity

Discipline may include keeping the case under observation with the promise of more serious consequences unless a radical change is made by the physician In this series of measures the law provides a pretty effective weapon for the control of the wayward physician Fortunately there are comparatively few But the fact that there is a law which works is the best sort of a deterrent to a prospective wrongdoer

The scope of the work of the Grievance Committee is gradually widening The law in its broader interpretation has been utilized to enter fields of wrong doing which were not even suspected at the beginning of the Committee's work The connection of the Doctor with unscrupulous lawyers in accident and ambulance cases is one of moment Another is the possibility of complicity in compensation cases Both of these issues are now before the Committee, but as they are in the process of trial we cannot yet announce any results There are apparently, however, evils enough present to require radical correction

In summing up I should say a Grievance Committee is an excellent provision to have been incorporated in the law It requires an active Board of Regents in its State Department of Education who shall be alive and co-operate in every way, such as we have in New York State

It requires the selection of physicians who are conscientious and unselfish in the performance of their duties At the present time there is no remuneration for the members of the Grievance Committee and the outlay in time and expense, where one day a week has been given to the work, is a great deal to ask of any busy physician. The members must be irreproachable in character as it is surprising how many indirect ways are employed to use influence when a physician falls under the ban of the law In the matter of expense, —while the State is supposed to pay travelling expenses with a trifle added in the event the meetings are held away from home,—the fact is that like all well organized State finances the money of the department is difficult of approach and so complicated in recovery that the Committee assigns the greater part of the cost of this work to their "profit and loss column" I refer especially to the personal outlays necessary in meetings of this character

New York State would be very glad to confer with any other State contemplating an improvement in the enforcement of a Medical Practice Act By communication with the Secretary of the Department of Regents at Albany or with the Attorney General's Office in New York City I feel that full co-operation would be given as to the progress of our work to date

Our experience has led us to believe that the legal practice of medicine in New York has very much improved since the passage of this Act in 1926

in the upper right hand part just before the word "Report"—if the case is to last very long *But* do not forget to send a "Final" report when the case is finished This should be sent with the bill, if the insurance lies in the State Fund (and is forwarded with form M-28 (the green form), or can be sent direct If the insurance is with another carrier a sworn copy should be sent of form C-4 "Final Report" with your own bill attached, at the termination of the case and if the case is a long one at least every sixty days

Do not hesitate *to attach an extra sheet at any time to any blank sent in,* as the Industrial Commissioner, referee, departmental clerk, departmental physician, or insurance carrier, is anxious to obtain ALL the information possible as to the injury received, and if your bill seems excessive, an attached explanation many times facilitates payment and obviates delay and irritation Don't leave it to a hospital interne or assistant Make out the forms yourself and thus make sure it has been done

b Always send a copy of every form C-4 to the employer Many times his main office does not know until days later that an employee has been injured With this copy send the written request for treatment, as mentioned above, that he forward to you at once an order to treat the patient from then on, or a notice for you to cease treatment A regular printed form is best, if one does much of such work A letter request however is sufficient

If you receive an order to continue treatment, keep it for forwarding with your bill later, as that is your evidence that you have, in good faith, furnished attendance.

If you receive an order to cease treatment, close the case as hereinafter described, for the employer at present under the law, is the only one who has the right to choose the physician, and that right must be observed legally

c. Send always, a copy of every form C-4 made out to the employee He is entitled to know just what you think of his case, and to see what he said to you as to how the injury happened, and how you described it on the blank This may have its objections but it will obviate much discussion later

d Always keep a copy of every form C-4 sent out, and a list of those to whom other copies have been sent. In this way you are always positive of what you have sworn to previously, and there can be no cause for confusion to the examiners who look over the cases, or to anyone else concerned in the case, as the forms of the same date should agree in every particular

By paying strict attention to the above and notifying the Department, the employer and the insurance carrier, you will have established the links of notification required by the law Unless you start right, you will receive scant consideration from then on.

2 If any change occurs in the patient's condition, except that of betterment, and you are still legally retained by the employer to continue treatment, be sure and send out another set of C-4 forms, for all hands are entitled to know how the case is progressing, for their own records You are required to do this under the law, at least every sixty days, and because of non-fulfillment of this provision is why so many payments for services rendered are held up

Naturally the Department or an insurance company cannot pay a bill unless it knows just how the case is progressing, and as the medical attendant you have your rights in the matter, and they have certain rights also

Any disagreements must be settled later, or only upon your being discharged from the case, as it is with any private patient

It is well to head intermediate reports as "Supplementary" or "Intermediate" reports that all may know how the case progresses, and the dates of these reports show their sequence

Again, don't hesitate to clip an extra sheet to each copy (and save one for your own copy) if you can describe more fully the changes that have taken place and there is not sufficient room given on the blank These extra reports must be sent at least every sixty days

3 When the case is finished and you have discharged the patient make out a "FINAL" set of C-4 reports and send them as you did in No 1

If the insurance lies with the State Insurance Fund, then to the original sworn C-4 "FINAL REPORT" attach your bill, which should be made out on form M-28, the green blank On the back of this is room for making explanatory remarks, but do not hesitate to use an extra sheet if it is necessary to explain more thoroughly how the case has terminated Give all the information you can to make it clear Keep a copy of this bill for your files

If the insurance lies with a commercial carrier, many of them have special forms for the rendering of bills, but if you send your own bill they will probably return to you one of their forms for filling out.

Your charges should be those "as prevail in the same community for similar treatment of injured persons of a like standard of living" (Chap 2, Section 13) and "claims for services or treatment rendered or supplies furnished pursuant to Section 13 of this Chapter, shall not be enforceable unless approved by the Board" (Chapter 2, Section 24)

It is to be remembered that many of these injured employees were formerly treated as charity patients in the charity wards of our hospitals, for which the physician received no pay, BUT, it is also to be remembered on the part of the physician that the so-called "fee bill" which was made in about 1914 is a minimum fee bill, and not a maximum for persons who would have paid more to a

party may be an accident from the viewpoint of employer and employee"

As an example of some decisions under the above construction are cases of poisoning from eating food provided by an employer, or typhoid fever ensuing from drinking polluted water, and so forth

Definitions relating to the law and to the terms used therein, and the regulations thereunder, are clearly set forth, and the groups under which the workmen are classified as employees are being constantly augmented and enlarged from year to year by legislative enactments, by new court rulings, and by new regulations,—which only points out that eventually the *fulfillment* of the law must approximate in 100% the *theory* of the law, and *all persons* who work for others, in a gainful way will be insured,—even as to the professional assistants of our physician's group In this manner we are tending more and more toward a type of pension system for injured employees in this state

In its application each and every employer whose work falls under the various groups as in the law, must cover his employees by insurance, either in a commercial company, a mutual company authorized to transact the business of Workmen's Compensation insurance in this state, the State Insurance Fund, or by self insurance under terms satisfactory to the Industrial Commissioner

It is not generally understood that house servants fall under the provisions of this Compensation Act

Every insurance contract must contain a provision giving the Industrial Commissioner the right to enforce the payments levied under the insurance contract

The State Insurance Fund is a creation of an insurance fund consisting of the "premiums received and paid into the fund, of property and securities acquired by and through the use of moneys belonging to the fund and of interest earned upon moneys belonging to the fund and deposited or invested as herein provided"

It pays the losses sustained through insurance, and the expenses of administration, and is administered by the Industrial Commissioner

Under the regulations there are established referees who hear and determine the extent of damages to be awarded, subject to certain limiting provisions There are of necessity certain forms (Section 124) as required by an employer to notify the Industrial Commissioner of a compensable accident, also blank forms as are necessary for *proving injury, death, medical or other attendance or treatment,* and these same forms are now carried by the insurance carrier and not by the employer as formerly

It is with such forms as the above that the physician must deal, and he should constantly keep on hand, Form C-4 (the pink blank) which is the notification blank, and which must be rendered to the insurance fund by the physician before the 20th day after the accident, if cognizance is to be taken by the state department that he is the accredited attendant upon the case

Also Form M-28 (the green blank) which is to be rendered to the state insurance fund as the itemized bill at least at the end of every sixty days if the case is continued, if the insurance lies with the State Insurance Fund, and if the case ceases to be under the care of the original physician

Many insurance carriers have special forms and bill heads of their own, so it is wise for the physician to have printed a stated notice somewhat like the following which should be sent to the employer, or the insurance company if known with the first report of the case that is sent out

This should read somewhat as follows "Please take note that on , an employee of yours, (name and address), was treated at this office for an injury of , and stated he was in your employ when the accident occurred Pursuant to the Workman's Compensation Law will you please fill out the attached form below and return it to me, or send me an Order for Treatment, with such proper and necessary state forms as are required by law To do so promptly will be of service to us all Sincerely,"

At the bottom is a detachable sheet which should read somewhat as follows "I hereby acknowledge the receipt of the above notice and am inclosing the proper state forms to be filled out by you and forwarded according to law in the case of (name and address) an employee of mine and now under your care My insurance carrier is Represented by The employee's wages are $ per His identification is check No , Date And room for signature of employer or his representative

In order to collect a bill, under the law, from an insurance company or the State Insurance Fund, it is incumbent upon the physician to file an "Order for Treatment" from the employer (Not from the Insurance Carrier) authorizing that the physician treat the injured man

The employer is the one who selects the physician and not the insurance company, under the law

This should be borne in mind by every physician

In order to clarify the procedure of a compensation case the physician should 1 So soon as he has given treatment to the case, sit down and fill out completely the original and three copies of the C-4 (pink) blank and send them as follows—after swearing to the original copy

a One to the State Insurance Fund (the original), at the nearest branch office as shown at the top of the blank *Be sure to comply with each question, even on the back of the blank*

It is well to incorporate the word "Preliminary"

EDITORIAL

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Next Annual Meeting in Utica, June 3-6, 1929

For list of officers of County Medical Societies, see March 15 issue, advertising page XXXI

COUNTY SOCIETIES PRACTICING CIVIC MEDICINE

County Medical Societies are taking an increasing interest in public health, and are assuming the leadership in the practice of civic medicine The Dutchess-Putnam Medical Society spent a whole session in the consideration of the water supply of Poughkeepsie, and the Tioga County Society devoted a meeting to a proposed county hospital Descriptions of these meetings, which are printed on page 413, are examples of practical reports which this JOURNAL should receive in increasing numbers from State Society officers and Secretaries of County Societies

private physician in the same capacity, and that appeal is always possible to the Industrial Commissioner, and the Board, for a review as to the propriety of the charges made, and if they are not applicable to the "An injured person of a like standard of living"

It must be recognized also that some physicians maintain expensive and very up-to-date offices in small cities and towns, and that offices in the larger cities are more expensive to maintain than in the towns and country—and no reasonable bill would be thrown out entirely if the case was a serious one, had received the benefit of excellent judgment and handling, and was returned to work in a shorter period than the average time of the statistics on file in the Commissioner's office

A word in regard to consultants Naturally the aim of the Department and of an insurance carrier, and of the physician as well, is to return the patient, employee, to work as soon as possible Therefore it is far better for one who is not skilled in the care of a particular injury, to seek permission of the employer, to transfer the case to another physician's care, or to be empowered to have consultation The employer is the one who has the power under the law to authorize this, but a referee of the Department may order such done, though not naming the consultant, if it is deemed that the case is not progressing as well as it should

It is far more a credit to the physician, in the eyes of the Department, of the employer, and of the insurance carrier, if by transference or consultation, a case such as that of tendon transplantation may be done and thus an amputation be avoided, and such a move would redound more to the credit of the physicians in general, than where unnecessary and perhaps unskilled surgery might be attempted

While the questions now at issue, and in dis- agreement between the various parties concerned, relative to the present workings of the law, are being handled by the "Special Committee on Workmen's Compensation," of which Dr W Warren Britt of Tonawanda is Chairman, and for which a favorable outcome is so earnestly hoped by your State Medical Society officials and physicians in general throughout the state, it must necessarily be recognized that this law as now is, is on the books, and that fighting changes in it can only be done in a recognized concerted way

So long as it maintains in its present form, physicians can expedite the cases which they treat by following out the law as explained above

That the physicians of this State may be the better schooled in the text of the law the following sections are hereby incorporated for reference. *Copies of the law may be obtained from* the Industrial Commissioner

Section 13 has to do with the treatment and care of injured employees

Section 19 has to do with the physical examination of the employee at the hands of the Department.

Section 19a forbids any of the Departmental physicians or surgeons from receiving a fee.

Section 19b forbids any of the departmental physicians or surgeons from giving treatment outside or within the department, or recommending that any special physician or surgeon be employed But the employer must obtain such treatment as recommended within five days for the employee

Section 23 has to do with appeals in every form

Section 24 has to do with the costs and the fees

Section 41 has to do with the appointment of examining physicians

Section 110 has to do with the record and report of injuries given by the employer

and committeemen in New York State send clippings from newspapers These are nearly always excellent, provided the officers and speakers at the meetings have taken pains to tell the newspaper reporters what has happened A reporter would be fired from a newspaper if he did not record in one concise paragraph the who, what, when and where of the meeting, and give a summary of the important subject that was discussed A reporter may be brutally frank in what he says, but if he is, the reason is likely to be that the speakers missed constructive points as they made destructive criticisms regarding the subject under discussion

When an editor writes up a meeting or conference, he follows exactly the same method of an expert physician with a patient

First he takes a history and makes a physical examination in order to obtain *facts*

Second he analyzes his facts and compares and weighs them in order to make a *diagnosis,* which in the case of a report of a conference consists largely in determining what the speaker is driving at and what the discussers think of his points

Third, the editor develops a plan of *therapeutics,* for what the patient wants to know is what the doctor advises him to do The editor will deduce the action which seems to be the consensus of opinion of the speakers

The object of the report of a conference is to influence the actions of the members If a short snappy report in a Journal arouses either interest or action in the members, it has fulfilled its object

INDEXING SOCIETY ACTIVITIES

Last December the question of utilizing the reports of the Medical Society Activities was discussed in the Council of the Medical Society of the State of New York, and it was the unanimous opinion of the members that a current index of the reports would be of great value in enabling anyone to ascertain what action the societies have taken, or what plans have been adopted or suggested Accordingly a two page index covering the first three months of the year has been prepared and is published on page 411 of this Journal An index of the second quarter will be published on July first

If the index contains no reference to the activity of any particular committee, the reason is that no report has been received from that committee, and on the other hand, if any committee has received noticeable publicity, it is because reports of its activities have been sent to the Journal The index also contains references to abstracts of the activities of the Medical Societies of other states

LOOKING BACKWARDS

THIS JOURNAL TWENTY-FIVE YEARS AGO

Criticizing Brother Doctors We wonder if the year 1929 could witness a repetition of the following incident recorded in this JOURNAL of April, 1904

"The following letter was received by a prominent specialist of New York City from a citizen of prominence and means of a western city, whose son he had treated, in response to a letter requesting payment for his services, no attention having been paid to his bill, which had previously been rendered

"Dear Sir—Your letter of the 9th inst came to hand in due course of mail I have taken a little time, because I wanted to have your bill submitted to some specialist in New York City, and I have a friend living in your city to whom I wrote, requesting that the bill be submitted to some specialist there, and he now writes me that the specialist says that it is not usual where a person comes to the office for a course of treatment for the doctor to charge $5 after the first visit for each treatment, and the consensus of opinion from the specialists consulted was that your bill was just about double what it should be

"You say 'Of course, if you are not actually able to pay my fee, I would be very glad to assist you, but this is not the case'

"In reply to that I would say that I am not a pauper, neither am I a millionaire, but I regard your bill as excessive, and if you would reduce it to about one-half of the amount that you charged I think the matter could be adjusted without much difficulty"

"I do not believe that if I lived in New York City you would have rendered any such bill as you have I feel certain, doctor, that you ought to readjust your bill

Yours respectfully,

REPORTING MEDICAL SOCIETY NEWS

State medical journals are organs of the medical societies of the states and their constituent county societies They are the natural repositories of the proceedings of those societies, and fulfill their functions best when their records are accessible and understandable Records well written and indexed would save the officers and committeemen the repetition of plans tried long ago and abandoned, only to be taken up again as novel ideas when a new set of officers takes charge of the societies There is a cycle of plans recurring every five to ten years because the proceedings of the societies are either not recorded or are not read

It is one of the duties of an editor of a state journal to read the journals of the other states in order to learn what the other societies are doing, and to bring new ideas to the attention of the officers, committeemen, and members of his own state society There are abundant precedents and experiences available to any officer who wishes to learn how to perform his duties, for some state or county has probably tried the same plan and has buried its record in a routine report where its identity is unsuspected It is the work of the editor to dig out those records, abstract them for his own journal, and finally to index them so that they may be available No one can blame the officers and committeemen for failing to discover the buried records if the editor does not take the steps to make their discovery easy

THE NEW YORK STATE JOURNAL OF MEDICINE has made a serious attempt to index the medical society records that have appeared in its pages during 1928 It has also sent reprints of its index to the editors and secretaries of the other State Journals, because items are abstracted from other State Journals to an extent far greater than their editors may realize The index seems to be the first attempt at taking stock of what the other State Journals are doing But besides indexes, there are two other important factors in recording the proceedings of the medical societies of the states and the counties

1 Securing news, or reporting
2 Putting the news in readable form, or editing

Few state journals have an efficient system of news reporting New Jersey and some other states have county society reporters, but no state appears to have a complete system of reporters of the activities of the state societies An analysis of what is required will help to establish a diagnosis on which efficient therapeutics may be based

Two systems of reporting are in common use

1 The stenographic
2 The interpretative

Some State Journals make a practice of printing full stenographic reports of important meetings and conferences, often devoting as much as thirty pages to a single conference A report of this size will contain 25,000 words, and at 120 words per minute, it has taken the speakers 200 minutes, or over three hours, to deliver the talks, and it will take a reader an equal number of hours to read them It is hardly to be expected that any one will devote that amount of time to the average Medical Journal

However, stenographic reports are ideal bases on which an editor may make an analysis of the remarks, and may write summaries embodying their salient feaures Verbatim reports also enable the editor to do his write-up in the quiet of his own sanctum Moreover, with the notes before him, an expert editor can quickly choose the meat of the discussions from the grist of stories and extraneous matter with which the talks are often interpolated

What the members of medical societies like to see in the State Journals is an interpretation of the talks and discussions of the meetings and conferences A subject is assigned in the program, and after the principal speaker has developed his points and suggested a plan of action, those who follow him are likely to seize upon some important phrase for comment, or they reiterate illustrations out of their own limited experiences An ideal discussion consists of intelligent questions designed to throw light on some point which the speaker has failed to impress upon his hearers It is not always the fault of either the speakers or the hearers that an important point is missed A speaker will develop many points, and it is beyond reasonable expectation that his hearers will grasp them all in a well rounded impression which the speaker intends to convey It is the work of the editor to take the strenographic notes, and with the program in mind to summarize the points which the speaker has emphasized His next step is to run through the notes and see what ideas the other speakers have grasped, and their reaction to them All else is extraneous to the subject and had better be omitted In this way a three hour conference may be fully reported on a page or two which a reader may digest in five minutes

An editor is something more than a clerk who takes reports, ties them together end to end like pieces of string, and winds them around the pages of his Journal One of his great opportunities consists of writing his interpretations of meetings and conferences and recording them in a brief form which the average readers of his Journal can grasp readily and willingly It may even happen that the average members of a Medical Society may open the pages of their Journal eagerly to see what new ideas have come out of the meetings and conferences

The cry of every editor of State Medical Journals is "Give me more reports of conferences and meetings of Societies and Committees" He wants first of all to get the reports Many secretaries

back to 1910 However, three of the five were seen during 1927, which would seem to show cumulation There was no fixed type in these five cases and in only two is mentioned a thrombophlebitis *in situ* In the remainder the tonsillitis is mentioned as gangrenous, although the above-mentioned lesion is not denied and was probably present There were numerous local complications including phlegmon In summing up the 5 cases the author stresses the fact that the secondary and general symptoms outweighed those due to the actual tonsillar lesion. Chill and high temperature developed early No theory is advanced as to why such cases are so rare when in theory they should be common Treatment seems almost hopeless, for early suppurative metastases are to be looked for if the patient live long enough Bacteriology throws little light on these cases, but as a rule the patients give a history of recurrent tonsillar inflammation and doubtless tonsillectomy would have saved them—*Schweizerische medizinische Wochenschrift,* Jan 12, 1929

Active Immunization Against Diphtheria.—As is well known, Germany has been backward as regards the wholesale active immunization of children against diphtheria as guided by the Schick test. W Stoeltzner of Königsberg, like some others, believes that they will have to come to it although he takes no stock in the Schick tests for susceptibility and immunity The movement has gained great headway in America and is also taking hold in France, Russia, England, Holland, and Denmark The author witnessed the introduction of the serum treatment 30 years ago and believed that the malignant type was a thing of the past, although since 1925 we have seen cases, fortunately not many, in which serum, even in early and large dosage, was powerless It is difficult to compare this type with the old preserum malignancy For one thing the larynx is rarely involved and death is not due to strangulation but occurs, after some delay, from cardiac paralysis Our theory that the antitoxin is a definite antidote to the toxin of the disease seems to fail when 100,000 units given as early as the second day exert not the slightest influence on some of these cases Yet *in vitro* the toxin of today is readily neutralized by the antitoxin, for animals remain immune to a mixture of the two In this quandary, the author suggests, we are forced to assume that relatively huge amounts of toxin are formed so rapidly in the tissues that it is no longer possible to neutralize them There remains then but one thing to do—to resort to active immunization and without any regard to Schick testing, for the author has not found the tests trustworthy, whether positive or negative. Besides he asserts that the disease is on the increase in the United States, although evidently he is unaware that this increase is limited to some of the big cities where immunization has not come into vogue—*Deutsche medizinische Wochenschrift,* January 4, 1929

Hepatic Lesions from Barbituism.—F Tremolieres, A Tardieu, and A. Carteaud mention the group of synthetics derived from barbituric acid and their potency as hypnotics, but warn that prolonged use, or large amounts such as are sometimes taken with suicidal intent, may damage the liver and kidneys In 1927 the same authors reported two cases in point in which it appeared that the drug may be retained in the liver although the nervous system remains quite free A third and also fatal case has since been seen in a young woman who took 36 grains of veronal and died in coma. At the autopsy the naked eye appearance did not show great departures from the normal, but the viscera were turned over to a chemist who made extracts for analysis with the result that nearly 10 grains of veronal were recovered, the greater fraction from the liver As not all of the organs were included in the test it is safe to estimate that at least 15 grains had been retained in the body The histological changes in the hepatic cells are given very briefly, but some of them are certainly not to be explained by ordinary cadaveric alterations, on the contrary, they approximate those found in toxi-infectious diseases In order to get a better idea of the nature of the alteration in the hepatic cells a rabbit was progressively poisoned with the drug and similar alterations were found A practical conclusion may be that those with lesions of the liver already present should not be given any of the hypnotics of the barbituric group—*Bulletin de l'Academie de Médecine,* Dec 26, 1928

Parasitic Cirrhosis of the Liver—Professor M Askanasy of Geneva recalls that once on a time and for many years we had but one kind of hepatic cirrhosis,—that of Laënnec This was followed by the cardiac type, and when Hanot had isolated the hypertrophic type we thought we knew all there was to know of such lesions Now we have so many forms that it is difficult to keep track of them, or even to classify them satisfactorily, and among the newer types is the parasitic, in which especially the forms of schistosoma are concerned This parasitic form is rare in Europe and the United States but may be quite prevalent in such countries as Egypt, Cape Colony, Japan, etc. There are three forms of schistosoma which have been quite well dif-

MEDICAL PROGRESS

A Pathogenic Theory of Cancer—L Hirtzman begins with the subject of cell division which we know to be a result of certain forms of irritation The less the differentiation of a cell type the greater the response In cancer the process of division never stops, which fact makes us think of some specific type of irritation such as might come from a parasite A parasitic theory, however, does not stand up under criticism, and therefore we must assume that very different types of irritation are able to cause permanent cell division We may in this connection suspect some of the growth agents or enzymes or we may interject a new element—that indefinite cell division is the result of the withdrawal of some inhibitive agent, something of an incretory nature From now on we are dealing in hypotheses and results of experimentation The work of the author, along with other data, has led him to the conclusion that some feeble irritation in the course of time brings about a change in the serological properties It has been shown independently that tar cancer in addition to the local changes is also responsible for certain general disturbances, which are assumed to be due to absorption of certain substances which may or may not proceed from the cancer cells A focus of irritation may precede the appearance of cancer by many years Is it not possible that certain products in this focus are absorbed, with the result that the serological functions of the blood are compromised? In time, with the defence broken down, the focus becomes cancerous and in many cases surgical cure is prevented by metastasis or early recurrence *in situ* Such a view would combine the local and general hypotheses in one — something heretofore impossible — and would explain some of the enigmas of cancer To sum up in a few words, it is simple localized irritation of feeble character extending over long periods which creates the cancer soil This theory supplies a good basis for future experimentation—*Le Progrès Médical,* Jan 5, 1929

The Etiology and Etiological Treatment of "Plaut-Vincent's Angina."—From a review of the literature on Plaut-Vincent's angina, P Mangabeira-Albernaz concludes that the disease is produced by the fusospirochete combination, neither alone being pathogenic Microscopically there are two layers in the lesions, one a zone of necrosis, the other of inflammatory reactions The necrosis zone includes three layers, characterized by the presence of the fusiform bacillus The zone of inflammatory reaction has no fusiform bacilli, but bears great numbers of spirochetes, and these are occasionally found in the necrosis zone The therapeutic procedure necessary to meet the special conditions of this symbiotic infection must fulfil five requirements (1) The remedy employed should be absorbed to a greater or lesser extent by the tissues, (2) it should be antiseptically active for an appreciable time, not immediately resolved by contact with the tissues, as happens with hydrogen peroxide, etc , (3) it should be neither caustic nor destructive, (4) it should have a solvent action upon narcotic tissues, (5) its action should be specific on one or the other component of the symbiosis. The author's experimental work, as well as that of other investigators, has shown the value of bismuth salts He paints the ulcers daily with a salve emulsion of bismuth tartrate at 30 per cent and has the patient gargle with a mild antiseptic every two or three hours Severe cases require three treatments at most Bismuth tartrate has been employed in this way with the best results for spirochetosis in other localizations as, for example, in fusospirochetic otitis, phagedenic ulcer (ulcus tropicum), phagedenic genital cases, and erosive balanitis of Berdel and Bataille Bismuth presents many advantages over the arsenobenzols, it is less toxic, more powerful, more economical, and is immediately and certainly sedative, allaying the characteristic pain The bismuth salts locally employed are the best treatment for Plaut-Vincent's angina—*Laryngoscope,* January, 1929, xxxix, 1

Fatal Complications of Follicular Tonsillitis—Professor E Schlitter of Basle, an otolaryngologist, discusses this subject at great length It seems strange that European authorities are so silent on what is termed, in the United States, septic sore throat, which occurs chiefly in small epidemic incidence with a high mortality Instead we find not a few accounts of fatal pyemia following tonsillitis, due it appears to localized thrombophlebitis There was indeed a local epidemic of angina in Kolding, a Denmark town, in 1926, but of 2,000 cases only 12 ended fatally—nothing like our septic sore throat where the incidence is limited to a particular milk supply Claus saw 29 scattered cases of post-anginous pyemia during 10 months in a throat clinic, but on the whole the sequelæ very rare considering the frequency of tonsillitis The author reports 5 fatal cases with autopsy, the oldest going

Pseudoperitonitis and Pseudoileus—P S Babitzki of Kieff refers to conditions encountered especially in accident practice in which one or the other diagnosis is made—peritonitis or ileus—but is not borne out by the further course of the case Numerous examples are given and the lesson to be learned is that when we are apparently confronted with conditions which seem to justify such diagnoses we must always bear in mind the possibility of error The peritonitis may prove to be a reaction due to a retroperitoneal process, the ileus a reflex phenomenon, which may be determined alike by acute and chronic lesions In the latter case we may see recurrent attacks of pseudo-ileus The dilemma is a most unpleasant one for the surgeon for if peritonitis or ileus is actually present delay is out of the question as a rule The subject of reflex ileus is one which has a very large literature and from cases cited by the author it does not appear that most of these could have been anything more or less than what is known as paralytic ileus, although with this marked difference that a lesion was responsible which if it could be detected and treated would result in complete recovery This lesion might lie in the pelvis or retroperitoneal space, and consist of an abscess, hematoma, thrombophlebitis, or what not Surgical relief is followed by prompt subsidence of the reflex ileus Not all such cases are paralytic, for the author mentions some which were spastic In regard to pseudoperitonitis this agrees largely with the peritonism of French authors The two processes—peritonitis and ileus—seem at times to be associated in the same subject, and this very association may suggest the possibility of a wrong diagnosis It is evident that in making his diagnosis the surgeon should always think of the possibility of a lesion in the retroperitoneal space and endeavor so far as possible to exclude such by the clinical history and collateral symptoms—*Deutsche medizinische Wochenschrift,* Jan 18, 1929

Alcohol Injection in Angina Pectoris—William Jason Mixter and James C White add three cases of severe angina pectoris treated by alcohol injections to the five cases previously reported by James C White and Paul Dudley White This treatment is based on the theory that the pain of angina pectoris is transmitted through the rami communicantes to the spinal nerve roots and thence to the brain, and that the greater part of these painful sensations are transmitted through the upper dorsal roots The technique used was similar to that employed by Swetlow and is based on that of Labat for paravertebral anesthesia The seventh cervical and upper four dorsal spines are carefully located, and each is cautiously injected with 5 c c of 1 per cent. novocaine A separate needle is used for each injection and is left in situ After ten minutes, 5 c c of 80 per cent, alcohol is injected through each needle If Horner's syndrome and anesthesia of the skin of the chest wall do not develop, the result of the alcohol injection is somewhat doubtful Great care should be exercised to avoid injury to the pleura No one should attempt alcohol injection who has not had a large experience in paravertebral anesthesia Following injection there is a period of anesthesia As this wears off there may be painful and annoying hyperesthesia of the chest wall, which in some cases has lasted from three to four weeks This in turn wears off and the patient is free from pain The injection gave over 90 per cent relief on the side injected in three cases and partial relief in three There were no deaths or serious complications as a result of the injections The treatment is not difficult after one has mastered the technique It gives promise of being distinctly less dangerous and of giving results as good as, if not better, than sympathectomy.—*Annals of Surgery,* February, 1929, lxxxix, 2

Production of Histamin Through Irritation of the Skin—This subject is discussed by H Kalk Several investigators have already pointed out that various forms of irritation of the skin mobilize an unknown substance in the blood, some of the reactions of which suggest the presence of histamin or some allied substance, one of these reactions being an increased flow of gastric juice The author having two subjects with a strong tendency to dermographism and at the same time hypochlorhydria made some tests to the point After preliminary tests of the gastric juice to make certain of low acidity, the back and thighs were rubbed vigorously with a hard brush for 5 minutes and the stomach contents again tested It was found that 10 minutes after brushing both the quantity of juice and degree of acidity were notably increased The result, so far as the action on the gastric juice is concerned, corresponds to that produced by gastrologists by injections of histamin This phenomenon was not offset by injecting atropine, hence the unknown substance does not produce its action through the parasympathetic The reaction produced by the brush is less marked than that which follows the injection of one milligram of histamin Until proof of identity of the unknown substance with histamin is supplied, the author purposes to call it the "H Substance"—*Klinische Wochenschrift,* January 8, 1929

ferentiated clinically, yet we know that any one of them may be responsible for hepatic cirrhosis with the addition of splenomegaly which may or may not be secondary to the former The author's paper is almost entirely devoted to pathology and there are few suggestions as to clinical diagnosis or treatment Naturally in a case of hepatic cirrhosis in any of the countries mentioned the parasite should be thought of and examination of the discharges should reveal ova or parasites In early stages the spleen is normal in size and constitutional symptoms, such as anemia, fever, etc, may be absent It has been suggested that recent suspects be treated with antimony or emetine, just as arsenicals are used when we suspect syphilis as a factor But in advanced cases such therapy is bound to fail A very large spleen does not connote a high degree of liver involvement and the question of a splenomegaly may be decided on general principles as a purely surgical problem — *Schweizerische medizinische Wochenschrift*, January 19, 1929

Hepatitis and Hepatosis — Professor R Rössle seeks a parallel to the nomenclature of renal diseases which distinguishes between nephritis and nephrosis. Thus far no such attempt, if ever made, has been successful, and the literature is practically silent as to hepatoses In theory they should be characterized by a degeneration of the parenchyma In his final summary the author speaks of hepatosis as a pathological and not yet a clinical term The mass necrosis sometimes found at autopsy does not give rise to any definite clinical picture There is an acute serous and an acute hemorrhagic hepatitis while the chronic forms of the latter make up our numerous forms of cirrhosis Instead of two separate clinical pictures what we would call a hepatosis is commonly associated with a hepatitis as a secondary degeneration of the parenchyma A predominance of the hepatosis element is necessary for the development of an atrophic cirrhosis A pure hepatosis does not lead to atrophy and the most distinct type of a hepatosis—acute yellow atrophy—does not result in sclerotic processes, although we may see attempts at regeneration of the liver substance which suggests them A simple hepatitis without any element of hepatosis tends to result in hypertropic cirrhosis Naturally, there are many transitions between pure hepatitis, pure hepatosis, and a mixture of the two We know that there are poisons which are cellulotropic for liver cells and cause hepatosis, but in some of these cases involvement of the mesenchyme also leads to cirrhosis Hepatitis followed by cirrhosis may be a mere item in a general process —*Schweizerische medizinische Wochenschrift*, January 5, 1929

Fibromyositis as a Simulator of Other Maladies —George E Murray, writing in *The Lancet*, January 19, 1929, ccxvi, 5499, deplores the fact that very little attention is paid to the muscles in the standard textbooks on medicine, and hence their importance is likely to be ignored when searching for the cause of pain If fibromyositis involves the pectoral muscles it may be mistaken for angina pectoris, but the pain, unlike that of the latter, is not accompanied by a sense of constriction or the sudden fear of impending death, and is not increased by forms of exertion other than those affecting the involved muscles The immediate relief afforded by vasodilators in angina is not experienced when the pain is due to myofibrositis Careful examination of the pectoral muscles may yield positive evidence of fibrositis. Pleurisy and intermittent claudication may be simulated by fibromyositis, and when the anterior abdominal muscles are affected it often gives rise to fears of intra-abdominal disease The chief characteristic of fibrositis of the abdominal muscles is a dull aching pain, generally felt at one particular spot from which it tends to radiate It is relieved by rest in bed There is no cutaneous hyperesthesia. If firm pressure is made with the tips of the fingers at the point where the pain is felt, it will be found to be acutely tender The important point is that tenderness under the same pressure is far greater when the muscle is contracted then when it is relaxed, this is opposite to the finding when tenderness is due to some intra-abdominal disease Myofibrositis must always be considered as a possible cause of obscure pain In its prophylaxis, exposure and chilling should be avoided, and also an excess of meat and sweets in the diet Some forms are probably gouty in origin and others are secondary to focal infection At the onset of an acute attack a vapor bath at 120°F for fifteen minutes, or a bath in water as hot as can be borne, followed by rest (and this is most important), gives much relief Aspirin (5 grains) and Dover's powder may be given and repeated every four hours The application of a belladonna fomentation over the affected muscle will also help to ease the pain Another useful application is a liniment of equal parts of camphor, menthol, and chloral hydrate, or one of menthol and sodium salicylate In subacute and chronic cases iodine is useful internally and iodine and belladonna ointment locally Five grains each of guaiacum and sulphur, three times daily, or tincture of cimicifuga in a few minims of liquor potassæ, should be given In prolonged cases a course in hydrotherapy and physical therapy often proves useful

then closed in layers The pathological findings disclosed that the uterus was enlarged and contained many small fibroids

The woman remained in the hospital for about fifteen days, during which time the doctor saw her daily and dressed the wound, and she made an uneventful recovery She paid the doctor's bill, and appeared perfectly satisfied with the treatment rendered

About one month later, she called at the doctor's office, and on examination the doctor found that she was in good condition She called again about two weeks thereafter, complaining of artificial menopause On this occasion, the doctor prescribed ovarian extract

Shortly after this, the doctor went to Europe, and when he returned about two months later he was served with a summons and complaint In her complaint the plaintiff charged that she employed the defendant to remove an outgrowth or obstruction or tumor which had grown or was contained in the uterus, and the defendant agreed to remove the same, but in violation of his agreement he removed or caused to be removed her uterus or other vaginal parts, and that said removal was wholly unwarranted and not in accordance with the terms of the agreement of employment between the plaintiff and the doctor, and that the operation was performed in an unskillful and negligent manner, as a result of which it was claimed that the plaintiff would be unable to bear children Damages were prayed for in the sum of $25,000

After the doctor's answer had been interposed, the plaintiff failed to take any further steps in the matter, and subsequently a motion was made to dismiss the action for the plaintiff's failure to prosecute the same The said motion was granted, and the matter thus terminated in the doctor's favor

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CLAIMED OPERATION WITHOUT CONSENT

In this case the complaint charged that the plaintiff consulted the defendant, a specialist in diseases of the ear, nose and throat, and requested the defendant to give him certain professional advice with respect to the removal of wax from the ears of the plaintiff, which plaintiff had been in the habit of having done periodically theretofore, and that during the course of the examination, the defendant examined the ears, throat and then the nose, stating to plaintiff that these organs were co-related in their functions, and plaintiff thereupon consented to an examination of his nose by defendant, that while plaintiff's nose was being examined, the defendant wrongfully and negligently, and without permission from plaintiff broke off and extracted certain bones from the nose of plaintiff, causing plaintiff's nose to become distorted and unshapely and disfigured, and that as a result of this operation, the plaintiff lost the sense of smell, and suffered continually from headaches, and his eyesight became impaired and that he also suffered great anguish of body and mind and became extremely nervous and irritable, which interfered with his ability to carry on his vocation and business, resulting in his great financial loss Damages were prayed for in the sum of $50,000

The patient and the defendant were fellow-members in a social club, and one day the plaintiff complained to the defendant about a condition of his nose which he said had been of long standing, and asked the defendant if he would treat him. The doctor told him to come to his office, which the plaintiff did, and upon examination the doctor found that he had catarrh of the nose, throat and middle ear and a fullness in the Eustachian tube, and the doctor told him that in the treatment which he was about to render, he would remove a small portion of each middle turbinate The patient consented, and thereafter the doctor administered a local anesthesia of novocaine, and with his Douglas snare removed a small portion of each middle turbinate. The patient remained in the doctor's office after this for about five hours, when his wife came and took him home The patient came back on five occasions, when the doctor cleaned out his nose with a two per cent solution of silver nitrate, when the doctor discharged him

The doctor subsequently sent the patient a bill which was never paid Instead, the patient began the action for malpractice Repeated requests were made by the plaintiff's attorney prior to the trial for a settlement, all of which were refused by us, and the case finally came to trial The jury was selected one afternoon, and the case adjourned to the following morning when the taking of testimony was scheduled to commence The next morning, however, the patient's attorney came to court and said that he believed that he had been misled on the facts of the case, and requested the court's permission to discontinue the action This was accordingly done, thus terminating the matter in the doctor's favor

LEGAL

By Lloyd Paul Stryker, Esq.
Counsel, Medical Society of the State of New York

GEORGE BERNARD SHAW CONSULTS A DOCTOR

One of the most salable commodities in the field of literature is destructive criticism Of late years the iconoclasts have had an unprecedented vogue among the reading public

For many years Mr George Bernard Shaw has been amusing himself and delighting a large public by strictures upon the medical profession "The Doctor's Dilemma" and many other of his books and essays concern themselves with an attempt to show that the medical profession is entitled neither to the respect nor the confidence of the community Within the past few weeks in *Time and Tide* he amused himself with satirizing the physicians who brought King George through his recent critical illness In this article he said that when the King reached Bognor, he would improve, "not because of the fact that he would get fresh air, but because he had escaped from the doctors"

During the very time when he was composing this article he himself was ill "It is, perhaps, somewhat ironical to note," says the Daily News, "that during the time Shaw was writing his playful satire on the King and the doctors, * * * he was already sickening The sting in his article in *Time and Tide,* as in most of what Shaw writes, was in the tail, when he said the King would get better at Bognor, not because of the fact that he would get fresh air, but because he had escaped from the doctors" Now we are informed that Mr Shaw is suffering from an illness characterized as "something much worse than an ordinary attack of influenza" His condition caused serious concern to his wife and filled his intimate friends with grave anxiety As to his views upon the medical profession, Mr Shaw like many another prophet, is not without honor save in his own country, for it appears that Mrs Shaw believes firmly in doctors and their ministrations Despite the great man's resistance to the calling in of medical practitioners, Mrs Shaw it seems called in not only a doctor of medicine, but a radiographer as well

What Mr Shaw thinks about anything is, in the writer's opinion, a matter of minor importance Especially is this true of his opinions of the healing art and of its recognized practitioners It is of interest, however, to note that this great exponent of medical skepticism when in real need, like the rest of us ordinary mortals, called in or permitted to be called in a doctor to advise and to treat him The quality of sincerity animating all of his previous strictures is thus open for inspection All those who profess attachment to the perfect efficacy of diet, drugless healing and other fancies of the day, should be interested in Mr Shaw's predicament. There are few men, we dare say, however vocal their disparagement of the medical profession who would not gladly seek and welcome its scientific ministrations when the hour of need has come

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CLAIMED NEGLIGENCE IN SUPRAVAGINAL HYSTERECTOMY

In this case, the plaintiff, a married woman about forty years of age, came to the office of the defendant, a specialist in gynecology and obstetrics She had one child about ten years of age, and there were no miscarriages, abortions or pregnancies in ten years She gave a history of having pain in the abdomen and severe backaches over a period of two years She also complained that during the past two years she had excessive flow at her monthly periods The periods lasted four to five days, and during the first two days the flow was moderate Then usually on the third day the flow was very profuse, and diminished on the fourth day, and ceased on the fifth During the first two days of the period, the patient felt miserable and was nauseated.

The defendant gave her a thorough physical examination, and made a diagnosis of fibromyomati uteri The doctor advised an operation. The woman consented, and went to the hospital a short time afterwards At the hospital, under a general anesthetic the defendant performed a supravaginal hysterectomy, with left salpingo-oophorectomy The operation was performed by making a median incision below the umbilicus The peritoneal and abdominal cavity was opened, and the uterus pulled out of the wound The broad ligaments were ligated, the bladder reflection was separated, and the uterus was removed by a typical supravaginal hysterectomy The left tube and ovary were removed. The edges of the broad ligaments were sutured and united, and the mucosa of the stump of the cervix was cauterized, and the stump closed The abdomen was

then closed in layers The pathological findings disclosed that the uterus was enlarged and contained many small fibroids

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NEWS NOTES

PUBLIC RELATIONS COUNTY SURVEY, No 4—ONEIDA

When our Committee was first appointed in 1928, we sat back and waited for a situation to arise that would need our assistance to iron out The months slipped by without any problem being put up to us and we decided to initiate some contacts with the lay organizations in our County Through the good offices of Dr George M Fisher, who had on his own request been made a member of the County T B Council, we met with the executive members of the T B Council and established cordial relations with them We found that the T B Clinics were being conducted by men brought in from outside the County It was not difficult to persuade the Council that we had doctors in our own community fully competent to do this work By bringing the matter to the attention of the County Medical Society, the health officers of the various towns readily assented to the plan The T B Council also asked us to suggest in what direction their program could be enlarged After conferring with the officers of the County Society, we asked the Council to help us in putting over a Periodic Health Examination Campaign this year This they have agreed to do

In November we were startled out of our lethargy by the District Health Officer notifying us that two women had arrived in the County from the State Department to make a survey of the County "to secure a list of *all* physically handicapped children under twenty-one years of age and the nature of their disability regardless of the financial condition of the family, that steps would be taken to aid those in need to as complete a correction as possible, and that they might be given an education either in school or at home and prepared for some useful occupation within their ability to perform" The physicians were invited to assist by turning in "a list with name, age, address and parent's name of *all* physically handicapped children of whom they had knowledge, whether or not they were under their care or had received treatment of any kind" We at once registered our resentment with the chairman of the Public Relations Committee of the State Society while arranging to aid in the survey with such limitations as naturally suggest themselves to any practicing physician We also were able, later on, to send our objections to such a survey, to the State Department through one of their own officers (Dr Fleming), as well as through a lay member of the State Advisory Board for Crippled Children Our objections were well received by the Department as was evidenced later by their calling in the Public Relations Committee of the State Society for advice in regard to matters affecting the physicians of the State.

Some three years ago the County Medical Society, realizing that Oneida County had many cases of Incipient Tuberculosis, appointed a so-called Tuberculosis Committee to consider the situation This Committee had several meetings with a Committee from the Board of Supervisors, heads of various hospitals in the County and the heads of various welfare organizations to decide whether a hospital was needed. The Committee made a canvass of the reported cases of Pulmonary Tuberculosis during the past year and by their figures convinced the joint Committee that some means should be taken to care for these incipient cases that are reported each year The Board of Supervisors also was convinced and means were taken to provide a hospital

The Committee appointed by the Chairman of the Board of Supervisors from that body to plan and construct such hospital consisted of two physicians who are members of the board In addition, the President of the County Society was invited to go with them to inspect various hospitals to get an idea of modern hospital construction The special committee of the County Society also inspected some fifteen different sites for the hospital in the County, and while their first choice was not accepted because of its distance from the cities of Utica and Rome, it all goes to show the spirit of co-operation which exists between the County Society and the Supervisors

Recently a Board of Managers for the new County T B Sanatorium has been appointed by the Supervisors This Board of five contains two doctors, both ex-presidents of our County Society, and another member is a doctor's widow, who was the Superintendent of one of our Hospitals

The Director of the Utica Visiting Nurse and Child Health Association, which is a very active organization, conducting clinics for prenatal cases and babies, as well as providing nursing care and health instructions in the home, is Dr Andrew Sloan, a member of the State Society Committee on Nursing Not only is this Association doing a great piece of Public Health Work, but it is careful to see that their charity is not abused, and further, that the nurses employed are not assuming the functions of the doctor Only recently the Association invited the chairman of the Public Relations

Committee to become a member of their Medical Advisory Board

Since the Rotary Club first inaugurated its work for crippled children in this County, it has had, as director, one of their own members, Dr Hume Baldwin, who has guided them wisely and well The doctors doing this work have always been compensated (perhaps modestly) for their work

I think enough has been said to show that our doctors are in close touch with the Public Health activities in the County With the stimulus furnished by the Public Relations Committee of the State Society and the editors of the Journal, we are in a position to take an ever increasing leadership We may fairly claim to be functioning along the lines laid down by the Public Relations Committee as published in the Journal, and even thus early our eyes have been opened to the great possibilities that lie before us and to how readily the lay people as a rule, welcome our co-operation and yield to our guidance

J N FARRELL

THE RURAL PHYSICIAN IN PUBLIC HEALTH WORK

The mimeographed Bulletin of March 15 issued by Dr F W Laidlaw, District State Health Officer for the lower counties on the West side of the Hudson River, sets forth the responsibility of health officers toward public health projects Since nearly all rural health officers are practicing physicians, many of them being the only available doctors, the article will apply to all rural physicians—and also to city doctors The Bulletin reads

"The Village Board of Trustees of Monticello, last Monday evening voted an appropriation of $20 00 for each physician who assists in a series of diphtheria prevention clinics which the Health Officer, Dr Benjamin Abramowitz is planning to begin next month

"This is the result secured by Dr Abramowitz presenting the project as a matter of vital public importance, and as such properly to be paid for by public funds

"We have been asked by health officers (not recently, however), 'Do I have to do this T-A work?'

"We wish to say most emphatically, in the present state of our knowledge of what can be done in the prevention of diphtheria, that when the disease occurs in a district where little T-A work has been done, a tremendous personal responsibility rests on the health officer It has been demonstrated in all sorts of places—rural communities, small villages, large villages, and cities, that plenty of assistance can be secured, and that T-A work can be done to an extent which will afford real protection, without any undue expenditure of time on the part of the health officer

"The most important element is the determination on the part of the health officer to give to his district the benefit of modern science along this line.

"Don't let any State Medicine notions interfere with your determination When Billy Jones is protected against diphtheria, more protection is given than that which Billy Jones receives—what about those to whom Billy Jones might communicate diphtheria? In short, public protection is afforded

"Physicians should not be asked to contribute their services, but should be paid from public funds In this district the physicians have been most generous in contributing their services for demonstrating what could be done in diphtheria protection Demonstration is no longer needed and the work from now on should be on a business basis

"There are people in your district, wherever it is, who will be glad to assist in a worth-while matter Get them started now, so as to begin clinics next month It will take no more of your time to treat 200 children than it will 50, provided you have a systematic and properly managed clinic

* * * *

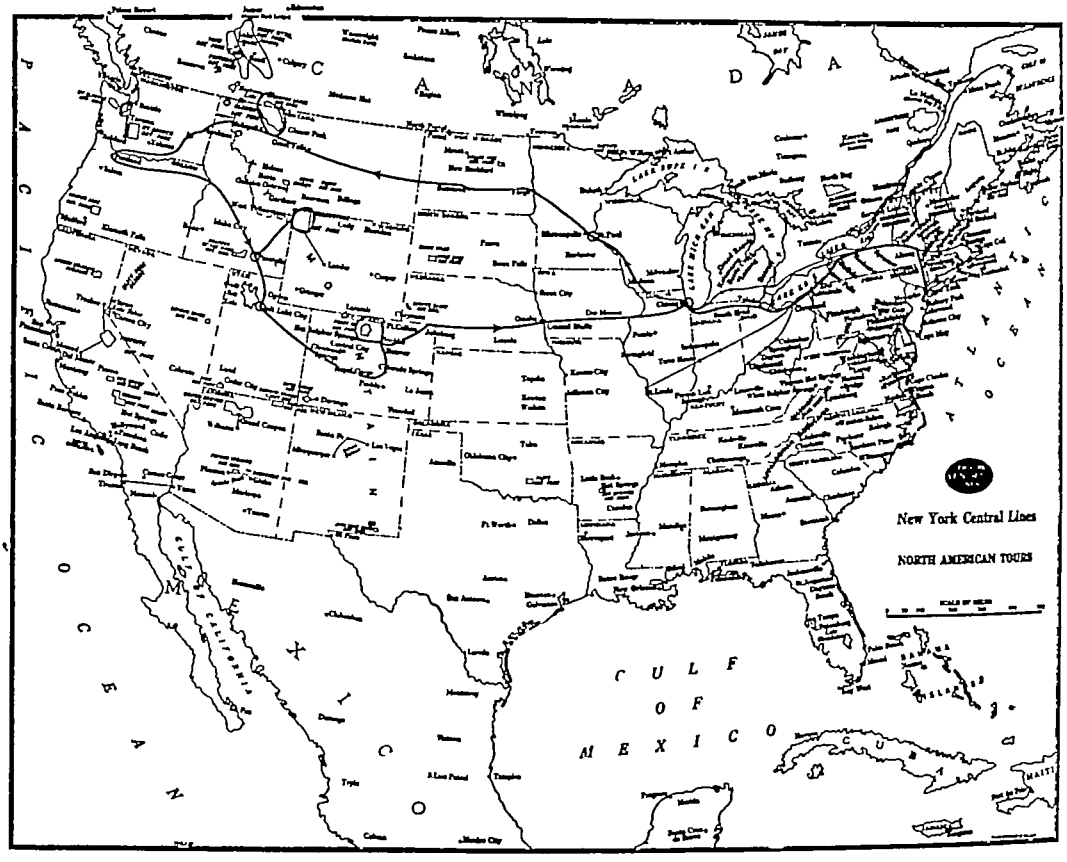
"Obstetrics practice should be better Talk this over with your professional friends—not that the State Department of Health is pointing out the shortcomings—but that the figures show that too many deaths occur in connection with this branch of practice All of us who are doing, or have done, obstetrics know that many of these deaths are from preventable causes Consider the matter of haste alone.

"This is a subject for the consideration of health officers The minute you have convinced yourself of this, a big step in advance has been made

"Expectant mothers should consult a physician and be under observation during the period of pregnancy If your public health nurse is not able to induce expectant mothers to do this, she is falling down on her job—and you are too, for you are directing her We know all about the argument that the physician is not interested—employ one who is interested—the medical profession climbs on the band wagon with the same alacrity as other people

"Altogether too many health officers look upon Prenatal and Child Welfare work as matters outside of their domain, and are willing to let nurses and welfare organizations work at the subject without the manifestation of any interest on the part of the health officer If Prenatal and Child Welfare work is being done and no reduction of rates can be shown something is wrong"

SPECIAL TRAIN TO THE AMERICAN MEDICAL ASSOCIATION



Map of the Itinerary of the Special A.M A Train

The Medical Society of the State of New York is arranging a special New York Central Railroad train from New York to Portland, Oregon, and return, for the benefit of physicians who expect to attend the annual convention of the American Medical Association on July 8-12, in Portland The train will be available for the families and friends of the A M A delegates and other physicians who expect to attend the Convention The start will be from the Grand Central Railroad station on Sunday, June 30, but passengers will be received at Poughkeepsie, Albany, Utica, Syracuse, Rochester and Buffalo The trip will last until Wednesday, July 24, when the return train will arrive in New York City

The map accompanying this article will give one a general idea of the route to be followed and the places to be visited

The cost of the tour will range from $400 to $500, according to the accommodations that are selected

The Committee in charge of the arrangements consists of Dr John A Card, Poughkeepsie, and Dr Arthur W Booth, Elmira

The New York Central Railroad has prepared a special folder giving full details of the trip A copy of this folder may be obtained by writing to Mr J S McAndrew, City Passenger Agent, New York Central Railroad, Room 1261, 466 Lexington Avenue, New York, N Y

A summary of the itinerary is shown in the following table

Arrive	*Remain*
Chicago, July 1	1 day
Glacier National Park, July 3	3 days
Portland, July 7 (leave July 12)	6 days
Yellowstone National Park, July 14	4 days
Salt Lake City, July 18	1 day
Denver and Rocky Mountain National Park, July 20	2 days
Omaha, July 21	
Chicago, July 23	
New York, July 24	

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DUTCHESS—PUTNAM

A meeting of the Dutchess-Putnam County Medical Society was held on the evening of March 13, in the Nelson House, Poughkeepsie, with the President, Dr C Knight Deyo, presiding, and fifty members present Officials of the local Department of Water Supply, and of the State Department of Health were guests

The entire program of the evening was devoted to the water supply of the City of Poughkeepsie The speakers included Mr George Krieger, County Engineer, Mr Walter E Walker, Superintendent of the Water Works, Dr Clarence O Cheney, Superintendent of the Hudson River State Hospital, Dr W H Conger, Health Officer of Poughkeepsie, Dr John A Card, Speaker of the House of Delegates of the Medical Society of the State of New York, and Dr James E Sadler, past-president and now Chairman of the Public Relations Committee of the State Medical Society

The occasion for the emphasis on the subject of water supply was an agitation for the installation of an upland water supply instead of the Hudson River which is used at present Poughkeepsie is confronted with the universal problem of reconciling the disposal of its waste water and sewage with the purification of the water that is delivered to houses The arguments presented at the meeting were three-fold

(1) If the Hudson River were not polluted with sewage, the purity of its water would be suitable for household purposes with ordinary treatment

(2) The Hudson River now, and for twenty-three years, has been efficiently purified, even though it receives sewage from several cities and villages

3 The alternative that faces Poughkeepsie and other cities along the Hudson Valley is either to extend the water purification system, or to build efficient sewage disposal plants in order to prevent pollution from reaching the water The Medical Society supports both propositions, and its members also believe that an upland source of water would require the same purification that is now given to the Hudson River supply

The meeting adopted two resolutions

1 That the Society appoint a committee to prepare and support the proposition that the pollution of the Hudson River, and all bodies of water within the state used as water supply by any community, be curbed and eventually eliminated so far as possible

2 That the Society basing its judgment upon its information, investigation and experience, believes without qualification that the water supply to consumers from the Poughkeepsie Water Works is pure and absolutely safe for all uses, including drinking

The meeting closed with a buffet lunch

TIOGA COUNTY

A regular quarterly meeting of the Tioga County Medical Society was held on March 5 in the Ahwaga Hotel, Owego, with the President, Dr Leon S Betowski of Waverly, in the chair, and twenty members in attendance The principal subject on the program was the construction of a general hospital to be erected with funds raised by voluntary gifts The project was supported by Dr Harry R Trick, President of the Medical Society of the State of New York, Dr James E Sadlier, past-President, Dr Arthur H Booth, and Dr John A. Card, Speaker of the House of Delegates The arguments presented by the State Society officers were along the lines set forth by Dr James E Sadlier in his annual address before the Medical Society of the State of New York, on May 21, 1928, and reported on page 738 of the June 15 issue of this Journal Tioga is one of only four counties of New York State in which hospital facilities are not available The physicians of Tioga County are deeply interested in the plan to establish a hospital at Waverly, in the southwest corner of the county The Medical Society endorsed the campaign, which has been started to raise $300,000 for the Hospital An anonymous donor has provided the funds for conducting the campaign, which has been planned to start on April first A beautiful booklet entitled "Names that will live" has been prepared setting forth the cost of various memorials such as the operating room, the X-ray equipment, the nursery, and the diet kitchen It is expected that the separate rooms and outfits will be named after the donors by whom they are given

The committee has issued another booklet explaining the "what, why and how of the hospital," and outlining the methods to be followed The actual raising of funds will begin on April first with an opening dinner It will continue for ten days and will close with a victory dinner Lists of prospective givers have been prepared and will be distributed to volunteer workers, each of whom will be responsible for the names on the list.

The area to be served by the proposed hospital contains 30,000 inhabitants The hospital building will be three stories in height and will contain accommodations for 53 patients immediately, with provision for easy expansion

MEDICAL WARES

ADVERTISEMENTS

Reprinted from this Journal of March 1, because of misplaced lines

Advertisements are necessary in medical journals for several reasons They inform doctors where they may obtain supplies The increased sales resulting from the advertisements enable manufacturers to improve their products and widen their distribution, and to conduct research departments, many of which rival those of medical schools in equipment and quality of work

The service rendered by medical journals, like that by a physician, is both impersonal and personal The reading matter and news columns of a medical journal are impersonal They deal with matters of general interest and no contributor profits financially by the items On the other hand, the advertisers profit by the distributing service offered to them by the Journal They are the private patients of the Journal and expect to pay for what the Journal does for them

A medical journal, like a doctor in private practice, expects to supervise its patrons, to diagnose their conditions, to prescribe the remedies, and to assist in carrying out the directions

A medical journal may assume the attitude of a drug clerk and either hand out what a customer calls for, or say that the article is not carried in stock The Journal may reply to the advertiser, "No, we do not carry that kind of advertising," or it may take the attitude of a doctor to a patient, and say, "Your advertisement is sick or defective, but here is the way to cure it, and when its defects are remedied, we will accept it"

An advertisement in a medical journal is intended to impress physicians Its first essential is that it should be scientifically truthful in its statements Advertisers in their zeal search through medical literature and are usually able to quote statements that confirm their most optimistic claims But doctors expect each advertiser to state the truth without recourse to long words which make the advertisement read like the harangue of a negro preacher

The medical profession can influence advertisers best by editing their copy and showing them wherein their claims are exaggerated or false Most advertisers seeking admission to medical journals are honest and sincere in their efforts to conform to the wishes and standards of physicians, and they say, "How can we know the attitude of the medical profession unless doctors tell us that the quotations that we find in reputable medical books and journals do not represent the opinions of modern physicians?" It is surprising how many objectionable advertisements can be made acceptable by the change of a few words which do not affect the general style of the advertisement

Medical products whose advertisements are offered to medical journals may be divided into three classes

1 Those used by doctors only
2 Those used by both doctors and laymen
3 Those used by laymen only

There is seldom any trouble with an advertisement of an article used only by the medical or allied professions These articles are nearly always well written, scientific, and truthful, and are always acceptable to any medical journal

Advertisements of medical products sold to laymen only also give editors little worry, for they are rejected because they are written in the exaggerated style of the quack Practically all medical journals agree that cosmetics, beauty restorers, and patent medicines have no place in their columns

Advertisements of articles which are sold to both doctors and laymen arouse controversy principally because the manufacturers and dealers sometimes have one set of statements for doctors and another for laymen It seems to be a principle of advertisers in newspapers and magazines that the manufacturer who makes the best claims stands the best chance of selling his goods The standard of a medical journal is that an advertisement shall tell the truth without exaggeration

There is sometimes a question as to whether or not a product, such as that for external use, shall be considered a therapeutic agent If the use of a harmless plaster or ointment allays pain, soothes a part, or relieves distress of either body or mind, it is an ethical product according to medical standards, and its use by physicians is permitted But doctors object to the claim that a household remedy can cure any disease at all

Will manufacturers and dealers accept the advice of physicians and medical editors? Experience shows that they will welcome the suggestions of physicians and accept the editing which medical journals may require Advertisers have shown a spirit of cooperation in accepting the editorial printed on page 160 of the February first issue of this JOURNAL, and are offering their copy to be edited They also say that they will try to adopt the suggestions of the editors as they prepare copy for lay periodicals, so that their advertisements shall conform to one standard. To raise the standard of medical advertisements is in accordance with true med[illegible]rogress

THE DAILY PRESS

SEWAGE DISPOSAL IN NEW YORK CITY

The proposed Department of Sanitation for New York City was discussed on page 294 of the March first issue of this JOURNAL An argument for the new department is contained in the *New York Times* of March 18 which says editorially

"Never before in the history of the world have so many people been gathered together in a limited area as are to be found in this city today Yet New York is now practically the only great city which has no officially adopted comprehensive plan and policy of main drainage and sewage disposal The present system is to dump into the adjacent waters hundreds of thousands of tons of refuse. Most of this floats back and forth in the harbor and rivers

"These general statements, when backed by details drawn from the analyses made by experts, reveal a condition which is not only a disgrace to the city but an indication of a state of sanitary barbarism unparalleled in modern countries Even "backward" Orientals show greater care and wisdom in disposing of their refuse We take pride in our closed sewers and have no compunctions about dumping all manner of filth into our waters without even inquiring what becomes of it

"In fairness to the City Administration, it must be said that within the last few years a number of plants have been erected to screen sewage and to dispose of certain types of refuse But even the projected plants are inadequate to handle the growing quantities of waste from the increasing population No doubt it has been politically impractical for the City Government to obtain enough money to push a far-seeing plan The cost of installing the necessary system would be appallingly great Yet each year's delay means added expense"

New York City has been favored above all others in being surrounded by tide water, which can absorb an enormous amount of raw sewage But the time has now come when the capacity of the Harbor has been reached, and something will have to be done to prevent the waste matter from becoming a serious health menace New Yorkers like to be first in everything, and doubtless they will establish a modern system of sewage disposal as soon as an agreement can be reached among the districts of the city whose interests are separated as widely as are those of New York and Philadelphia.

THE CHILDS' RESTAURANTS

The management of the ubiquitous *cafes des enfants,* as they would be called in Paris, has been changed as a protest against the ten-year old policy of printing calories and vitamines on the menus and of giving menus composed of what the proprietors think the patrons should order Empty chairs and dwindling receipts have resulted in the restoration of popular dishes and the abolition of ratings of calories and vitamines with which Mr Childs has tried to educate the people The *New York Sun* of March 18 commenting on the new order of menus, says

"The big idea now is that what a customer of Childs wants most is something to fill up on rather than a lot of statistics, a bit of bran and a sprinkle of lemon juice The new proprietors intend to serve rich, rare meat dripping with succulent gore, fat bacon or lean, as the taste demands, pork in all of its fascinating styles, veal, lamb, chicken, duck, fish and various intriguing combinations, such as stews, patties, escallops, fricasees and hashes "To hell with spinach! Give em red meat!" That apparently, is the new motto

"And business has boomed For the last six weeks or two months they have gradually been restoring meat items and eliminating various odds and ends of goat nourishment. Day after day trade picked up until, in the last few weeks, they have gone away ahead of the business that was done over a similar period last year Today they canned the chemical formulas and the algebra on the menu cards as the final stroke of reform, and topped it all by adding at least two vegetables to every meat dish for one and the same price

"It did not require a great deal of thought to perceive that most people who went into a Childs restaurant did not give a hang how many calories or vitamines they ought to absorb What they were concerned about was how much good, rare roast beef could they get for a reasonable price, or how big a portion of chicken or fish, or whatever else they wanted, could be had for their limit

"New York won't stand for fads when those fads interfere with its comfort People who insist on sticking to fads lose out Our business had dropped off materially because of faddism We have cut it out and business is booming"

PUBLIC HEALTH NURSES AND PRIVATE DOCTORS

The fourth annual New York Health Conference, meeting in the Hotel Roosevelt, New York, on March 15, discussed the nursing demonstration conducted by the Milbank Fund in the east central part of Manhattan Borough The *New York Times* of March 15 says

"Commissioner Wynne suggested that the Health Department and the Bellevue-Yorkville health demonstration, which is being financed by the Milbank Memorial Fund, jointly place a staff of nurses at the disposal of doctors and dentists in the demonstration district These nurses would work solely for the benefit of the physicians They would visit patients, instruct them in disease prevention and furnish that supplemental service which the physician may be unable to give in his office If the experiment is a success, the doctors would take over the responsibility of the work themselves, said Dr Wynne He expects to begin planning for the new agency shortly

"'Health agencies have been too prone to criticize the private doctor when he is doing all he can, with fees of $1, $2 and $3,' said Dr Wynne 'How can we expect him to maintain a staff of nurses to do follow-up work in the homes of his patients to see that they observe the laws of health? No health organization would think of launching a campaign against diphtheria or tuberculosis for instance, without organizing a staff of nurses to bring in people for immunization or examination There we must not expect more of the private physicians The situation can best be met by placing a staff of nurses at the disposal of the private doctors and dentists Give the physicians a chance and I think they will work with us in our efforts to control sickness and prevent disease.'

"In this connection he advocated the organization by the practitioners of pay clinics to be operated and maintained by the County Medical Society and the Department of Health

"If the doctors do not meet this situation themselves, the public will demand that the State supply the service required, for, after all, the preservation of health is a direct responsibility of the State"

CURATIVE AND PREVENTIVE MEDICINE

The *New York Times*, of March 15, commenting on an address by Dr Theobald Smith before the Health Conference in the Hotel Roosevelt on March 14, says editorially

"Public health agencies are concerned with mass phenomena and record their progress by statistics, whereas the physician deals with the individual and is not helped by the fact that 95 per cent of the operations for a particular ill are successful That does not tell him whether the case in hand belongs to the 95 per cent or the 5 per cent Experiments assume a certain uniformity, while practice has to contend with complications The conclusion is that each needs the other as a corrective and that they must work together They are the "two wings of medicine," and each is essential to the other in functioning for the community good Not only must the accidents and infirmities of the moment be looked after, but there must be a peering ahead to avoid what is approaching This conference of the medical practitioners and the workers in the public health organizations is a hopeful symptom, for both are essential to the community"

SELF-MADE MEN

Born healers may well take notice of the following comments on self-made men in a sermon by the Rev Harry Emerson Fosdick reported in the *New York Herald-Tribune* of March 18

"He had nothing to do with inventing steamships, railroads, telegraphs, telephones He never lifted a finger to build the democracy that gave him his chance, the public school system that gave him his education, the orderly society that left him free for peaceful pursuits, or the credit system that has underlain his business

"If he loves music, somebody else composed it. If he loves art, somebody else created it. If the influence of religion has directly or indirectly brought him any peace or moral strength, that was a free gift from long ages of other people's sacrifice Our self-made man is like an author who would recognize no book in his library except of his own writing In such an attitude one might find vigor, strenuousness, self-confidence, but one certainly would miss something The wise author sees that what he has written is very small, and what has been written for him is very great, and so there comes to him humility, appreciation, reverence, gratitude, and the sense of something that he must try to live up to"

BOOK REVIEWS

DISEASES OF INFANTS AND CHILDREN By HENRY DWIGHT CHAPIN, A M, M D, and LAWRENCE THOMAS ROYSTER, M.D Sixth rev Edition Octavo of 675 pages, illustrated New York, William Wood & Company, 1928 Cloth, $7 50

This work first appeared in 1909 written by Dr Chapin and Dr Godfrey Pisek. The present is the fifth edition, and the junior author is Dr Lawrence Thomas Royster of the University of Virginia. This change in the association of the authors was occasioned by the death of Dr Pisek, since the publication of the previous edition. While the present one is larger in size than the preceding editions, it still remains a one volume work of moderate size, which in order to cover the wide field of pediatrics is necessarily condensed in its text. The penalty for condensation, of course, is the inability to devote quite as much space to important subjects as might be desired. This treatise has always been noted for its wealth of illustrations and for the concise method in which the technic of the various procedures is explained During his lifetime Dr Pisek was greatly interested in demonstrating the actual technic of the different measures of treatment and use. Not infrequently, at the New York Post Graduate Medical School and Hospital, he would devote a lecture or series of lectures to the practical and technical side of Pediatrics Even in its enlarged form, this volume still properly holds its place between a quiz-compend on one hand, and a reference work on the other

WM HENRY DONNELLY

SURGICAL DIAGNOSIS IN TABULAR OUTLINE FOR STUDENTS AND PHYSICIANS By DR. A J CEMACH Authorized translation by EDWARD L BORTZ, M D Large octavo of 109 tabular forms and 129 plates Philadelphia, F A. Davis Company, 1928 Cloth, $12 00

This work is an index of surgical diagnosis It has entailed considerable work on the part of the author, which is evidenced by the twelve pages of references from which this meat of knowledge has been selected. The contents are arranged in tabular outline, similar diseases being placed in parallel columns In this manner the salient factors in differential diagnosis are presented in such a way that they can be seen at a glance, thereby saving much time, and making it desirable for the surgeon and quite necessary for the general practitioner There are 109 of these tabular forms covering 548 subjects and opposite each form, or on the succeeding pages are plates containing the necessary figures and clearly illustrating the differential points of the respective diseases The regions are presented in an orderly manner First, surgery of the skull and contents, which is quite complete. Following this is surgery of the face, jaw, salivary glands, etc Then, swellings of the neck are given in detail, clearly differentiated and well illustrated. Next in order is surgery of the vertebral column, thorax and mammary glands. Then, the important subject of abdominal diseases is well reviewed and no less thorough is the section devoted to genito urinary diseases That part of the outline devoted to fractures of the extremities and pelvis is quite complete. So thoroughly treated is each subject of the outline that there does not seem to be any one predominating section. Its usefulness as a quick and instructive reference, I think is made manifest, and proven by the fact that it has passed through four, and is now in its fifth edition in German and is the only book of its kind in the English language This book certainly deserves its place among those used for desk consultation.

W GORDON FLICKINGER.

THE DIARY OF AN AMERICAN PHYSICIAN IN THE RUSSIAN REVOLUTION, 1927 By ORRIN SAGE WIGHTMAN, M.D Octavo of 230 pages, with 52 full page illustrations Brooklyn, N Y., Brooklyn Daily Eagle, Commercial Printing Department, 1928 (Privately printed.)

This book consists of a series of incidents and impressions, such as one would relate to a friend after a journey to a far-off land. It pictures Russia as seen with the eyes and brain of an alert American physician, whose travels were speeded by his commission as a Red Cross Major, but who otherwise was thrown upon his own resources Dr Wightman saw Russia as a trained photographer, than which there is no better school of observation. His photographs and his word pictures are equally expressive and striking

The diary relates the author's observations during his three months' stay in Russia, beginning on July 26, 1917, with his landing in Vladivostok, his trip across Siberia, Petrograd and Moscow, down the Volga River to Odessa, and at the Roumanian battle front, and back to Moscow and his return to Vladivostok. The book deals with the people seen from railroad trains, in restaurants and hotels, in amusement places, and at work in the field or in Army camps The philosophy and psychology of the people is summed up on page 91, which says, speaking of Tolstoi, "The negative phase of his teaching has taught many of his followers never to do anything to help in the progress of the world, but everything to block it. Go in the way of least resistance, the easiest way, and woe to the man who tries to stop you."

The diary will give the reader the same impression that he would get if he travelled through Russia.

F O

HEALTH AND PLEASURE RESORTS OF CENTRAL EUROPE. Describing the Natural Mineral Water Sources and Their Therapeutical Indications. By MORRIS SCHOTT M D 12mo of 172 pages New York, The Author, 1928

It would seem to an unbiased observer that while the medical profession, as well as the lay population, of Europe gives too much consideration to, and lays too much stress on, the role played by hydrotherapy, on the other hand, in America the other extreme exists with almost a total neglect of this phase of treatment. We have been obsessed with the importance of focal infection in the causes of many diseases, especially those of the rheumatic family, and in the endeavor to cure numerous disease conditions by the removal of the focus of infection, we have neglected both medicinal treatment and hydrotherapy It would seem as though a middle path would be more sensible and that the combination of these various forms of treatment might easily prove to be more efficacious than the use of any single one alone. Dr Schott is a man whose name is intimately associated with hydrotherapy and he has compiled a hand-book of resorts in central Europe where mineral waters are used for the correction of bodily disfunction. Only a page or two is devoted to each spa, giving the altitude, the active season, source, and mineralization of the waters together with the indications and contra-indications for their use. It may be that the benefit which appears to be derived from this treatment is, in a large part, due to the regime, both dietetic and physical Nevertheless, it would seem that at least some virtue must lie in the external and internal use of the mineral waters and that we might do well in this country to devote a little more attention to this phase of therapy

WM HENRY DONNELLY

ANSWERS TO QUESTIONS PRESCRIBED BY NURSES' STATE BOARD By ROBERT B LUDY, M D Edited by EDGAR S EVERHART, M D, and J CLARENCE FUNK, M A, Sc D Octavo of 498 pages Philadelphia, David McKay Company, 1928 Cloth, $3 00

Dr Ludy's books are well known to candidates appearing before state licensing boards, as he has already compiled state board question and answer manuals for medical, dental and pharmaceutical students The present volume should serve a similar useful purpose for nurses It is complete and up-to-date All jurisdictions are included and questions as late as 1927 are answered. The book should serve a useful purpose in informing nurses as to what type of questions may be expected and how they should be answered

FREDERIC DAMRAU, M D

CONSTITUTIONAL INADEQUACIES An Introduction to the Study of Abnormal Constitutions By NICOLA PENDE, M.D Translated by SANTE NACCARATI, M D Octavo of 270 pages Philadelphia, Lea and Febiger, 1928 Cloth, $3 50

Our medical forefathers were greatly given to a consideration of types of individuals, of diatheses, which determined to a large extent the diseases to which persons falling into these groups would be subject With the advent of cellular pathology and of bacteriology, the individual was largely forgotten in an enthusiastic consideration of the external factors, in a study of the things that could happen to a patient. In other words, hereditary traits were largely disregarded in the interest bestowed upon environmental influences There has recently been a growing reversion to the earlier interest in the individual This study is called "biotypology" and Pende is its prophet. True, he was preceded by de Giovanni and by Viola, whom he calls his masters, but no one has so broadened the subject and brought it, not only up to date, but in the opinion of a somewhat conservative reviewer, a considerable distance into the future A number of his statements are still to be proved We are told of two main types of people—the broad of belly and short of limb, and the long legged folk with narrow trunks These are subdivided according to endocrinological studies and typed with reference to the sensitivity of the sympathetic and parasympathetic systems The psychopathological tendencies are included in the survey Such an analysis is supposed to reveal how any given individual should look, feel, act, and become sick, and there is little doubt that Pende and his co-workers have become aware of tendencies that the rest of us would do well to note. In this country Dr George Draper has pointed out some important facts in this realm of the study of the constitution The growing importance of the subject is evident. One tendency of the pioneers in this work that seems likely to hinder its popularity is the multiplication of new words The present volume appends a glossary of four pages of polysyllabic curiosities, all of which are defined in a few simple words, and most of which might well have been omitted in the text, in favor of the few simple words which tell their meaning Some of these words are coined by the author as improvements on the three or four synonyms recently put forth by other students of the subject

T H

THE PROBLEM CHILD AT HOME A Study in Parent-Child Relationships By MARY BUELL SAYLES Octavo of 342 pages New York, The Commonwealth Fund, 1928 Cloth, $1 50

One more book is added to the flood of publications on child psychology The book is based upon the study of some 200 records drawn from the clinics conducted for a five-year period under the Commonwealth Fund Program for the Prevention of Delinquency

The text is divided into three main parts, the first is on "The Emotional Satisfactions Which Parents and Children Seek in One Another" The second is on the "Mistaken Ideas Which Influence Parent-Child Relationships", and the third deals with narratives or case descriptions, illustrative of various types of child problems It would seem from this work, as well as from many others of like nature, that mistaken parental attitudes are a large factor in abnormal behavior in childhood. The author states that, strictly speaking, proof that in any instance a father's or mother's behavior is responsible for a child's behavior cannot be furnished, since scientific and fully controlled experiment in this field is obviously impossible. All that can be done, is to bring forward examples typical of the great number of cases which would seem to demonstrate that a casual connection exists

Publications on "Child Psychology" appear at such a rapid rate that the average medical practitioner is rather overwhelmed and finds it difficult to keep pace with the situation It is to be hoped that the mass of literature now appearing will not discourage the true seeker after light on "Child Psychology" This book seems to be very sensibly and clearly written and the statements contained in it are quite conservative, and in accordance with the evidence produced

WM HENRY DONNELLY

PRACTICAL SURGERY OF THE ABDOMEN By GEORGE H JUILLY, M D 2 Volumes Octavo of 1275 pages, illustrated Philadelphia, F A. Davis Company, 1928. Cloth, $16 00 net.

These two volumes offer a course in anatomy, physiology, surgical anatomy and surgery

The tyro, as well as the practised surgical technician, will be delighted with the completeness, the clarity, the simplicity and accuracy of the text. To the armament of the tyro will be added confidence

While Dr Juilly's recommendations are generally reasonably conservative, never too conservative, at times he seems a bit radical In many ways, there stand out the personality of the author, his psychology, his extended clinical experiences, his vivid descriptions, which with ample illustrations, original sketches, never fail to carry one through the difficulties of technique.

Diagnosis is adequately considered and a preoperative diagnosis insisted upon "for increasing the mental alertness and for training the surgeon and to prevent unnecessary laparotomies"

Practicality is an outstanding lesson—the author taking great pains to differentiate so that the reader may safely conclude between a surgical and medical condition

Not only in regard to pre-operative diagnosis does Dr Juilly uphold the American College of Surgeons, but he teaches that the surgeon should be first of all a well-trained general practitioner, an "all-around doctor"

It is most delightful to read the life-work of a surgeon of prominence who considers the "human body as a whole" and who disagrees with surgeons claiming "to know nothing of medicine," and who decries the exaggerated usefulness of certain self-styled "specialists"

Only such repetitions are made as are pleasurable in that they free the reader of constant references to various parts of the two volumes

Great emphasis is rightly placed on the fact that one should not open up an abdomen unless competent to handle any condition that may be found

J L. B

PREVENTIVE MEDICINE. By MARK F BOYD, M.D Third Edition Octavo of 475 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, $4.50

This work presents pithily the salient features of modern preventive medicine. In it, the author has endeavored to impart the minimum knowledge of the subject which a medical student or practitioner should be expected to possess The material is authoritative and includes the recent discoveries

FREDERIC DAMRAU

TEXT-BOOK OF UROLOGY FOR STUDENTS AND PRACTITIONERS. By DANIEL N EISENDRATH, M D, and HARRY C ROLNICK, M D Octavo of 942 pages, illustrated Philadelphia and London, J B Lippincott Company, 1928 Cloth, $9 00

The authors are to be congratulated upon producing such an excellent single-volume textbook While the preface indicates its intended use for students and practitioners, every Urologist would do well to have a copy of it. The text is clear and concise and has the added feature of having all salient facts and headings in heavy type. One of the outstanding features is the great quantity of most excellent illustrations Those in black and white are particularly effective e.g, those illustrating varied types of injury to the kidney following trauma. Many striking and unusual features in Urological problems are presented The author appreciates the teaching value of the "word picture."

Very little space is given to the subject of syphilis, and properly so in a work of this kind The book should prove to be one of the most valuable in the field.

AUGUSTUS HARRIS

ESSENTIALS OF PRESCRIPTION WRITING. By CARY EGGLESTON, M.D Fourth Edition 16mo of 153 pages Philadelphia and London, W B Saunders Company 1928 Cloth, $1.50

This excellent little book fulfills the wants of the busy practitioner by giving him the necessary information to write a well balanced prescription.

Particular attention is given to the method of construction, dosage, and calculation of percentage solutions The indication for and the proper use of vehicles and coloring agents is considered so that liquid preparations may be made palatable and pleasing to the eye. The common forms of incompatibilities are briefly stated and if carefully studied one can avoid the usual pitfalls that make prescribed remedies unsightly, therapeutically inactive and ofttimes dangerous

F SCHROEDER.

AN INDEX OF DIFFERENTIAL DIAGNOSIS OF MAIN SYMPTOMS By Various Writers Edited by HERBERT FRENCH, C.B.E., M.A, M D Fourth Edition. Octavo of 1171 pages, illustrated New York, William Wood and Company, 1928 Cloth, $18 00

This encyclopedic volume of 1184 pages deals largely with symptoms arranged alphabetically in the main part of the book and in the index they are listed under the various diseases The index is full, comprising 300 pages Like the previous editions the book is a treatise on the application of differential diagnosis to the main signs and symptoms of disease, and it covers the whole field of medicine and its branches There is a tremendous amount of information brought into one volume making it a very valuable reference book.

W E McCOLLOM

EPILEPSY By WILLIAM G LENNOX and STANLEY COBB Octavo of 197 pages Baltimore, Williams & Wilkins Company, 1928. Cloth, $3 50 (Medicine Monographs, Vol. XIV)

This book is an excellent survey of the current opinion of the various schools of neurology regarding the different phases of epilepsy It is well written, carefully put up, and is thorough in every respect It does credit to its authors and merits a warm reception on the part of the general medical public. The reviewer agrees fully with the personal views expressed by the authors, and recommends the book to all who are interested in treating the sick, and particularly those diseases in which convulsions are commonly encountered

IRVING J SANDS.

CRITERIA FOR THE CLASSIFICATION AND DIAGNOSIS OF HEART DISEASE. By a Committee, HAROLD E B PARDEE, M.D, Chairman and others appointed by the Heart Committee of the New York Tuberculosis and Health Association, Inc. 12mo of 92 pages New York, Paul B Hoeber, Inc., 1928 Cloth, $1 50

This little book gives a classification of diseases of the heart in accord with the nomenclature approved by the American Heart Association, which is based on the etiological, anatomical, physiological and functional criteria for diagnosis It is also intended to serve as a guide to cardiac diagnosis It gives the essential points briefly but clearly Students of cardiology will find this book most useful

E. E. C.

PROBLEMS IN SURGERY University of Washington Graduate Medical Lectures, 1927 By GEORGE W CRILE, M.D Edited by AMY F ROWLAND Octavo of 171 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928 Cloth, $4 00

One hundred and seventy pages of authoritative advice on the management of acute infections, of malignant and premalignant conditions, of the bad-risk patient and other vital subjects, spiced with a chapter on the interpretation of normal and pathological conditions interms of a bipolar mechanism

As a practical guide in the daily problems of surgery this comprehensive little volume is most valuable and instructive. Its theoretical chapters are fascinating As all works coming from Dr Crile's pen this book should be read and re-read by everyone who wishes to know of the best.

GEO WEBB.

THE ELEMENTS OF THE SCIENCE OF NUTRITION By GRAHAM LUSK, Ph.D., Sc.D Fourth Edition Octavo of 844 pages Philadelphia and London, W B Saunders Company, 1928 Cloth, $7 00

The study of nutrition is so intimately connected with the study of the chemical composition of the body that a review of one is a review of the other No review of a work of this dimension can adequately express the value of the work. Lusk stands as one of the first letters in the alphabet of education of all present-day doctors This edition will further entrench his position, as it is replete with information of value, as well of historical importance.

The chapter on the nature of the feces contains information that is not in line with the popular conception of the formation of that type of excrement. Evidence is presented to show that normal feces are an excretion by the bowel, plus a very small quantity of bacteria by weight, with but slight remains of food. The bowel then becomes an organ similar to the kidneys in function, and not like the exhaust pipe of a threshing machine. The evidence presented opens up wide areas for the dreamer concerning the difficulties of man It also puts in a poor light many therapeutic practises of this day

The data on the value of finely milled flours also makes it difficult for one of New York's greatest dictators on foods to hold himself in good grace. It makes nothing short of a fool of McCann

The forward look of the early portion of the book takes somewhat of a drop when it comes to the consideration of individual diseases The brief notes on the treatment of diabetes do not add to the value of the book, in fact detract. This may be said to a certain extent of the other diseases considered.

The book is of mestimable value to all interested in nutrition.

J ARTHUR BUCHANAN

OUR NEIGHBORS

FAITH HEALING IN WEST VIRGINIA

The *West Virginia Medical Journal* for March devotes four pages to a Christian Science bill which passed the Senate but was unanimously rejected by the House. The *Journal* allows a representative of the Christian Science Church to use three columns in arguing for the bill The writer quotes the West Virginia law defining the practice of medicine as follows

"The term 'practice of medicine and surgery' as used by this act shall be construed to be treatment of any human ailment or infirmity by any method To open an office for such purpose or to announce to the public in any way a readiness to treat the sick or afflicted shall be deemed to engage in the practice of medicine and surgery within the meaning of this act, provided, this clause shall not apply, however, to regularly registered optometrists"

The writer continues

"It can be readily seen that the use of the words, 'by any method,' viewed from the standpoint of treatment by prayer as a religious doctrine, sets up a conflict with the following guarantee of religious freedom, contained in Article III, Section 15, of the Constitution"

The writer next quotes Article III, Section 15 of the Constitution, guaranteeing religious freedom He evidently claims that anything done in accordance with a religion (Voodoo sacrifice, for example), is permitted by the Constitution

The article continues

"Engrossed Senate Bill No 93 proposes to remedy this plainly apparent conflict by inserting in Chapter 150 a new section, to be known as Section 9-a, which reads as follows

"'None of the provisions of this chapter or of the laws of this state regulating the practice of medicine and surgery shall apply to persons who only practice Christian Science or the religious tenets of their church without the use of any drug or material remedy'"

The writer resorts to the familiar plea of the cultist that every person has the right to choose the healing method that he prefers when he says

"It is certainly not intended that one should be required to take a medical course and pass an examination thereon before the State Board of Health before being permitted to pray for the recovery of the sick

"In closing, I should like to state that the practice of Christian Science does not endanger the public health, that those who practice Christian Science healing only do so at the request of those who come to them for aid, that Christian Scientists only ask that they may freely resort to the healing method of their choice—a right which is constitutionally theirs, and that they have no desire to force or attempt to force the acceptance of their choice by others That the foregoing statements are true is substantiated by the fact that at least forty states of the United States, in their laws defining the practice of medicine and surgery, have embodied provisions, similar in import to Engrossed Senate Bill No 93, which protects the practice of Christian Science, thereby recognizing treatment by prayer as being distinct and apart from medical practice"

The New York medical practice act has the following reference to Christian Science

"This article (48 of the Medical Practice Act) shall not be construed to affect or prevent the following —or (8) the practice of religious tenets of any church"

The New York law does not permit a Christian Science practitioner to open an office for the practice of medicine, as the West Virginia practitioners seek to do

---

SCIENTIFIC PAPERS AT THE SOUTH CAROLINA STATE ASSOCIATION

The March *Journal* of the South Carolina Medical Association has the following editorial note on the plan followed by the Scientific Committee in making up the program of the State Meeting

"Since the publication of the notice to the effect that the Scientific Committee was ready to receive titles of papers to be read before the State Medical Association meeting, May 7, 8, and 9, some ten or twelve have been received The program will be limited to twenty papers with the major part of the meeting in Charleston devoted to clinics It is highly desirable that members intending to submit titles should do so at the earliest possible moment in order that the Scientific Committee may have ample time to plan the grouping of the papers and also to provide for discussion on them The latter feature has been a significant accomplishment of the meetings in

(*Continued on page 422—adv xviii*)

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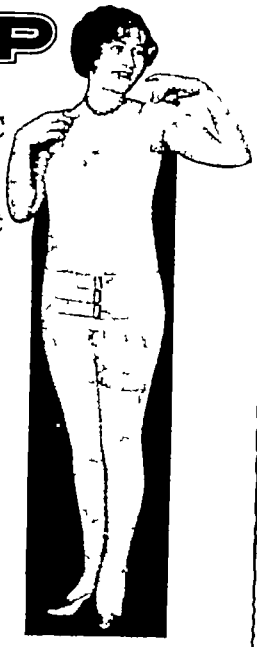
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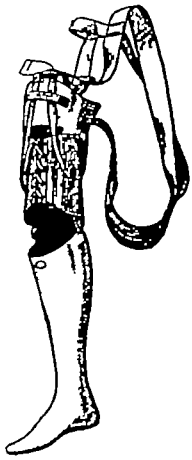
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(*Continued from page* 420)

recent years The officers have seen to it that able men are invited to discuss papers and that they be provided with suitable abstracts long enough before-hand to insure careful deliberation as to what they are going to say Such a course adds tremendously to the solidarity of any scientific program and gives assurance to the membership that nothing has been left undone to make a complete well rounded meeting As time has gone on the Scientific Committee endeavored to bring about greater limitation of the volume of papers read but an increase of the discussions on the floor It is gratifying that so many members have approved of this plan In addition an enlarging scope of clinics has been in the minds of the officers of the Association to be very greatly amplified at the Charleston meeting"

The special feature of the plan is that abstracts of a paper shall be sent to those who are invited to discuss the paper, in order that the speakers may prepare their remarks Texas goes a step further, and requires that the reader of a paper before the State Society must first have presented it before a County or District Society (see this JOURNAL, June 1, 1928, page 705, and also the *Texas State Journal of Medicine* for April, 1928)

The February issue of *The Journal of the Medical Association of Georgia* also has an editorial on the scientific program and says

"Any member desiring to present a paper at the Macon meeting is hereby reminded that March 15th, 1929, will be the last day for receiving titles and abstracts of papers This year the committee will require of each applicant for a place on the program that he submit with title an abstract of paper, of not more than 50 words"

Fifty words are too little for a satisfactory abstract The limit had better be two hundred

DUES AND ENDOWMENTS OF THE WISCONSIN STATE MEDICAL SOCIETY

The Council of the State Medical Society of Wisconsin is considering raising the dues, and also of establishing an endowment fund The *Wisconsin Medical Journal* for February says

"1 Your committee finds that the employment of a lay-secretary-managing editor has of itself been an economy to the Society, that while we are today expending on the basis of a budget of $22,500, the additional monies used over 1922 when the dues were $4 a year are used for the direct service of the members

"Your committee finds that if the Society is to progress in its service to the members a larger income will be essential in the years to come, beginning with 1930, and it was moved by Dr Bird, seconded by Dr Gaenslen and

(*Continued on page* 423—*adv xix*)

(Continued from page 422—adv xviii)

adopted without dissent, that the committee recommend to the Council that dues of the Society be raised to $15 in 1930 Your committee calls attention to the fact that several societies have dues of this amount or larger, mentioning Minnesota, $15, Idaho, $40, Washington, $40, District of Columbia, $20, and Oregon, $20

"2 Your committee commends the Endowment and is proud of the present progress of the Endowment Fund Briefly it will be remembered that this is to consist of monies given to the Society by bequest and gift, the interest of which may be used by the Council to provide a service to the members that might not be secured by means of annual dues Your committee feels that it would be well to undertake active efforts to build this fund and commends the following procedure

"That the Society receive gifts from the members and pay thereon five per cent annual interest during the life of the member with the provision that upon the death of the member further interest payments will cease and the principal will revert to the Society endowment fund This guarantees the member a safe and fair rate of interest on the gift during the life of the member, and will, it is believed, go far towards building the separate fund Any difference between the safe rate of interest that can be secured on investments of such gifts, and the rate to be paid of five per cent should be met from the general budget of the Society Under no conditions is the principal to be used during the member's life Moved by Dr Sleyter, seconded by Dr Bird, and adopted without dissent.

"3 As result of this discussion, your committee presents the following suggestion as one made during the meeting but upon which no action was taken That to make some acknowledgment of outright gifts to the Endowment Fund amounting to $1,000 or more (upon which no interest is to be paid) the Society provide for and bestow the gift of life membership carrying with it all the perquisites of membership in the Society, without the requirement of dues, assuming that the member continues in good standing in his county medical society"

THE PHYSICIAN AS HEALTH OFFICER

While every physician performs some of the duties of a health officer, yet none has assumed that his acts of quarantine have had the force of law However, the Wyoming State Board of Health has passed a regulation which will be embarrassing to the practicing physicians of the state The law is discussed in the January issue of *Colorado Medicine* in the Wyoming department as follows

"The recent rule and regulations governing the

(Continued on page 424—adv xx)

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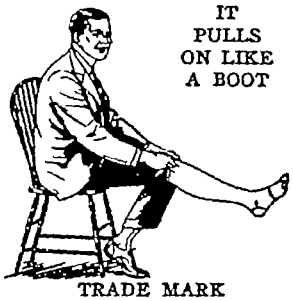
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(*Continued from page 423—adv xix*)

control of communicable diseases as passed by the State Board of Health, Oct 26, 1928, and given to the state by the State Health Officer under date of Nov 9, 1928, deserves our editorial attention

"The rule is as follows 'When a physician in the course of his practice has been called into a case of communicable disease, and has placed reasonable restrictive quarantine measures against said case and the household in which said quarantine case is situated, then said quarantine measure placed by him shall have the same force and effect as though the quarantine had been placed by the legally constituted health officer'

"We are willing to admit on the start that we believe the State Board of Health passed the above rule with the best of intentions, but the legal aspect is an entirely different question. It is not a question of good intentions

"In substance this rule attempts to place the responsibility of the quarantining upon the general doctor and relieves the health officer, either state or county, of the responsibility

"Such delegations of power cannot be legal as the State Board of Health is not vested with such authority It does have the power to appoint county health officers and deputies whose duties are outlined by the statutes, but it does not have the power to make all the doctors of the state agents with the authority to detain and quarantine the people of the state without the consent of the doctors

"The law makes it the duty of every doctor, teacher, hotel proprietor, and every citizen when he discovers a contagious disease to report the same to the City, County and State Health Departments and it becomes the duty of these departments of health to follow out the provision of the law and the reasonable regulations of the State Board of Health and to enforce these rules and laws

"The recent unconstitutional rule is simply side-stepping by the Board of Health of its own plain duty and the physicians of the state will not take kindly to such buck passing

"County and state health officers are paid for their services and should measure up to their responsibilities—and not try to pass the buck

"A question of such importance should have been submitted to the attorney general of the State of Wyoming for an opinion before such an order was ever issued by the Board of Health.

"To strengthen the laws should be the desire of the Board of Health rather than to pass a rule whose validity is in question Certainly the cooperation of all the members of the medical profession is most important and we as doctors desire that every move made by the State Board of Health be legal beyond question as we all know

(*Continued on page 425—adv xxi*)

(*Continued from page 424—adv xx*)

ow hard it is to get perfect cooperation by the people on questions of quarantine

"Let the Board of Health get a ruling from the attorney general before putting out every change in our health rules, to be sure of its legality"

POPULAR MEDICAL EDUCATION IN YORK COUNTY, PA

Physicians everywhere are interested in the wide publicity of erroneous statements given to murder in York County, Pennsylvania, in which belief in witchcraft was the alleged motive The inference of course was that a considerable number of people formed a sect who practiced the rites of witchcraft. The Editor of the *Pennsylvania State Journal* requested a physician of York to write the circumstances of the murder from a medical point of view The description is contained in the March issue of the *Pennsylvania Medical Journal* as follows

"Recently, a young man regarded by the rank and file as a lunatic, who believed in powwowing, with two accomplices who he persuaded to the same faith, committed a murder which is very much deplored by the citizens of York and York County Because of this unfortunate incident the public press did not hesitate to bring contumely on the entire population

The "*Literary Digest* stated that 'prosecution is hampered by the fact that it is difficult to find a *sufficient number of men free from belief in* the sorcerer's art to constitute an impartial jury'

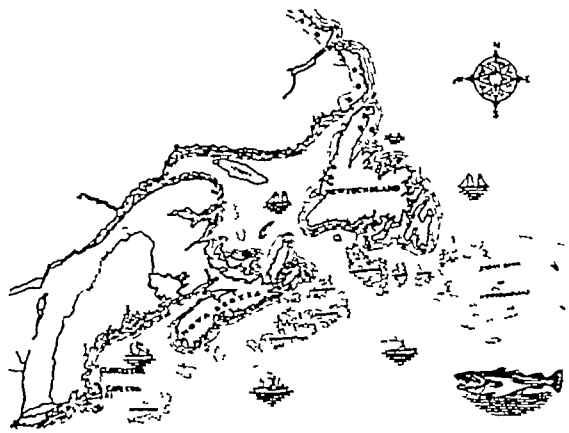
"The facts now are that the three murderers received *separate trials, and all* were convicted of murder, two in the first degree and one in the second degree—and this was accomplished in six days So long as the rank and file of York citizens mete out such swift justice to its criminals, it would seem that more good might be accomplished if the editors in question were to devote their attention to cleaning up the crime in their own communities

"If the intelligence and capacity of a people may be measured by the industries, institutions, bank balances, thrift and general prosperity, and the men of influence produced in what is known as the region of the Pennsylvania Dutch, then this objectional publicity is an ungrateful villification and aspersion of the fair name of York"

The Literary Digest in its issue of January 5, 1929, page 24, compares the people of York and neighboring counties with those of 'Medieval Ages' and the inhabitants of the 'Kongo'"

The letter then gives a list of articles manufactured in York including 75 per cent of the artificial teeth used in the world It also cites

(*Continued on page 426—adv xxii*)



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(*Continued from page 425—adv xxi*)

$2,500,000 voted for new schools during the last year and $200,000 for a new hospital The articles appearing in newspapers gave the impression that a belief in witchcraft was characteristic of the people The letter published in the *Pennsylvania Medical Journal* emphasized the high character of the people of York over a hundred years ago, said

"At the outbreak of the Revolution, it was York that sent the first company of volunteers to Boston It was Phineas Davis who built at York in 1832 the first locomotive that burned coal, for which he won a prize of $3,500 York was the home of Jeremiah S Black, Attorney General and later Secretary of State during President Buchanan's administration, who was himself a citizen of this section of the country York County was the early home of United States Senator James Ross, and more recently of Dr Edgar Fahs Smith Provost of the University of Pennsylvania, and his brother Dr Allen J Smith, pathologist of the same institution, both now deceased York was the home of the Continental Congress for nine months It was there that the Articles of Confederation were adopted Much interesting history was made during those nine months York was also the home of A. B Farquhar who died recently, and whose name is known in all the civilized countries of the world, through his manufactured farming implements"

The article concludes with the following paragraph

"This statement speaks for itself, and we are glad to give publicity to a correction which should be made in justice to the people attacked It is obvious that the medical profession may safely confine its efforts to the usual lines of public-health endeavor in York"

OBJECT OF STATE DUES

The March issue of the *Nebraska State Medical Journal* has an editorial discussion on the expenses of the State Society and says

"We are sometimes asked what becomes of the eight dollars we pay for dues Why is so much money needed? The answer is in the report of the councilor meeting published in this issue of the Journal It is the duty of every member to study this report and inform himself

"The Nebraska State Medical Association has become a small giant functioning in various activities for the good of the profession and the public welfare The council and the several standing committees are the pulsating, functioning parts of the organization from one annual meeting to another

"The delegates to the American Medical Association constitute a committee that keeps us in

(*Continued on page 427—adv xviii*)

(*Continued from page 426—adv xxii*)

ouch with the activities of this great organiza-
ion Read the delegates' report

"The public activities committee is function-
ng in a surprisingly active manner, by promoting
ealth education courses at the state normal
chools, at the state university, at the annual meet-
ng places of the Nebraska State Medical Asso-
iation and by health exhibits at the state fair
The report is well worth reading

"The program committee functions quietly and
effectively Last year's program was one of the
best ever presented

"The work of the campaign committee and also of the legislative committee are not matters often put into print, but the functioning of these committees is well known to those who keep in touch with association affairs

"The committee on medical defense is active throughout the year and handles several dozen alleged malpractice cases efficiently

"The financial report shows an annual budget well above nine thousand dollars, with over seventeen hundred dollars transferred to the Journal fund, over twenty-three hundred dollars to the defense fund and smaller sums to various committees and activities for the good of the profession The report also shows a balance on hand in the general fund represented by investments of ten thousand dollars The Journal fund has investments of over fifty-six hundred dollars, while the defense fund has investments of over eighteen hundred dollars This shows a prosperous condition and an ability to undertake and handle new problems

"Study the report carefully and be convinced your eight dollars is going to a good purpose and is being handled by your servants in an efficient manner"

The editors of the NEW YORK STATE JOURNAL OF MEDICINE wish to call attention to the form of the financial statement which begins on page 126 of the *Nebraska Journal* The total receipts for the *Journal* for the year 1928 were $5,684 66 The total direct disbursements are $6,905 70 The expense account is itemized, but is by the name of the creditor only The item 'Huse,' $4,089 82 is probably for printing, but the financial statement does not say so

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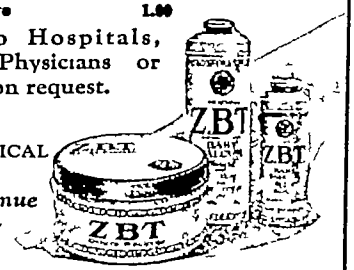
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NEW JERSEY LEGISLATION

The March issue of the *Journal* of the Medical Society of New Jersey has the following editorial summary of impending medical legislation

"In the last month's *Journal* we discussed the combined chiro-osteo-naturopathic bill. But, the osteopaths were, apparently, not satisfied, and within two weeks had submitted S 44—much the worst bill they ever put up in this state—claiming additional privileges and honors for themselves, they would fain practice 'obstetrics and minor surgery without restriction' (which sounds to us like major surgery) and be permitted full usage of the title 'doctor' and its abbreviation 'Dr' Nor are they now content with the definition of the word 'osteopathy' as determined by themselves in the existing law 'a method of healing whereby displaced structures of the body are replaced in such a manner by the hand or hands of the operator that the constituent elements of the diseased body may re-associate themselves,' is far too limited to cover their present aspirations It is well known that in different states, and at different times in some states, both the osteopaths and the chiropractors have offered widely variant definitions of their 'system of therapeutics,' but the new definition presented in S 44 ought to solve their difficulties for all time, as it is a masterpiece of verbiage, i e, 'the osteopathic system of therapeutics is that system of therapeutics taught in the legally incorporated schools and colleges of osteopathy or practiced in the clinics and hospitals in connection therewith' Nothing could be simpler, no statement could be more complete and tell less about the subject. And, there is nothing in the definition to argue about, 'I am what I am'

Well, the osteopaths having broken away from the tripartite bill, it was natural for the other sects to consider their own special interests, and at the next sitting of the House the naturopaths had A.145 introduced, in all probability the chiros will have submitted a bill of their very own before this JOURNAL is off the press

"You may ask why the medical profession should be required to make a fight of this sort, why the public does not look after its own protection? Well, we should not be required so to do, but we are The general public rarely knows anything about legislation until after it has become law, when it is too late to do anything about it As the time honored guardians of the public health it perforce becomes our duty to protect the public against such threatening legislation and against its own lack of interest in self-protection."

WORKMEN'S COMPENSATION IN IOWA

The March issue of the *Journal* of the Iowa te Medical Society contains some interesting ormation regarding workmen's compensation, it says

"House File No 111 by Cole undertakes to inge the Iowa Law in such a manner that the spitals and physicians of the state will receive more nearly fair compensation for services idered The present total that is paid for both spital and professional services is $200 When e necessary cost of a case exceeds that low limit, th physician and hospital must have their bills t"

The following states set no legal limit to the nount of a medical bill for injured workmen, ebraska, Minnesota, Wisconsin, Illinois, North akota, Indiana, Michigan, New York, Massausetts, New Hampshire, Connecticut, Virginia, klahoma, Texas, Washington, Idaho, Nevada, rizona and California

The following states have limits to medical ompensation, Missouri, Ohio, West Virginia, laryland, Montana, Utah, Wyoming, Oregon nd Louisiana

The article continues

"The maximum limit of $200 provided by our tatute in a very large proportion of cases In the rare exceptions, however, there is wont to be grievous misfortune to the workman and serious sacrifice to hospitals and physicians While the commissioner means always to be considerate and conservative in the matter of increasing the compensation burdens of industry, it is believed that justice demands an increase in the statutory allowance for physical relief to injured workmen

"Recommendation to this end is made after investigation showing that the change will only nominally increase the sum total of medical and hospital expenses to the employer or insurer While this statement will be challenged, it is subject to convincing demonstration These figures are submitted as the experience of six insurance companies leading in compensation coverage in Iowa, withholding names that appear herewith

No 1 Cases in which medical, surgical and hospital requirement exceed $200—1 4 per cent

No 2 Limit exceeded in 173 cases out of a total of 9,031 or 1.9 per cent

No 3 Twenty cases out of 1,600 or 1 2 per cent

No 4 Four cases out of 100 or 4 per cent

No 5 Nine cases out of 1,765 or 5 per cent

No 6 Very small percentage reached maximum

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AMERICAN COD LIVER OIL

There was a time, not so very long ago, when the fallacy existed that America could not produce good cod liver oil

The Patch workers exploded that theory and helped to revive an old American industry This required a combination of research work and the development of new methods for making oil

Along the shore line, from Cape Cod to Labrador, are the Patch plants—where the oil is obtained from the fresh livers Out on the Banks are the stream trawlers equipped with the Patch cooker, where the oil is made soon after the fish come out of the water

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You should taste this fine American product, so send for a sample, and with the sample we will send you the whole story of how Patch put America on the cod liver oil map See page xxi *Adv*

CALIDAIR

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A CAN OF MILK

Seventy years ago, Gail Borden offered to the medical profession of his day a can of milk. "This, gentlemen," we can imagine his saying, when representatives from the New York Academy of Medicine officially inspected his laboratory in 1857, "this, gentlemen, is condensed milk. Fresh, pure, full-cream milk, from which most of the water has been removed and to which refined cane sugar has been added. I offer it to you, gentlemen, as a practical aid in one of your most vexing problems—the problem of securing a safe milk supply under all conditions of climate and travel"

Gail Borden's can of milk was destined to revolutionize the milk industry of the world And it was destined to play a part in the evolution of a science then in its infancy—the science of infant feeding

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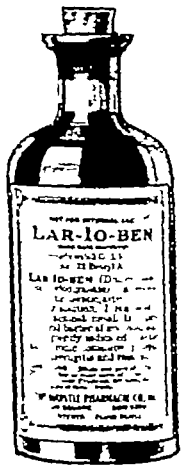
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OHIO SPECIAL AND A M A MEETING

The Ohio State Medical Association, like the Medical Society of the State of New York, is promoting a special train for the American Medical Association meeting in Portland Oregon, which will be held during the week beginning July eighth The March issue of the *Ohio State Medical Journal* says

"Ohio's special train to the annual meeting of the American Medical Association at Portland, Oregon, July 8 to 12, will leave Chicago at 11 50 p.m , Thursday, June 27

"Plans for this all-expense round-trip tour with stop-overs to and from the Portland meeting were announced in the February issue of the JOURNAL and since then a 16-page folder giving the complete details about the trip has been mailed to members of the Ohio State Medical Association

"This folder not only describes at length the attractive and interesting itinerary arranged for the Ohio party to and from the A M A meeting but also tabulates the cost of the tour privileges and gives other general information concerning the trip

"Quite a number of Ohioans already have signified their intention of making the trip by notifying the Executive Officers, 131 East State Street, Columbus, Ohio Those who are planning to be aboard the special train and have not as yet made reservations are urged to do so promptly to insure themselves of accommodations included in the all-expense trip

"Those in charge of arrangements for the Ohio party have obtained options on hotel rooms at Yellowstone National Park where the Buckeye special will stop for five days, at other over-night stops and at Portland"

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SURGICAL MANAGEMENT OF TUBERCULOSIS OF THE KIDNEY*

By OSWALD SWINNEY LOWSLEY, M D, F.A.C S, and THOMAS CLEMENT HILL, M D, NEW YORK, N Y

From the Department of Urology (James Buchanan Brady Foundation) of the New York Hospital.

TUBERCULOSIS of the kidney occurs with sufficient frequency to give it a prominent position among the diseases which afflict mankind It therefore assumes great importance in the field of Urological Surgery

Of late years there has been a considerable change in attitude regarding our procedures concerning tuberculosis of the kidney It has been and indeed now is the practice in some clinics to remove a kidney which consistently shows the presence of Tubercle bacilli in the urine drained from it regardless of the function of the organ It is our practice, however, to only remove such a kidney when the function is greatly diminished provided the other side is competent to maintain life whether or not it also shows the presence of tubercle bacilli

This paper is based on a study of sixty-three (63) cases upon whom nephrectomy was done for tuberculosis of the kidney in the New York Hospital, occurring between December, 1914, and January, 1928

Diagnosis

Some idea of the occurrence of renal tuberculosis may be gained from the report of Shapira et al, who, ten years ago, reported a study of 600 cases of pulmonary tuberculosis among whom there were 63 cases presenting symptoms of urinary infection, 23 of whom showed demonstrable lesions in the urinary bladder

Kapsammer in a careful study of 20,777 routine autopsies found 191 cases of renal tuberculosis or a little more than one per cent of all cases Sixty-seven (67) of these were unilateral and 124 bilateral. Kusters, on the other hand, as reported by McCown, found 158 cases among 5,338 routine autopsies or about three per cent. Necropsies on tuberculous bodies show the presence of tuberculosis of the urinary tract in from 18 per cent to 33 per cent of the cases according to the findings of different investigators

Caulk found that tuberculosis of the kidney occurred in 30 per cent of all surgical lesions of the kidney studied in his series

Medlar of Wisconsin has made a very important study of thirty cases of pulmonary tuberculosis, none of whom gave clinical symptoms of renal tuberculosis All these cases showed caseation of the lungs and 100,000 sections of the kidney were made Every case showed evidence of renal tuberculosis Cortical lesions numbered 75 per cent, medullary 11 per cent and cortical medullary 14 per cent. That the infection is hematogenous is evidenced by the preponderance of cortical lesions True, tuberculous lesions only were studied Only two cases of the thirty failed to show scars In twenty-two cases definite lesions were found and of these fourteen showed scars Tubercle bacilli may not be found in the urine in each case because the lesion may be well walled off Medlar also states that both kidneys were examined in fourteen cases Two were negative and one case showed scars in both kidneys The remaining eleven had tuberculous lesions in both kidneys If the findings in this study represent the true facts it is apparent that every case of pulmonary tuberculosis is a potential candidate for renal infection and it would also seem that cases of renal tuberculosis are secondary to some other tubercular foci, usually pulmonary and that the infection is hematogenous in origin Healing of a cavitated kidney probably does not occur, but we are led to believe that under suitable

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y May 23, 1928. The authors wish to express their thanks to the members of the staff of the New York Hospital, who have allowed their cases to be used in this study

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hours This posture often brings out kinks of the ureter and malpositions of the kidney which would never be suspected if one judged conditions solely by pictures taken while the patient is in the prone position

Diagnosis

The diagnosis of tuberculosis of the kidney in former years was made almost entirely upon the basis of the discovery of tubercle bacilli in the urine either by microscopy or guinea pig inoculation

In this series thirty-three (33) guinea pigs were inoculated Of these, 25 were positive for tuberculosis and eight were negative The kidneys of these eight cases, however, were removed and showed lesions of tuberculosis, the diagnosis having been made on the diminuation of function on the effected side and the appearance of the pyelogram It is now our custom to remove a kidney as tuberculosis which shows the characteristic lesion as portrayed by pyelography and which shows a marked diminution in function, upon more than one occasion, as regards the secretion of urea and the excretion of phenolsulphonephthalein The removal of a kidney precludes that the remaining organ has sufficient functionating ability to maintain life If both kidneys are determined to be tuberculous one may be removed provided it is almost or quite functionless and provided the remaining one is only slightly affected The mere finding of tubercle bacilli in the urine from a kidney is not sufficient evidence to cause its removal unless the function is considerably disturbed It has been definitely proven that tubercle bacilli may pass through kidneys which have no apparent lesions of the disease In this connection we submit the following case in which a kidney was removed because of the presence of tubercle bacilli in the urine secreted by it. Upon removal, a careful examination by our pathologist failed to reveal any evidence of the disease

Resumé of Case 1

Admitted October 14, 1926

Chief Complaint Pain in left kidney region, duration four months

Family History Irrelevant

Past Personal History Lost left eye in childhood from some unknown cause Had scarlet fever and diphtheria No history of past urological diseases

Present Illness Began to develop pain in left kidney region four months ago which was referred down the left ureter, was dull aching in character There were times when it would disappear, but the intervals between recurrence became shorter and pain grew worse—later being associated with a mild frequency and an occasional mild hematuria Lost 40 pounds in one-half year Positive diagnosis had been made and patient was admitted for observation before operating

Physical Examination Revealed an anemic young woman with a left kidney which was slightly enlarged and low, on palpation

Cystoscopic Examination Showed a slight elevation of the trigonal region at the vesical orifice, otherwise the vesical wall showed no change Ureteral specimens showed (right) urea—10 gms per L—(left) urea—11 grms per L The Phenol-Sulphone-Phthalein report* (Right), appeared in seven minutes, (left), appeared in ten minutes Total amount secreted ten minutes after appearance time (right) eight per cent—(left) six per cent. All cultures of urine from the ureters and bladder were sterile

X-ray Report Both kidneys shadows are normal in size and position Pyelogram (left) —shaggy calices, both upper and lower Stricture at the uretero-pelvic junction

Guinea pigs were inoculated with the specimens from both ureters The report showed the right to be negative—the left showed a greatly enlarged spleen and liver, with many tubercles A diagnosis of tuberculosis of left kidney was made—nephrectomy was done in the usual manner on October 15, 1926, left kidney being removed Patient was discharged on the 11th day after operation with the wound closed except for a small sinus where the drain was placed She was advised to return to the Post-operative Renal Tuberculosis Clinic In the meantime her pathological report showed a diagnosis of *"Chronic Pyelitis"* and *Fibroma* of the kidney with no evidence of tuberculosis seen

Post-operative Treatment Patient returned two weeks after discharge from hospital Her treatment has consisted of injections of old tuberculin — Alpine Light Therapy Advice as to diet and general living conditions—periodic cystoscopic examinations of her bladder—she has been also allowed to go to summer camps for a few weeks at a time in order to build up her general physique Although this patient has not been very co-operative and sincere in her treatments, she has gained 11 pounds and is free from symptoms and going about her natural life

The accompanying pyelograms demonstrate some of the characteristics known to be caused by tuberculosis of the kidney This disease is characterized in two ways Rapidly developing tuberculosis in the upper urinary tract results in dilatation of the kidney pelvis and excavation of the cortex and in dilatation of the ureter as well The ureter dilated from this cause very seldom, if ever, has tubercles in its wall It is, therefore, unnecessary to remove the entire ureter on the affected side (see Figs 1, 2 and 3)

circumstances such lesions may be clinically arrested Tuberculous lesions of the lungs, intestines, etc, do heal and so with the above evidence of tuberculous scars of the kidney it would seem that tuberculosis of the kidney does heal It is also very evident from Medlar's study that the absence of the tubercle bacillus in the urine does not rule out tuberculosis of the kidney Tuberculosis of the kidney may be hematogenous in origin and is bilateral if we are to accept the facts related in this study

A review of the histories of patients suffering from tuberculosis of the urinary tract will reveal that the omnipresent symptom is frequency of urination

It is universally present and may or may not be accompanied by dysuria There is usually pus present in the centrifugalized urine and often blood

If the disease is of any considerable duration there is loss of weight as a rule, but this is not always the case Sometimes the patients are well fed and occasionally even fat

The urinary symptoms are usually accompanied by much nervousness and irritability This is caused partially by absorption of toxines produced by the diseased areas and partially by loss of sleep and rest due to the almost constant urination to which these cases are subjected After a complete history is taken, the examination proceeds

The examination consists of two parts First, a general physical examination This is complete in every detail and in addition to the ordinary inspection, palpation, percussion, and auscultation where indicated, the patient's blood pressure should determined and the examiner should familiarize himself with the microscopic appearance of the blood and the blood chemistry as well

After the general examination a special investigation of the urinary tract is undertaken A sample of a twenty-four-hour specimen of urine is thoroughly tested in every way

Cystoscopy is then undertaken If the patient's symptoms are mild this is accomplished by the use of intravesical and intraurethral instillation of novocain-borate or some similar substance If, however, the symptoms are more intense it is proper to administer sacral block It has been noted formerly by us that ether anesthesia in the cases of tuberculosis of the urinary tract results in great improvement in symptoms which may persist for some time No adequate explanation of this desirable result has ever been made It is our impression that the distention of the bladder accomplished under general anesthesia is responsible for the improvement of symptoms

The reason why sacral anesthesia is preferable to ether for purposes of examination is that under the latter the necessary X-rays are difficult to get due to the inability of the patient to cooperate by cessation of respiration at the right time

After the passage of the instrument and proper irrigation of the bladder the entire fundus is carefully observed and the presence of ulcerations, tumors, stone, diverticula and other abnormalities are noticed The ureteral orifices are examined and deviations from the normal in size, position and appearance are recorded The remainder of the trigonum vesicae is then examined and finally the vesical orifice is examined throughout its entire circumference so that any abnormalities present may be noted

The entire bladder having been examined, catheters are then inserted into the ureters and passed to the kidney pelves Specimens are collected from each side and the following examinations are made for purposes of comparison

(1) Culture
(2) Guinea pig inoculation
(3) Urea estimation
(4) Microscopic examination of the centrifugalized wet specimen to determine the presence of pus, blood, epithelial cells, detritus and microorganisms

It is a most interesting fact that the urine of a person having tuberculosis of the upper urinary tract rarely, if ever, contains any other microorganism, therefore, if a patient has much pus in the urine and the ordinary culture is negative one must be suspicious of tuberculosis

An additional functional test is then made for comparison of the two sides This is accomplished best by the use of phenolsulphonephthalein injected intravenously because this method provides a rapid excretion of the drug, thereby shortening an uncomfortable procedure One c c of the drug injected intravenously appears within five minutes in the urine if the kidney is normal and within ten minutes after appearance time a sufficient amount of the dye is excreted to allow a proper comparison

Plain X-rays are then taken of kidneys, ureters and bladder Following this a pyelogram is done on the affected side This is accomplished by injecting sufficient sodium iodide 20 per cent just to fill the kidney pelvis The pyelogram is taken just at the moment of filling The next picture is taken with the catheter withdrawn to the lower end of the ureter and the patient elevated to a sitting posture The ureter is distended and picture taken just as it is filled The sitting posture reproduces the condition of the kidney and ureter which exists during the patient's waking

from tuberculosis of the kidney also are afflicted with pulmonary tuberculosis and also due to the fact that all such persons are in a run down condition, it seems most desirable to avoid the use of general anesthetic for purposes of operation whenever possible Therefore, it has been our custom to perform all nephrectomies under regional anesthesia The method employed is a modification of the excellent procedure practiced by Prof Von Illyes of Budapest and which was described by one of us several years ago

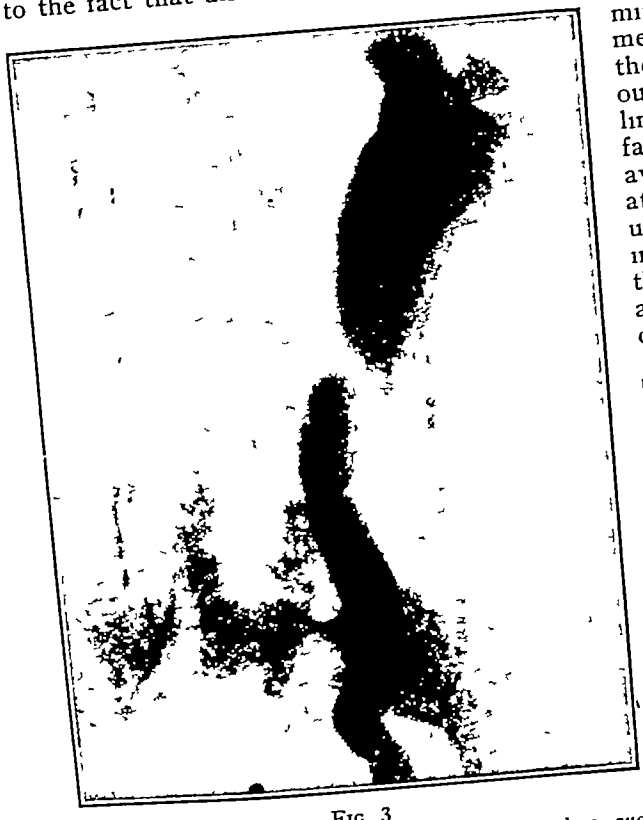


FIG 3

There is a massive dilatation of the calyces, pelvis, and entire ureter such as is frequently found in rapidly developing tuberculosis of the upper urinary tract Such ureters rarely have tubercles in their walls and it is perfectly safe for the surgeon to leave the stump

Preoperative Preparation

It is our custom to limit purgation to a period at least 24 hours before operation It is considered that purgation is necessary, but if it is done immediately before operation usually results in a sleepless night and considerable dehydration so that instead of feeling fit for anything the patient is weakened and depressed Alkaline solutions are administered by mouth or rectum during the period immediately preceding operation Fortunately, when a patient is operated upon by means of regional anesthesia, he may take fluids up to, during, and immediately after operation, a most important consideration in diseases of the urinary organs

It was formerly a routine procedure to administer morphine in divided doses after the method recommended by Gwathmey Due to the experience and researches of members of our staff we have become convinced that preliminary narcosis is entirely unnecessary In fact we feel that by eliminating morphine we avoid nausea and vomiting at the time of operation, ileus, constipation and suppression of urination after operation Furthermore, it is impossible to see any advantage obtained by the use of morphine in the effectiveness of the anesthesia If the patient is nervous and excited a whiff of ether or aromatic spirits of ammonia seems to be a much more effective method of quieting him than any amount of preliminary narcosis



FIG 4

The shagginess shown in the calyces of this pyelogram is caused by tuberculous granulations There is encroachment into the lumen of the ureter just below the transverse process of the fourth lumbar vertebra This is also caused by tuberculous granulations It is important for this ureter to be removed to a point below this filling defect

Solution Used and Methods of Administration

Up to the present time we have found no solution more satisfactory for general use than

In the chronic long standing type of renal tuberculosis there is an attempt on the part of nature to heal the lesion This manifests itself by the ingrowth of granulations into the excavated areas in the cortex, pelvis and the ureter These tuberculous granulations give to all the areas affected a feathery appearance in the pyelogram or ureterogram which is quite characteristic (see Figs 4, 5, 6 and 7) When one sees a ureterogram with this feathery appearance he knows that he must remove the entire ureter because the tuberculous granulations causing this appearance have become foci of infection and unless removed will continue to produce tuberculous pus and pour it in a concentrated form into the bladder thus perpetuating the symptoms If it is not deemed advisable to remove the entire ureter at any time of nephrectomy due to the condition of the patient the surgeon must plan to remove it at a later date when the condition of the patient warrants such intervention



FIG 1

This pyeloureterogram shows dilatation of the middle and upper calyces and shagginess of the lower calyx The entire ureter is dilated indicating the rapidly developing type of tuberculosis Experience has taught us that these ureters rarely have tubercles in their walls

Several authors, Albarran among these, have insisted that at the first beginning of upper urinary tuberculosis it is always unilateral and becomes bilateral quite late in the disease. Whether or not this theory is correct it is certain that usually one kidney is much more seriously affected when the disease is bilateral The remarkable improvement in the general health of the patient as manifested by gain in weight, strength, and well-being after the removal of an almost functionless tuberculous kidney even when the other one is known to be slightly affected, leads us to believe that if given the proper kind of care patients may heal tuberculosis of the kidney just as they do tuberculosis of the lungs or other organs Indeed, at autopsy and occasionally at operation healed and calcified tuberculous abscesses of the kidney are not infrequently seen

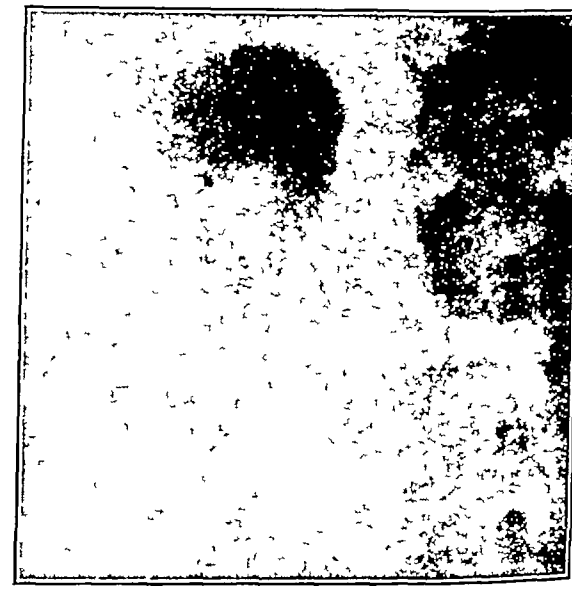


FIG 2

The feathery edges of all the calyces indicate the presence of tuberculous granulations The dilatation of the ureter shows no encroachment of granulation tissue There is a kink of the ureter just above the transverse process of the fifth lumbar vertebra

Operation

A diagnosis having been reached and nephrectomy decided upon, it is usually desirable to operate at once Ordinarily, the sooner the badly diseased organ is removed the more promptly will be the recovery and, therefore, immediate operation is desirable Occasionally, however, a patient may be so run down by the severity of the symptoms that a preliminary course of preparation is advisable.

Anesthesia

Due to the fact that some persons suffering

injections taking their origin from the original wheal The patient is then placed on the opposite side in a comfortable lying position Injections are made into the skin, subcutaneous and muscular tissues of the entire loin with one-half per cent procain All of these injections take their origin in the preliminary wheal so that the only pain the patient feels is one needle prick at the beginning of the infiltration

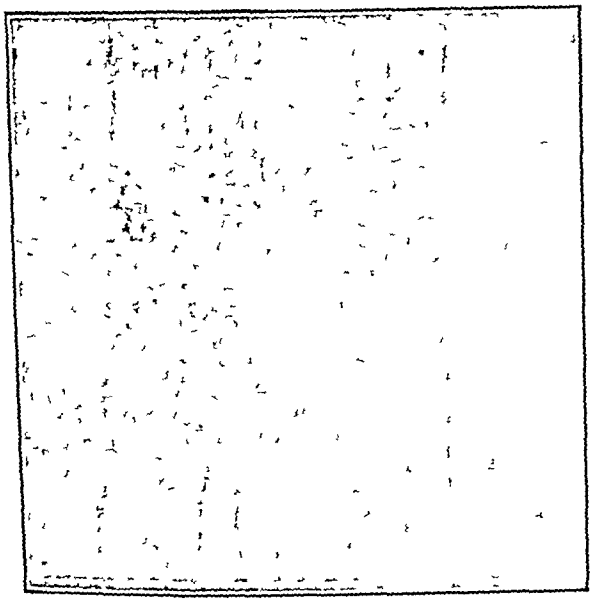


FIG 7

The extreme grade of featheriness depicted in this pyeloureterogram indicates that the disease has been of very long standing The filling defects are caused by ingrowth of tuberculous granulations and is Nature's method of attempting to heal the lesion The entire ureter must be removed in such a case in order to prevent the pouring of tuberculous pus into the bladder and thus causing a persistence of the symptoms

It is very important to avoid pain in the administration of the anesthesia because the average patient will be much more cooperative if this is successfully given It is hard to convince the patient that no pain will result from a cutting operation if the administration of the procain is particularly uncomfortable It has been our custom not to give more than 150 c c of one per cent procain (1 5 gm) or its equivalent to the average sized man

It has always been possible for us to proceed as soon after the completion of the injection as it was possible to get the patient in position and properly prepared and draped

When the needle approaches the intervertebral foramen care must be used not to exercise too much pressure as it is at this point that toxic symptoms with absorption of the drug may occur Neither is it a necessity to have the fluid penetrate the foramen of each of the nerves as pressure at the sill of the foramen seems sufficient to produce the desired anesthesia Raising and lowering the needle alternately at the sill of the intervertebral foramen assures a better distribution of the anesthetic and is important In the vicinity of the 12th nerve, lying as it does below the rib and having a tendency to spread, should receive a *little more anesthesia than the nerves above*

The successful carrying out of this technic should give us a complete anesthesia of the posterior, lateral, and enough of the anterior abdominal wall to allow any of the modern kidney incisions to be made It is rarely possible to obtain a peritoneal and abdomen anesthesia as well The method described above has been *still further modified by our associate*, Dr Roy B Henline, who injects a few cubic centimeters of procain into the splanchnic ganglion thus producing much more efficient anesthesia

It may be well to repeat that the anesthetized areas should be tested out before we start on an operation It is also advisable not to ask the patient if he feels pain If it is present he will promptly communicate the fact to you If he is asked regarding sensation he is prone to become hypersensitive An eminently wise precaution that should not be overlooked is the screening off of the field of operation from the patient's view The presence of a physician or a well trained nurse to keep the patient's *mind diverted from the operative field* is a valuable asset in this technic as in other local or regional procedures

The method which we have described seems to have several advantages over the older ones In fat or heavily muscled individuals it is extremely difficult to locate the rib at the point usually recommended on account of the fact that there is a tremendous amount of tissue between it and the skin By the method described above, however, it is always possible to locate the angle formed by the transverse process and the lamella of the vertebra and that allows the injection to be made in the proper place in all the cases

It is considered particularly important to conduct the entire injection with only one prick of the needle The patient immediately feels that he will be carried through without pain and the fact that the injection is practically painless serves as a tremendous physchological boost

Operation

Experience teaches us that careful sharp dissection will not cause discomfort while any rough treatment is liable to be accompanied by pain Therefore the scalpel is used freely in separating muscle bundles even The incision is made larger than ordinary in order

procain It is well to consider 1 gramme to be the maximum dose of procain for each 100 pounds body weight of the patient Frequently much less than this amount is used A solution of one per cent is ordinarily quite satisfactory This is sometimes diluted to one-half per cent and occasionally two per cent may be utilized It has lately been discovered that many times the little dose of procain may be injected provided it is done very slowly

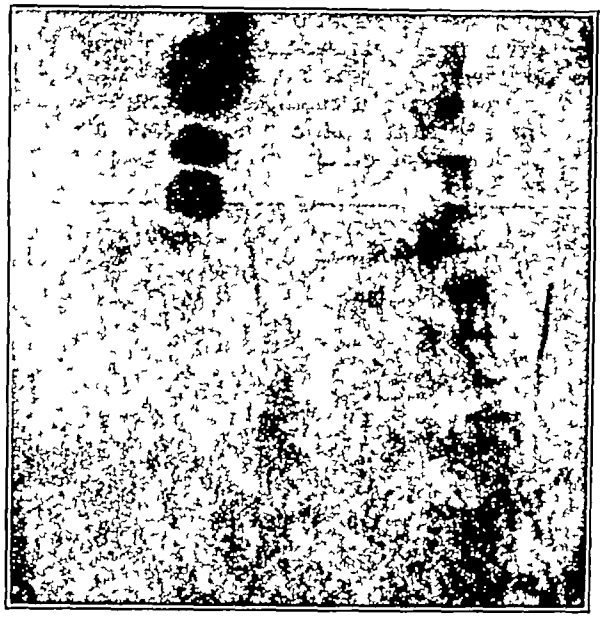


FIG 5

This pyeloureterogram shows excavation of the right kidney pelvis and shagginess of the lower calyx There is a stricture of the upper fifth of the ureter which is also due to tuberculosis of long standing

This solution is freshly made and sterilized by boiling about one hour before use

The addition of adrenalin or other drugs to the procain solution is strictly contra-indicated, the former because it adds decidedly to toxicity of the drug and the latter because they are ineffective

Upon arrival the patient is taken directly to the anesthetic room and a special nurse assigned to be present until the surgeon is ready to proceed All evidence of haste, flurry or active preparation are shut out

When all is ready for the administration of the anesthesia the patient sits on the table with feet on a support The hands rest on the knees or on the shoulders of an attendant who sits in front of the patient The back is bent slightly forward and the head lowered This position throws the bony parts concerned into most prominence and is maintained while the first part of the anesthesia is given It also can be administered with the patient lying on the opposite side

Starting at a point a little below the 12th costo-vertebral angle and about 2 cm from the midline a long wheal is raised by the injection of one per cent procain This infiltration extends from the original point to the level of the eighth rib A point opposite the spine of the seventh dorsal vertebra and two cm from the midline is selected A carefully tested needle is then inserted until it strikes the angle formed by the lamella on that side and the transverse process, it is then pushed over the edge of the bone and the point deflected inward and the needle being again inserted for

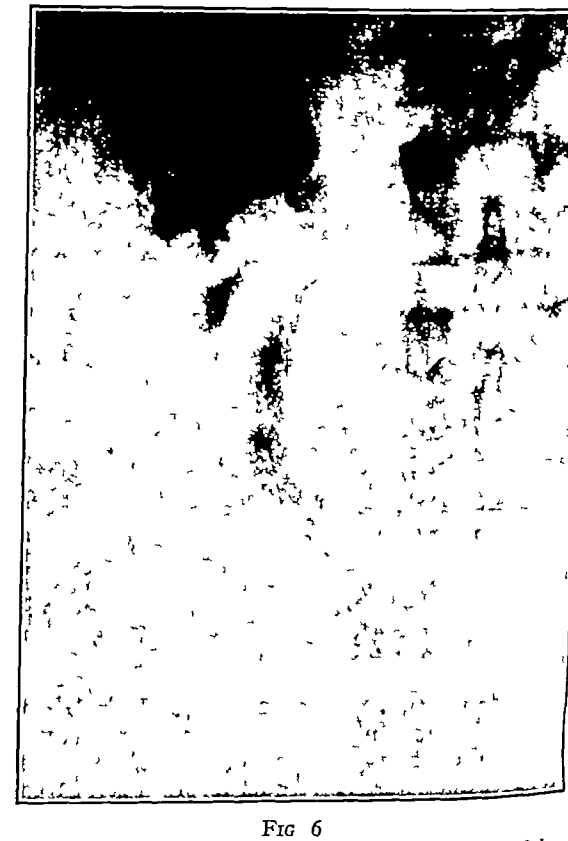


FIG 6

The shagginess of the lower calyx and the nodular appearance of the entire ureter indicate the chronic nature of the infection The entire ureter of this type of case must be removed If a stump is left the tubercles in the ureteral wall will continue to pour pus into the bladder and cause a continuance of the vesical symptoms

a distance of about one cm This brings the point of the needle into the area occupied by the emerging nerve roots Suction is put upon the syringe to make sure that the point of the needle is not in a blood vessel and then two or three c c of one per cent procain solution is injected into the region This is repeated at the 9th, 10th, 11th and 12th dorsal vertebrae Injection is made into the region of the pedicle. The angle formed by the 12th rib and the vertebral column is filled quite thoroughly both superficially and deeply with the solution, all

The higher instance among males is not in keeping with the findings of some other writers Cabot and Crabtree found females affected in 36 of 70 cases Israel's statistics show that of 43 cases, 29 occurred in women and he quotes Fachlanis' statistics which show that there were 73 among women to 30 in men. These figures added show that of 339 cases, 191, or fifty-six per cent were in women Braasch's findings, however, coincide with ours in that he found the incidence occurred oftener in men, e g, sixty-three and five-tenths per cent

TABLE B—*Ages of 63 Cases Undergoing Operation*

Number Cases	Years Old	Per Cent
7	11 to 20	11%
22	21 to 30	35%
22	31 to 40	35%
7	41 to 50	11%
5	51 to 60	8%
Youngest	12 years	
Oldest	60 years	
Average	31 6 years	

Seventy per cent were between 21 and 40
Patients with Post-operative data, 47

TABLE C—*Statistics of Cases with Postoperative Data*

Number Cases	Years Old	Reported Dead
6	11 to 20	2 or (33 2%)
13	21 to 30	3 or (23 2%)
19	31 to 40	2 or (11%)
6	41 to 50	0
3	51 to 60	0

The greatest incidence of the operative tuberculous kidney (70%) occurred between 20 and 40 years of age, the incidence being equal (35%) between 20 and 30, and 30 and 40 We did not have a single case in the first or seventh decades which is the usual finding of most writers Renal tuberculosis, when it does occur in children, is usually in conjunction with tuberculosis disseminated in other tissues so that operation is inadvisable We find that the general mortality average remains fairly constant in the various decades

TABLE D—*Statistics from Other Sources*

Other Statistics	Youngest	Oldest	Average Age	Incidence 21-40
Cabot and Crabtree	14	65	34-39	58%
Israel	8	63	32	66%
Braasch	10	61	‡	69%

‡Not stated.

We find here the average incidence between the third and fourth decade 65 per cent, as compared with our 70 per cent. The youngest patient we had was 12 years, the oldest 60 years, and the average was 31 plus, all of which are in close proportion to those reported by other writers The greater percentage during the third and fourth decades is interesting from a diagnostic viewpoint since tumor of the kidney occurs oftener during the first and after the fourth decades

Anesthesia

The introduction of regional anesthesia is one of the greatest steps forward in the progress of surgery on the genito urinary organs, due to the fact that nearly every disease of the genito urinary system is accompanied by a certain amount of renal deficiency This type of anesthesia is especially applicable to surgery of the tuberculous kidney, eliminating the elevation of the blood pressure and preventing the pulmonary complications which are so likely to occur in this type of patient, many of whom suffer from pulmonary tuberculosis Many of the cases of this series were operated upon under peravertebral anesthesia and we will give here a comparison of the results under the various methods with special emphasis on post-operative hospitalization (see Table E)

The average post-operative stay in the hospital for all cases was 24 0 days This includes operation under all types of anesthesia used, i e, ether, ethylene, gas oxygen, para vertebral, and para vertebral block with inhalation narcosis, by which we mean those cases of para vertebral anesthesia which were not entirely successful and were reinforced by ether The amount of ether used varies from half a dram to complete narcosis The para vetebral method was adopted at the Brady Urological Department (New York Hospital) in 1923 and 31 of the cases of this series were operated upon under this method We find that in 13 of these cases the anesthesia was entirely successful, causing little or no complaint from the patient and requiring no reinforcement with ether The average post-operative stay in the hospital was 20 5 days as compared with 24 0 days for all types of anesthesia used and 29 2 days for inhalation anesthesia alone

It is interesting to note that those operations done under para-vertebral block which were not successful and required ether reinforcement gave the patient an average of 22 days post-operative stay or 6 6 days less than the inhalation method There is no great significance to be inferred from the end results of anesthesia as indicated in this table, but we do know from past experience that shock is almost completely eliminated by para-vertebral anesthesia and also that post-operative pneumonia rarely occurs as compared to its frequency in inhalation narcosis (See Table E)

The influence of age appears to be a factor

to render heavy retraction by assistants unnecessary Satisfactory retraction is entirely possible, but sudden movements of any sort are liable to cause complaint

The incision is invariably a painless procedure The separation of the kidney from its surrounding adhesions, however, requires special treatment We have learned that if one avoids any manipulation upon the front or peritoneal surface until the remainder of the organ has been freed there will be less pain connected with this part of the operation (see Figs 8 and 9)

The ureter is usually isolated without much difficulty or pain Most writers on the subject lay great stress upon the amount of pain caused by clamping the pedicle It is our experience that this act seldom results in pain Should pain follow it is easily controlled by injecting some solution into the tissues forming the pedicle



FIG 8

This series of drawings shows the steps in exposing a kidney (a) Shows the skin incision commonly used by the authors (b) The latissimus dorsi and external oblique muscles are encountered (c) The latissimus dorsi is incised (d) The external and internal oblique muscles are incised (e) The fascia lumbo-dorsalis is then opened (f) The costo-vertebral ligament is exposed and incised as in (g)

The histories of 63 patients treated in the New York Hospital were employed in the estimation of most of the statistics which we will describe and only includes the cases which have come up for operation Statistics bearing on post-operative results were based on post-operative records of patients, secured either by personal examination or by correspondence This number includes forty-seven patients (seventy-five per cent) of those operated upon It will be noted that the entire series consists of patients operated upon between December, 1914, and January 4th, 1928, most of whose post-operative history is less than two years old This in itself is important as we know that post-operative mortality is greatest during the early period and that symptoms decrease each year



FIG 9

This series of drawings depicts the various steps in the removal of a kidney (a) The kidney is partially separated from the surrounding tissue and the ureter dissected free (b) The dissection is continued exposing the pedicle and tying off adhesions or abberant vessels (c) The ureter is clamped and double tied, cut ends being cauterized with carbolic acid and alcohol applied (d) The clamp is then applied to the pedicle (e) The pedicle is tied below the clamp, which is released at the time the knot is pulled taut so that the ribbon-like mass becomes tubular as the pressure is exerted (f) A Transfixation stitch is then inserted (g) The kidney pedicle is then cut and the wound closed in layers

TABLE A—*Sex of 63 Cases Undergoing Operation*

Patients Operated on	63	
Males	36	(fifty-seven per cent)
Females	27	(forty-three per cent)
Patients with post operative data	47	
Deaths	7	
Males	5	(fourteen per cent)
Females	2	(eight per cent)

TABLE G, *Showing the Present Status of 40 Cases Upon Whom Nephrectomy Has Been Done for Tuberculosis*

Name	Date of Operation	Symptoms	General Condition	Hematuria	Gained Weight
C C	6- 5-24	None	Good	No	Yes
C H	10-14-24	Frequency and Burning	Fair	No	Yes
C N	9-21-23	Frequency	Good	Yes	35 lbs
Mrs K. J	3-27-25	Frequency and Burning	Fair	Yes	Yes
R J W	3- 7-25	Frequency and Burning	Pleurisy	Yes	Lost
C B	11-22-25	Frequency and Burning	Goiter	No	Yes
M B	9-14-23	None	Good	No	25 lbs.
N N	5-24-21	None	Good	No	Yes
P W	6- 2-25	None	Good	No	Yes
J D	1- 9-25	None	Good	No	Yes
H B	11-20-25	Frequency	Good	No	Yes
F G	2- 5-24	Frequency and Burning	Fair	No	Yes
J S	4- 3-25	Burning	Fair	Yes	Yes
L D	3-16-26	Frequency	Good	No	Yes
M B	4-16-26	None	Good	No	Yes
M C	5- 8-24	None	Good	No	Yes
A. R	3-13-25	None	Good	No	Yes
S J	3-11-25	Frequency and Burning	Fair	Yes	Yes
S B	10-15-26	Frequency	Good	No	Yes
C G	11-30-26	Frequency	Fair	No	Yes
S D	11- 8-23	None	Good	No	Yes
G R	8-14-23	Frequency	Fair	No	Yes
C M	3-20-26	Frequency and Burning	Good	No	Yes
P M	10-26-26	Frequency and Burning	Fair	Yes	No
G M	5-14-24	Frequency	Fair	No	Yes
N C	1-15-24	Frequency	Good	No	Yes
F D	2-27-25	None	Good	No	Yes
F Dr. C	8- 3-26	Frequency	Good	No	Yes
J S	4- 8-23	Frequency	Good	No	Yes
H M	10-12-26	Frequency	Good	No	Yes
J P	5-15-17	None	Good	No	Yes
A. C	1-25-19	None	Good	No	Yes
A. A	5- 5-17	None	Good	No	Yes
J M	9-28-16	None	Good	No	Yes
A S	2-24-27	Slight Frequency	Good	No	Yes
F C	5-24-27	None	Good	No	Yes
N S	7-12-27	None	Good	No	Yes
E G	8-12-27	None	None	No	Yes
R R	12-16-27	None	None	No	Yes
G C	6-14-27	None			

able of recognizing blood in the urine is to be questioned Thirty-eight or (95 %) reported a gain in weight, two patients gaining 25 and 35 pounds respectively It is interesting that such a large percentage of these cases gain weight immediately after the operation showing that an improvement in the general health has taken place Twenty-nine patients reported that they were in good health, many of them were able to return to their usual work. Nineteen or (47 5%) of the series reported that they were free from symptoms This is significant, for we find that thirty-five or (88%) were operated upon less than four years ago It is a recognized fact that the symptoms diminish in proportion to the time elapsing since operation In our series there are five patients who were operated upon six years ago or more and all are free from symptoms One patient died ten years after operation We have already stated that approximately 85% of the cases operated upon will satisfactorily recover

It was formerly our custom to feel quite satisfied with ourselves after successfully removing a tuberculous kidney especially if the patient gained weight after the operation The patient was discharged with the usual advice that a few weeks vacation be taken and the incident closed until the patient returned with recurrent symptoms and occasionally with the other kidney seriously affected

The occurrence of this type of case and the presence in our clinic of several cases in whom there was severe bilateral tuberculosis stimulated us to establish a special clinic for the care of patients having inoperable and post operative tuberculosis of the kidney as well as for the care of the occasional case of unilateral renal tuberculosis which refuses operation

In other words our attitude towards tuberculosis of the urinary tract has completely changed We never call a case of urinary tuberculosis "cured," but we consider a case which shows no symptoms following operation as being "arrested," and entitled to consistent long standing observation We also feel that almost no cases of urinary tuberculosis are hopeless By careful attention to diet, general

TABLE E—*Anesthetic Used*

Type of Anesthesia	Number of Cases	Average Number Days in Hospital After Operation	Immediate Results			Died
			Arrested	Improved	Unimproved	
Para-vertebral	13	20 5	12			1
Para-vertebral and Inhalation Narcosis	18	22 6	12	6		
Inhalation Narcosis	32	29 2	29		2	1
All Types	63	24	53	6	2	2

TABLE F—MORTALITY

Name	Age	Operation	Mortality		Complications	Diagnosis		Anesthesia
			Date of Operation	Died		Guinea Pig	Path.	
C C	29	L Nephrectomy	11–20–23	2–24–24	T B Bladder	+	+	Para. Vertebral
W B	42	L Nephrectomy	5–12–25	5–29–25	Uremia-Ureter Stricture	+	+	Para. Vertebral
H K.	26	R Nephrectomy	12–12–22	1924	0	+	+	Gas Oxygen Ether
R M	14	R Nephrectomy and Ureterectomy	3–1–25	12–25	Rectal Absc. & T B C Ureter	?	+	Gas Oxygen Ether
E. R	29	L Nephrectomy and Ureterectomy	3–8–18	3–20	T.B C Ureter	?	+	Gas Oxygen Ether
L P	31	L Nephrectomy and Ureterectomy	3–6–16	9–26	Pulmonary T B T B C Ureter	?	+	Gas Oxygen Ether
S M	14	L Nephrectomy and Ureterectomy	5–11–15	6–5–15	T B C Ureter	+	+	Ether

?Not done.

in mortality The average in this group is 28 years, which comes within the limits of greater incidence (20 to 40), therefore, we would expect more deaths at this age It is easy to see that the mortality is in ratio with the severity of complications and duration of preoperative symptoms, depending upon the virulence and the length of time the patient has harbored the disease

Every case in Table F had a positive pathological diagnosis and every guinea pig inoculation which was done, also was positive This indicates that the disease was strongly virulent and had progressed enough to cause considerable destruction of the kidney tissue Each case had a severe complication with the exception of one, only complications of major significance being listed as we would expect every case of renal tuberculosis to have complications of some nature

Patients operated upon for unilateral renal tuberculosis, 63 Operative mortality, 2, or 3 2 per cent of total number of cases

Number of patients with complete post-operative data, 47 Number of deaths occurring after recovery from operation, 7, or 14 7 per cent of total number of cases

Number of deaths occurring one year or less after operation, 4, or 57.2 per cent of cases which died, two years after operation, 2, or 28 4 per cent, ten years after operation, 1, or 14 4 per cent

The operative mortality (3 2 per cent) is not significant in that both cases died of complications in no way related to the operation The total mortality is 14 7 per cent and includes all deaths from any cause following operation, one case having been operated upon ten years before death The greatest number, 4, or 57.2 per cent, died within the first year after operation

We cannot say that all of these post operative deaths resulted from tuberculosis or as a result of the operation because accurate data as to the cause of death is very hard to obtain We may assume therefore, that approximately 85 per cent of the patients operated upon will recover from the immediate effects of the operation basing our supposition on the data reviewed in this paper (See Table C)

In series, Table G, are forty living patients from whom we have been able to obtain data as to their present condition The symptoms with which we are most concerned and which are most frequent are, frequency, hematuria, dysuria, loss of weight Six of these cases continued to have hematuria This is 15% of all the cases Whether these patients are cap-

and gave the impression that it was a calcified tuberculous abscess in the right kidney and the pyelogram showed several filling defects and shagginess indicative of tuberculosis The right uretrogram showed a dilated ureter which was distorted and there were several filling defects suggestive of presence of tuberculous granulations

Operation Under para vertebral anesthesia a right nephrectomy and right ureterectomy were done August 3rd, 1926 The pathological report of the resected kidney and ureter was positive for tuberculosis of the kidney and ureter and calculi in the pelvis of the kidney After three weeks' convalescence, he returned to his home, having been referred to the Urological Tuberculosis Clinic for further care and observation

At the clinic he was advised regarding rest and fresh air and diet and he was given serial dilutions of old tuberculin by hypo and mercury vapor quartz lamp treatments twice each week over the bladder region and nephrectomy wound, Methylene blue, grs 1, T I D for five days, together with weekly instillations in the bladder of one per cent Methylene blue in seven per cent saline solution He became free from symptoms after a few weeks treatment. The wound closed and he returned to work apparently well, however he was kept under observation and care for about a year as it is advisable to care for these patients for this period of time in order to prevent possible recurrence At the present time this patient is thought to be an arrested case as he has had no recurrence of symptoms and is going about his daily work in a normal manner

Case 4 This case is descriptive of long post-operative care, yielding very slowly to treatment, but at present has no symptoms and is in very good health

Female, age 60, name C C

Diagnosis Tuberculosis of left kidney

Complications Tuberculous Cystitis

History Nocturia, urgency, frequency of urination, pain in left kidney Duration, two years

Physical Examination Left kidney slightly ptosed No tender areas in abdomen

Cystoscopy Interior of bladder normal except for left ureteral orifice which shows red, indurated areas one inch in diameter Number 6 catheter passed to each kidney pelvis without difficulty Left catheter flowed continuously and was clear until about 15 c c. were collected and then began to look like milk Urine from right side clear throughout Phenol-Sulphone-Phthalein appeared on the right side in two and one-half minutes, left side, four one-half minutes

Report of Ureteral Specimens

	Right	*Left*
Character	Cloudy	Cloudy
Urea	9 gms per L	1 gm per L

Phenol-Sulphone-Phthalein

	Right	*Left*
Appeared	2½ mins	4½ mins
Per cent	10%	Trace
Time	10 mins	10 mins

Microscopic Report

Wet specimen, many erythrocytes, many leukocytes, some leukocytes, some epithelial cells

Report of X-ray Right kidney normal in size, slightly low in position Left kidney also a little low in position There is a distinct enlargement with lobulation and moth-eaten appearance of upper and middle group of calices The arrangement of the pelvis is peculiar in that the upper portion of the shadow seems to communicate with the upper calix of the kidney In view of the fact that this kidney has apparently no function, it is suggested that it be irrigated for a time and if it shows no returning ability to functionate, kidney will be removed under para-vertebral anesthesia.

Guinea-Pig Report Guinea-pig inoculated with 2c c of urine from left ureter Autopsy showed liver normal in size with a few tubercles and the spleen enlarged with many tubercles

Operation A nephrectomy was performed under para-vertebral anesthesia June 5th, 1924, which was successful, patient complaining of no pain or discomfort throughout.

Pathological report was positive for tuberculosis The patient ran a low-grade temperature for about forty-five days and healing took place very slowly, although receiving lamp treatments throughout convalescence, together with dietary regulation for her blood sugar which was 2 83 Patient was discharged sixty days after operation with wound partly open but in very good physical condition Bladder symptoms had practically subsided and the urine was normal Due to the fact that the regular post-operative clinic had not been established at this time the patient's treatment was delayed and when she did finally receive some treatment it was insufficient and irregular Because of the meagre treatment which this patient received we feel that her convalescence was greatly prolonged, however, at present she is free from symptoms and lives a normal life

Results of Post-Operative Treatment

Table I shows the results being obtained under a regular routine, systematic, post-operative treatment which is being administered

hygienic measures, feeding, the administration, in selected cases, of tuberculin, the alpine light, the Krohmeyer lamp and other therapeutic agencies, marvelous results are obtained in the treatment of this much neglected group of cases Indeed a most spectacular result was obtained in one of our first cases, a history of which follows

Case 2

This patient has inoperable bilateral renal tuberculosis A woman, aged 24, married, Italian, whose family and past personal history are irrelevant, began to have dull aching pain in both kidney regions during October, 1925, frequency of urination both day and night, burning on urination, noticeable hematuria at times and she seemed to lose strength During January, 1926, she came under our care Cystoscopy showed cystitis The phenolsulphonephthalein test and urea test to determine the renal function showed that the right kidney seemed to be functioning correctly but the left kidney function was diminished The roentgenologic study, which included pictures of the entire genito-urinary tract with pyelograms, was indicative of renal tuberculosis Guinea pig inoculations with urine from the right ureter and from the left ureter were positive for tuberculosis

It was decided that the patient had bilateral renal tuberculosis which was inoperable, and she went away to the country for a few months During April, 1926, she became a patient at the urological tuberculosis clinic She was advised regarding fresh air, rest, diet and heliotherapy She attended the clinic twice each week and has been given serial dilutions of old tuberculin hyperdermically and bi-weekly treatment with the mercury vapor quartz lamp over the bladder and kidney regions One grain (0 065 Gm) of methylene blue three times a day was prescribed five days each week for the burning and painful urination

She improved a great deal and has only occasional bladder pains and no urinary symptoms except frequency She has gained 16 pounds (7 Kg) and has regained considerable strength (see Table H)

Case 3 The following case is descriptive of the post-operative care following nephrectomy for renal tuberculosis where there was a mild tuberculous cystitis as a complication

Male, age 40, name M B

History Recurrent pain in right kidney region, radiating to the bladder region Frequency and incontinence of urination

Physical Examination No abnormal conditions noted

Cystoscopy Evidence of inflammation in the trigone Elsewhere the bladder seemed normal, except in the region of the right ureteral orifice which was bulging into the bladder in a cervix-like manner and exuding a plug of tenaceous pus

Report of Ureteral Specimens

	Right	*Left*
Character	Milky	Bloody
Urea	4 2/5 gms per L	4 2/5 gms per L

Phenol-Sulphone-Phathalein

	Right	*Left*
Appeared	19 mins	6 mins
Per cent	2%	5%
Time	10 mins	10 mins

Microscopic, Wet Specimen, for Epithelial Cells and Detritus

Report of X-ray Both kidneys appeared normal in size and position and the only evidence of stone in the urinary tract was a shadow in right kidney region, circular in shape and the size of one's thumb The right pyelogram extended to the circular shadow

TABLE H, *Showing Results of Treatment of Inoperable Cases, or Cases Not Undergoing Operations*

Name	Age	Symptoms Preceding Treatment					Guinea Pig		Pyelography		Length of Post Operative Treatment	Relief of Symptoms	Gain in Weight
		Pain in Kidney	Frequency	Burning on Urination	Incontinence	Hematuria	Right	Left	Right	Left			
H B	22	Yes Left		Yes			+	—	None	+	7½ mo	No	Lost 4 lbs
G C	23	Yes Right and Left		Yes			—	+	+	None	2½ mo	Yes	Gained 1 lb
W S	24		Yes	Yes		Yes	—	—	+	+	3 mo	Improved	Gained 15 lbs
C P	28	Yes	Yes	Yes			+	+	+	+	2 yr	Improved	Gained 10 lbs.
*M M	50		Yes	Yes	Yes		+	—	—	—	1 yr 5mo	Yes	Gained 15 lbs.

*Refused Operation

rapidity with which old tuberculous sinuses have been healed under the influence of the alpine lamp treatment. Cases which have persisted for years have been healed after three or four applications of this modern therapeutic agency

der, a remarkable temporary relief of symptoms has occurred

There are two manners in which tuberculosis affects the upper urinary tract The rapidly developing type causes a dilatation of the ureter and kidney pelvis in which there are

TABLE J—*Showing Resumé of Study of 63 Cases upon Whom Nephrectomy for Tuberculosis of the Kidney Had Been Done*

Male	Female	Age	Hospital Convalescence	Operative Deaths	Deaths Occurring After Operative Recovery	Present Status of 40 Cases Followed to Date	Cases Taking Post-Operative Treatment
36	27	2nd decade 11%	Paravertebral Anesthesia—13	2 cases	1—17 days	19 Symptom free	16 cases
(57%)	(43%)	3rd decade 35%	Average, 20 5 days	(3.2%)	1—25 days	13 have frequency	8 entirely symptom free
		4th decade 35%			1—34 days	8 have dysuria	8 moderate symptoms
		5th decade 11%	Paravertebral Plus ether—18		1—8 mos.	6 have haematuria	All have markedly improved
		6th decade 8%	Average, 22 6 days		2—2 yrs.	38 have gained weight	
		Youngest, 12 yrs. Oldest, 60 yrs.	Gas-Oxygen Ether—32		1—10 yrs.	2 have lost weight	
		Average, 31 6%	Average, 29.2 days				

SUMMARY

Consideration of our experiences has convinced us that it is not proper to remove a kidney merely because tubercle bacilli are found in the specimen of urine from that organ In spite of the fact that Medlar's very careful work showed the presence of microscopic lesions in the kidneys of many patients who had no symptoms we feel that unless there is marked diminution in function no kidney should be removed The pyelogram is much more helpful in demonstrating a nephrosis due to tuberculosis than any other examination

Tuberculous nephrosis is almost always a unilateral disease in its primary state The other kidney may be involved microscopically but clinically it is usually a late manifestation

In urological surgery, especially where it concerns tuberculosis of the kidney, exploratory operation is unnecessary as all of the facts are obtainable at the cystoscopic table In fact one learns far more in this manner than can possibly be discovered by looking at the outside of the kidney at the operating table

After a complete general examination has been done, cystoscopy is resorted to If the symptoms are moderate this may be accomplished by using a local anesthesia in urethra and bladder If, however, there is marked urinary discomfort it is better to use sacral anesthesia. This is used in preference to a general anesthetic because the patient will then cooperate in the taking of pyelograms On the rare occasions in which the authors have used ether anesthesia for the purpose of cystoscoping a patient with a particularly irritable bladder, a remarkable temporary relief of symptoms has occurred

There are two manners in which tuberculosis affects the upper urinary tract The rapidly developing type causes a dilatation of the ureter and kidney pelvis in which there are few, if any, tubercles found in the ureter The chronic type, which is by far the more common, is marked by a feathery appearance of the pyelo-ureterogram, due to the presence of tuberculous granulations This type of ureter must be entirely removed as it contains foci which will discharge tuberculous pus into the bladder indefinitely thus prolonging the vesical lesions and symptoms

When the diagnosis has been established it is usually advisable to operate immediately as delay merely prolongs the toxic absorption from the lesions present.

It is our practice to use regional anesthesia, administered after the method of Prof Von Illyes as modified by us The advantages of this type of anesthesia are many There is much less bleeding than noted with any type of general narcosis, the patient is much more relaxed There is no dehydration from abstention from the use of fluids either before, during or after the operation There is rarely nausea or vomiting There is no danger of alighting a dormant tuberculous focus in the lungs

Of the 63 cases studied 31 were operated upon under regional anesthesia Those patients who required no reenforcement in the form of ether were able to leave the hospital nine days sooner than those who had general anesthesia

There were 57 per cent males in this series and 43 per cent females Seventy per cent of the cases were between 20 and 40 years of age The immediate operative mortality was 3 2 per cent During the first year after operation four died Two died within two years after operation and one died ten years after opera-

by the newly formed Tuberculosis Division of the Brady Urological Foundation at the New York Hospital The results shown here do not indicate a rapid clearing up of symptoms but each case showed improvement under treatment Due to the fact that this department has been functionating less than two years, we feel that the time these cases have been under treatment is insufficient to expect much more improvement than has taken place Four of the cases had shown little progress in two or three years since operation, but improvement was noted after a few months under this treatment The other cases were recent and we expect considerable treatment is necessary to show good results

TABLE I—*Results of Post Operative Treatment*

Name	Age	Date of Operation	Routine Post Operative Treatment Received	Present Condition		
				Free from	Symptoms	Improved
L D	14	3–16–26	Yes		Yes	Yes
G R	36	8–14–23	Yes	No		Yes
M B	40	4–16–26	Yes		Yes	Yes
L B	18	10–15–26	Yes		Yes	Yes
C G	43	4–30–26	Yes	No		Yes
P M	25	10–26–26	Yes	No		Yes
S G	40	3–11–25	Yes	No		Yes
C H	30	10–14–24	Yes	No		Yes
K B	48	10–22–24	Yes	No		Yes
F D C	38	8– 3–26	Yes	No		Yes
A S	46	2–24–27	Yes	No		Yes
F C	24	5–24–27	Yes		Yes	Yes
N S	26	7–12–27	Yes		Yes	Yes
E G	31	8–12–27	Yes		Yes	Yes
R R	26	12–16–27	Yes		Yes	Yes
G C	43	6–14–27	Yes		Yes	Yes

The special urological treatment is carried on by a Urologist and may be described as including bladder irrigation, bladder instillations, prostatic treatment, fulguration of bladder ulcers, cystoscopic observation and ureteral catheterization and pelvic lavage A number of patients suffer from tuberculous cystitis as a complication and the palliation of this distressing condition while carrying on the general tubercular treatment is a difficult problem Methylene blue administered internally and locally in the form of an alkaline instillation is giving fairly good results The general treatment of tuberculosis, fresh air, rest and good food, is prescribed for all patients The diet problem is increased by necessity at times of selecting foods that will not irritate the diseased genitourinary tract In addition to the general treatment of tuberculosis some of the special measures that are in use to treat the disease are also utilized Tuberculin is administered in special cases Koch's old tuberculin is prepared in serial dilutions and given hypodermically Good reports have been made of the value of tuberculin in the treatment of this type of patients at some of the European clinics, and it has a place in the treatment of selected cases Avoidance of reactions, which implies careful use of tuberculin seems to give the best results when this subsidiary agent is being used

Another of the special measures is the mercury vapor quartz lamp, and it is very useful It is almost a specific in the treatment of post-operative tuberculous sinuses of the genito-urinary tract. The sinuses following nephrectomy for renal tuberculosis, epidymectomy and orchidectomy for tuberculosis yield readily to the lamp treatment Bilateral tuberculosis of the epididymes or testes either before or after the disease has suppurated and formed external sinuses can well be given this treatment with the idea that it will help to localize and arrest the lesion as well as to help prevent its further extension

The mercury vapor quartz lamp is also used for tuberculous cystitis, applied in the same manner as in the treatment of tuberculosis of the intestine, in which it has given good results The patients suffering from tuberculosis cystitis are given bi-weekly treatments over the bladder region It is planned to also try intravesical treatment for these patients, with a special applicator and the water cooled mercury vapor quartz lamp The patients who have inoperable renal tuberculosis are given lamp treatments over the kidney regions The results from this type of treatment are as yet uncertain, but the patients seem to feel that they are benefited

Heliotherapy is a very valuable adjunct, and when it is feasible it is added to the general care Sun treatment of patients with diseases of the genito-urinary tract is, of course, difficult to carry out in a large city where the patients are living at home

One of the most spectacular results of our post-operative treatment has been the amazing

ical party One old darkey presented himself for the fifth time to get his "typhoid shot" and when the doctor asked him why he came so often he replied "Ah likes it, hit makes me feel so good"

In one camp, where the pressure of other calls prevented toxin-antitoxin administration, a later outbreak of diphtheria, caused deep regret to all concerned, though only a few cases developed

General camp sanitation, with its water supply, drainage, garbage and sewage disposal and its model latrines, was both a safeguard and an education to many of the men from underprivileged rural homes, while the screened-in mess halls and kitchens with the preparation and care of food was equally instructive to the women and girls Even the milk lines for the undernourished children served their daily purpose and taught their daily lesson

Spacious laundry sheds with scrub boards, tubs and abundance of soap and running water were well patronized luxuries, which contributed to the prevalent personal cleanliness among the white and colored

Camp streets and buildings were kept tidy and clean by squads of refugee men under "Street Captains" appointed and trained from among their own numbers

In some groups it was somewhat difficult to force the use of the sanitary latrines, the refugees insisting the buildings were too nice for such use but ultimately science prevailed

Dr Oscar Dowling, President of the Louisiana State Board of Health, issued an appeal to parish authorities to establish health centers "The State of Louisiana," said he, "will help its overflowed parishes to put in effect health programs Upon the request of Governor Simpson, the board of liquidation has arranged for the use of $62,000 for this purpose which amount will be supplemented by funds from the international health board, the U S. public health service and the Red Cross The health center of the parish is a clearing house for all hygienic, sanitary, medical, dental, nursing and other public health activities"

A report of one of these parish health units for the month of June gives the following summaries "2,000 leaflets and health notices distributed, 4,827 people visited and instructed in health matters, 15 cases of contagious disease isolated, 251 anti-typhoid vaccinations given, 996 privies inspected and 183 have been improved, 598 sources of water supplies improved, 826 wells and cisterns chlorinated, 127 homes visited by the public health nurse

"The health officer has traveled 1,250 miles the nurses 1,000 miles, the inspectors 5,000 miles

"The unit has on hand oil and sprayers for any municipalities calling for them"

The Red Cross is reported to have spent $500,000 on sanitation in the flood area, many unclaimed dead animals were buried, wells, cisterns and cess pools were chlorinated and quantities of lime was provided, for the people are accustomed to the liberal use of whitewash The aesthetic and mental effect was good though they were cautioned by the health officers not to depend on whitewash where a stronger disinfectant was needed

One young medical student, the son of a health officer, gave up a most needed vacation to aid in the inspection and disinfection of wells and cisterns of returning refugees in his father's territory

Prenatal care and lying-in hospitalization were enjoyed by many expectant mothers for the first time though most of them were multi-

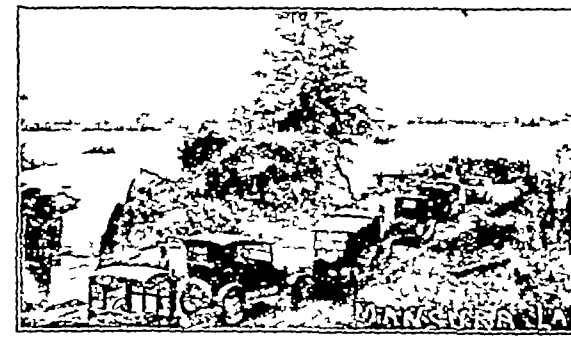


FIG 1 *Vast inundated area.*

para As a result the birth rate in the emergency was kept above the death rate

One health officer discussed with me three cases of ophthalmia neonatorum which occurred in his territory in one week, they were the cases of midwives, who had not been sufficiently alert in the trying time

In one hospital a typical syphilitic baby died weighing only five pounds and seven ounces at the age of five months

Special effort to prevent gonorrhea and syphilis and to inculcate the principles of social hygiene in connection with disaster relief and rehabilitation, was a pioneer experiment, and there was a question in the minds of some as to how such activities would be received by the refugees themselves

The New York State representative was temporarily attached to the Louisiana State Board of Health and whatever was accomplished in the field was made possible by the cooperation of the public health officials both at headquarters and in the field

Some of the welfare organizations in the camps had already sensed the social hygiene needs but were at a loss to know how instruction and guidance could be given

My old preceptor, Dr Vaughn of the Uni-

tion We have been able to follow up 40 additional cases, all of whom are doing well except two One of these, operated upon three years ago has lost weight and is generally miserable, another operated upon two years ago has not gained weight

Study of this series indicates that symptoms diminish in intensity as one gets farther from the operation This is apparently due to the healing of tuberculous lesions of ureter stump and bladder

We are obliged to consider nephrectomy cases as arrested and not cured Therefore, every case should receive post-operative care by those who are experienced in administering it

This care includes the ordinary hygienic measures adopted for the care of the tuberculous patients It includes a diet which will not irritate the urinary tract Fresh air and proper rest are insisted upon Koch's old tuberculin is prepared in serial dilutions and given hyperdermically, avoidance of reactions gives best results

Administration of sunlight or the alpine lamp rays have been of distinct benefit in a large series of post-operative and inoperable cases treated consistently

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SOME FEATURES OF SANITATION IN THE MISSISSIPPI FLOOD RELIEF*

By ALBERT J READ, M D, ALBANY, N Y

IT is now considered an established fact, that in great disasters involving the massing of large numbers of refugees attention should be given to preventing the spread of syphilis and gonorrhea and that social hygiene should constitute a part of the relief, rehabilitation and sanitation program

It is a reasonable deduction that the advances made in controlling these diseases in New York State have constituted a material contribution to public health achievement and have had a part in bringing about, what Governor Smith announced as the lowest death rate in the history of the State, representing a saving, in 1927, of 28,000 lives

Just a decade ago the New York State Legislature made an enactment authorizing the organization of a Social Hygiene Division in the State Department of Health, and in a way it may be considered a recognition of the work done here in the past ten years, when the National Red Cross, representing the Federal Government, in the Mississippi Flood Relief, requested our State Department of Health to loan one of the experienced physicians from its Division of Social Hygiene, to aid in inaugurating a new public health activity in that extensive and unusual emergency

In the Mississippi disaster, the Red Cross had for its proteges, the scattered inhabitants from an area one thousand miles long by ten to fifty miles wide, fully twenty thousand square miles, driven hastily out of their homes, bereft of their worldly goods, fathers separated from mothers and parents from children, for weeks before a reunion could be effected, and huddled into veritable tent cities, in close contact with strangers and in a strange environment (See Figure 4)

The problems of sanitation and hygiene presented were such as would arise when six hundred thousand rural people were suddenly forced by flood into a congested camp life

At first the camps and roads leading to them presented a strange and pathetic mixture of refugees, automobiles, mule teams and half famished cows, mules and hogs (See Figure 1)

Thanks to the Texas cowboy volunteers, the live stock was soon herded in safe pasturage, a good distance away

Milk and water supplies were safeguarded scrupulously

Vaccination and typhoid innoculations were given to all irrespective of race, creed or polit-

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 22, 1928.

Some saw in the broken homes and disorganized families only an occasion for lust and greed

It was the behavior of such people and the unsophistication of many of the refugees that made necessary a Social Hygiene program in the refugee camps and surrounding territory

The American Social Hygiene Association, a national organization which rendered most valuable service during the World War furnished able representatives and what was thought by many a most difficult and delicate task resolved itself into a social and disease



FIG. 4 *Tent cities*

problem of a people in distress and meeting that problem with the common-sense methods which the last decade of experience in a great commonwealth, had taught

In one camp a gang of town roughs preying on the unsophisticated refugee girls, was arrested and sentenced to hard labor on the camp public works

In another camp a physician who disgraced himself and his profession was summarily dealt with

In still another camp some prostitutes posed as refugees in order to reap small but ill-gotten gains from impoverished refugee men They were turned over to the custody of the officials in the large city from whence they came

National organizations were asked to provide wholesome recreation and protection service

Conferences were held with educators, health and government officials, business men, parents, camp directors, hospital doctors and welfare workers for the discussion of the dangers and prevention of syphilis and gonorrhea and the need of social hygiene education The New York representative travelled 1800 miles by train, auto and boat in the flooded area, gave 38 lectures to 17,561 people, interviewed 642 prominent persons beside innumerable refugees and aided in relief, rehabilitation and emergency medical work for the flood sufferers

Groups of refugees were instructed on sanitary measures and the proper precautions to take to safeguard their families in the new surroundings and relationships of congested camp life.

Their gratitude to the National Red Cross and Government for this aid was most enthusiastically expressed

One father said, "The loss of my mules, my crops and my buildings is as nothing compared to the physical and moral disaster which could so easily befall my family in all this confusion I shall never forget the Red Cross, the nurses and the doctors who have done so much for us"

The social hygiene activities were commended by Secretary Hoover as one of the progressive and efficient accomplishments of this greatest of all peace-time disasters

At the Flood Relief headquarters much satisfaction was expressed that the outcome of the experiment had justified the launching of the new activity and it was freely predicted that in future great disasters involving the aggregation of large numbers of refugees, due attention would be given to social hygiene education and the prevention of the spread of syphilis and gonorrhea

versity of Michigan Medical College, used to tell his students that any great disaster or calamity, would lead some people to commit misdemeanors and crimes which would never enter their heads in the ordinary, even course of life The truth of his statement was demonstrated in the Mississippi Flood Disaster

In sharp contrast to the altruism and self-sacrifice shown by the great majority, was the selfishness and abandonment of the few

The actual loss of life, a little over three hundred, was surprisingly small for such an extensive disaster where three hundred thousand people were rescued from house tops and

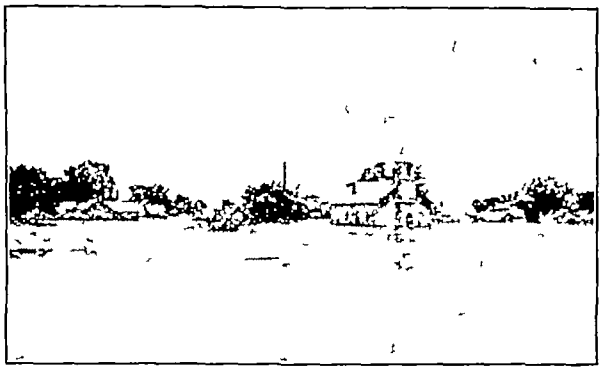


FIG 2 *A deserted town*

other precarious positions and gathered safely into one hundred and forty-nine hastily constructed camps

That splendid record was due to the wonderful response and team-work of the best people everywhere

A former governor of one of the States, at an advanced age, personally conducted rescue and relief work in his vicinity National and State representatives, both volunteer and delegated, rendered efficient services

Nurses, doctors, school teachers, business men and bankers, many of whom gave up enticing vacation trips to do their bit were in evidence everywhere on their errands of hazard and mercy

One refugee doctor, who in devotion to his community was ignoring a call to a more prosperous field, had the misfortune to be domiciled right in the path of a break in the levee and the onrushing flood ruined his home and everything he possessed on earth (See Fig 3) I found him busily engaged ministering to the refugees who from miles around were concentrated in one of the hastily constructed camps

He was evidently too busy to think of himself or his own property I found that he had not even taken time to go back to see what could be salvaged from the wreckage Perhaps the reports of others was all he could bear to know, and it was important that he stand by his post in the disaster

The doctor's surprise and gratitude when the Red Cross remunerated him for his services and took steps to reestablish him in his community, which though unable to pay, would sorely need his ministrations for the twelve or eighteen lean months to follow, was a study and a benediction

Scores of other doctors in the flood area, went through similar experiences with a degree of fortitude and self-sacrifice that made one proud of the medical profession

A nurse left a remunerative and comfortable position, made her way by mule team and boat and by aeroplane into the most hopelessly marooned section and before the official equipment could arrive had directed rescue work, had organized a temporary camp of refugees with extemporized facilities and had prevented by her skill and prompt action the spread of a beginning epidemic of smallpox among her proteges

Her services were so valuable that when the authorized representative and equipment arrived and they saw what this former Red Cross nurse had accomplished almost single handed and unequipped, they placed her in charge of the fully equipped camp which sheltered thousands of homeless refugees, throughout the emergency

It was an interesting fact that the keen observation of such people in the thickest of the rescue and relief activities was the first to recognize the need of Social Hygiene safeguards among the six hundred thousand refugees who finally found their way into these camps

On the other side of the picture were those

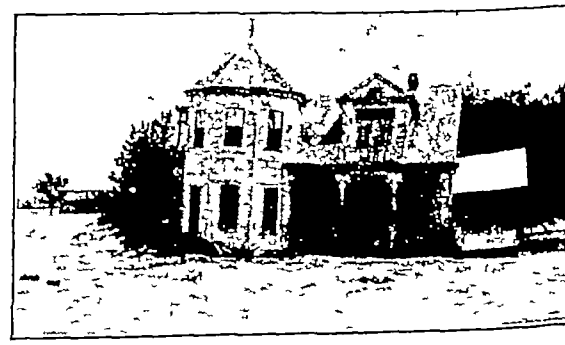


FIG. 3 *A doctor's wrecked home*

few in whom the very same emergency brought out some of the worst characteristics

Some of the refugees themselves saw in the catastrophe from which they had barely escaped with their lives, only an opportunity to be supported in idleness and nothing short of recalling their meal ticket could induce them to work with their fellows on the necessary camp jobs

UROBILINURIA IN CHILDREN WITH HEART DISEASE (Preliminary Report)*

By M H EDELMAN, M D, NEW YORK, N Y
From the Pediatric Department of the Post Graduate Medical School and Hospital.

FOR many years various investigators have attempted to explain the origin and mechanism of urobilin formation as well as its physiological and pathological significance

All types of cases were studied and as a result it was generally agreed that there was an increased urobilin output in the urine in the presence of certain diseases and under some alterations of body conditions In general, it might be stated that urobilinuria occurs with *diffuse hepatic lesions, pernicious anemia, unobstructed jaundice, fevers (pneumonias), diseases associated with extensive destruction of red blood corpuscles,* and *in heart disease*

At this point the literature becomes very scant This is probably due to the fact that there were very many technical difficulties in urobilin estimation to be overcome by the early workers The method of estimation adopted by us is that of Ellman and McMaster of the Rockefeller Institute It is considered more sensitive and accurate than any of the previous methods, and Dr Killian, under whose supervision our laboratory work was done will discuss that phase for you We simply assume the privilege of bringing before you the clinical results and our interpretations

While urobilin is a normal constituent of the feces it is not normally found in the urine However, as a result of our investigations we have found urobilin in the urine of apparently healthy children at various times, in quantities up to 3 mgm per 100 c c or 30 mg per 1000 c c Unless there are some clinical manifestations to account for this finding we feel that this occasional appearance of urobilin is a physiological occurence, just as we may observe a physiological leukocytosis We therefore attach no particular significance to this occasional appearance of urobilin, and in this report we have designated these quantities of less than 3 mgm per 100 c c as a trace and very faint trace, and have considered them negative or normal

When the quantity of urobilin in the urine is 3 mgm per 100 c c or more, we always consider the amount abnormal or pathological This abnormal increase in the daily output of urobilin is spoken of as urobilinuria

In concerning ourselves with urobilinuria in children with heart disease, we adopted a comparatively simple method of reasoning Our practical approach to the problem was simple and compelling

We knew that hepatic dysfunction resulted in varying degrees of urobilinuria, also that cardiac decompensation resulted in passive congestion of the liver with its attendant hepatic dysfunction and resultant urobilinuria Could the amount of the dysfunction be measured by the output of urobilin?

Since it is reasonable to assume that in the more gravely decompensated heart there exists a more gravely congested liver whose function is proportionately impaired, we hoped it might be possible by repeated quantitative estimations of urobilin, to determine the relative amount of diminution of cardiac efficiency That is, we were desirous of establishing a standard for the measure of loss of cardiac function that would be more sensitive than our present clinical standards At the same time, by periodic determinations throughout the course of the disease, we felt that we might be better able to gauge the condition and amount of recovery of the affected heart at any period

Our work indicated that urobilin estimations can serve both as a standard and guide in reestablishing the normal routine of a child who has suffered a breaking of cardiac compensation We feel that when the urobilin has reached and remained at a quantity within the normal range (up to 3 mgm per 100 c.c) and in the absence of fever or other untoward clinical signs, we can then get the child out of bed, and gradually resume normal daily activities, watching the effect of each added burden on the urobilin output

The re-appearance of urobilinuria at this stage we interpret as evidence of incomplete compensation

In the course of our studies many interesting and practical clinical possibilities suggested themselves

From our study we have found that the majority of those children who were gotten out of bed before the urobilin had reached a constant normal level, often when there was ample clinical evidence of good compensation, the urobilin output rose and the patients were clinically worse It therefore seems logical that it is a safer procedure in the management of these cases to wait until the urobilin has reached and remained at a normal level before permitting them to get up Further estimations of the daily output should then be made, and if the urobilin remains within the normal limits, the patient's activities may be gradually increased The effects of each added burden can be estimated by urobilin determinations

We have also noted that in the presence of heart disease without complete compensation, as evidenced only by a urobilinuria, various operative measures, nearly always resulted in an appreciable and sometimes alarming urobilinuria (In one case the urobilin rose to 586 mgm. per 100 c c) Simultaneously we had evidence of failure

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany May 23 1928.

N Y State J M
April 15, 1929

THE SIX HUNDRED AND FIFTIETH MAN IN DIPHTHERIA PREVENTION

By NATHAN B VAN ETTEN, M D, NEW YORK, N Y

In the State of New York every 650th man is dedicated by his oath to the public and private health of eleven and a half million people

There are 17,652 of him and his average length of time in service is now about twenty-five years

The oldest have been at work about sixty-five years

His required education is greater than that demanded by the State for the licensure of any other person

Because of the nature of his education and the time required to complete it, he begins to earn his living at about his twenty-seventh year

His average earnings are less than those of many artisans He is always on call, his current life a turmoil, his future an uncertainty

Consecrated to an ideal, if occasionally material success comes it is merely as a bi-product of unselfish service

He deserves the respect, affection, protection and support of those whom he serves Individually he may be reactionary or static Collectively he is progressive Twelve thousands of him are organized in this State for the safeguarding and promotion of physical and mental health

Individually he cannot violate inherited traditions which forbid public advertisement of his accomplishments

Collectively he must announce the progress of science and his readiness to apply advancing knowledge to the prevention and cure of disease

The fact that only about five percent of his practice is concerned with communicable disease should induce tolerance and patience with his slowness to rise to the highest co-operation in a campaign for the prevention of Diphtheria

While he has known about Toxin Antitoxin for fifteen years he has been feeling his way in its employment, studying the growing statistics of practical immunity and the statistics of immunity revealed by scientific tests

He who calls himself a general practitioner and he who calls himself a pediatrician, a general practitioner for children only, are those who have most actively responded to the stimulus of this militant campaign—the dramatics of which have been absolutely necessary in order to arouse the public conscience

He who practices a limited specialty has been slower to realize his responsibilty for the lives of children But in general no Public Health movement within our recollection has enlisted more universal and enthusiastic co-operation

In the twenty-two upstate counties which have reported no Diphtheria deaths for 1928 the general practitioner must be credited with this glorious achievement and to him and to the pediatrician we must look for the future success of immunization

In localities where intensive immunizations have been carried on with great success, no one should feel that the work is complete, when in reality it has only caught up with arrears and the real work of preventive immunization of the yearling and of the pre-school child has just begun

The stimulating excitement, the publicity, even the disagreements between participants concerning campaign methods have been indispensable as promotion—but after the campaign is over the general practitioner and the pediatrician will carry on through the years the high standards that are now erected Much has been learned in the past three years of the difficulty of filling the full measure of such a slogan as "No Diphtheria in Five Years", and yet with the completion of more than five hundred thousand of the one million two hundred and fifty thousand immunizations planned for this period it may reasonably be expected that with active work in Buffalo and in the City of New York with three or five years extension of unremitting effort, steady progress will be made toward the lowest annual case rate and death rate in this or any other state Diphtheria may not be entirely wiped out in cities which are visited by large numbers of unprotected people, but a death rate of one or two per hundred thousand is quite attainable

The enlisted forces, the layman, the official, the scientist, the medical practitioner, the publicist are carrying on a magnificent work

It is inevitable that a highly sustained drive must yield to a slower pace, but lay and official organizations must continue a never ending education directed toward the parents and guardians of children

Parents should know that the fight against Diphtheria is in no sense experimental, that the physician knows the cause, the diagnosis, the dependable remedy, if used early enough, and the preventive agent

The educated parent will be held directly responsible when a child dies from Diphtheria if he shall have failed to ask for protection by Toxin Antitoxin

Organizations for the distribution of information concerning the prevention of disease will influence an increasing popular appreciation of the fact that Diphtheria is preventable, that a death from it is a family and community disgrace, and that your six hundred and fiftieth man is at all times ready and able to prevent it.

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of cardiac compensation as determined by older standards

May we not infer from this, that it is wiser to defer non-urgent operative procedures until the urobilin output has returned to and remained at a normal level

The cases studied were those confined to the Babies' Wards of the N Y Post Graduate Hospital, and those in attendance at the Cardiac Clinic of the Pediatric Outpatient Department These cases varied from those with grave decompensation, to those children attending our Cardiac Clinic who suffered no apparent symptoms and on whom no restrictions had been placed

A total of 584 cases were studied in which over 3,000 estimations were made To simplify our studies we divided our cases into four groups, namely

I *The Control group* II *The Comparative group* III *The Ambulatory group* IV *The Decompensated group*

The Control group numbered 350 cases, and was derived from children, apparently healthy, admitted to the hospital for the removal of tonsils and adenoids Of this large group only *15 or 4% were positive,* and *335 or 96% were negative* The urobilin in this group ranged from *3 to 9 mgm per 100 c c ,* except in two cases where it reached *94 and 188 mgm per 100 c c* respectively The case in which 94 mgm was found, was a case of urobilinuria of unknown origin, which had an *icteric index of 10* As a result of these findings it was deemed unwise to operate, and the child was referred to the out outpatient department for a detailed study After two weeks he was readmitted His condition was improved, and the icteric index, liver funciton tests, blood and urobilin were normal The child was operated on, without any resultant urobilinuria For the case with 188 mgm we were unable to find a cause or satisfactory explanation The child had been operated on before any further investigations were made However, his tonsils were removed without any injurious effect, or increased urobilinuria

In this control group, all of whom were operated on for the removal of tonsils and adenoids, *50 of the 350 cases* were observed as to their urinary urobilin before and after the operation and only one showed a post operative urobilin reaction of 9 mgm per 100 c c This urobilinuria may be accounted for in two ways the child had a hemoglobin of 55% as a result of post operative bleeding, causing a rather definite secondary anemia, and he also was suspected of having a beginning endocarditis Forty-eight hours after the operation his urine became negative for urobilin and remained so until his discharge one week later

II *The Comparative group* is composed of 32 non-cardiac bed-ridden cases of the usual hospital type These were studied for their comparative academic interest alone. In this group *11 or 34% were positive,* and *21 or 66% were negative* The urobilin ranging *from 3 to 24 mgm per 100 c c* Among these positives, there were many belonging to a class of cases where one would expect to find a urobilinuria

A detailed discussion of these cases is omitted, as our only concern in this paper is with urobilinuria in children with heart disease.

III *The Ambulatory group* consisted of 152 heart cases from our Cardiac Clinic. Of this group *41 or 26% were positive,* and *111 or 74% were negative* The urobilin in this group ranged from *3 to 24 mgm per 100 c c* In the studies of this group we were somewhat handicapped by the poor co-operation of our clinic mothers However, we have observed, and are still observing, that in those children with urobilinuria, rest in bed, in the majority, resulted in a disappearance of the urobilin and these children were benefited clinically Operative procedure, such as tonsillectomies, in this group, of which we have only five cases, did not show any resultant urobilin reactions We had hoped to demonstrate by this group that an increasing urobilinuria forewarned us of an impending decompensation, but unfortunately the poor co-operation of the mothers prevented us from establishing this fact However, from our observations in the decompensated group we feel that such is the case

IV *The Decompensated group* consisted of 50 bed-ridden cardiac cases in various stages of decompensation Of this group *44 or 88% were positive* and *6 or 12% were negative* The urobilin estimations in this group reached the highest peaks observed in any of our studies, ranging from *3 to 586 mgm per 100 c c*

Fourteen of the positive cases in this group were subjected to various operative procedures such as tonsillectomy, extraction of teeth, transfusion, myringotomy and bronchoscopy Twelve of the fourteen showed urobilin reactions of varying degree, ranging from a mild to a severe urobilinuria Of the two in which there was no reaction it is of interest to note that one was a case of lymphatic leukemia with what proved to be a hemic murmur and the other was an acute rheumatic fever with no definite cardiac involvement. In contrast to these findings we had two cases of the negative group in which a tonsillectomy was done and there was no resultant urobilin reaction

In the same Decompensated group, there occurred five cases in which there were coincidental complications, such as gastric upsets, upper respiratory infections and asthmatic attacks In every case so complicated there was a resultant urobilinuria

A comparison of the results obtained, in our studies, of the different groups, reveals facts which are of noteworthy importance and ought to be emphasized

First Our greatest number urobilinurias were

obtained in our studies of the decompensated group

Second These urobilinurias reached the highest levels, observed in all our studies

Third Operative procedures in the decompensated group resulted in the severest urobilin reactions

Fourth These post-operative urobilin reactions were practically confined to the cases of the decompensated group, occurring in 12 of 14 children These reactions did not occur in the five cases subjected to operation in the ambulatory group, and in only one of the 50 cases of the control group, and that one may be accounted for by a definite secondary anemia and a possible endocarditis

At this point it might be well to mention that it has been recognized that some children with heart disease show a persistent urobilinuria even though there is every clinical evidence of complete compensation Fisher of Heidelberg, considers this as evidence of some permanent pathological condition of the liver, and we fully agree, since in our studies we have come across such cases

Conclusions

From these preliminary studies we have drawn the following conclusions

1 Urobilin is not commonly found in normal urines It has been found in quantities less than 3 mgm per 100 c c. without any cardiac disease. When the urinary urobilin exists in quantities of 3 mgm per 100 c c. or more, it is always abnormal or pathological All estimations must be made on the daily output of urine

2 In children with cardiac decompensation, as a result of liver stasis and dysfunction, there is an abnormal increase in the daily output of urobilin in the urine and the increase is proportionate to the degree of decompensation The more the decompensation, the greater the quantity of urobilin in the urine

3 Frequent estimations of urobilin may serve the clinician as an indicator of the progress of the affected heart, and may be used as an additional test to guide him in the management and care of such children From our observations this test is more sensitive and reliable than any of the other standards, and is simple in its application. We were better able to follow the progress of our heart cases by the observations of the urobilin estimations, than by all other standards

4 The cardiac child should be confined to bed until the urobilin remains at a normal level, even though all other clinical signs are favorable Furthermore, any cardiac child with a urobilinuria, should be put to bed until the urobilin has become normal

5 Non-urgent operative procedures should be avoided in the presence of an incompletely compensated heart, as may be evidenced only by a urobilinuria This statement is further emphasized by the fact that in some of our cases, the urobilin was high, when the pulse, temperature and leukocyte count were normal Operative procedures in the presence of urobilinuria usually resulted in an increased urobilinuria and a poor clinical state of the child

6 Coincidental complications, in the course of decompensated hearts, such as gastric upsets, upper respiratory infections, etc, and premature physical effort usually showed a resultant urobilinuria.

7 Comparative studies of all our cases show the greatest number of urobilinurias occurred in the decompensated group, next in the ambulatory group and the least in the control group Post-operative urobilin reactions occurred in 12 of 14 children in the decompensated group, in only one of the 50 cases in the control group, and no reactions in five cases of the ambulatory group The highest levels of urobilin estimations and the severest reactions occurred in the decompensated group

8 Because of the alarming rise of urobilin prior to death, this determination may be of some benefit in the immediate prognosis

These conclusions have been stated, not so much to be accepted as established facts, but to encourage further studies along the lines suggested We ourselves have only just begun, and from the encouraging results obtained it certainly warrants a continuation of this study We invite confirmation or criticism which may arise from future studies The procedure is so simple, that it requires no special training or technique, and is available to every physician who daily faces the problem of the cardiac child

We feel that urobilin estimations will greatly facilitate the study and have an important position in the management and care of the cardiac child

May I in closing state that I am indebted to Drs Dennett, Pease and DeSanctis for their cooperation and permission to study heart cases admitted to their respective services, and to Drs Muns and Nichols for their permission to study heart cases admitted to the ambulatory heart clinic To the other members of the staff and Miss Halpern of the chemistry laboratory I make public recognition of their services rendered

WORKMEN'S COMPENSATION

A PUBLIC FORUM BY THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK

A PUBLIC forum meeting on Workmen's Compensation was conducted by the Committee on Civic Policy of the Medical Society of the County of New York on Friday evening, February 15, 1929, with the Chairman, Dr Frederick W Bancroft presiding The meeting lasted from 8 45 until midnight The program was as follows

1 "Results of the Study of the Medical Provisions of the Act," by Professor Lindsay Rogers, Moreland Commissioner

2 "From the Standpoint of Carrier," by Mr John F Turn, Vice-President of the Aetna Casualty and Insurance Company

3 "What the Doctor Wants," by Dr Morris Rosenthal, New York

4 "Collecting for Medical Service," by Dr W Warren Britt, Towanda, Chairman of the Committee on Medical Economics of the Medical Society of the State of New York

5 "Open Discussion," closed by Dr Raphael Lewy, Albany, N Y, Chief Medical Advisor, State Department of Labor

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REPORT OF PROFESSOR LINDSAY ROGERS

The first number of the program to be presented was the report of Professor Lindsay Rogers, Commissioner under Section 8 of the Executive Law known as the Moreland Act, "To examine and investigate the administration of the Department of Labor of the State of New York" Commissioner Rogers had made a report in three parts to the Governor of New York Part 1, on "Charges of Fraud," June 1, 1928, Part 2, "Bureau of Workmen's Compensation," June 15, 1928, and Part 3, "Medical Problems," December, 1928 The third report consisted of about 13,000 words, and was printed in a pamphlet which was distributed widely by the Department of Labor to county medical societies and to groups of physicians interested in workmen's compensation This report was that to which reference was made in the program Extracts from that report, and especially its conclusions, were read by Dr Morris Rosenthal at the opening of the meeting Since this report touched upon nearly all the points that were brought out during the evening's discussion, the following abstracts are here reproduced

"Section 13 of the Workmen's Compensation Law provides that the employer must furnish to his injured employees the medical, surgical, or other treatment which 'the nature of the injury of the process of recovery may require'"

"No one concerned with the administration of the Workmen's Compensation Law can deny that there are extremely serious evils which result in hardships both to claimants and to employers The pity is that the proper remedies are by no means so clearly indicated as are the evils

"About 20,000 compensable cases come annually before the Industrial Board Practically every one of these cases requires some medical attention The cost of such medical care amounts to approximately 30 per cent of the payments of compensation benefits During the fiscal year ended June 30, 1927, benefits amounted to more than $26,000,000 The annual cost of medical care, therefore, is approximately $8,000,000

"The carrier must see to it that *medical bills are kept as low as possible* The cost of medical care now amounts to nearly one-third of the total payment of benefits Mounting costs and the difficulty of controlling cases have led a number of the insurance companies to establish clinics of their own, usually in charge of a doctor who is on an annual salary

"Doctors who can quote a low charge are favored in respect of contracts This competition results from the fact that the law does not allow the injured employee the free choice of his physician The employee may go to any physician that he selects, and refuse to go to any other, but unless the employer authorizes treatment, the employee must pay the medical bills himself

"It frequently happens, however, that, in spite of the importunities of the insurance companies, the employer authorizes treatment by physicians other than those in the insurance clinics or those on the preferred list From this results the practice of 'lifting' cases It is engaged in by the insurance companies to get patients to their own clinics, or to compensation doctors of their own choice, and by the compensation specialists themselves They not only attempt by anticipatory contracts to take business from the general practitioners, but after cases are being handled by the general practitioners, they attempt to persuade employees to forsake the doctors selected and go to those favored by the insurance companies The methods used by insurance carrier thus to secure control of their cases, are frequently reprehensible"

The bulk of compensation practice is made to flow through the insurance company clinics and the doctors who specialize in this type of work There are, however, many cases, some long continued, which are treated by doctors who are not in continuous relations with the insurance companies When such treatments are given two questions arise (1) Has the employer authorized a particular doctor to treat his injured workmen, and (2) Is the bill rendered by such doctor reasonable?

"To the physicians who specialize in compensation work, the obtaining of business has become almost as important as the treatments themselves Many different factors play their part The rewards are so great that doctors compete with each other for business Many of them advertise, many of them pay commissions or give other considerations for business sent to them In the past, instances have not been infrequent of doctors splitting fees with the insurance company adjusters who assigned cases for treatment

"Specialization and expertness are confined to relatively few physicians A lay commissioner like myself should hesitate to express positive opinions on this score I have had brought to my attention, however, a considerable number of cases in which it was apparent that injured workmen did not receive from the compensation clinics the expert treatment to which they were entitled

"The research group of the Committee on Traumatic Surgery, appointed by the Board of Regents of the American College of Surgeons, in a report made in October, 1926, raises serious doubts as to whether a considerable percentage of the medical payments under compensation laws is not being wasted The conclusions of the research group pertinent to the matter under discussion are as follows

"A careful study of a large amount of statistical data justifies the statement that there is a definite tendency on the part of many physicians to retain cases and treat them whether beyond their surgical skill or not, and we see a definite disinclination to seek consultation or render cooperation

"Thirty-seven thousand examinations of claimants for compensation are annually made in New York City by the Medical Division of the Department of Labor The annual total of the examination throughout the State is fifty-four thousand The Law provides (Section 9) that 'an injured employee claiming or entitled to compensation shall submit to such physical examination as the Commissioner or the Board may require.'

"I recommend that the law be amended so that no physicians other than the State doctors—that is, no physician representing either the employer or the employee—be permitted in the examining rooms of the Department of Labor during the examination of claimants and the dictation of medical reports

"The manner in which the Medical Division of the Department of Labor now functions by reason of the provision of the law permitting the presence of carriers' physicians, affords greater opportunities and more pressing invitations for fraud and improper relations than does any other phase of the administration of the Compensation Act Of the physicians who specialize in compensation work and who appear before the Department continually, ten are doctors who have been attached to Dr Lewy's staff Their experience in compensation medicine was gained as employees of the State and they then graduated to enter the service of carriers and employers and to enjoy incomes in comparison with which the salaries paid by the State are beggarly pittances

"Successive reports by Dr Lewy have called attention to the fact that medical examiners are grossly underpaid and that it is therefore difficult to secure and retain the services of qualified men The Chief Medical Examiner receives ten thousand dollars a year Salaries for the doctors on the staff have been low The Legislature at its last session raised the stipend to five thousand dollars Although some of Dr Lewy's associates have been in the service of the Department for years, and others have had practically no experience, they all receive the same salary It is hardly necessary for me to say that, under such conditions, the services of properly qualified men cannot be retained, and that the rigid uniformity which the Legislature has ordained reduces the morale and efficiency of the staff

"Certain physicians representing claimants had been guilty of perjury It is obvious also to those intimately concerned with the administration of the compensation statute that certain specialists employed by the carriers file reports which are briefs for their clients rather than expert opinions of injuries which have been sustained The unscrupulous qualities of a physician are sometimes so well known that the referees and the Industrial Board will not accept his opinions if there is available any contrary medical testimony, even from an unknown physician The danger is that in some cases there is no opposing testimony

"The insurance carrier has no legal right to require the employer to send his injured workers to a certain physician Authorization by the employer even though it may be against the wishes and instructions of the insurance carrier, is sufficient to make the carrier liable The only recourse of the carrier if the employer insists on authorizing unsatisfactory physicians, is to cancel the insurance policy on the ground that the employer has failed to cooperate with the company

"Doctors and medical societies made strong representations to me that there should be a 'free

choice of physicians'—that, the injured worker should be permitted to select his own doctor I cannot but believe that such a free choice of physicians would have greater evils than has the present requirement of the law The insurance carriers have to take precautions now against over-treatment by the compensation specialists They would be almost helpless against over-treatment by doctors freely chosen by claimants Even with a schedule of low fees, medical costs would mount rapidly

"One referee in the Department of Labor passes on questions of authorization and the reasonableness of the bills submitted by physicians who do not specialize in compensation work Physicians who collect their bills through the Industrial Board are almost unanimous in their criticisms of the procedure and of the attitude of insurance carriers Of course, much is said in exculpation of the insurance carriers Even the president of one of the medical societies which protested to me gleefully told me of a bill which he had presented to an insurance company and which he had deliberately made high because he feared that it might be cut down He was fortunate The cut was not so great as he expected

"On the other hand, many reputable physicians come before the Industrial Board with bills that are perfectly reasonable, and are worn out by the procedure of collection Some carriers save considerable sums on their medical costs through requesting adjournments of the medical bill cases or contesting the cases so strenuously that a busy and reputable doctor is unwilling to spend the time and suffer the humiliation which the collection of a bill through the Industrial Board entails This, it seems to me, is a matter which cannot be cured by legislation

"Many reports have reached me of representatives of insurance companies or compensation agencies posing as employees of the Department of Labor The claimant is informed that his compensation will not be paid unless he is attended by a physician approved by the carrier Here the insurance company carries one step further the deceit which was referred to above

"Requests were made to me by medical societies and individual doctors to investigate such 'case lifting,' and to recommend methods by which it could be prevented The matter, however, is not one which calls for legislative or departmental action The complainants themselves admit 'that in some instances the carrier was justified in taking the case from the doctor because of the doctor's poor handling of the case and his refusal to cooperate with the carrier' The physicians and the insurance companies must themselves agree on the manner in which the number of unjustified cases can be reduced"

"The law says that medical and hospital fees are subject to regulation by the Industrial Board with the limitation that they shall not be greater than 'such charges as prevail in the same community for similar treatment of injured persons of a like standard of living' This language invites the Industrial Board in conference with representatives of hospitals and the insurance carriers to determine scales which are just and equitable to all parties in interest I simply recommend that this invitation be accepted

"The medical problems under the Workmen's Compensation Act have existed for a long time. Seven years ago a committee on medical questions reported 'that a little more mutual understanding on the part of the doctors, employers and insurance carriers, a little patience and common sense on the part of the administrators and a few minor amendments to the Workmen's Compensation Law, would straighten out a majority of the complaints and remedy most of the abuses'

"I disagree completely, however, with the statement 'that a little more mutual understanding' will 'remedy most of the abuses' My conviction is that the situation demands a thorough exploration by the medical societies which have the interests of the medical profession at heart The doctors should themselves draw up a code of ethics defining what is, and what is not, permissible in the way of advertising and soliciting business The medical societies should determine what practices in respect of the sharing of fees are ethical, and what are not ethical, they should determine how far doctors may lend themselves to the lifting of cases and other objectionable practices by insurance companies The situation in these respects cannot be cleared up by legislative or administrative action A few amendments of the law seem desirable, but the Legislature cannot change the hearts of insurance companies, or make doctors more ethical The matter, nevertheless, is of great concern to the State in its efforts efficiently and equitably to carry out the purposes of the Workmen's Compensation Act

"There is no specific provision in the statutory law of New York against corporations practicing medicine The common law of the State, however, when considered in connection with the provisions for the examination of physicians before they are licensed, and annual registration (Public Health Law, Sec 161) make it *ultra vires* for a corporation to attempt to practice medicine.

"Apart from the insurance clinics, there is only one corporation concerned with furnishing medical care under the Workmen's Compensation Act This is the Wolff Industrial Service, Inc The only clause of its Certificate of Incorporation relevant to the principal activities of the Wolff Industries Service, Inc, is as follows

" 'To recommend, furnish and to procure as such agent, physicians and surgeons to such employers or insurance companies or others in event of accident to employees or otherwise'

"Existing conditions, it seems to me, can only be improved through action by the doctors them-

selves The doctors can only take this action through their associations which attempt to elevate the standards of the medical profession Except to the limited extent that I have indicated above, the situation cannot be improved by legislation or by the administrative officers of the Bureau of Workmen's Compensation

"I recommend also that copies of the present Report be sent to all the County Medical Societies in the State, and to all groups of doctors who have affiliated because of special interest, and that you urge upon these societies the desirability of their careful consideration of the matters which I have called to your attention"

THE POINT OF VIEW OF THE INSURANCE COMPANIES

By MR. JOHN F TURN, AETNA CASUALTY AND INSURANCE COMPANY

The point of view of the Insurance Companies was presented in a paper written by Mr John F Turn, Vice-President of the Aetna Casualty and Surety Company and read by Dr Harry M Archer of the Company The following extracts indicate the attitude of the Company

"'The insurance carrier believes that compensation laws are an economic necessity, and that only through the passage of such laws could industry carry the major portion of the expense of injuries or death to employees in the course of their employment It was public demand that industry bear this burden that forced the passage of such laws The first law passed was the United States Federal Law for Federal Employees, in 1908, and Compensation Laws are now operating in most states The New York State Law has now been operating since July 4, 1914'

"Every business, whether it be conducted by an individual, partnership or corporation, is entitled to a reasonable profit on its undertakings This principle is recognized in the rate-making processes for insurance charges, save and with the single notable exception of the compensation business, there being no element of profit in its rate structure This condition makes compensation insurance an unattractive line to write in so far as underwriting profit is concerned, yet all substantial carriers believe it a duty to have a part in this great work of providing compensation for the injured workman or his dependents

"The insurance carrier must seek the best of medical and surgical service for injured workmen, for the economic reason that the quicker the injured workman returns and assumes his occupation, the sooner compensation payments terminate The insurance carrier owes a duty to the employer to not only efficiently administer the Compensation Act, but also to avoid waste and unnecessary expense, since all costs, including claim payments and compensation and medical, surgical and hospital costs, affect the rate of premium paid by the employer for his insurance Therefore the carrier seeks to obtain the medical and surgical attention required by the injured workmen at a reasonable and fair level of the fee cost, and when such fee, in any case, has been agreed upon, and the doctor has filed on forms provided by law, the necessary detailed information, the payment by the carrier of the doctor's bill is reasonably prompt and definitely certain

"The amount of compensation to be paid is fixed and defined by law, and therefore in the make-up of the rate the use of experience tables enables the companies to very closly estimate how much premium is required for the payment of compensation Medical and surgical fees not being on a level basis create a problem in estimating what these charges should be in the make-up of the rates To administer the provisions of this law with satisfaction to all concerned is a real problem We must provide efficient and satisfactory medical service, and to do this we must maintain satisfactory relations with the medical and surgical *profession* Therefore, speaking as an officer of one of the insurance carriers, I say we need your helpful cooperation to administer the law faithfully and satisfactorily, at the least possible cost commensurate with good service"

WHAT THE DOCTOR WANTS

By MORRIS ROSENTHAL, M D, NEW YORK, N Y

Dr Morris Rosenthal of New York, member of the committee on Medical Economics of the Medical Society of the State of New York, made an analysis of the basic elements concerned in the administration of the Workmen's Compensation Law, and said

"The Workmen's Compensation Law is primarily an instrument to safeguard the employee

in his comparatively defenseless and dependent situation, and was not intended to earn money for insurance companies, nor to add to the doctor's income But, whatever its original purpose, it has inevitably become an important money-making feature of the industrial scheme, it has added to the amount of professional labor the doctor is called upon to do, and it has added immensely to the combined professional income For these reasons, it has become a problem involving the destinies of employees, employers, carriers, and doctors alike

"The employer is primarily concerned with the usefulness of the employee as a worker Any added provision the employer made for the employee in the way of education or comfort was for the purpose of making the worker more useful to him There may be individual employers whose acts are motivated by a higher idealism who have a humanitarian as well as a commercial conception of their power, but on the whole, the employer, to use his own locution, 'is not in business for his health' He pays for labor, and he wants full value for his money

"The great majority of improvements that have come about in the working life of the employee, have been the result of labor-union pressure upon the employer, or, when they have been initiated by him, it was because they made for greater efficiency of the worker, who was thus enabled to produce greater profits for the employer There have been individual exceptions, based upon outstandingly and rarely idealistic concepts in the employer

"Now, as to the insurance carriers, their own spokesmen will not pretend that insurance companies are in the business for anything but the making of profits Company shareholders are concerned primarily with the annual balance sheet, and not at all with a code of ethics beyond the getting of business and the making of profits And here, too, it is sheer ignorance to imagine that insurance companies will employ any instrument, from the humblest office girl to the industrial surgeon that will not reflect itself favorably on the annual balance sheet Naturally, they will make it their efficient business to get the best office girl for the least money, and the best surgeon obtainable for the least money

"And now for the third element in this industrial tangle, the doctor He is the most elusive factor in the situation, the most difficult to adjudge and the most difficult to adjust His professional contacts are based upon the conviction that everybody knows the traditions upon which he rests, and which invest him with a do-not-touch-me quality These traditions embrace a heritage of service, of sacrifice, of achievement and of humanitarianism They also embrace a traditional disregard for uninformed public opinion, which consistently over-estimates the doctor in some directions, and under-estimates him in others, unless it remains in complete ignorance of what he stands for But whatever the attitude of the public may be toward the doctor, it carries an emotional content which the doctor has utilized in one way or another He has also made sound and effective therapeutic use of this emotional element which has at times carried him to idealistic heights rather beyond the reach of men in other walks of life Not only has the individual doctor been a rather more than average decent human being, but he has been upheld by the code of ethics of his group as well Incidentally, one may as well stress at this point one of the provisions of that code Provision 5 of the code states that, 'a physician, as a member of a liberal profession, should found his expectations of employment on his professional attainments and character, and not on methods resorted to in trade'

"It will be readily seen that a code of ethics that aims deliberately to make the doctor unworldly and uncommercial, in a world whose very structure is based upon exactly contrary principles, is going to create in this problem of industrial medicine, its own special difficulties So much for underlying attitudes

"These are some of the charges brought against the profession by the insurance carriers

"1 That the average general practitioner is not equipped to do compensation work

"2 That, by his incompetence, he causes loss to the employers by prolonging the period of incapacity of injured employees

"3 That he overcharges and deliberately prolongs treatment to run up a big bill"

"It is debatable which attitude is the more damaging to the patient,—that of the doctor, who, while he may not have had special compensation training, has yet the traditional sense of responsibility for his patient, or that of the carrier, to whom, to quote Professor Rogers, 'the consideration of reasonable bills is much more important than efficient treatment' It is debatable whether such evils as money losses to insurance companies are more or less far-reaching than the evil of destroying the confidence of the public in the doctor

"The doctor maintains that, to discredit the profession, even if only by implication, is an evil whose reverberations no man can foretell A doctor's usefulness to his patient is not limited to the application of his technical knowledge. It is because he personifies and symbolizes for the patient strength and dependability and help in time of trouble that he is more useful to him. To lift a case from a doctor is, by inference, and perhaps not by inference alone, to plant in the patient's mind a distrust that may easily extend to the whole profession

"Is it not possible to introduce into the medical schools courses in compensation surgery for

students, and similar courses into the post graduate schools for practicing physicians, so that medical men generally may get this training? One must leave to the surgeons the detailed working out of some such plan as this, but if there is a sufficient number of qualified men, is there any reason why the workman should not be permitted a free choice of physicians? That, with the modification as to training, is one thing that the doctor wants

"There are then two things that the doctor wants

"1 That he be able to qualify himself, if he so desires, to do compensation work

"2 That the workman be allowed a free choice of physicians so qualified

"Given the desire to cooperate, constructive ways of meeting and overcoming the evils that have resulted from the practical working out of the Workmen's Compensation Law may be found But the desire must be there, and that will only come of the ability to evaluate psychologically the present chaos, and the vision to forestall further disaster in the future"

A COMPENSATION BUREAU—COLLECTING FOR MEDICAL SERVICE

By W WARREN BRITT, M D, TONAWANDA, N Y

Dr W Warren Britt, Chairman of the Committee on Medical Economics of the Medical Society of the State of New York, made some practical suggestions based on his four years of experience as chairman of the Committee on Economics of the Medical Society of the State of New York He reviewed the work which his committee had done through the Compensation Conference which was described in this JOURNAL of March 1, 1928, page 276, and the legislation which was proposed for the connection of defects in the administration of the medical part of the Workmen's Compensation Law Dr Britt offered three conclusions

"First Organized medicine recognizes that there are many defects in the working of the Workmen's Compensation Law, both within and outside of the medical profession, but it is unwilling to assume responsibility for these defects unless it is officially recognized in an at least advisory capacity

"Second We approve, and steps have been taken to provide post graduate courses in any County Society that so desires—post graduate courses in workmen's compensation technique and treatment This work will be fostered by the Medical Education Committee of the State Society, and steps are already taken and being provided to furnish such a course for any County Society that will take it

"My third proposition is this If it is true that insurance adjusters have saved insurance companies $800,000 per year by reducing the bills rendered by physicians, I say, if that is true, would it not be a logical business proposition for the Medical Society of the State of New York to maintain a Workmen's Compensation Reference Bureau, with a capable executive, a full-time executive, such a man as the American Telephone and Telegraph Company might employ, or some other large industry? Do we not need some advice from a trained executive to help solve some of our physical problems?

"It is too much for this State Society to ask any man who depends on his practice for his living to give us days and weeks of his time helping to solve these problems It would be far better to employ an able executive who could do this work or assist in this work under our direction much better than we can do it"

GENERAL DISCUSSION

The program was closed by a general discussion by seventeen doctors representing nearly all medical groups interested in Workmen's Compensation, from those having only two or three cases a year to those handling over four thousand annually One doctor represented a manufacturer, two represented insurance companies, two were from the State Department of Labor, one did a consulting practice, while eleven were physicians in private practice In general the six physicians connected with the manufacturers, the insurance companies, and the State Department of Labor defended the administration of the Workmen's Compensation Law, while the eleven in private practice criticized it adversely

Five physicians resented the statement that any doctor could be incompetent to treat injured workmen, and one resented the suggestion that a graduate course of instruction in traumatic surgery should be offered by the Medical Society of the State of New York

The principle of free choice of physicians was

in his comparatively defenseless and dependent situation, and was not intended to earn money for insurance companies, nor to add to the doctor's income But, whatever its original purpose, it has inevitably become an important money-making feature of the industrial scheme, it has added to the amount of professional labor the doctor is called upon to do, and it has added immensely to the combined professional income For these reasons, it has become a problem involving the destinies of employees, employers, carriers, and doctors alike

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EDITORIAL

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Next Annual Meeting in Utica, June 3-6, 1929

For list of officers of County Medical Societies, see this issue, advertising page xxxii

SCHEDULES OF PUBLICATION

This issue of the JOURNAL contains 96 pages, of which 38 are devoted to advertisements, 9 to the program and plan of the annual meeting, and 30 to scientific articles It is probable that some of the future issues will also consist of 96 pages, for the Editors and Publication Committee plan to complete the publication of all the 1928 State Meeting papers before the meeting of this year

Any schedule of publication is subject to unexpected changes For example, the report of the forum on Workmen's Compensation conducted by the New York County Medical Society constituted a complete review of the subject, and it is therefore published on page 456 of this issue Another forum was on the subject of the relation of physicians to lay health organizations, and it too will be printed in the near future.

unanimously upheld, although there was a division over the question of permitting the State Department of Labor and the insurance companies to have consultants examine the cases

Examples of padded bills and excessive charges were given by the physicians of the insurance companies and manufacturers, and the practice of lifting cases from family physicians was both condemned and upheld

Situations sometimes developed which were both embarrassing and amusing For example, a physician employed by an insurance company told of a case of broken arm that slept in a hospital but went home during the day To demands of "name the hospital," the doctor finally said that it was in New Jersey

Dr Raphael Lewy, Chief Medical Examiner of the State Department of Labor, defended the need of expert consultants in a large proportion of traumatic cases He was racy and at times radical In closing he said

"If you want to stop all the argument on the entire question, and I made this statement over twelve years ago, if the foundation of this law is really and honestly meant for the welfare of the workmen, then from the moment that the individual is injured, or from the moment he is disabled in consequence of vocational illness, he is part of the State He should be placed in a State hospital He should be treated by State physicians He should be operated on by State surgeons His case should be consulted by State consultants, and there will be no argument, and the insurance must be State insurance, and then every case will be compensable, and every case will be paid for

"My suggestion is actually based upon a logical possibility Possibly it is not so easy to carry out as I tell it to you, but I say, it can be carried out, and if it could be carried out, it would be carried out This thing would be absolutely unapproachably perfect.

"Until then, when you are dealing with the claimant, the employer, the insurance carrier, and the State Industrial Commission, it is not easy

"But for you, the important point is this Leaving out all the argument this evening, disassociating yourself from everything, all you want is this The individual workman shall have a right to select his own physician, and that physician should have a right to treat that case until it is legitimately finished That you do want I endorse it at this moment, too"

Dr Archer made the following announcement

"To make something constructive out of this meeting, I desire to inform you that the Medical Department of the Aetna Life Insurance Company would be very glad to meet any committee that you might care to send down, or we will meet them at any place that your committee may designate, and let's see if we can't get together and thrash out this thing, and arrive at some decision that will be agreebale to every one"

Chairman Bancroft replied

"In conclusion, I think Dr Archer hit the nail on the head It seems to me, with people all vitally interested, if this committee can get together with certain insurance companies and start the ball rolling, the others will follow"

cially that dealing with the report of Professor Lindsay Rogers who was an independent investigator appointed by the Governor He goes to greater length than the doctors in pointing out instances of stealing cases from doctors and of other illegal acts But he takes the stand that the greater part of the defects in the administration of the law cannot be remedied by legislation, but the remedy consists in elevating the standards of the medical profession His conclusion seems to be that the causes of complaint will be reduced to a minimum when the doctors conform to the standards of practice and procedure required by the State Department of Labor If the doctor does this, the insurance companies will find little ground for disputing his bills

THE ANNUAL MEETING

The Committee in charge of the annual meeting of the Medical Society of the State of New York has made tentative plans for the sessions to be held on June 3-6, in Utica The multiplicity of engagements which burden New York physicians hinder the committees in their work of making up the final program down to its fullest detail However, the main features of the meeting are settled

The afternoon and evening of Monday, June 3, and the morning of Tuesday, June 4, will be devoted to the House of Delegates

General scientific sessions will be held on the afternoons of Tuesday, June 4, and Wednesday, June 5

The eight scientific sections will hold their meetings on the mornings of Wednesday, June 5, and Thursday, June 6

The programs of the scientific meetings are printed on page 474 of this issue of the JOURNAL

Attention is also called to the commercial exhibits, a description of which is found on page 477 and the pages following

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Colonel Gorgas and the Panama Canal The JOURNAL of April, 1904, records the proceedings of several County Medical Associations The record for the Monroe County Association reads

"Dr Bleecker L Hovey, a member of the Legislative Committee of Munroe County and American Medical Association, presented the following preamble and resolution

"Whereas, The United States of America is about to undertake the construction of a ship canal across the Isthmus of Panama, and a commission is about to be appointed for the supervision of the work, and

"Whereas, The experience of recent years has demonstrated the beneficent result to life and health in tropical climates of scientific sanitation under professional supervision, without which the construction of such a canal will be attended with unnecessary loss of life and impairment of health of those engaged in the work,

"Therefore, Resolved, That the Hon Theodore Roosevelt, President of the United States, be and is hereby respectfully petitioned to appoint upon the Panama Commission a representative of the medical profession of such attainments and experience in scientific sanitation as to guarantee appropriate professional supervision thereof, and further

"Resolved, That the name of Col W C Gorgas, a surgeon of the United States Army, be and is hereby respectfully presented as such person

"Colonel Gorgas is a man who is eminently fitted for this position by reason of his long experience in southern climate, and is especially qualified to deal with disease of such climate

"Resolved, That a copy of this resolution be sent to the President of the United States, to each of the United States Senators of the State of New York, and the Representatives in Congress from this district

"On motion, the foregoing preamble and resolution was adopted by the Monroe County Medical Association."

WORKMEN'S COMPENSATION

The medical aspects of the Workmen's Compensation Law are widely discussed among physicians While the administration of the law is generally satisfactory to workmen and employers, to insurance companies and the State, and even to physicians who specialize in compensation cases, yet physicians who see few or no compensation cases are generally dissatisfied, and one reason for their dissatisfaction is their unfamiliarity with the procedure that must be followed in collecting bills

A doctor is not likely to look up the law until the time comes for him to render a bill, and then he is irritated because the Compensation Commission asks him questions which he cannot answer clearly because he is not accustomed to keeping the records or making the reports of the progress of the cases which every public institution requires Hospitals have great difficulty in securing histories from the attending physicians, and the difficulty is even greater with the average physician who treats few compensation cases

The procedure which a doctor must follow in order to be in a position to collect a compensation bill promptly is clearly set forth in this JOURNAL of April 1st, page 395, by Dr J N Vander Veer, president-elect of the Medical Society of the State of New York If doctors would read these requirements and follow them, they would have little difficulty with their bills for compensation cases

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The largest group of complaints that come to the attention of the Medical Society of the State of New York originate with physicians who treat only occasional cases These physicians often fail to realize the fundamental principles underlying their treatment of an injured workman, and the distinction between cases treated under the law and those in private practice

A doctor treating a compensation case must realize that in addition to the injured person he is accountable to the employer, the State Department of Labor, and the insurance company He must inform each of these three parties of his part in the transaction—and that means that he must attend to at least five details

1 He must report every injury promptly

2 He must get an authorization from an employer to treat the injured person

3 He must keep full records of the case, and submit progress notes from time to time as they may be required by the employer, the insurance company, and the State Department of Labor

4 He must be prepared to go on the witness stand and submit to a cross examination regarding the treatment which he has given and the prognosis which may be expected

5 Since the employer, the insurer and the State are all interested in the injured workman, they have the right to demand that the treatment shall be according to the standards accepted by the best hospitals of New York State This means that a doctor shall seek the help of a consultant in every doubtful case He cannot plead the explanation that the patient is satisfied with his treatment, for many a patient is anxious to live a life of idleness and ease at the expense of the employer or the insurance company The physician is expected to estimate the curability of the condition and to advise the patient to submit to reconstructive measures, or he shall estimate the degree of permanence of the disability, and of the loss of the earning power of the patient These kinds of judgments require a special knowledge which the average doctor does not possess because he has had but little experience on which to base his judgment Hence, the average physician is expected to seek consultation and advice early in the course of the treatment.

Every case which comes under the Workmen's Compensation Act is a State case, and its public aspects must be recognized by the physician The requirements of the State are irksome to the family doctor who considers himself accountable to his patient only If the physician will recognize the public aspects of compensation cases, his dealings with the State Department of Labor will be as satisfactory as those with the State Department of Health

The relation of insurance companies and the employers to physicians has not been entirely satisfactory, as one may readily see by reading the abstract of the New York County forum, espe-

cially that dealing with the report of Professor Lindsay Rogers who was an independent investigator appointed by the Governor He goes to greater length than the doctors in pointing out instances of stealing cases from doctors and of other illegal acts But he takes the stand that the greater part of the defects in the administration of the law cannot be remedied by legislation, but the remedy consists in elevating the standards of the medical profession His conclusion seems to be that the causes of complaint will be reduced to a minimum when the doctors conform to the standards of practice and procedure required by the State Department of Labor If the doctor does this, the insurance companies will find little ground for disputing his bills

THE ANNUAL MEETING

The Committee in charge of the annual meeting of the Medical Society of the State of New York has made tentative plans for the sessions to be held on June 3-6, in Utica The multiplicity of engagements which burden New York physicians hinder the committees in their work of making up the final program down to its fullest detail However, the main features of the meeting are settled

The afternoon and evening of Monday, June 3, and the morning of Tuesday, June 4, will be devoted to the House of Delegates

General scientific sessions will be held on the afternoons of Tuesday, June 4, and Wednesday, June 5

The eight scientific sections will hold their meetings on the mornings of Wednesday, June 5, and Thursday, June 6

The programs of the scientific meetings are printed on page 474 of this issue of the JOURNAL

Attention is also called to the commercial exhibits, a description of which is found on page 477 and the pages following

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Colonel Gorgas and the Panama Canal The JOURNAL of April, 1904, records the proceedings of several County Medical Associations The record for the Monroe County Association reads

"Dr Bleecker L Hovey, a member of the Legislative Committee of Munroe County and American Medical Association, presented the following preamble and resolution

"Whereas, The United States of America is about to undertake the construction of a ship canal across the Isthmus of Panama, and a commission is about to be appointed for the supervision of the work, and

"Whereas, The experience of recent years has demonstrated the beneficent result to life and health in tropical climates of scientific sanitation under professional supervision, without which the construction of such a canal will be attended with unnecessary loss of life and impairment of health of those engaged in the work,

"Therefore, Resolved, That the Hon Theodore Roosevelt, President of the United States, be and is hereby respectfully petitioned to appoint upon the Panama Commission a representative of the medical profession of such attainments and experience in scientific sanitation as to guarantee appropriate professional supervision thereof, and further

"Resolved, That the name of Col W C Gorgas, a surgeon of the United States Army, be and is hereby respectfully presented as such person

"Colonel Gorgas is a man who is eminently fitted for this position by reason of his long experience in southern climate, and is especially qualified to deal with disease of such climate.

"Resolved, That a copy of this resolution be sent to the President of the United States, to each of the United States Senators of the State of New York, and the Representatives in Congress from this district

"On motion, the foregoing preamble and resolution was adopted by the Monroe County Medical Association."

WORKMEN'S COMPENSATION

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which have sufficiently improved to permit surgical intervention, and others which have gone through such intervention (there is no mention of artificial pneumothorax, perhaps because the tuberculosis is presumably bilateral) No particulars of the diet are given in the present article, beyond the withdrawal of salt.—*Munchener medizinische Wochenschrift,* January 4, 1929.

Problems of the Constitution—Professor Julius Bauer deals with the recent reappearance into medical practice of the old theories of constitution, habitus, diathesis, etc It is believed that studies made during the world war on large bodies of troops, prisoners, etc, gave the impetus to this movement Reduced to a formula it amounts to this why do some men escape a given disease altogether, why do some contract it in a mild form, and why do others succumb without a chance? To say that the differences are due to differences in susceptibility and immunity is to utter mere words This brings the whole question down to personal equation without any regard to the possibility of general types It we can divide mankind into somatic types the least we can do is to investigate the relation of these to the various diseases, as has been done by various clinicians with anthropological knowledge, in the past few years The author mentions especially Kretschmer in Europe and Draper in the United States as pioneers and cites his own "status degenerativus" as well as some of the scattered creations of the older clinicians, such as Czerny's exudative diathesis, the status thymico-lymphaticus status hypoplasticus, status asthenicus, etc, etc Endocrine types must stand out as something apart and we must always be prepared to distinguish between the predisposition supplied by the individual and that of the genotype The old doctrines of diathesis were ridiculed out of existence, largely because of the microbian etiology of diseases, and it will be no simple matter to rehabilitate them We can only correlate the habitus of the patient with his morbidity, avoiding all hasty generalization and duplication in nomenclature There must be some agreement as to the criteria of alleged constitutions or habits of body—certain indices used by anthropologists—and if possible only trained and qualified men should make the contributions —*Klinische Wochenschrift,* January 22, 1929

Psychology and Case Histories—G Grund discusses this subject formally from some modern angles, the subject itself being as old as medicine It is possible for the patient to make replies to a questionnaire instituted by the physician in such a way that he tells nothing or tells untruths, and now and then we find a diagnostician who prefers to make his examination first and then tell the patient his past without bothering to ask his side of the case At one period, indeed, the patient's testimony was undervalued throughout, but some clinicians have always insisted that a personal history, if judiciously elicited, is of great value. This belief received a great impetus from the psychological studies of reaction time in replying to questions and from psychoanalysis The author believes that ordinary case history taking should be reformed, a new technique being supplied The memory can be stimulated to recall events, as in psychoanalysis, but the author finds that these latent memory pictures may be complex and not easily resolved, although the very fact that several symptoms are involved simultaneously may throw light on the case The patient's sense of awareness and his ability to recall events are of great value Some patients have a very defective time sense and refer past sensations to the wrong period Doubtless a psychological examination of the patient before taking his history would give us valuable information as to how to conduct the history taking Patients of the introverted type, addicted to self-observation, are predisposed to self-deception, while opposed to this type is one which is largely indifferent to what goes on within the mind When an individual of this type is really taken ill, his sensations may be so novel that he finds it difficult to describe them It is evident that a system of history taking which shall include all of the recent developments of psychology is hardly demanded in the ordinary case, although indispensable in others where diagnosis is obscure or where there is something of special forensic importance—*Münchener medizinische Wochenschrift, January* 11, 1929

Modes of Origin of Diabetes—E Wiechmann asks "how the diabetic gets that way?" Naturally every one knows the ultimate mechanism—the insufficiency of the islets of Langerhans—but how does this insufficiency come to pass? Two main groups of diabetics have been distinguished which are more or less sharply differentiated In the minority group the blood pressure is normal or lowered, while in the larger division it is heightened This subdivision is largely also one of age periods for in the first group the average age is much lower than in the second, the former containing few young people But still more weighty are the differences in the pancreas, for in Group I this organ is mostly normal even under the microscope, while in Group II it is the seat of more or less sclerosis, which is associated often with atherosclerosis of the

MEDICAL PROGRESS

Grippe and Its Prophylaxis—R. von der Velden, discussing the present outbreak in Berlin, writes "grippe epidemic" in quotations as if skeptical as to the diagnosis He writes at great length and concludes that in order to fix the autonomy of influenza an international accord is necessary, suggesting that the League of Nations assume the initiative We do not know enough about these conditions to formulate a rational prophylaxis nor is there a rational treatment—there is a great disagreement about alcohol for example The role of sinus complications is uncertain (the author is silent as to the theory that much clinical influenza is nothing more than an ordinary cold plus sinus infection and lack of drainage) In discussing the epidemiology the author is also silent as to the claims of adherents of the old air-borne theory which is again cropping out Even the long world history of the disease has its opponents, as the author does not believe there is any certain evidence of a pandemic before 1510 No other affection has ever shown such extremes of mild and malignant incidence In most countries there seem to have been endemic foci, the country at large remaining immune for decades Thus the disease was endemic in Minnesota long before the pandemic of 1890

In the same number of this journal is an article by P Schmidt on the prophylaxis of grippe, and in this article also the author is somewhat skeptical If the malignant type is rampant we must of course make use of the most drastic of measures against contagion Schmidt, who is at the head of the Hygienic Institute at Halle, is evidently a near-believer in the Pfeiffer influenza bacillus as the cause of true influenza and would be guarded largely by what is known of this organism He states that it can pass to some extent (15 per cent) through the porcelain filter, that it is at its maximum virulence in the first few days of the disease, that it has been made to transmit the disease from person to person experimentally, etc—*Deutsche medizinische Wochenschrift,* January 25, 1929

Finikoff's Method in the Treatment of Surgical Tuberculosis—A Aimes refers to the original paper by A Finikoff in the *Revue de Chirurgie,* No 5 1927, which details a method of treating local tuberculosis with peanut oil to stimulate the production of lymphocytosis and lipase formation in the blood, plus iodine as a stimulant of leucocytosis and as an antibacillary remedy, and finally the salts of calcium The iodine, in a concentration of 1 part to 10 in the oil, is injected intramuscularly once a week and but for one circumstance no calcium salts would be indicated Between the oil and iodine the envelope of the bacilli is dissolved and the organisms fall a prey to the leucocytes, but at the same time fatty acids are set free and would cause an acidosis if not neutralized by the lime salts—in fact the acids without this neutralization exert a decalcifying action on the system The present article is brief and refers chiefly to cases of adenitis, tuberculous ulcers, osteoarthritis, and tuberculous rheumatism socalled The results were mostly good although not startling Enlarged lymphnodes were always reduced in volume and occasionally completely so, although time was required and other resources were sometimes employed The cases of osteoarthritis were of a severe type but the new treatment seems to have prevailed in 3 out of 4, in the fourth case the author believes that he saved a limb from amputation although the white swelling of the knee was but little influenced The results on the whole do not seem superior to those reported by Rollier and others with heliotherapy and ordinary surgical management, but the treatment may prove of value as a synergist and is easy to supervise—*Le Progrès Médical,* January 12, 1929

Salt Free Diet in Tuberculosis—G Baer, A Herrmannsdorfer, and H Kausch refer to an attempt made in 1925 by Sauerbruch and others to establish a special diet for the tuberculous Although this plan aroused much opposition the course of time seems to have shown its justification The good reports apply not only to pulmonary tuberculosis but to surgical forms and to lupus and other tuberculides—in this latter group the writer says that results have been nothing less than startling In the present paper the authors deal with a hundred cases of pulmonary tuberculosis extending over 3½ years The principles underlying the diet comprise salt privation, transmineralization, acidosis, vitamins, etc. It is difficult to carry out a strict regimen in pulmonary tuberculosis and also to check up on benefit, and the authors have made use of serial rontgen plates in the latter connection. There is no intention of limiting treatment to diet and all useful remedial procedures are employed Four quite distinct types of the disease are isolated, viz, the febrile exudative form with severe general participation, the fibroid form with fresh exacerbations, cases

Kaiser found the test positive in 75 per cent of the cases In a group of 30 patients with rheumatism and heart involvement the writer found the test positive only about half as often In going through the histories of these patients he found that 12 who had been receiving large doses of salicylates reacted negatively It was also noted that cases showing a definite history of rheumatic infection some years previously, but with no evidence of recurrence of recent date, frequently were also negative to the test In this respect it would seem to be different from the tuberculin test, in which, once there has been infection, the allergic phenomenon of a specific nature persists If a positive reaction, on the other hand, indicated susceptibility to infection with the streptococcus isolated from rheumatic fever its clinical usefulness could be easily understood Kaiser felt that it did not indicate susceptibility, because of its being positive in the presence of and persisting after acute rheumatism However, it is known that rheumatism does not produce immunity and one would not expect it to act as does scarlet fever or diphtheria with the Dick or Schick tests A large percentage of positive reactions were present in children who had had chorea This might be accounted for by the fact that these children had not had large doses of salicylates In a small group having no evidence of rheumatism only one gave a positive reaction A family history of rheumatism seemed to have very little relation to the reactions Further study is needed to determine the exact significance of this test and the factors which influence it —*Canadian Medical Association Journal*, February, 1929, xx, 2

The Combined Hypoglycemic Action of Insulin and Sodium Borate —Drs M Loeper, Ravier, and Tonnet contribute a brief article on this subject It has been known since 1926 that sodium borate has a hypoglycemic action, which while slight in health is quite pronounced in disease (although far from constantly present) A series of experiments has shown that this action is due to the boron radicle and not at all to the sodium The authors have now made comparative tests of straight insulin and insulin plus the borate on four diabetic patients In two patients the combination was seen to be superior to plain insulin, while in a third the action was the same and in the fourth the plain insulin was slightly superior On the whole it may be worth while to make further trials of the combined treatment The rationale of the new method is obscure, but we know that in the case of certain salts of cobalt and nickel combined with insulin positive results have also been obtained It is probable that these salts exert their activity directly on the liver or pancreas, although the action may be only symptomatic—thus the action could be exerted on the kidneys, nervous system, etc However, if the reader studies the table published by the authors, he will fail to feel quite the same enthusiasm over the figures The material is very small and the results from insulin alone do not seem to be notably inferior to those from the combination The variation seen in simple insulin treatment is sufficiently great to throw doubt on the role of the borate in these cases —*Le Progres Médical*, February 2, 1929

The Prevention of Gallstones —E Stanley Ryerson points to the fact that gallstones are formed of a series of laminated layers of various substances, chief of which are cholesterol, bile pigment salts, and calcium The laminated character of the stones may be explained by periods of high blood cholesterol, and the life history of the patient may show mild attacks of cholecystitis It seems probable that there is a combination of infection and biological change going on at the same time, and often the latter is the chief factor It is known that the blood cholesterol is increased during pregnancy and gallstones are of frequent occurrence in women who have borne children Medical men should therefore be on the look-out for any indication suggesting cholecystitis between the ages of eighteen and forty-five Formerly mild attacks of cholitis were too often diagnosed as "acute indigestion" or 'bilious attacks" If an early cholecystitis is diagnosed, advice should be given which will help to reduce the amount of cholesterol in the system The chief means of accomplishing this is by eliminating from the diet such articles of food as the yolks of eggs, cream, liver, brains, and animal fat The quantity of food taken should be such that no increase in weight occurs The tendency to biliary stasis should be prevented by breathing exercises, engaging in some sport or walking, and by taking magnesium sulphate on rising in the morning, graduating the dose so that diarrhea is not produced The prevention of biliary stasis will reduce the chances of infection Hurst has recently shown that the administration of urotropin and alkalis produces satisfactory results in cholecystitis The patient is given two mixtures to be taken together after breakfast, after tea, and 10 p m , a glass of milk being drunk after the last dose to prevent gastric irritation The first mixture consists of a drachm each of sodium bicarbonate and potassium citrate in an ounce of water, and the second of 100 grains of urotropin in an ounce of water The first day an ounce of the alkaline mixture is taken with half an ounce of the urotropine mixture, the latter is increased by a drachm each day until a full ounce is taken The double mixture is then taken daily for several months, occasionally interrupting the urotropine for a few days, after which the dose is again gradually raised from 50 to 100 grains —*Canadian Medical Association Journal*, February, 1929, xx, 2

vessels of the gland Of the various criteria which distinguish the two groups the most importance is attached to the blood pressure The author has studied especially the state of glycolysis in victims of hypertension, both essential and symptomatic He found an undoubted relationship between this condition and anomalies of sugar metabolism, but the kind of hypertension cut no figure—any hypertonic, he says, is a latent diabetic He therefore assumes that the islets are involved through their blood vessels In the other group of young persons without rise of blood pressure, we can best assume an hereditary insufficiency of the islets with a strong family taint of gout, obesity, or other metabolic anomaly However, over and above these two groups, there are a number of minor etiological groups, such as the syphilitic, the traumatic, the post-infectious, etc , in which the pancreas may be the seat of special lesions There is a type secondary to gallstone disease in which the process has extended to the pancreas, and the author devotes much space to its discussion —*Munchener medizinische Wochenschrift,* January 18, 1929

The Insulin Fattening Cure and Hyperthyroidism.—F Hogler, assistant to Professor W Falta of Vienna, contributes a brief article on this subject It will be recalled that Falta was the first to employ insulin in forms of emaciation and that numerous brilliant results were reported although it soon became necessary to select carefully the cases for treatment Negative results are obtained in cachexias of all kinds, in febrile patients, and in some other groups Hitherto no detrimental by-action has been noted, but now the author has placed on record two cases in which a hyperthyroid syndrome developed while the subjects were under the insulin treatment for emaciation Before resort to insulin the author always makes trial of the sugar fattening treatment and when this fails proceeds with the insulin The first patient was a woman of 35 in whom the hyperthyroid syndrome appeared in such a burdensome degree that the insulin was discontinued The basal metabolism was found to have risen by 33 per cent and no weight was taken on The hyperthyroid symptoms subsided spontaneously The second case was in a man of 26 At the outset the basal metabolism was found to be subnormal The first insulin course had to be suspended because of an intercurrent attack of angina The second course caused an increase of basal metabolism, with hardly any gain in weight, and the development of hyperthyroidism The administration of insulin was again broken off, and the hyperthyroid symptoms subsided spontaneously, and the basal metabolism again became subnormal Finally the patient put on a few pounds after a two weeks' course of arsenic Apparently there is an erethistic type of lean subject in which the use of insulin can produce hyperthyroidism like thyroxin itself, in other words, it activates the thyroid to increased hormone production These results may be predicted, it would appear, if there is initial subnormal basal metabolism —*Klinische Wochenschrift,* January 29, 1929

The Treatment of Arthritis, Rheumatism, and Neuritis with Chemotherapy and Physiotherapy.—Walter M Bartlett and E Suneson, writing in the *New England Journal of Medicine,* February 21, 1929, cc, 8, emphasize the fact that in dealing with infectious arthritis, rheumatism, and neuritis the first important duty of the physician is to find and eradicate infectious foci They think it is not too early to predict that the disease will eventually be conquered by chemotherapy Ammonium ortho-iodoxy-benzoate, when given in large enough doses intravenously, can be depended upon to relieve pain and muscle spasm in the majority of cases and thereby gives opportunity for securing marked improvement through physiotherapy Massage and medical gymnastics play a large part in the treatment of arthritis Diathermy and electrotherapy are helpful in certain cases, but in advanced arthritis nothing can take the place of deep muscle massage and active and passive exercises In the presence of septic fever or during the most active stages of toxic arthritis, exercise is contraindicated, but as soon as conditions permit it should be started Deep and vigorous muscle massage is applied daily to all muscle groups to prevent atrophy and spasm due to prolonged inactivity Massage over the joints themselves is not advisable Active motion of joints, in spite of pain and muscle spasm, should be insisted upon Effleurage is always given at the beginning and end of a treatment to improve the circulation and promote absorption The authors tabulate the clinical results in eighteen cases to show the favorable effects of combined chemotherapy and physiotherapy in arthritis and neuritis

Results with Birkhaug's Rheumatic Toxin.—Following the report of Albert D Kaiser on his studies in skin reactions with the toxic filtrate produced by a non-methemoglobin-forming streptococcus isolated from rheumatic fever, A P Hart undertook studies with the same toxin in children, using that supplied by Konrad E Birkhaug The test is made in the same manner as the Schick or Dick test, by injecting 0 1 c c of a 1 in 100 dilution of the toxin The results are read in twenty-four hours A positive reaction is similar to that in a positive Dick test In children having chorea and rheumatic fever

Kaiser found the test positive in 75 per cent of the cases In a group of 30 patients with rheumatism and heart involvement the writer found the test positive only about half as often In going through the histories of these patients he found that 12 who had been receiving large doses of salicylates reacted negatively It was also noted that cases showing a definite history of rheumatic infection some years previously, but with no evidence of recurrence of recent date, frequently were also negative to the test In this respect it would seem to be different from the tuberculin test, in which, once there has been infection, the allergic phenomenon of a specific nature persists If a positive reaction, on the other hand, indicated susceptibility to infection with the streptococcus isolated from rheumatic fever its clinical usefulness could be easily understood Kaiser felt that it did not indicate susceptibility, because of its being positive in the presence of and persisting after acute rheumatism However, it is known that rheumatism does not produce immunity and one would not expect it to act as does scarlet fever or diphtheria with the Dick or Schick tests A large percentage of positive reactions were present in children who had had chorea This might be accounted for by the fact that these children had not had large doses of salicylates In a small group having no evidence of rheumatism only one gave a positive reaction A family history of rheumatism seemed to have very little relation to the reactions Further study is needed to determine the exact significance of this test and the factors which influence it—*Canadian Medical Association Journal*, February, 1929, xx, 2

The Combined Hypoglycemic Action of Insulin and Sodium Borate—Drs M Loeper, Ravier, and Tonnet contribute a brief article on this subject It has been known since 1926 that sodium borate has a hypoglycemic action, which while slight in health is quite pronounced in disease (although far from constantly present) A series of experiments has shown that this action is due to the boron radicle and not at all to the sodium The authors have now made comparative tests of straight insulin and insulin plus the borate on four diabetic patients In two patients the combination was seen to be superior to plain insulin, while in a third the action was the same and in the fourth the plain insulin was slightly superior On the whole it may be worth while to make further trials of the combined treatment The rationale of the new method is obscure, but we know that in the case of certain salts of cobalt and nickel combined with insulin positive results have also been obtained It is probable that these salts exert their activity directly on the liver or pancreas, although the action may be only symptomatic—thus the action could be exerted on the kidneys, nervous system, etc However, if the reader studies the table published by the authors, he will fail to feel quite the same enthusiasm over the figures The material is very small and the results from insulin alone do not seem to be notably inferior to those from the combination The variation seen in simple insulin treatment is sufficiently great to throw doubt on the role of the borate in these cases—*Le Progres Médical*, February 2, 1929

The Prevention of Gallstones—E Stanley Ryerson points to the fact that gallstones are formed of a series of laminated layers of various substances, chief of which are cholesterol, bile pigment salts, and calcium The laminated character of the stones may be explained by periods of high blood cholesterol, and the life history of the patient may show mild attacks of cholecystitis It seems probable that there is a combination of infection and biological change going on at the same time, and often the latter is the chief factor It is known that the blood cholesterol is increased during pregnancy and gallstones are of frequent occurrence in women who have borne children Medical men should therefore be on the look-out for any indication suggesting cholecystitis between the ages of eighteen and forty-five Formerly mild attacks of cholitis were too often diagnosed as "acute indigestion" or "bilious attacks" If an early cholecystitis is diagnosed, advice should be given which will help to reduce the amount of cholesterol in the system The chief means of accomplishing this is by eliminating from the diet such articles of food as the yolks of eggs, cream, liver, brains, and animal fat The quantity of food taken should be such that no increase in weight occurs The tendency to biliary stasis should be prevented by breathing exercises, engaging in some sport or walking, and by taking magnesium sulphate on rising in the morning, graduating the dose so that diarrhea is not produced The prevention of biliary stasis will reduce the chances of infection Hurst has recently shown that the administration of urotropin and alkalis produces satisfactory results in cholecystitis The patient is given two mixtures to be taken together after breakfast, after tea, and 10 p m, a glass of milk being drunk after the last dose to prevent gastric irritation The first mixture consists of a drachm each of sodium bicarbonate and potassium citrate in an ounce of water, and the second of 100 grains of urotropin in an ounce of water The first day an ounce of the alkaline mixture is taken with half an ounce of the urotropine mixture, the latter is increased by a drachm each day until a full ounce is taken The double mixture is then taken daily for several months, occasionally interrupting the urotropine for a few days, after which the dose is again gradually raised from 50 to 100 grains—*Canadian Medical Association Journal*, February, 1929, xx, 2

LEGAL

By Lloyd Paul Stryker, Esq.
Counsel, Medical Society of the State of New York

COLLECTING FROM CLINIC PATIENTS ABLE TO PAY

One of the grave economic problems confronting the medical profession is the increasing number of persons who, though financially able to pay a reasonable compensation for medical services rendered, nevertheless by fraud, misrepresentation or otherwise take advantage of the service rendered by the clinics and hospitals of this state to those who are not financially able to pay for the same

A very interesting case involving the rights of physicians to recover for services rendered to a clinic patient where it subsequently was established that he was financially able to pay for such services, was recently decided in this state This decision is of great interest to the profession generally and therefore, we shall detail the facts at some length

An elderly man presented himself for examination and treatment at the out-patient department of a clinic in a public hospital He was examined by two physicians who advised him that he would have to undergo a surgical operation The man did not consent to this operation, but continued to be treated by these two physicians for a period of over six months Then his condition became such that he was forced to enter the hospital for the operation At no time did he disclose to anyone in the hospital that he was financially able to pay the reasonable value of the services rendered to him both by the physicians and the hospital It was conceded "that he obtained admission to both departments (of the hospital) for the purpose of obtaining both medical and surgical services without charge, and that he had no expectation or intention of paying for the medical and surgical services which were rendered him Whether he secured that service by fraud, or rather, through mistake; the fact remains that, in one way or another, the benefit he received was more than he paid for" When the patient finally consented to the operation in question, he was admitted to the in-patient service as a charity patient and the two physicians in question performed an operation upon him and rendered post operative treatment. He had no financial arrangement with these physicians with respect to the operation, but he did agree with the hospital to pay and did pay the usual though inadequate fixed charge in such cases for room, nursing and post operative care About a month after the operation the patient died and then it became known for the first time that he was worth nearly half a million dollars Upon ascertaining this fact the two physicians who had treated and operated upon this patient very properly asserted a very modest claim against the patient's estate Two questions were presented to the court for decision First, did the physicians in question have a legal claim against the estate and second, whether evidence of the patient's financial standing could be considered in determining the reasonable value of the services rendered. In holding that the physicians had a legal claim against the patient's estate, the court said

"Relying upon the patient's classification as an out-patient, the staff surgeons performed the operation without intention of charging therefor and without any expectation of any recompense from the patient. Personally, these surgeons had no direct contractual relation with the patient. They did not even mistakenly suppose there was any such relation existing They were, in no sense, taking a chance he might some day become able to, or would manage to pay them. They were discharging their own duty to the hospital, and, as it happened, on one mistakenly supposed to be a charity patient * * *

Had these claimant surgeons known this patient was well able to pay, they would have had the right, both professionally and under their arrangement with the hospital in joining its staff, to refuse to treat him gratuitously So, between this patient and the hospital, there was an express contract, and it included part, but by reason of mistake or accident, not all of the service which he received through the hospital from its staff He knowingly accepted this service under the mistaken idea he would not have to pay for anything more than he was asked to pay for Not in fact a pauper, he was only mistakenly classified as such By reason of this mistake—whether due wholly to himself, or in part chargeable to the admitting clerk, does not matter—these claimant surgeons were induced to render him valuable services which they would, probably, not have done had they known the real state of the case. It was not for them to investigate the financial status of the patient They had the right to rely on his classification by the admitting clerk, * * *

I am of the opinion that in equity and good conscience his executors should recompense them * * *"

In holding that the financial ability of the patient was an element which should be taken into

consideration in fixing the reasonable charge of a physician, the court said

"In measuring the value of a lawyer's services, the prominence of his clients can be taken into account An equal, and probably a greater, social bearing is attributed to medical service In order that such skill may be highly developed and well paid, and that the greatest number and the group itself served thereby, it is recognized as a social necessity that those who are quite able to pay, especially, for the best, should pay adequately and liberally, in any case, to avoid the social danger incurred either in allowing those less able or unable to pay, to go about the community in a diseased, untreated condition, or in allowing the skill and equipment of competent medical men to be lessened, or lost to the locality, by inadequate over-all recompense * * *

"From the social point of view, it is immaterial whether the wealthy recipient of medical service is, or is not, unconscious at the time the physician is called, or is in attendance For the same reason, such a person obtaining such sersame reason, such a person obtaining such service in the manner in which this decedent did, is

"Neither of them has any social right to expect such service from such men at the same rate, the inadequate rate, at which it is received by those who have less successfully made use of the opportunity that society affords, or who happen to be forced to avail themselves of the protection of the individual that accrues from the duty of the group to protect itself as a group"

It was therefore, held that the physicians were entitled to recompense from the estate of the patient for the full amount of the claims presented by them

Every principle of equity and justice and every rule of logic is in favor of the decision here made The court recognizes that the practitioners of the great healing art give unsparingly, with no thought of compensation, of their time to alleviate human pain and suffering But the decision also recognizes that physicians are not excluded from the maxim that the laborer is worthy of his hire, and that those who are possessed of adequate financial means should not be permitted to take advantage of the charity which physicians are only too willing to accord to those who cannot pay for their services

The physicians who presented these claims and were successful in having the court recognize them, have done a signal service to their professional brethren by serving notice upon those who, with ample means to pay, would nevertheless seek to secure the professional services of physicians without compensation

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CLAIMED NEGLIGENCE IN DELIVERY

In this case the husband of a woman called the doctor to his home, stating that his wife was about to give birth to a child The doctor had seen the woman several weeks before, and at that time had examined her urine and made a general physical examination Upon calling at the house, the doctor found the woman in labor, and an examination disclosed that the head was in the occiput posterior position, which necessitated a rotation of the head Forceps were applied, and without any difficulty the child was delivered in perfect condition The doctor had called in a competent anesthetist who assisted him in the delivery Drops were placed in the child's eyes, the placenta was delivered, and the doctor ascertained that the mother had suffered no lacerations, nor was there any danger of a post-partum hemorrhage When this had been done, he and the anesthetist left the house

He called each day for the next three days, and found the mother and child in good condition. A few days thereafter he was called in by the husband because of a watery exudation from the child's cord The doctor made an examination, but found no infection causing the discharge of pus He told the mother to use some boric acid powder in the region of the cord, and advise him in the course of a day or so if there was not perfect healing At this time there was no observable protrusion of the umbilicus, nor was there any in the inguinal region The eyes did not show any discharge or redness at that time

The doctor never heard from the patient again until he was served with a summons and complaint, in which complaint it was charged that the defendant doctor had so carelessly delivered the plaintiff's wife as to cause the following injuries to the child A navel rupture, a rupture to her right side, and swollen festered eyes It was also charged that the defendant was negligent in treating these injuries No action was brought by the mother or father on behalf of the child The sole action was by the husband

The plaintiff's attorney, evidently realizing his case was wholly without merit, finally discontinued, thus terminating the action in the doctor's favor

CLAIMED NEGLIGENCE IN THE PERFORMANCE OF TONSILLECTOMY

The plaintiff, a young woman, charged the defendant with negligence in the performance of a tonsillectomy Her claim was that she developed bronchitis after the operation, and that the doctor was responsible for it

When she first called at the doctor's office she complained of dizziness Upon examination the doctor found her tonsils and adenoids enlarged and diseased The doctor injected a solution of arsenic and iron into her arm twice a week for three weeks, and gave her Huxley No 1 Adreno pitutary tablets to take internally The doctor then decided to remove her tonsils and adenoids He had an x-ray taken of the plaintiff's chest which showed both apices clear, slight peri-bronchial thickening, and several quiescent tubercles The doctor removed her tonsils and adenoids under a general anesthesia at the St Elizabeth's hospital The patient remained in the hospital two days and made an uneventful recovery

About ten days after she left the hospital, the doctor was called to the patient's home and upon examination found that she had bronchitis on both sides He prescribed a cough mixture and tablets of creosote Several days later the doctor again called on the patient and found her in bed improved He advised her to continue taking the medicine he had prescribed When he called a week later the parents of the girl refused to let him see her, and said that another physician was handling the case The doctor did not see the patient again for several months, and one day she came to his office and demanded that he give her the x-ray pictures which he had taken The doctor told her that he would be very glad to give her the X-ray pictures but he could not locate them She left his office and he never saw her again

A short time thereafter the patient began this action by the service of a summons No complaint was ever served, nor any steps taken by the patient after the service of the summons We thereupon moved to dismiss the action because of plaintiff's failure to prosecute the same The Court granted our motion, thus terminating the action in the doctor's favor

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TRAUMATIC CATARACT—CLAIMED NEGLIGENCE IN TREATMENT

A man engaged in manual labor was sent by his employers to the defendant doctor for treatment in connection with a serious injury to his eye He gave a history of having had his eye punctured by a steel drill An examination disclosed that there was a serious laceration at the irido-sclero junction and also a traumatic cataract The iris was prolapsed and there was no vision in the injured eye, except light perception The eye was greatly inflamed The doctor first replaced the iris and treated the eye with atropine and cold cloths and bound the eye tightly to keep the wound closed The doctor saw him on four occasions covering a period of about three weeks The inflammation gradually subsided and there was some improvement in the vision On the occasion of his last visit a vision test showed that he had 20/50 vision, but in the light of the injury which the eye had sustained, i e, a general ophthalmitis, the doctor was not able to give the patient a very favorable prognosis for the future. The patient was told to return, but never did so

Some two years after the last treatment the patient began an action, in which it was claimed that by reason of the defendant's negligence, it became necessary to enucleate the plaintiff's injured eye

A motion was promptly made on behalf of the defendant doctor to dismiss the complaint upon the ground that the action was barred by reason of the fact that it had not been begun within the two-year period of time fixed by the statutes of this state, and when the matter came on to be heard the court granted our motion and dismissed the complaint

LONDON LETTER

BRITISH MEDICAL TOPICS

Co-operation in Medicine—During the war, the demands of women for opportunities to study medicine were met by the admission of women for clinical instruction on the roll of students at many of the teaching hospitals in London Preclinical instruction had always been available to women, but before the war only the Royal Free Hospital provided the actual clinical work. The experiment was not altogether successful It was said that men preferred to go to schools where women were excluded, that certain subjects were difficult to teach to mixed audiences, that women tended to crowd to the front at demonstrations, that special accommodation was necessary, and that there was a great wastage after qualification owing to marriage So one by one the hospitals withdrew their facilities and the condition tended to revert to pre-war standard Eventually London University appointed a Committee to consider the whole subject, and its Report is just issued Very decidedly the Committee disposes of all the traditional arguments against co-education "We are unable," they say, "to see any valid argument on the merits against the provision of co-education in medicine The prepossession of the Universities is in favor of such co-education" However, they admit, while they deplore, the antipathy of some male students to work with women, and they recommend that certain schools be reserved for men and others for women, and that a third group should admit both men and women In that way the services of Schools with the highest prestige and teachers with the highest distinctions will be available for women We shall await with great interest the result of this Report, which, coming from so authoritative a source, may well have an important influence on co-education in medicine

American Students at Edinburgh—At the Edinburgh University Dinner last week Professor Wilkie announced that applications had been received from an army of young American students (estimated at 600) who desire to be enrolled as medical students in Edinburgh Such a determined movement may well puzzle those who are interested in medical education What do these students hope to gain from the oldest seat of learning which they cannot obtain from the newest? Is it a revival of the feeling, so universal in the early days of American development, that a visit to Europe was an essential part of medical education? This feeling was most highly developed in Philadelphia

Sterilization of the Unfit—There has been a renewed interest in the very thorny subject of the sterilization of the unfit as the result of a letter in a London Journal signed by the Bishops of Durham and Exeter, by many leading medical men, and others interested in the social welfare of the community Those who support the movement for the prevention of the multiplication of the mentally defective have so strong a case that the other side must have some cogent reasons to advance wherewith to support their opposition If it be true, as the appeal says, that millions of money are being spent "on rearing children which will be a curse to their families and a burden on the State," it is not a far step to argue that those who can produce only children which must injure the race should be prevented from breeding children at all Several States in American have passed laws to this effect though whether they have been put into operation is doubtful, but the Swiss Canton de Vaud has, as recently as last October, passed a law extending previous legislation with regard to sterilization The real difficulty that leads to Government inaction is, I suppose, the disinclination to make compulsory any course of treatment which may have some risk, however slight, to life However little mortality may attend the sterilization of the male, there is little doubt that the sterilization of the female by a surgical operation must involve a definite risk, and will be attended by a mortality, even if low Perhaps in the future X-rays or radium may provide a safe method, but the time has not yet arrived When we consider that the Government dare not even make vaccination against small-pox compulsory, there seems little hope that it will take this much more drastic step And there is another obvious objection, it will be the duty and responsibility of some body, or some individual, to decide whether the subject of the enquiry is mentally defective, and if so, whether the defect is of such a nature that the offspring must be detrimentally affected The responsibility may be shared so as to avoid the risk of a mistake or a scandal, but the issue must always rest with the medical profession Now human nature—and a Government is human nature *in excelsis*—has always been distrustful of the scientists The man in the street does not understand him, he suspects him of mysterious and malign powers allied to Black Magic and the Evil Eye, he is jealous of his aloof standpoint, and, in a word, he does not trust him This attitude is well summarized in the remark I heard the Lord Chief Justice of England (Lord Hewart) make "England shall not be ruled from Harley Street!" This distrust will be the main stumbling block in the path of legislation for the sterilization of the mentally defective

H W Carson, F R C

THE ANNUAL MEETING

THE SCIENTIFIC PROGRAM

The following scientific program of the one hundred and twenty-third annual meeting of the Medical Society of the State of New York, to be held in Utica, June 5 and 6, 1929, has been prepared by the Committee on Scientific Work

Chairman

John A Lichty, Clifton Springs
Hyzer W Jones, Utica
Gordon Gibson, Brooklyn
Carl G Leo-Wolf, Niagara Falls
Harry M Weed, Buffalo

Arthur J Bedell, Albany, N Y
David C Wilson, Clifton Springs
Jerome Kingsbury, New York City
Leo F Schiff, Plattsburg
Benjamin J Slater, Rochester
Samuel J Kopetzky, New York City

GENERAL MEETINGS

Tuesday June 4th, 2 00 P M

Presiding Officer John A Lichty, M D, Clifton Springs

1 "The Early Recognition of Pulmonary Tuberculosis," Lawrason Brown, M D, Saranac Lake, and John N Hayes, M D, Saranac Lake

Discussion Ezra Bridge, M D, Rochester, and William H Ordway, M D, Mt McGregor

2 "The Relation of Colds to Pneumonia," James W W Dimon, M D, Utica

3 "The Prevention and Treatment of Pneumonia," Russell La F Cecil, M D, New York City

Discussion opened by Milton B Rosenbluth, M D, New York City and Clayton W Greene, M D, Buffalo

4 "A Consideration of Potential Diabetes—Prevention of Diabetes Mellitus," Floyd R Wright, M D, Clifton Springs

5 "Surgery of the Diabetic Patient," C Gordon Heyd, M D, New York City

Discussion opened by Byron D Bowen, M D, Buffalo

Wednesday, June 5th, 2 00 P M

Presiding Officer Hyzer W Jones, M D, Utica

1 "Diseases of the Breast," Jonathan M Wainwright, M D, Scranton, Pa (By invitation)

Discussion opened by Frank E Adair, M D, New York City

2 "Intestinal Obstruction," John B Deaver, M D, Philadelphia, Pa (By invitation)

Discussion opened by John E Jennings, M D, Brooklyn

3 "Toxemias of Pregnancy," John O Polak, M D, Brooklyn

SECTION ON MEDICINE

Chairman — John A Lichty, M D, Clifton Springs
Secretary — A H Aaron, M D, Buffalo

Wednesday, June 5th, 9 00 A. M

1 "The Natural History of Rheumatic Infection," May G Wilson, M D, New York City

2 "Complete Diagnosis of Cardiac Conditions," Robert H Halsey, M D, New York City

3 "The Interpretation of Gastric Analyses," Albert F R. Andresen, M D, Brooklyn

4 "A Discussion of Upper Abdominal Pain," Edward C Reifenstein, M D, Syracuse

Discussion opened by Irving Gray, M D, Brooklyn, and Edward R Evans, M D, Utica

Thursday, June 6th, 9 00 A. M

1 "The Interpretation of Blood Pressure Readings," Allen A Jones, M D, Buffalo

2 "The Kidney in Hypertension," Alfred M Wedd, M D, Clifton Springs

Discussion opened by William S McCann, M D, Rochester, and James F Rooney, M D, Albany

3 "The Importance of Extrasystolic Arrhythmias in Young Adults," Louis F Bishop, M D, New York City

4 "Cancer—Its Nature, Prevention and Treatment," Frank E Adair, M D, New York City

Discussion opened by Albert R McFarland, M D, Rochester

SECTION ON SURGERY

Chairman — Hyzer W Jones, M D Utica
Secretary — William D Johnson, M.D, Batavia

Wednesday, June 5th, 9 00 A M

1 "Malignant Disease of the Thyroid," George E Beilby, M D, Albany

Discussion opened by Emil Goetsch, M D, Brooklyn

2 "Minor Points in Major Surgery," George W Cottis, M D, Jamestown

Discussion opened by Albert G Swift, M D, Syracuse

3 "Injuries of the lower back," William L Sneed, M D, New York City

Discussion opened by Charles H Baldwin, M D, Utica

4 "Some of the Causes of Death in Operations of the Gallbladder," Edgar R McGuire, M D, Buffalo

Discussion opened by Charles W. Webb, M D, Clifton Springs

Thursday, June 6th, 9 00 A. M

1 "Post-operative Collapse of the Lung," Murray Mac G Gardner, M D, Watertown

2 "Chronic Appendicitis," Roger Durham, M D, Brooklyn

3 "Motion Picture Films on Prostatic Hypertrophy and on Hydrophobia," T Banford Jones, M D, Rochester

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SECTION ON OBSTETRICS AND GYNECOLOGY

Chairman — Gordon Gibson, M D, Brooklyn
Secretary — George M Gelser, M D, Rochester

Wednesday, June 5th, 9 00 A. M

1 "Uterine Cancer, Factors that Influence Prognosis and End Results," William P Healy, M D, New York City

2 "Rectal Anæsthesia in Dry Labor," Paul T Harper, M D, Albany

3 "Sterilization by Simple Tubal Resection," Eliot Bishop, M D, Brooklyn

4 "The Management of Infected Abortion," James E King, M D, Buffalo

Discussion opened by Onslow A Gordon, Jr, M D, Brooklyn

Thursday, June 6th, 9 00 A M

1 "The Surgical Treatment of Urinary Obstruction at the Ureteral Pelvic Junction," Nathan P Sears, M D, Syracuse

Discussion opened by Henry D Furniss, M D, New York City

2 "Sterility Diagnosis The Study of Sperm Cell Migration in the Female and the Interpretation of Findings," William H Cary, M D, New York City

3 "The Management of Breach Presentation," Karl M Wilson, M D, Rochester

Discussion opened by George W Kosmak, M D, New York City

4 "The Value of the Sedimentation Test in Gynecology," Edward A Bullard, M D, New York City

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SECTION ON DERMATOLOGY AND SYPHILOLOGY

Chairman — Jerome Kingsbury, M D, New York City
Secretary — Louis Tulipan, M D., New York City

Wednesday, June 5th, 9 00 A M

1 "Pseudo Pellagra Occurring in Alcoholics," Edward R. Maloney, M D, New York City, and Louis Tulipan, M D, New York City

Discussion opened by Albert R McFarland, M D, Rochester

2 "Creeping Eruption"—with Lantern Demonstration, J Lee Kirby-Smith, M D, Jacksonville, Fla (By invitation)

3 "Koilonychia," George M MacKee, M D, New York City

Discussion opened by Louis B Mount, M D, Albany

4 "Tropical Diseases of the Skin"—with Lantern Demonstration, Howard Fox, M D, New York City

Discussion opened by E N Bocanegra Lopez, M D, New York City

5 "Basal Metabolism in Diseases of the Skin," Binford Throne, M D, Brooklyn

Discussion opened by C N Myers, Ph D, New York City

Thursday, June 6th, 9 00 A.M

1 "Alfred Fournier—The Master Syphilologist," Paul E Bechet, M D, New York City

2 "A Study of the Wassermann Reaction fol-

lowing Dermatitis and Jaundice from Arsphenamine," A Benson Cannon, M D, New York City

3 "The Modern Treatment of Syphilis" With a relative evaluation of the various remedies and methods employed Jay Frank Schamberg, M D, Philadelphia, Pa (By invitation)

4 "Paget's Disease of the Nipple"—With Lantern Demonstration, J Frank Fraser, M D, New York City

Discussion opened by J Gardner Hopkins, M D, New York City

5 "Treatment of Ringworm Infection of the Hands and Feet," Fred Wise, M D, New York City

Discussion opened by E Wood Ruggles, M D, Rochester

SECTION ON NEUROLOGY AND PSYCHIATRY

Chairman — David C Wilson, M D, Clifton Springs
Secretary — James H Huddleson M D, New York City

Wednesday, June 5th, 9 00 A.M

1 "Traumatic Neuroses Affecting the Eye, Ear, Nose and Throat," Theodore H Weisenburg, M D, Philadelphia, Pa (By invitation)

Discussion opened by John L Eckel, M D, Buffalo

2 "Traumatic Neurosis from the Industrial Viewpoint," Benjamin J Slater, M D, Rochester

Discussion opened by Michael Osnato, M D, New York City

3 "The Medical Phase of the Workmen's Compensation Law," Joseph S Lawrence, M D, Albany

4 "The Surgical Treatment of Non-neoplastic Diseases of the Nervous System" Lantern Slides and Moving Pictures Henry W Williams, M D, Rochester

Discussion opened by Francis C Grant, M D, Philadelphia (By invitation)

Thursday, June 6th, 9 00 A.M

1 "The Psychoanalytic Treatment of the Borderline Mental Diseases," Clarence P Oberndorf, M D, New York City

Discussion opened by Edward A Sharp, M D, Buffalo

2 "The Practical Application of a Mental Hygiene Program," Noble R Chambers, M D, Syracuse

3 "The Treatment of Mental Diseases in a General Hospital," Thomas J Heldt, M D, Detroit, Mich (By invitation)

4 "The Treatment of Mental Patients in the New York State Hospitals," William C Garvin, M D, Binghamton

Discussion opened by William W Wright, M D, Utica

SECTION ON DISEASES OF THE EYE, EAR, NOSE AND THROAT

Chairman — Harry M Weed, M D, Buffalo
Secretary — Edwin S Ingersoll, M D, Rochester

Wednesday, June 5th, 9 00 A.M

Joint Session with Section on Neurology and Psychiatry for the First Address

1 "Traumatic Neuroses Affecting the Eye, Ear, Nose and Throat," Theodore H Weisenburg, M D, Philadelphia (By invitation)

Discussion opened by John L Eckel, M D, Buffalo

2 "Lesions of the Visual Pathway from Chiasm to Cuneus Lobe and the Pituitary Relation Thereto," George F Suker, M D, Chicago (By invitation)

This lecture will be illustrated by drawings, charts and wet specimens

Discussion opened by Conrad Berens, M D, New York City

3 "Pulsating Exophthalmos—With Report of a Case," Anton S Schneider, M D, Plattsburg

4. "Treatment of Laryngeal Tuberculosis With Goerz-Wessely Lamp," Joseph W Miller, M D, New York City

Thursday, June 6th, 9 00 A M

1 "Keratitis Exfoliativa Complicating Dermatitis Exfoliativa," Daniel B Kirby, M D, New York City

Discussion opened by John M Wheeler, M D, New York City

2 "The Clinical Interpretation of the Retinal Arterial Changes and Retinitis in Cardio-vascular-renal Diseases," John F Gipner, M D, Rochester

Discussion opened by Martin Cohen, M D, New York City

3 "Ocular Tuberculosis still a comparatively uncommon Diagnosis in Clinical Ophthalmology" and case reports Macy L Lerner, M D, Rochester

Discussion opened by Edmond E Blaauw, M D, Buffalo

4 "Passing Years in Oto-laryngology," Leonard W Jones, M D, Rochester

5 "The Treatment of Polypoid Sinusitis," G Allen Robinson, M D, New York City

Discussion opened by John J Rainey, M D, Troy

SECTION ON PEDIATRICS

Chairman — Carl G Leo-Wolf, M D, Niagara Falls
Vice-Chairman — John Ailman, M D, Rochester
Secretary — Marshall C Pease, M D, New York City

Wednesday, June 5th, 9 00 A M

1 "The Role of Streptococci in Rheumatic Fever," James C Small, M D, Philadelphia, Pa (By invitation)

2 "The Heart in Rheumatic Fever," John A Oille, M D, Toronto, Ont (By invitation)

3 "Rheumatic Fever in Children and Its Clinical Aspects," Albert D Kaiser, M D, Rochester

Discussion on these three papers will be opened by Roger H Dennett, M D, New York City

4 "The Treatment of Epidemic Meningitis," Josephine B Neal, M D, New York City

Discussion opened by Henry W Jackson, M D, and Adolph G De Sanctis, New York City

5 Significant Chemical Changes in the Spinal Fluid and their Practical Value," John A Killian, Ph D, New York City (By invitation)

Thursday, June 6th, 9 00 A. M

1 "Ear Infection in Babies," Marvin F Jones, M D, New York City

Discussion opened by DeWitt H Sherman, M D, Buffalo, and Charles A Wisch, M D, Niagara Falls

2 "The Allergic Diseases in Children," T Wood Clarke, M D., Utica

3 "Obstruction of Bladder Outlet in Children," Meredith F Campbell, M D, New York City

4 "Education, Health and Health Education," Frank vander Bogert, M D, Schenectady

5 "Acute Nephritis in Children," John D Lyttle, M D, New York City

SECTION ON PUBLIC HEALTH, HYGIENE AND SANITATION

Chairman — Leo F Schiff, M D, Plattsburg
Secretary — William L. Munson, M D, Granville

Wednesday, June 5th, 9 00 A. M

1 "Organization of Field Work On Tuberculosis in a Rural County," William C Jensen, M D, Glens Falls

2 "Smoke Nuisance," Thomas Darlington, M D, New York City

3 "Report on 1929 Legislation," Paul B Brooks, M D, Albany

4 "The Health Administration of the Panama Canal Zone," Bertis R Wakeman, M D, Hornell

5 "Are the Physicians Fully Co-operating with Health Department in Stamping Out Communicable Diseases?" Francis E Fronczak, M D, Buffalo

Thursday, June 6th, 9 00 A M

Diphtheria Prevention in New York State

a "Report on Progress to Date," Herman F Senftner, M D, Albany

b "What We did in Niagara Falls," Edward E Gillick, M D, Niagara Falls

c "Interesting the Small Community," Frederick W Sears, M D, Syracuse

THE COMMERCIAL EXHIBITS

The Committee on Arrangements of the Annual Meeting of the Medical Society of the State of New York, and Joseph B Tufts, the Advertising Manager of the NEW YORK STATE JOURNAL OF MEDICINE, have prepared a *Commercial Exhibit* of articles used by physicians in their practice of medicine The exhibitors are advertisers in the JOURNAL and Directory, and their wares are essential to every physician who attends the annual meeting It will be of mutual benefit to both the medical profession and the exhibitors if physicians will visit with the demonstrators and learn from them how to use the wares The exhibits will be on the mezzanine floor of the Hotel Martin, and as is shown on the diagram on the next page They will open on Monday afternoon, June 3, at two o'clock, and will remain open during all the sessions of the meeting

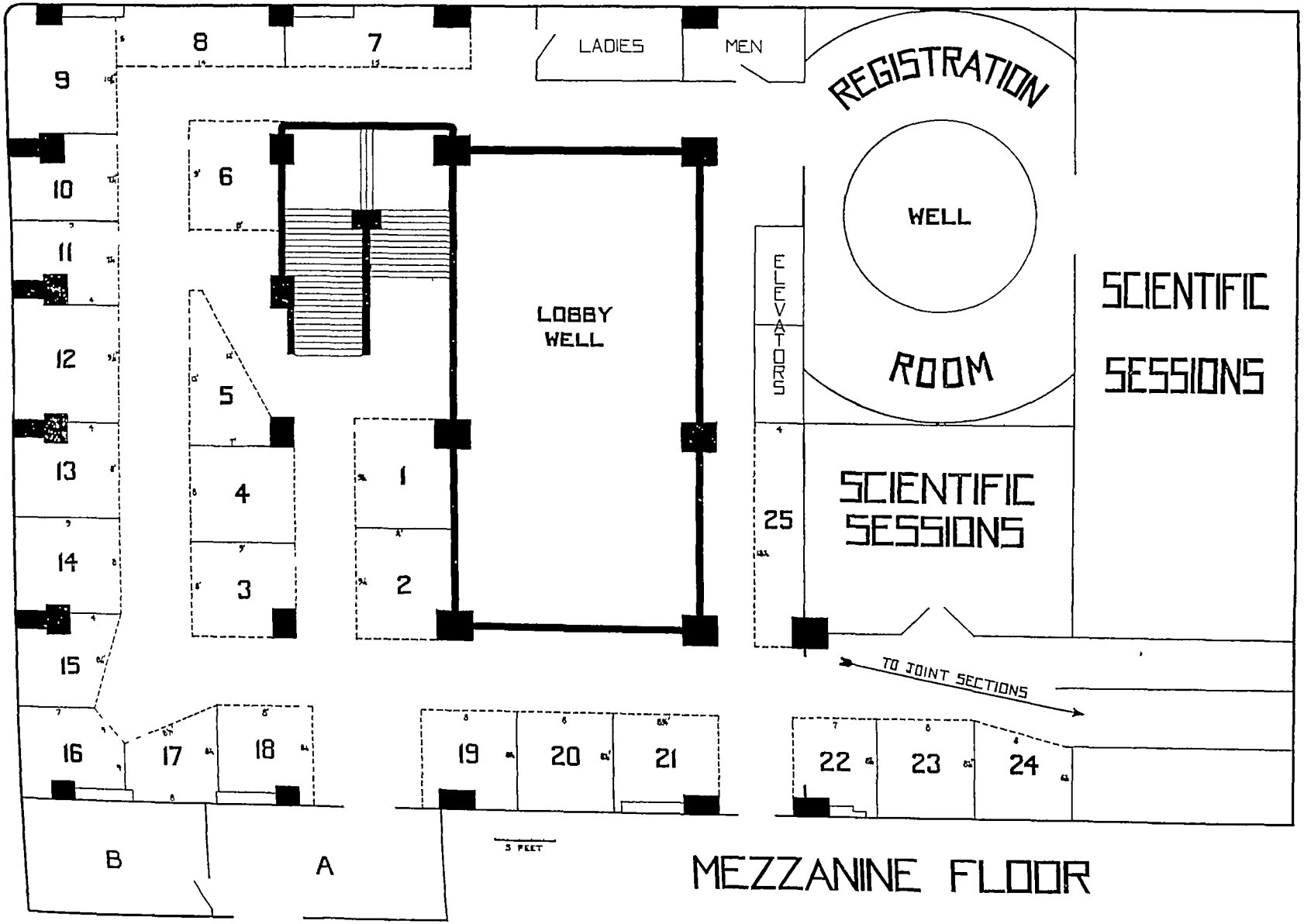


Diagram of Exhibit Hall Hotel Martin, Utica, N Y Annual Meeting Medical Society of the State of New York, June 3, 4, 5, and 6, 1929

DESCRIPTIONS OF THE COMMERCIAL EXHIBITS

Booth 14—Abbott Laboratories, Chicago and New York During the past few years the research workers of the Abbott Laboratories have developed a number of new and useful products which, after exhaustive clinical investigations, are now ready for the market

These products will be on exhibit at the Convention in June, and include Calsoma, Calcilact, Butyn Eye Ointment, Amiodoxyl Benzoate, Calcium-O-Iodoxy Benzoate, Cinchopyrine, Dysco, Butyn Ephedrine Solution, Metaphedrin and Taroxide.

Booth 16—American Optical Company, New York, will exhibit its well-known line of oculists' supplies, especially the Tillyer lenses for eye glasses These lenses are accurate to their very edges, and give a field of view that is remarkably free from distortion

Booth R—Bard-Parker Company, Inc, New York Two new products are being demonstrated, both intended to increase the efficiency of the Bard-Parker Knife These products are the Bard-Parker Formaldehyde Germicide and Bard-Parker Sterilizing Container, the latter being designed for use in connection with Bard-Parker Formaldehyde Germicide in the sterilization of Bard-Parker Knives This container is complete with two trays, constructed to hold four Bard-Parker handles with detachable blades

Booth 18—Cameron's Surgical Specialty Company, Chicago and New York Light when, where and how he wants it is essential to every physician, as is shown by the great number of operating lamp fixtures, many of which are clumsy and hot, in the hospitals and offices today Cameron's Boilable Lamps and Instruments efficiently reveal the field of diagnosis or operation in all of its detail and in its actual color and condition by giving you clean, cool, concentrated white light at your finger tips in all of your work That is why you will be interested in having a complete demonstration of Cameron's Electro-Diagnostic and Operating Equipment on display at Exhibit No 18

Booth 1—G W. Carnrick Company, Newark, N J, exhibits a large number of its endocrine products The Company is engaged exclusively in the manufacture of this class of products, and has devised many laboratory processes of manufacture and control in order to assure potency and stability of the product Hormotone, a synergistic combination of hormones used in the treatment of menstrual disorders, is exhibited G W Carnick Company manufactures a full line of endocrine products including the active principles of all of the single glands A representative who is qualified to answer questions relating to manufacture and use of the products will be at their booths

Booth 10—Conti Soap Distributors, Inc., Brooklyn, N Y In the little seaport town of Livorno, Italy, known to Americans as Leghorn, a famous family of soap makers has for the past hundred years produced the finest quality of pure olive oil Castile soap known as "Conti's Castile Soap"

Since 1836, this pure Castile soap has been imported to the United States, and to this day it is still made by the descendants of the original Conti family

Physicians have endorsed the purity of Conti Castile Soap because pure olive oil is its only fatty ingredient, and that it contains no free alkali, or other fats and fillers It is suited to the complexion, to the tender skin of infants, and to all general toilet and bath purposes

A decision of the Federal Trade Commission, confirmed by that body a few months ago, provides that the name "Castile" may only be applied to soaps that are made from pure olive oil Conti meets this requirement, and also conforms to the requirements of the United tates Pharmacopeoia for pure olive oil Castile Soap

Physicians attending the Convention in Utica are invited to the Conti booth where the Conti line will be displayed, and where full particulars will be available

Booth 17—R. B Davis Company, Hoboken, N J One of the newest and best of the health aids for physicians Cocomalt will be featured at the meeting of the Medical Society of the State of New York at Utica, New York, June 3rd to 6th, 1929

Cocomalt gives milk a delicious, creamy chocolate flavor, pleasing to the children and adults They will drink milk without urging At the same time Cocomalt increases the entire food value over 70 per cent.

Cocomalt adds to the diet the essential and necessary vitamins A, B and D and milk minerals, calcium, phosphorous, iron, etc, in a form which is readily digested and assimilated by the body

Cocomalt derives its nutritive value as well as its delicious flavor from nature—not the chemist

Questions will be gladly answered regarding the scientific background and clinical successes of Cocomalt

Booth 19—The Denver Chemical Mfg. Company, New York, will exhibit Antiphlogistine, which is employed by physicians in all parts of the world in the treatment of inflammatory and congestive conditions Antiphlogistine, now nearing its fortieth year, is perhaps more widely used than any other ethical product There is only one way in which an ethical preparation can attain this distinction, and that is through merit Sample packages and descriptive booklets will be distributed at the exhibit

Booth 13—The DeVilbiss Company, Toledo,

Ohio DeVilbiss Atomizers, Nebulizers, Steam Vaporizers and Heater Sets will be on display in Booth No 13, at the Utica meeting of the Medical Society of the State of New York, Hotel Martin, June 3 to 6, 1929

Just recently a line of chromium plated sprays were added to the line This bright nontarnishable finish is particularly pleasing for office use"

Booth 11—H. T. Dewey & Sons Co., New York, pioneer manufacturers of medicinal wines, will exhibit their preparations, including Dewey's Emulsion of Cod Liver Oil, Port Wine and Irish Moss which is a product valuable for its ingredients and because it is easy to take and digest Dew-Tone and Port, a preparation recommended for elderly and anemic people will also be exhibited It is only sold direct from their New York Store or their cellars at Egg Harbor, N J, no Federal Prescription blanks being necessary Physicians or their patients outside of the city can order it by mail No drug store is allowed to carry Dew-Tone and Port

Booth 6—Harold Surgical Corporation, New York, expects to have a complete and comprehensive exhibit at Utica and will specialize on high frequency apparatus including diathermy and electro-surgery apparatus The exhibit will be in charge of Mr Fred Seigel, who is an expert in high frequency apparatus, and he will demonstrate the new features of the combined diathermy and electro-surgery apparatus

The exhibit will also feature several new models of the Ultra-Violet Ray Carbon Arc Lamp

Booth 4—The Heidbrink Company, Minneapolis, Minnesota, will exhibit the most modern devices for gas-oxygen anesthesia either for the individual practitioner or for institutional use There will be displayed the complete line from the small portable obstetrical unit to the large four-gas Lundy-Rochester Hospital Unit Mr L B Reason will be in charge and will be glad to make appointments for practical demonstrations

Booth 15—Horlick's Malted Milk Corporation, Racine, Wisconsin The value of Horlick products in the dietetic care of the sick and convalescent will be featured at the Horlick's Malted Milk exhibit Horlick's Maltose and Dextrin Milk Modifier will also be one of the main topics

Samples of Horlick's the Original Malted Milk, natural and chocolate flavor, and of Horlick's Malted Milk Tablets will be provided for convention visitors

Booth 22—Kalak Water Company of New York, Inc, New York

The Kalak Water Company will again be present with an exhibit of Kalak Water, the strongest alkaline water of commerce (nonlaxative) Physicians are invited to call at their booth and partake freely of Kalak Ask to see demonstration of our Kalak Urinalysis Indicators for determining the depletion of the alkaline reserve

Booth 9—McIntosh Electrical Corporation, Chicago and New York Electric apparatus for physical therapy will be shown by the McIntosh Electrical Corporation The list includes *x*-ray machines, diathermia apparatus and high frequency generators

Booth 24—Mellin's Food Company, Boston, Mass No argument is needed to emphasize the advantage to the physician of a thorough knowledge of any product that he deems worthy of frequent or only occasional use in the work of his profession. This is the thought that prompts the Mellin's Food Company to have an exhibit, and the purpose is to give physicians an opportunity to acquire full and complete information relative to the source, nature and amount of food elements present in Mellin's Food, and to discuss the many conditions where Mellin's Food may be used to the advantage of the patient and satisfaction of the medical attendant

Booth 20—M. & R. Dietetic Laboratories, Inc, Columbus, Ohio Similac, a complete modification of cow's milk, is exhibited in space No 20 by the M & R Dietetic Laboratories, Inc, of Columbus, Ohio This product is something new in the way of a modified milk for both supplemental and complemental feedings Physicians are invited to ask for information as to how the Similac approximates breast milk, and why the product has a very definite place in the field of infant feeding

Booth 8—Metropolitan Life Insurance Company, New York "See Your Doctor" panels, illustrating educational channels used by Metropolitan Life - Insurance Company—including literature, films, advertising, correspondence, a Nursing Service, etc—to advocate prompt, regular and reliable private medical service for sickness prevention and treatment, and health promotion, among twenty-six million policy-holders

Booth 12—Mutual Pharmacal Company, Syracuse, N Y, will exhibit products of their laboratory during the Annual Meeting of the State Society

Physicians are cordially invited to visit Booth 12 and inspect the products shown

Samples of any product of the laboratory will be mailed upon request and registering at the booth

Booth 21—Merrell-Soule Company, Inc, New York, will have on exhibit and for examination its group of standard powdered milks for infant feeding and adult diet This group now includes Klim Powdered Whole Milk, Merrell-Soule Powdered Protein Milk, Merrell-Soule Powdered Whole Lactic Acid Milk and their fat-free companion products

Reliquefied Klim (cold) will be served and the simplicity of preparing lactic acid milk formulas from Merrell-Soule Powdered Whole Lactic Acid Milk will be demonstrated

Technical representatives of the world's largest milk company will be in attendance at all times

Booth 26—Merck & Company, Inc., Rahway, N J In the Merck booth will be shown a display of many interesting, established and new therapeutic agents from the combined line of Merck & Co and of Powers-Weightman-Rosengarten Co Among the remedies to be shown are Digitan, Optochin Base, Erythrol Tetranitrate, Iodipin, Bromipin, Skiabaryt, Bismosol, Arsphenamine, Sulpharsphenamine, Novarsenobenzol Billon, Tryparsamide and Stovarsol Trained attendants will be present to give special information to those interested in any of the above remedies

Booth 5—Picker X-ray Corporation, New York, with offices in New York, Boston and Buffalo and service stations in Rochester and Syracuse will exhibit *x*-ray and physical therapy apparatus of various types and sizes, which will be of interest to the specialist as well as the general man

A new bulletin will be ready for distribution at this meeting, and will contain information of exceptional interest to every physician and hospital

Booth 7—G. D. Searle & Company, Chicago, Ill Arsenicals and Bismuth Sodium Tartrate will be shown by G D Searle & Co, Chicago Searle Arsenicals are made by the aqueous hydrochloric acid process rendering them free from methyl alcohol and methyl derivatives with their untoward clinical manifestations Bismuth Sodium Tartrate is a water-soluble bismuth salt, administered intramuscularly in aqueous solution, for the treatment of syphilis It is free from the objectionable features associated with oil suspensions

Booth 23—Tailby-Nason Company, Boston, Mass Producers of Nason's Palatable Cod Liver Oil, will have a display of Nason's Cod Liver Oil "The Better Tasting Kind" produced and refined in Nason's plants in Norway Nason's Cod Liver Oil is warranted to be of the highest vitamin A and D potency Just a dash of flavor added to the clear oil makes Nason's Oil pleasant and easy to take

Important features of the exhibit will be the white rats used in testing the Oil for its vitamin activity and roentgenographs of the leg bones of rachitic rats showing the progress of the healing induced by Nason's Cod Liver Oil

Booth 3—George Tiemann & Company, New York, will display well-known line of surgical instruments, and also a number of specialties including

Super Sun carbon arc and infra red lamp,
Unger blood transfusion apparatus,
Flagg inhaler,
Parker arthriflexometer,
Barton Obstetric forceps,
Electric Calidair,
Pfarre Two-Way Syringe,
Pitkin Spinal Anaesthesia outfit and tiltometer
Montague Rectal instruments

The profession is cordially invited to attend the display

Booth 2—Victor X-ray Corporation, Chicago and New York, will show a complete display of Physical Therapy equipment, including Ultra-Violet Lamps, a Vario-Frequency Diathermy Outfit, Phototherapy and Infra-Red Generators, as well as the new Victor Electrocardiograph The Victor *x*-ray office and Portable Outfit is also on display As manufacturers of complete *x*-ray, Physiotherapy and Muscle Re-educational equipment, the company will offer much valuable information relative to your hospital and private laboratory problems

Booth 25A—Vitaglass Corporation, New York. Ultra-violet ray glass is becoming of increasing importance with the growing knowledge of its advantage both in the treatment in hospitals for diseases where light therapy is indicated, and as a general health prophylaxis where people are confined for long periods of daylight hours indoors

This glass was invented by Professor Lamplough, of Trinity College, Cambridge, England, five years ago It has been tested successfully both in England and this country where it was introduced by the Vitaglass Corporation two years ago

The Vitaglass booth will be supervised by W Wallace, Jr, Director of Research, who will explain the various biological tests, and be glad to answer all questions

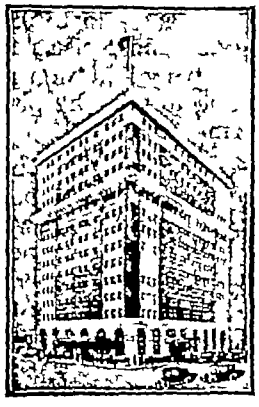
Booth 25—Wappler Electric Company, Long Island City and New York, will have a comprehensive display of x-ray and Physical Therapy Equipment Included will be the Wappler Monex Valve Tube Rectifier Apparatus for radiography, fluoroscopy and superficial skin therapy, the improved model Wappler Electrotherm for medical and surgical diathermy, the Portable Endotherm for surgical diathermy and endothermy, and the Wappler Myostat Galvanic and Wave Current Generator You are cordially invited to inspect the apparatus at the Wappler booth

THE HOTELS OF UTICA

The three principal hotels of Utica have nearly one thousand rooms which means that they can accommodate 1500 guests with all the comforts of the hotels of the largest cities Every doctor who attends the annual meeting may be assured of ample living accommodations He may also have the room of his choice, provided he makes his reservation early

HOTEL UTICA

The Hotel Utica, with 350 rooms, will be the general headquarters, and will be the meeting place of the House of Delegates and some of the Scientific Sections



HOTEL UTICA—350 ROOMS

Single Rooms, $3 to $6 per day
Double Rooms, Double Bed, $5 to $8
Double Rooms, Twin Beds $6 to 8 50

HOTEL MARTIN

The Hotel Martin, with 450 rooms, will contain the Registration Desk, the Commercial Exhibits, and some of the Scientific Sections



HOTEL MARTIN 450 ROOMS

With Bath, Single $2, Double $3 50 per day
With Shower, Single $2 50, $3, $3 50—$2 per additional person
With private tub, Single, $3, $3 50, $4
Twin beds with bath, $5, $5 50, $6 and $7
Parlor, Bedroom and Bath, $10 and $12 per day

HOTEL MAJESTIC

The Hotel Majestic with 150 rooms, is close by the other two hotels, and will supply accommodations which will be pleasant, convenient and satisfactory

ROOM RATES

With private bath, or shower bath, Single, $2 75 to $3 50, Double, $4 to $5

With running water near public tubs or showers Single $2 to $2 50, Double, $3 50

Proportionate rates for suites with bath

NEWS NOTES

RABIES CONTROL IN WESTCHESTER COUNTY

Efforts which the health officers of lower Westchester County, especially, have been putting into the control of dogs during the last couple of years is apparently bearing fruit Thus far this year, 1929, only three rabid dogs have been reported in our territory, two in Yonkers and one in White Plains, and, as we are preparing this sheet for the mimeograph, not a rabid dog has been reported for the month of March Unless this record is spoiled by later reports, March will go down in history as the first month in over three years in which there have been no reports of rabid dogs We have hesitated about giving out this news fearing that perhaps lay authorities, not appreciating the variable and often long period of incubation of rabies in dogs, might be tempted to pull on the purse strings and curtail the gathering in of unmuzzled dogs Every health officer will appreciate that if we will not only continue but increase our efforts in enforcement of muzzling and gathering in and humane destruction of the unowned dog, we stand an excellent chance of ridding this territory of the scourge

RICHARD SLEE,
District State Health Officer

MONROE COUNTY

The Medical Society of the County of Monroe held its regular meeting on March 19, 1929

The following were elected to membership Drs Knox Brittain, Paul H Garvey, R. F Herrman, N M Humphrey, T B Jones, H E Pearse, W S Ruben, H F St. John, W W Scott, R B Wohlrab

Dr W A Calihan, Chairman of the Legislative Committee, discussed the current chiropractic bill, and announced that his committee was distributing petitions of protest, which he urged the members to have signed

Dr E G Whipple, Chairman of the Committee on Tuberculosis, discussed the anti-tuberculosis campaign, and introduced the following resolution, which was adopted "Resolved, that the Medical Society of the County of Monroe approve of the National Early Diagnosis and Antituberculosis Campaign and that it will direct the local activities of this campaign through the Society's Committee on Tuberculosis"

After discussion of the question of ambulance service throughout the county, outside of the City of Rochester, the President appointed the following committee to investigate and report to the next meeting Dr Geo Sanders, Chairman, Drs R B Partridge and C R. Keller

Dr Paul H Ringer of Asheville, N C., presented "A Survey of Collapse Therapy in Pulmonary Tuberculosis" Dr Ringer gave a very interesting and instructive paper on his subject, giving with exceptional clarity the indications for and against collapse therapy in general, and the special indications for its various forms The paper received excellent discussion

J P HENRY, *Secretary*

CORTLAND COUNTY

At the regular March meeting of the Cortland County Medical Society held March 20th, it was voted that the President be asked to call special meetings monthly for the presentation of scientific papers until such a time that the By-Laws could be amended in accord with the rules of the Society The same evening Dr Lewis C. Wagner of New York City addressed the Society on "The Treatment of Non-Union and of Mal-Union in Fractures"

On March 7th the Society was addressed by Dr J P Kane of the Gorgas Health Caravan concerning Periodic Health Examinations

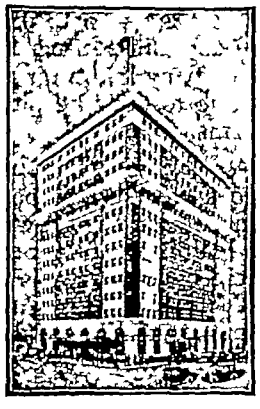
ALBERT A BAILEY, *President*

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MEDICAL WARES

DIGITALIS

Digitalis is one of the most important drugs used by doctors It is indispensible in certain types of disease of the heart and kidneys, and when it is given intelligently, the doctor expects to get certain definite results from it Modern research has revealed the sources of variation in the drug, and the skill of manufacturers has resulted in the preparations of digitalis whose potency is indicated as accurately as is the tensile strength of a wire that enters into the construction of a suspension bridge

The digitalis on the market consists of the leaves of a perennial plant, Digitalis purpurea, or foxglove, which grows wild in various parts of Europe and America and is often planted in gardens for its beautiful, tall blooms The leaves are gathered in their second year of growth and are dried with great care in much the same manner as tobacco The plant is cultivated in the United States and in England, Germany and Austria, and the leaves are shipped to market in bales of about two hundred and fifty pounds weight When the digitalis leaves are properly grown, dried, and powdered, they retain their strength unimpaired for years

The potency of different lots of digitalis varies, the strength of some samples being double that of others Fortunately, there is a remarkable constancy in the strength of the active principles of a strain of plants grown in a particular locality under uniform conditions of seed, soil and climate

The active principles of digitalis consists of glucosides which must undergo changes in the body before they produce their effects About six hours are required for the absorption of each dose of the drug, and from thirty-six to forty-eight hours for the production of digitalization It is excreted at a slow rate, and so when the maximum effects of the drug have been reached, only a grain or two of digitalis is required daily in order to maintain its full therapeutic effects

The potency of digitalis is accurately expressed in two ways

1 Frog units
2 Cat units

A frog unit is the amount of tincture of digitalis that is required to produce permanent systolic contraction of the heart in one hour when it is injected into the ventral lymph sac of a frog The U S P requirement is that from 0 0055 to 0 0065 cubic centimeters of the tincture shall contain one frog unit. This amounts to from 1500 to 1800 frog units for each gram of the dried digitalis The average amount required to digitalize a patient is one and a half grams

The frog method of standardization is somewhat difficult Each experiment requires 60 frogs, and allowances must be made for the size of the frog, the temperature at which it is kept, and also the season of the year The frog method is now being displaced by one in which a cat is used, for the cat is a warm-blooded animal of considerable size, and the results obtained by its use may be applied to man with accuracy

A cat unit is the amount of dried digitalis leaves required per kilogram of body weight to stop the heart beat of a cat in one hour when an infusion of digitalis is injected into the femoral vein The cat is first etherized as if for a surgical operation The drug is injected slowly for a period somewhat less than one hour The approach of the full effects of the drug is indicated by vomiting and shallow respirations, and finally a stop-page of the heart as indicated by a stethoscope

About one and one-half grains of the dried drug on an average contains one cat unit, but one unit may be contained in one grain of a stronger leaf, or three grains may be required in a weaker sample The principal point in which a doctor is interested is that the number of cat units of each tablet or each c c. of tincture shall be uniform and be stated on the container Some manufacturers supply their tablets in the three sizes of one-half, one, and two cat units

The amount of digitalis required to produce the full physiological effects of digitalis on a patient is one cat unit for every ten pounds of his body weight For example, a man weighing one hundred and sixty pounds would require sixteen tablets, each containing one cat unit The initial dose on the first day of treatment would be four cat units, then two units are given every six hours until sixteen cat units have been given This amount will usually produce signs of digitalization as shown by a slow pulse, an increased secretion of urine and possibly of nausea The full effects of the digitalis may then be maintained by the administration of one or two units daily, or enough to replace the amount that has been excreted

Physicians are indebted to manufacturers for making standard preparations of digitalis whose strength is uniform and dependable, and whose administration is easy Many manufacturers supply free booklets giving accurate directions for the use of their particular products

BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on February 20, 1929, was called to order at 9 P M, the President, Dr Aranow, in the Chair

Election of candidates being in order, it was moved and carried that the Secretary be instructed to cast one ballot for the following candidates who were elected to membership H Elias Diamond, Paul Fagin, Bernard M Goertzel, David Lindenauer, Ben G Lipton, Julius K Littman, Arthur A Markowitz, Abraham P Matusow, Francesco Pagano, Archibald A White

Dr N B Van Etten, Chairman of the Special Diphtheria Committee, reported on the progress made in the Campaign of Toxin-Antitoxin immunization He presented posters and literature in regard to the Campaign to the members and appealed for their further cooperation

Dr Magid, Chairman of the Committee on Medical Economics, presented a Report with special reference to Dispensaries, Clinics and the Credit Bureau

The following Resolution was adopted

"Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Raphael Berger, M D,

"Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr Berger and that a minute thereof be placed on the records of the Society, and be it

"Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member"

The Scientific Program proceeded as follows

Papers

1 Misleading Urologic Symptoms, Louis Nagorsky

2 The Serum Treatment of Lobar Pneumonia, Illustrated by lantern slides, Russell L Cecil

Discussion led by Jesse G M Bullowa

In accordance with the suggestion of Dr Bullowa, it was moved and carried that the Bronx County Medical Society urge the Department of Health to request an appropriation for next year for a sufficient amount of refined anti-body serum for the treatment of pneumonia cases

I J LANDSMAN, M D, *Secretary*

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The following candidates were elected to membership Herman J Burman, Robert Alfred Hearn, Louis Monk, Samuel S Paley, Lee Pazow, Frederick M Rauch, Lisette Kotler Soudakoff, Frederick W Williams, Naomi M Yarmolinsky

The matter of circulars soliciting compensation work and their proper or improper distribution, referred to the Society by the Comitia Minora, was then discussed It was moved and carried that the Special Committee on Revision of Medical Ethics be instructed to obtain the view of members interested in Compensation work and to study the problem and report back to the Society

The following Resolutions were introduced and carried

"Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Joseph E Donnelly, M D

"Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr Donnelly and that a minute thereof be placed on the records of the Society, and be it

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The Scientific Program then proceeded as follows

Paper

1 Some Interesting Phases of Diagnosis of Surgical Kidney Diseases, Leo Buerger

Respectfully submitted,

I J LANDSMAN, M D, *Secretary*

favorite dummy speak Rapid readers going to the movies have always been struck by the length of time a caption is displayed They could read it a dozen times while the rest of the house mumbled it over painfully a syllable at a time Naturally, the less literate spectators are pleased that the one difficult task associated with an evening in a movie palace is now eliminated through the introduction of speech The songs may be thin and tinny and the voices hollow, but the words are intelligible

"In the finish, the competition between movies and talkies may come to a struggle between two divisions of the entertainment-seeking public—those who hear with difficulty and those who can hardly read"

QUESTIONNAIRES ON SUCCESS

The New York *Herald-Tribune* of April 3 contains an editorial on the investigation of causes of success It describes a questionnaire sent out by a "Foundation," and says

"Running over the field of human motives with a vacuum cleaner these pursuers of truth ask to know how the victim happened to select his present vocation and give him five choices as well as a blank check The possibilities range all the way from 'chance opportunity' past 'on invitation' to 'gradual swinging over from other fields' The fine art of questioning has seldom achieved more subtleties than in this comprehensive dissection of success

"For those few who doubt whether life can be thus measured, surveyed and analyzed, there is one overwhelming answer Suppose this questionary does fall short of its mark, other scientific questionaries and other statisticians will return to the task again and again Some day, some where, some one must surely get a hand on the tail-feathers of success and not return to his employers empty-handed For while life, as it does or does not achieve earthly success, is mortal, foundations, dispensing the golden life-blood of all statistics, are eternal"

Physicians whose daily work consists largely in taking histories know how difficult it is for any person to give truthful answers about themselves They are fed up with questionnaires to such an extent that the more careful doctors throw them into the waste basket, and the replies that flow in are from the less thoughtful doctors who possibly are flattered by being considered worthy of notice

DEBUNKING

There are signs of a reaction from the prevailing custom of writers to expose the petty whims and foibles of great men in an attempt to show that after all they were just ordinary mortals, and unworthy of praise But James J Montague, in the department "More Truth than Poetry" in the New York *Herald-Tribune* of April 3rd combats that idea in the following verses

I've often read that Washington
  Was not quite what he seems
To those who base the general's case
  Upon the works of Weems
I've read he had a temper
  And sometimes even swore,
But just the same no one can claim
  He didn't win the war
And though detractors may detract
They can't debunk that simple fact

I've read that Alexander
  Was really not so great,
But that he struck a bunch of luck
  By grace of favoring fate
They say his fighting tactics
  Were but of little worth,
But none the less, they all confess,
  That he once ruled the earth
And never by the slightest chance
Can they debunk that circumstance

Debunking may be useful,
  Perhaps it helps us see
That men of fame have played the game
  A lot like you or me
In holding up their failings
  It shows that Such and Such
And So and So of long ago
  Were really not so much
But there's one job we've got to do,
And that's debunk debunkers, too

THE DAILY PRESS

HUMAN AUTOMATONS

Human automatons are especially numerous in the big cities, for there they follow narrow routes of travel, and are slaves to clocks and railroad time tables The following editorial from the *New York Herald Tribune* of March 11 gives a striking example of automatism

"Thirty subway and elevated passengers of the Interborough Rapid Transit Company deposited in the turnstiles last December, we learn from the 'I R. T News,' $5 goldpieces instead of the intended nickel Only ten of the coins were claimed by the owners and refunded So twenty absent-minded New Yorkers are still out $4 95 each as penalty for acting like automata and for not being able to remember, once the yellow coin was missed, when and where the deed was done Modern biologists have looked with little favor on the Victorian idea that mankind may evolve slowly into a race of giant, hive-ruled insects, efficient enough, but as completely the slaves of blind instinct as are the ants or bees Yet despite this biological reprieve, one wonders whether modern city life may not be stimulating mental changes in this direction—changes that make men and women into automata

"Savages have rigid customs but few habits Before man had become too obviously the lord of creation he watched where he stepped and looked before he leaped One may argue of course, that several million people rode on the Interborough in December without the mistake of putting goldpiece in the turnstiles Even the fact that thirty of them did so would mean but little, it may be admitted did it stand alone But there are other symptoms The typical New Yorker seems, for example, to be acquiring a new form of absent-mindedness *He can walk ten or fifteen blocks* along the streets, crossing on the whistles and otherwise obeying familiar and instinctive signals, but all the while in a brown study, impervious to everything not his immediate concern An ant could do no more"

BANISHING FEAR

The *New York Times* of March 14 describes editorially an experiment on the control of fear made in the public schools of Boston The editorial says

"The Superintendent of Schools in Boston, Jeremiah E Burke, has started a program designed to train the pupils' emotions—to bring their emotions under the control of reason and volition In *1928* the emotion of fear was especially considered, and a practical course, conducted through classroom experiment in the fifth and successive grades and in limited time so as not to encroach upon other subjects, was begun The emphasis is put upon conquering undesirable fears by which we are all harassed, in the form of timidity or self-consciousness, dread of ridicule or failure, and upon 'raising fear to the level of intellectualized caution'

"The discussion proceeds somewhat as follows Fear is a problem common to all, there can be no courage without fear, for courage means its overcoming, few fears are inborn, which means that they are acquired and hence avoidable From this *the child should learn* to face fear directly and not by irrational evasive means, making false excuses, etc Out of it all there is sought to develop in the child a simple technique in meeting real-life fear situations, and in finding 'compensatory adjustments' when effort has been thwarted

"So far as known, this program is without precedent, and so is a belated endeavor systematically and scientifically to banish what has been said for ages to be the hindrance to all virtues But Boston is perhaps the place where such an experiment would have greatest promise of success, for it is the new world capital of the region of 'intellectualized caution'"

TALKING MOVIES

The competition between the silent movies and the talkies is likely to be acute The New York *Times* of April 3rd discusses the fundamental reason for the preference of either the one or the other form and says

"The Hard-of-Hearing Clubs are among the most vigorous partisans of the older kind of screen show If their members are deprived of silent shadows, with occasional captions to give the necessary words, 'one of their greatest sources of pleasure' will be removed.

"It may be that the present vogue of *the talkies* is chiefly due to their novelty, or perhaps, as Mr Nathan says, people are curious to hear their

A Text-book of Surgical Diagnosis Edited by A J Walton, M S., F R C S., B Sc. Two octavo volumes of 1121 pages, illustrated. New York William Wood & Company, 1928. Cloth, $20 00

This work appears as a first edition consisting of two volumes aggregating 1121 pages with a very comprehensive index excellently illustrated by 570 cuts and figures. Every conceivable disease is carefully and thoroughly considered. The various chapters are written by men with wide reputations in that particular branch of surgery The author devotes most of his space to the surgical diseases of the abdominal viscera.

The underlying motive in compiling a work of this character is the tendency of operative treatment to overshadow that of surgical diagnosis. The author feels that it is of more importance to make a correct surgical diagnosis than it is to carry out the technical details of any given operation. He also feels that with a better training in clinical diagnoses much unnecessary laboratory work can be eliminated With these foregoing ideas constantly in mind the work has been logically built up

The reviewer feels that there is a real demand for more reference books of this character, especially for the use of the general practitioner upon whom the patient depends for the proper disposition of his disease To the surgeon particularly in the smaller communities it will fulfill a constantly growing demand

Merrill N Foote

The Care of the Child By Alton Goldbloom, B A., M D 12mo of 240 pages London and New York, Longmans, Green & Company, 1928 Cloth, $1 50

Dr Goldbloom has called his little book "A Guide for Perplexed Mothers," and in it he attempts to answer the type of questions most frequently asked by young mothers Another object has been to divest the minds of parents of the old ideas and common fallacies which have no foundation in fact Dr Goldbloom received his training under the guidance of the late Dr L. Emmett Holt. He is at present, lecturer in Pediatrics at McGill University and has written numerous articles on the care and the upbringing of the child His ideas are in no way revolutionary and he is to be congratulated on their commonsense character

Wm Henry Donnelly

Thrombo-Angiitis Obliterans. Clinical Physiologic and Pathologic Studies By Drs George E Brown and Edgar V Allen 12mo. of 219 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928. Cloth, $3.00.

In the past five years there has been developed a technique for the care of patients suffering from this extremely painful and crippling disease, which radically changes the outlook. Much credit for this accomplishment belongs to the group working at Rochester, who have made good use of the rich material afforded them for study By trying out methods of treatment suggested elsewhere, as well as certain contributions of their own, they have elaborated a system of therapeutic measures which is many times successful in controlling the agonizing pain, and not infrequently in so improving the collateral circulation as to result in the healing of beginning trophic lesions. These measures have been described in various papers, and the present little volume represents a review of the entire subject, historical, pathological, clinical Special methods of investigation, such as the measurement of heat elimination, surface temperature, capillary studies and the intra-arterial injection of opaque media, are briefly described Every internist and surgeon, and this means of course every general practitioner, should be familiar with the main features of the story told by this book.

T H

The Clinical Examination of the Nervous System By G H Monrad-Krohn, M D Fourth Edition 12mo of 209 pages, illustrated. New York, Paul B Hoeber, Inc., 1928 Cloth, $2 50

While serving as an excellent reminder of some of the important points in neurological examinations and interpretations—the book at times seems to be lacking in the completeness of necessary details To those who are desirous of a more complete neurological library, occasional little pointers will be found that make the book well worth its price.

R.

Sterility in Women Diagnosis and Treatment. By Sidney Forsdike, M D Octavo of 133 pages, with 25 illustrations New York, William Wood & Company, 1928 Cloth, $3 50

In reviewing this small volume of 120 pages one is again reminded that a logical arrangement of a monograph on sterility is difficult to achieve Much material that has won a traditional place in other volumes has been wisely omitted The book aims to be practical rather than didactic and seems to outline the author's views modestly and honestly Nearly a quarter of the volume is devoted to the description of tubal patency tests and an interpretation of 'graphs." Although this is well done, we feel that some of this space could have been utilized better is amplifying other diagnostic procedures For instance, the necessity of demonstrating the husband's fertility is emphasized but this feature of sterility study which is frequently the most difficult and the one in which errors in diagnosis are most commonly made by the inexpert receives rather casual consideration Under other important headings, the text is sometimes disappointingly brief, but if the book is completely reviewed it will be found that essential matters have somewhere received attention Operative procedures for the relief of sterility are recommended usually with well-defined reservations. Not all will agree with the author however, in recommending that when other causes of sterility are eliminated the ovaries should be inspected by laparotomy

Wm H Cary

Roentgenology Its Early History Some Basic Physical Principles and the Protective Measures By G W C. Kaye, O B E., M.A., D Sc. 12mo of 157 pages, with 49 illustrations. New York, Paul B Hoeber, Inc., 1928. Cloth, $2 00

This little book of 148 pages of text, 49 illustrations and a very complete index is an elaboration of the Caldwell lecture given by the author in Montreal in September, 1927

As its title states it is a history of the Roentgen rays with the early physics on irradiation which led to the discovery of its rays and a careful study of their nature and physical properties. Over one-half of the book is devoted to the question of protection to the operator and the patient from injury by the X-ray or radium and the appendices A and B, the former comprising the recommendations of the British X-ray and Radium Committee and B the recommendations of the International Congress of Radiology held at Stockholm in 1928, are of special value

Three short paragraphs are devoted to the higher physics of Roentgen rays and while these are of no interest to the average physician, they make for completeness

Every roentgenologist and every physician who is to the slightest extent handling Roentgen rays or radium should add this book to his library not only for his own information but also for the welfare of himself and his patient.

Charles Eastmond

BOOK REVIEWS

A HISTORY OF PATHOLOGY By ESMOND R. LONG, Ph D, M.D 12mo of 291 pages Baltimore, The Williams & Wilkins Company, 1928 Cloth, $5 00

In this small volume, a successful ambitious attempt to briefly summarize the history of pathology has materialized into a highly interesting story Tracing this specialty from earliest times to the present, the author has depicted the high spots of its history in a discriminating manner, particularly emphasizing important events and discoveries Not only is it of historical value, but for the undergraduate, as well as for the physician, it is highly instructive, since only by knowing the development of the science of pathology, can the fundamentals be known Or as Dr Long puts it "Nothing gives a better perspective of the subject, than an appreciation of the steps by which it has reached its present state."

MAX LEDERER

NEUROLOGICAL EXAMINATION An Exposition of Tests with Interpretation of Signs and Symptoms By CHARLES A MCKENDREE, A B, M.D 12mo of 280 pages, illustrated Philadelphia and London, W B Saunders Company, 1928 Cloth, $3.25

This is a splendid reference book of about 260 pages, very concisely written to help in the examination and interpretation of the symptoms and signs of the nervous system It can be highly recommended to every practitioner of medicine R.

ULTRA-VIOLET RADIATION AND ACTINOTHERAPY By ELEANOR H. RUSSELL, M D, and W KERR RUSSELL, M D Third Edition Octavo of 648 pages, illustrated New York, William Wood & Company, 1928 Cloth, $6 50

This third edition of an excellent work reflects graphically the rapid advance which is being made in light therapy The volume is strictly up-to-date, and many new light generators and appliances are described There is a wholesome lack of bias in the description of the various devices and their respective properties and advantages The use of light in the restoration and preservation of health is treated in a masterly and convincing manner The book as a whole is well written and clearly printed, with a profusion of excellent diagrams and photographs It will be a great aid to the advanced user of actinotherapy and a revelation to the student, and can be highly recommended to both.

JEROME WEISS

QUALITATIVE AND VOLUMETRIC ANALYSIS FOR MEDICAL STUDENTS By H LAMBOURNE, M A., M Sc., and J A. MITCHELL, M Sc. 12mo of 64 pages New York, Oxford University Press, 1928 Cloth, $1 50 (Oxford Medical Publications)

This little book, according to the preface, is intended especially for medical students studying for the Pre-Medical Examination of the Conjoint Board

Part I deals with qualitative analysis, and is limited to simple substances containing but one base and one acid This scheme is followed by a few tests for the identification of a few selected organic substances, ten in number It is not, as the title seems to imply, a book on general qualitative analysis

Part II deals with the general principles and calculations of volumetric analysis The descriptions of the processes mentioned are very brief and inadequate for the student without the aid of an instructor

E. H B

METHODS OF BIOLOGICAL ASSAY By J H BURN, M A., M D Octavo of 126 pages, illustrated. New York, Oxford University Press, 1928 Cloth, $2.55 (Oxford Medical Publications)

Director of the Pharmacological Laboratory of the Pharmaceutical Society of Great Britain, previously a member of the Medical Research Council This book contains a description, in detail of the methods of biological assay of digitalis, squills, strophanthus, pituitary extract, insulin, ergot, adrenalin, ovarian extract, parathyroid, thyroid extract, histamine, atropine and antipyretics

The author states in his preface that he has included in this book only methods of which he has had personal experience.

In recent years the manufacturers of certain drugs and their preparations, have adopted the biological method of standardization, or test on animals, as the only test of therapeutic value of these drugs This is done in the interest of therapeutic efficiency, uniformity and safety in dosage, and also, because no chemical method is available in some of them

These methods of assay require trained experts in animal experiment work, and such experts are now employed by all the larger pharmaceutical houses

This book will appeal especially to those engaged in safeguarding the preparation and marketing of these drugs The book is well written and is full enough to serve as a working guide to the standard or official methods to be employed.

The author's discussion of the variability in the reaction of different individuals in series of animals of the same kind, and its bearing on the tests, is of especial interest. This fact makes it possible to fix a standard of potency only by taking the average effect on a very large number of animals It also throws doubt on the accuracy of the application of the biological assay of such drugs as digitalis and associated drugs

Every physician and every dispenser of drugs would do well to read this book and acquaint himself with the methods employed in these assays and their limitations.

E. H B

A HANDBOOK ON VENEREAL DISEASES For Nurses and Others Engaged in the Routine Treatment of These Diseases By W TURNER WARWICK, F R C S 12mo of 221 pages, illustrated London, Faber & Gwyer, Ltd., 1928 Cloth, 6/ net.

This little handbook fulfills a distinct need in the nursing profession. Most available textbooks on the subject are large and unsuited for nurses interested in learning the principles of venereal practice, and of laboratory methods Works of this type seem almost indispensable, inasmuch as the training in most of our larger and recognized institutions provide lectures of but a few hours on the subject The result is a marked lack of interest and ignorance, and a tendency, also, to shun this work or look upon it with contempt.

The nursing profession of the future must be more fully trained in the social diseases, and assume a more responsible role in the management of the most prevalent scourge. In so doing they can uphold the highest traditions of their calling

The author is to be complimented upon the interesting chapter giving the early history The chapter on prophylaxis is also instructive.

It is to be hoped that this book will prove valuable in overcoming a prevalent lack of knowledge and interest, and be utilized extensively by institutions responsible for the proper training of nurses.

AUGUSTUS HARRIS.



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The old doctor imparted to the other some of his own wisdom, his own patient philosophy of life and service The younger man, sensitive and a seer in his own right, builded on from his own experience through the practical application of his knowledge of medicine and the personal art of being human and humane

So into his training passed the long discipline of study and preparation, together with that more rigorous responsibility to answer the summons when duty calls, whenever, wherever or for whatever the need may be

He may watch for hours upon end without sleep, eat but little, relax never, yet no one hears him complain No one thinks he ever becomes weary, or longs for a respite and so day or night, in season and out, when the telephone rings a voice carries back, *"This is the doctor Yes, I will come"*

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OUR NEIGHBORS

DENVER CITY AND COUNTY MEDICAL SOCIETY

Dr James J Waring, in his president's address before the Denver City and County Medical Society on January 8, 1929, as reported in the April issue of *Colorado Medicine*, discusses the activities of his society, and says

"The Medical Society of the City and County of Denver is now well over fifty years old, a mature, solidly established organization with a roster of 570 members, with amazingly splendid library resources and with a substantial library endowment fund

"In this age of preventive medicine and ever-broadening social responsibilities of men and organizations only a few of the members have taken an active interest individually in public health affairs, and until the past few years officially the society has held aloof and has done little or nothing 'in the advancement of all subjects connected with the healing art and public health'

"During the past year the average attendance at meetings has been ninety-three The chief reasons for this relatively small attendance may be grouped in two categories (1) compulsory hospital staff meetings and subsidiary society meetings, and (2) a monotonous scientific program, by which I mean a program of the same general type repeated over and over again

"Relief from the monotony of the readings of scientific papers should be secured in as many ways as an ingenious program committee can devise

"The opportunity regularly offered at every meeting for the exhibition of patients should be utilized more frequently

"At the present time no organized method exists for securing visiting speakers If the plan for a full time secretary for the State Medical Society goes through it would be very easy for this person to keep in touch with all medical conventions west of us to the end that important guests from the east at these meetings might be extended invitations to stop off in Colorado on their way to the coast or upon their return A careful canvass also should be made of the most desirable men resident west of us, who should be extended on suitable occasions invitations to address our society

"During the past year on half a dozen different occasions all the officers of the society, and all the members of the standing committees and the trustees, and one or two other representative men have been invited to meet with the president at dinner and have spent the entire evening in a well-planned informal discussion of matters of considerable concern to the society Aside from the promotion of good fellowship, the business discussion always frank, always friendly, has been most helpful The conviction grows that this periodic meeting in a social way of all those men in whom the administration of the affairs of the society is temporarily vested promotes frankness and much good feeling, the leaven of which subtly spreads throughout the rank and file of the society there to do its noble work

"The responsibility for the delay in the admission of the state of Colorado into the United States registration area rests largely upon those Denver physicians who fail to make proper returns of births I remind you that the statutes provide for the registration of births and a penalty for failure to report, a penalty, by the way, which has never been enforced by the State Board of Health I also remind you that unless a certain high standard is maintained the state will be dropped from the registration area

"Until convinced of the wisdom and the necessity of reporting venereal diseases and tuberculosis, the members of this society will not do so I suggest that early in the year a meeting be devoted to a discussion of these three important subjects—birth registration and venereal diseases and tuberculosis reporting and that the secretary of the State Board of Health and the manager of health and charity be invited to attend the meeting and to take part in the discussion

"For years only a scant handful of doctors in this community have actively interested themselves in important public health activities and officially the county society has rarely manifested the slightest interest

"It is well known that during the past few years serious misunderstandings have arisen between social service workers and the members of the organized medical profession"

Dr Waring then refers to the 1927 annual report of the Committee on Public Relations of the Medical Society of the State of New York, and quotes the agreements with the voluntary health associations which are printed on pages 622 of the June 1, 1927 issue of the NEW YORK STATE JOURNAL OF MEDICINE In urging the doctors of Denver to take the same action, the president said

"Through the Denver Public Health Council, on which, since its inception four years ago, this society has had two official representatives, the ground has already been prepared for the coordination outlined in these recommendations I believe every health agency represented on the council looks to the county society for authority and

(Continued on page 493—adv xix)

(Continued from page 490)

leadership and is willing, even anxious, to work in harmony with it" (The Denver Health Survey is described in the NEW YORK STATE JOURNAL OF MEDICINE of January 1, 1929, page 58)

Dr Waring also suggested the formation of a Medical Information Bureau after the plan of a similar Bureau of the Medical Society of the County of New York, and the New York Academy of Medicine. (See this JOURNAL of Novemvember 15, 1928, page 1377)

IMPROPER TESTIMONY AGAINST A DEFENDANT PHYSICIAN

A physician in Massachusetts was a witness in a malpractice suit and testified that a bronchitis which came upon the plaintiff some time after an operation was caused by the ether given as an anesthetic The witness was tried by the Board of Trial of the Council of the Massachusetts Medical Society and was adjudged guilty of conduct unworthy of an honorable physician His expulsion from the Society was recommended

Commenting editorially on the case the *New England Journal of Medicine* of February 22 says

"This case is of great interest because of several circumstances First treatment by a reputable physician was adjudged responsible for the ill health of a patient The conclusion reached was the opinion of twelve laymen, later modified by the presiding justice The accused was tried before a group who, in the language of the law, are his peers While the belief exists that the jury system by and large is the most reasonable procedure thus far devised for determining the status of an accused person, physicians may rightfully believe that testimony of a technical nature referring to the medical treatment of a case may not be correctly interpreted by the laity This may, we believe, prevent a logical decision under certain circumstances and if so in this case is most unfortunate A layman may be excused for feeling that, since the decision of the jury was not wholly endorsed and confirmed by the presiding justice, it would be fair to assume that the defendant was entitled to a new trial Second it is unfortunate when a physician called upon to give information to the court submits opinions which are at variance with the general experience and belief of the profession He thereby places himself in the position of one who discredits the practice of medicine as accepted and adopted by the majority He must bear the obliquity which his conduct thereby brings upon himself Third this case seems to justify the feeling that physicians who are not qualified by experience or temperament to meet the trying

(Continued on page 494—adv xx)

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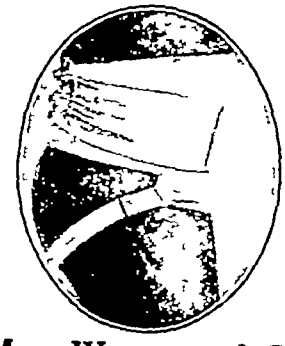
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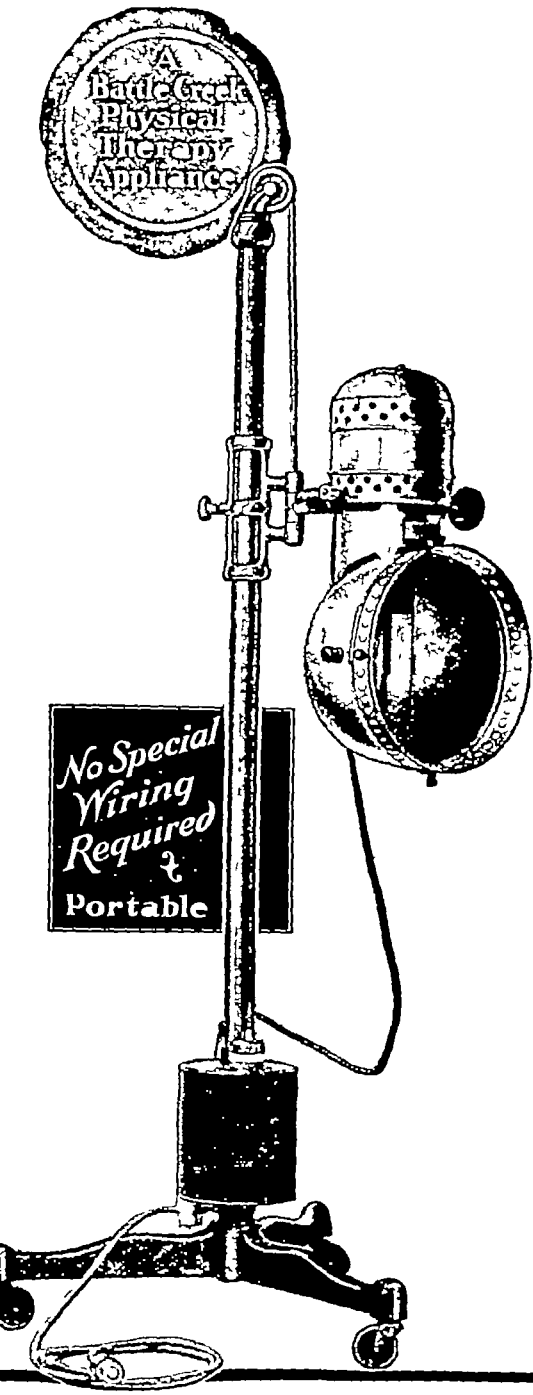
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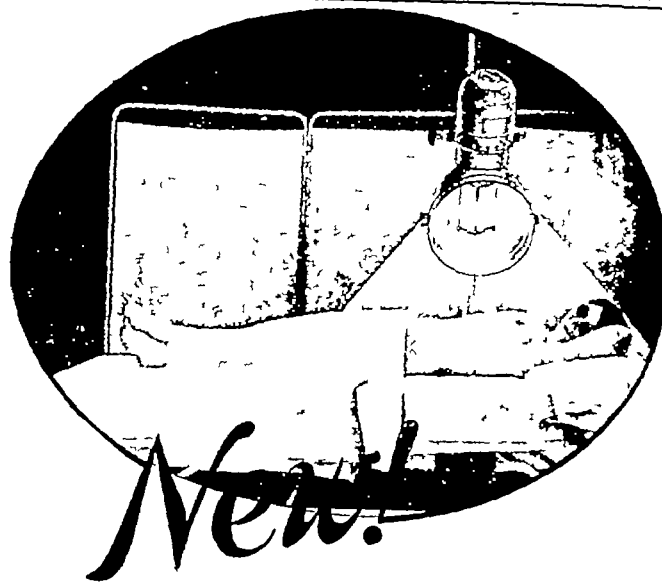
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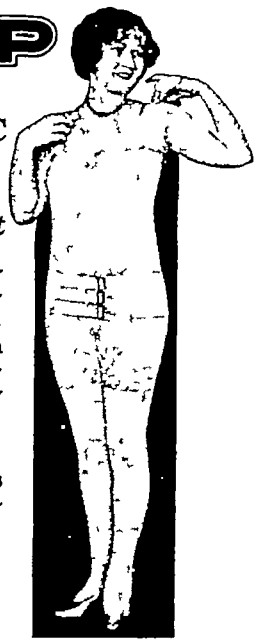
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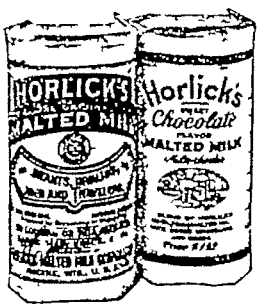
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(*Continued from page 493—adv xix*)

ordeal of testifying in a legal contest should refrain from giving expert testimony Any fair-minded man ought to be aware of the danger to his own reputation and injustice to others if he flounders in direct and cross examination without adequate intellectual and temperamental equipment

"The profession is confronted with a great burden in the increasing number of malpractice cases and doctors must come to an understanding of the injustice of unsound opinions in court trials Honorable witnesses should take the witness stand devoid of prejudice with a fixed determination to relate facts and express opinions in the strictest possible adherence to truth

"The attorneys are partisans, the doctor should stand as a representative of a profession which is governed by scientific and moral integrity"

PRIVATE FUNDS IN PUBLIC INSTITUTIONS

The acceptance of endowments offered to institutions supported by State or National taxation has frequently been discussed The principle involved is similar to the question whether or not the Medical Society of the State of New York shall accept endowment funds from lay health organizations for the purpose of conducting investigations along public health lines *The New England Journal of Medicine,* in its issue of February 21, discusses editorially a letter appearing in the February second issue of the *Journal of the American Medical Association,* page 411, protesting against a proposed law which would authorize the officers of the Hygienic Laboratory to accept financial contributions for the support of scientific investigations, one of which relates to the standardization of antitoxins and serums The editor says

"We know of no applications of private or public funds which would bring any greater ultimate benefit to the people of the country than the one proposed and we know of no more conscientious administrators of such monies than men of the type that constitute our Public Health Service

"It is therefore, with amazement and, we feel, quite proper resentment that we read in the February issue of the *Journal of the American Medical Association* a communication implying that the acceptance of funds from commercial firms or private foundations would corrupt this Service The correspondent goes so far as to say 'Passage of any of the proposed bills authorizing acceptance of private donations for the United States Public Health Service would amount to turning the United States Public Health Service over to the commercial manufacturers and private foundations'

(*Continued on page 496—adv xxii*)

MEDICAL LEGISLATION IN DELAWARE

The March issue of the *Delaware State Medical Journal* lists the following legislative bills affecting health

"There is a bill to provide for a state mental hygienic clinic, to be erected in conjunction with the State Hospital at Farnhurst

"There is a bill to provide certain new buildings at the same hospital, all of which are to be part of a comprehensive scheme of expansion, to cost ultimately the very respectable sum of $2,600,000, plus maintenance

"There is a bill to legalize the sexual sterilization of certain classes of criminals, defectives, and epileptics, which bill widens considerably, and perhaps unwisely, the existing bill, which has been operative only for the past five years

"There is a bill to amend the registered nurses' law, providing for an increase, perhaps excessive, in the requirements for admission to a training school for nurses in this State, and also clothing the State Board of Nurses' Examiners with rather dictatorial powers over every hospital in the State that conducts a training school

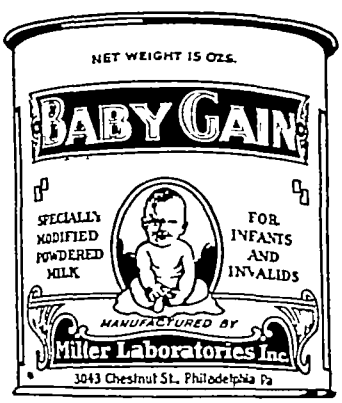
"Here are four bills of more than ordinary interest and importance to the doctors, yet not one letter has been received by the editor from his medical constituents"

The editor deplores the apparent lack of interest of doctors in medical legislation and says

"Why do doctors not make the *Journal* the open forum it should be for the discussion of Delaware's affairs? Why do they not make use of their opportunity to discuss special local problems?

"To our minds, the keynote of this situation is simply—inertia. Called by its homlier and less poetic name, it is simply laziness—one of the seven deadly sins, an easy one to acquire, and a difficult one to overcome But, surely, when matters of such great import are before the profession as the four items mentioned, the doctors can bestir themselves, give up their habits of hibernation, and engulf the editor with their views"

The March issue of the *Delaware Journal* is only the third number with which the editor has had to deal If he inspires the Delaware doctors to engulf him with their views, he will have done what no other editor of a State Journal can do



Pure Powdered Milk from Tuberculin - Tested Cows

Bottle-fed or Breast-fed Baby

The breast-fed baby receives nourishment of practically unvarying quality BABYGAIN, the scientifically modified powdered milk, enables the mother to prepare bottle feedings with the same characteristic uniformity.

BABY-GAIN requires only the addition of water to provide a diet as easily assimilated as mother's milk This is because the fat globules have been reduced in size and the casein has been broken up in the process of powdering

There is no waste, as the last dram of powder can be used BABYGAIN will prove the most economical food within the correct limits of correct feeding and safety, and may be adapted by the physician to the individual requirements of each case.

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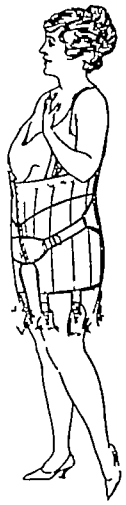
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Models especially designed for every condition requiring support

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that they acclaim it as "a specific"

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Colwell Pharmacal Corporation
25 Church Street, New York

Manufacturers of
Stable Liquid Endocrines

(*Continued from page 494—adv xx*)

"It seems to us that this statement is entirely unwarranted For a long time just such funds have been accepted by many of our leading colleges and universities with no consequent lowering of their high ethical standards, and that similar contributions to various scientific or welfare societies and other altruistic enterprises have, in the main, been conscientiously administered We, therefore, do not share the correspondent's fear that, with the acceptance of private funds, venality will take the place of the independent and unbiased attitude that has so long characterized the decisions of our federal health authorities, and we heartily and fully support any proper measure which will assist and extend the valuable work of our United States Public Health Service"

EARLY DIAGNOSIS OF TUBERCULOSIS CAMPAIGN IN PENNSYLVANIA

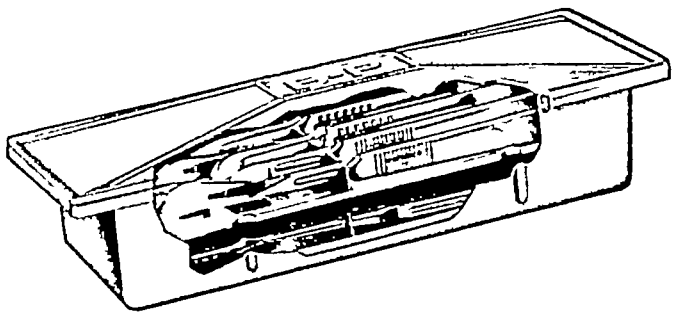
The March issue of the *Pennsylvania Medical Journal* contains the following editorial

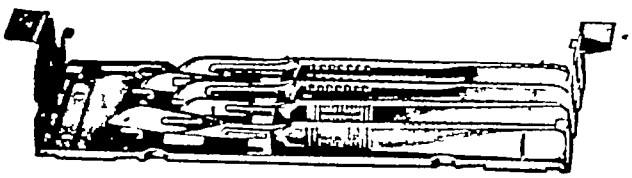
"Throughout the field of medicine great emphasis is placed at the present time on early recognition of disease and prompt treatment The National Tuberculosis Association, realizing the great importance of applying this principle in the further reduction of the death rate from tuberculosis, has planned an early-diagnosis campaign for the month of April, to be promoted throughout the United States While the mortality from this disease has reached its lowest ebb during the past year, and while it has been reduced by half within the past fifteen years, yet it is still far too high, being approximately 73 per 100,000

"The plan for this campaign was presented by the Pennsylvania Tuberculosis Society to the Board of Trustees of the Medical Society of the State of Pennsylvania at its meeting in Harrisburg on December 4, 1928, and was given careful consideration It was agreed that the campaign should be approved, and that the Board would urge cooperation in the promotion of the campaign in Pennsylvania on the part of all county medical societies and individual physicians, since "it is clearly recognized that the early discovery and prompt treatment of tuberculosis is a most important consideration in the prevention and control of this disease The Early Diagnosis Campaign being planned by the Pennsylvania Tuberculosis Society is an effort in this direction, and it should have the active support of the medical profession throughout the state

"Special attention is called to the 'Tuberculosis Abstracts' appearing elsewhere in this Journal, also to the article by Dr Charles L Minor which is published in this issue"

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STERILIZING CONTAINER

The Bard-Parker Sterilizing Container for hospital and office use is especially designed for the sterilization of Bard-Parker Knives

Material Monel metal which possesses long life and is easily cleaned

Construction Two removable trays with racks for handles and blades

Capacity Eight Bard-Parker Knives with blades attached and space for extra blades

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Write for circular giving complete description of Bard-Parker Sterilizing Container and formaldehyde Germicide

FORMALDEHYDE

GERMICIDE

A powerful, non-corrosive sterilizing medium of high germicidal efficiency prepared especially for sterilizing Bard-Parker Knives and other fine surgical instruments

Bard-Parker formaldehyde Germicide Destroys the most resisting non-spore-bearing bacteria in less than two minutes

Destroys the most resisting spore-bearing bacteria in one and a half hours

Does not injure the keen edge of Bard-Parker blades or other fine steel instruments after two weeks' constant immersion

Prices

One pint bottles	$1 00 each
One carton (12 pints)	10 80
One gallon bottles	5 00 each
One carton (4—1 gal)	18 00



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We'll be glad to send any physician a guest card so that he may see, for himself, our facilities for carrying out his orders

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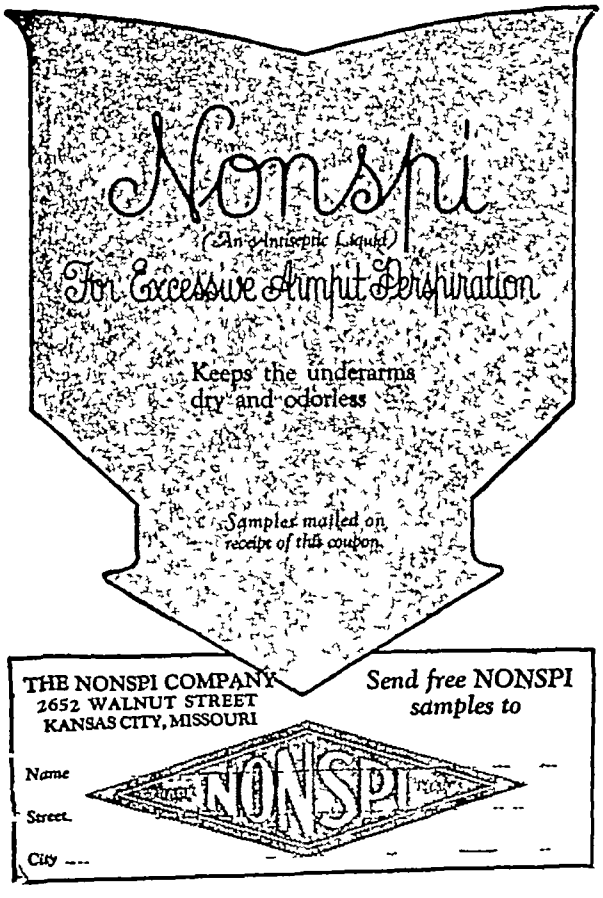
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ANTIVIVISECTION ARGUMENTS

The March issue of the *Illinois Medical Journal* devotes six editorial pages to the arguments for and against animal experimentation The article begins

"In Illinois, the District of Columbia and perhaps elsewhere over the country are springing up plans for the introduction by law-making bodies of many bills and other prohibitions forbidding continuance of animal experimentation

"Man's duty toward dumb beasts is one of the inherent truths of civilization, but man's duty to humanity is of such a much greater scope that any criticism of the very small sacrifice of animals necessary to preserve millions of human beings, in fact, the very race itself, is not even a study in comparatives based on the ratio of benefits obtained

"Anti-vivisection defeats the aims it serves. Not only do human beings receive almost incredible assistance from animal experimentation but stockmen and breeders admit that their stock and herds derive incalculable assistance from the results of animal experimentation It is doubtful if the percentage of animals used for research work in this regard, and who thus come to an end different than that which in the due course of nature might be expected to be theirs, in any way approximates the number of physicians and nurses who quietly lay down their lives every year in the discharge of their duties without a whit of agitation as to these 'martyred humans'"

The editor then gives a list of twenty-five diseases and conditions in whose treatment and investigation was made possible by animal experimentation This list is as follows

1 Dog distemper
2 Typhoid fever
3 Diphtheria
4 Smallpox
5 Yellow fever
6 Plague
7 Malaria
8 Lockjaw
9 Hydrophobia
10 Epidemic Cerebro-spinal meningitis
11 Pneumonia
12 Tuberculosis
13 Antiseptic surgery
14 Compound fracture
15 Ovariotomy
16 Post-operative mortality
17 Blood transfusion
18 Goiter
19 Malta Fever
20 Maternity Mortality
21 Syphilis
22 Sleeping sickness
23 Glandular therapy
24 Animal scourges
25 Cancer

It also gives the following lists of investigations conducted largely by animal experimentation

"Animal experimentation has provided vaccine, bacterins, and antitoxic serums, it has aided in the development of new methods of surgery and of reliable means of diagnosing infectious diseases, it taught us how to use gases during the war and how to defend our soldiery against them In the absence of such knowledge the recent war

(Continued on page 500—adv xxvi)

To THE MEMBERS *of* THE MEDICAL SOCIETY *of* THE STATE OF NEW YORK

WELCOME

YOU are invited to our exhibit in booth No 25 at the Annual Meeting of the Medical Society of the State of New York at Utica, June 3rd to 6th, inclusive

The exhibit will be in charge of William Wallace, Jr, Research Director of the Vitaglass Corporation Reprints of our biological tests and physicists reports of tests made with Vita glass will be available

You will be particularly interested in the test conducted by the Council of Physical Therapy of the American Medical Association and two tests conducted by Captain William D Fleming of the Medical Corps, U S Army, on winter sunlight and skyshine

If for any reason you fail to attend we will be glad to supply you with all of the above mentioned reprints Just write the Vitaglass Corporation, 50 East 42nd Street, New York, N Y, or mail the coupon below

The biological tests made with seasoned Vita glass all indicate that its use will produce anti-rachitic results and normal growth on rats and chickens Some of these tests have been carried on during winter months and in large cities

There are two ways to test the transmission of health window glass—the physical method and the biological methods One method demonstrates the quantity and the other both the quantity and quality of transmission

Vita glass has been subjected to accelerated weathering tests many times by the Bureau of Standards, Professor Stockbarger of Massachusetts Institute of Technology and many other physicists These physicists all confirm that the solarization (weathering or seasoning) of Vita glass takes place very quickly and that within a few weeks in actual use its transmission of the health ultra-violet becomes stable and permanent *without further* change

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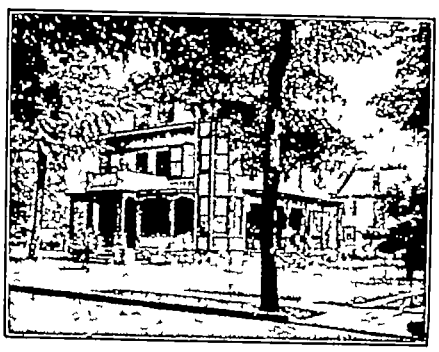
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Westchester Institute for Physical-Therapy

233 South Second Avenue
Mount Vernon, N. Y.
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Conducted according to the ethics of the medical profession

Patients are accepted only upon the recommendation of their physicians

Equipped for giving the following forms of physical-therapy

Baking Treatment	**Hydrotherapy**
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Vibro-Massage and Medical Reconstruction Work	**Infra Red**
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Treatment given by graduate technician

Rooms available for resident patients

R N. in charge

Attention is given to special diets as ordered by their physicians

A physician is available for the resident cases whenever their attending physician is unable to visit the patient.

Regular reports of progress are sent to the physician who refers the patient

VISITING PHYSICIANS ARE ALWAYS WELCOME

FRANK L. HOUGH
Licensed
PHYSIOTHERAPIST

(*Continued from page 498—adv xxiv*)

would have cost additional thousands of lives and would have produced many additional thousands of cripples

"Animal experimentation has resulted in the following basic knowledge Circulation of the blood, capillary circulation, the vasomotor mechanism, functions of the nervous system, the flow of chyle in the lacteals, the passage of chyle through the lymph ducts into the venous circulation, the nature of the digestive fluids and chemical transformation of food through their action, functions of the liver, lungs, kidneys, and other organs, the reaction of the cells to various kinds of stimuli, significance of the endocrin glands, nature of inflammation and other pathological processes, and numerous other discoveries in physiology, pathology, and biochemistry

"Experiments with live stock have contributed richly to the current knowledge of drugs and their uses and to the precise information we have of the therapeutic, physiologic, and toxic actions of the innumerable substances from which our useful drugs have been selected"

The editorial also gives the following sins of omission, to be credited to the anti-vivisectionists

"1 Not a single life has been saved by efforts of antivivisectionists

"2 Not a single beneficent discovery has been made by them

"3 Not a single disease has been abated or destroyed or cured by them, either in animals or in man

"4 All that they have done is to resist progress —to spend $500,000 in thirty years in Great Britain alone, and millions in the United States and elsewhere, and to conduct a campaign of abuse and gross misrepresentation, from which the harvest is easy to prognosticate from present results

"5 They care apparently little or nothing for the continued suffering and death of human beings, or the grief and not seldom the ensuing poverty of their families, provided that twenty-six out of every thousand dogs and cats, monkeys and guinea pigs, mice and frogs experimented on shall escape some imaginary physical suffering Somehow, antivivisectionists fail to appreciate the fact that millions of animals are spared much suffering as result of animal experimentation

"6 They insist, therefore, that all experimental research on animals shall stop and—astounding cruelty—that thousands of human beings shall continue year after year to suffer and to die, to become invalided and often not only burdens to themselves but economic liabilities to the community, their families and society

"One horse furnishes antitoxin which saves thousands of human lives—and the horse continues to live with more comfort and better care than many humans about whom antivivisectionists do not worry"

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There are two ways to test the transmission of health window glass—the physical method and the biological methods One method demonstrates the quantity and the other both the quantity and quality of transmission

Vita glass has been subjected to accelerated weathering tests many times by the Bureau of Standards, Professor Stockbarger of Massachusetts Institute of Technology and many other physicists These physicists all confirm that the solarization (weathering or seasoning) of Vita glass takes place very quickly and that within a few weeks in actual use its transmission of the health ultra-violet becomes stable and permanent without further change

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ETHICAL—RELIABLE—SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL—QUIET—HOMELIKE—WRITE FOR BOOKLET

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ESTABLISHED 1892 PATERSON, N. J

A private institution for the care and treatment of those afflicted with mental and nervous disorders Selected cases of alcoholism and drug addiction humanely and successfully treated. Special rates for the aged and semi invalid who remain three months or longer

Paterson is 16 miles from New York City on the Erie Railroad with frequent train service Buses render half hourly transportation from the Hotel Imperial and Martinique.

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MANY of the Sedgwick Invalid Elevators now in daily operation were installed as the result of recommendations by physicians who know how climbing stairs strains weak hearts Some physicians use them in their own homes These elevators are a blessing to invalids otherwise unable to move from floor to floor Easily and economically installed in old or new houses So simple a child can run them No operating expense

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Dear Doctor:

Do not dismiss the question of QUALITY when considering the question of PRICE.

We offer you the advantages of both without reservations

MUTUAL PHARMACAL CO., Inc

LEGISLATION IN COLORADO

The problems of Medical Legislation are the same throughout the United States The March issue of *Colorado Medicine* has the following editorial deploring the indifference of doctors toward legislative bills

"Special attention is called to the faithful efforts of Senator Alfred J Linnger, D D S, and Representative E J Brady, M D, chairman of the Medical Affairs Committees of the Senate and House It is deplorable that only county societies and very few individual physicians have informed these gentlemen of their stand on the above measures They are exceedingly anxious to deal justly with their professional constituents but how can they always do this if we continue silent and indifferent Better than informing these gentlemen who are our loyal friends, we should write other members of the Legislature to whom approach would be natural and personal influence effective"

The physicians of New York State have discovered that doctors can do their most efficient legislative work by getting their influential friends to write to the legislators for or against a bill, to a legislator an opinion of a storekeeper or lawyer on medical legislation is a hundred times more potent than the arguments of a physician

ADVERTISING CO-OPERATION

Editors of medical journals frequently print explanations of the value of advertisements to their periodicals It seems a trifle strange that any apology should be required for the acceptance of business advertisements, but then, doctors are usually considered to be poor business men However, the fact remains that advertisements benefit both the medical journals and the advertisers

Cooperation of physicians and advertisers is discussed in the following editorial in the March issue of the *Kentucky Medical Journal*

"Of course we know that our readers are utilizing our advertising columns every day We know this because we are constantly coming in contact with grateful physicians who are telling us about it However, our advertisers do not know this The address given at the bottom of practically every advertisement is an exclusive address used for this Journal alone We want to request every reader of this editorial to look through the advertising pages of each issue and write to the advertiser for samples, catalogues or whatever he has to offer, if you are interested in his product

The advertisers pay for the publication of the Journal Every dollar received from them is spent for making a bigger and better Journal It would cost each of our readers about $8 00 a year to publish this Journal if it were not for the advertisers"

Poland Water

is not only a benign diuretic, but its Amylolytic properties make it helpful in cases of amylaceous dyspepsia

Literature Free on Request



POLAND SPRING COMPANY

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680 Fifth Avenue

New York City

REGISTRATION IN COLORADO

The annual registration of physicians is a source of dispute in Colorado as well as New York, as is seen by the following item in the March issue of *Colorado Medicine*

"House Bill No 42 provides for the annual registration of all who practice the healing art within the state The bill has been temporarily retired to the Committee on Medical Affairs because some of the legislators favored a tax of ten dollars for purposes of revenue The proponents of the measure preferred to retire the bill rather than to submit the profession to such unjust class taxation. The bill as originally proposed provided for an annual fee of five dollars for the purpose of administering the law The sister bill for annual registration of dentists proposes two dollars as an adequate fee States where annual registration of physicians is required, provide for fees as follows California, reduced from two dollars to one dollar, Connecticut, two dollars, Florida, one dollar, Minnesota, five dollars reduced to two dollars, Nebraska, one dollar, Oregon, five dollars, New York, two dollars"

CLASSIFIED ADVERTISEMENTS

Classified ads. are payable in advance. To avoid delay in publishing, remit with order Price for 40 words or less, 1 insertion, $1 50, three cents each for additional words

WANTED SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening No charge to employers Established 1896 AZNOE SERVICE is National, Superior AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

We have inaugurated a courtesy service for travelers including information regarding itineraries, visas, passports, purchase of tickets, hotel reservations, etc Individual service rendered Write or phone A. A. Wiedenbeck, Dun Camp's, 1 Broadway, New York Telephone Whitehall 8758

POSITION WANTED—Registered, 34 years *experience, Skilled all modalities Part time* work physician's office. Lindgren. Tel. Flushing 1556

IDEAL LOCATION FOR SALE for building Sanitarium or hospital Will sell any number of acres up to 100 On State Road, altitude 2,140 feet, electricity, pure water, coal mines nearby Highest point on Susquehanna Trail For particulars, write Mrs. R P Douglass, Mountain View Inn, Blossburg, Pa.

DIABETIC DIET READJUSTMENTS

Some foods cannot be allowed in diabetic diet at all and others only sparingly This means a readjustment in dietary habits that is difficult for the patient and trying for the physician Practically all of the restricted foods may be duplicated by using Lister's Flour Each of these starch and sugar-free foods looks and tastes like the food that it replaces in the diet With the variety of foods, possible through the use of Lister's Flour, the patient is satisfied. There is no temptation to "cheat" and the case is the better kept under control Some of the Lister foods are

Bread, Biscuits, Cheese Biscuits, Lunch Biscuits, Drop Cakes, Cookies, Spice Cake, Charlotte Russe, Lady Fingers, Bread Pudding, "White" Bread, Nut Bread, Spiced Bread, Gold Cake, Pie Crust, Pie Fillings, Filled Doughnuts, Meringue, Muffins, Pancakes, Waffles, Salmon Croquettes, Fried Noodles, Fluff Cakes, Breadsticks, Doughnuts, French Toast, Spiced Muffins —Advertising page 1 —*Adv*

SEDGWICK INVALID ELEVATOR

Many physicians and surgeons have displayed interest in the development of an absolutely safe and easily operated invalid elevator, not prohibitive in cost, that would eliminate stair-climbing for those patients weakened by illness or age. To this end the Sedgwick Hand Power Automatic Brake Invalid Elevator was perfected and has been unanimously endorsed by its users and their medical advisers See advertisement page xxviii —*Adv*

FREE MEMBERSHIP OFFER

Nelson Loose-Leaf Surgery offers a practical system of treatment for both General Practitioner and Specialist, by the Medical Authorities of the world, kept continually up-to-date with the Nelson Loose-Leaf Binding Device.

Free membership in the Nelson Research Service Bureau for Scientific and Medical information, which furnishes you with all the information obtainable upon any subject in medicine.

Annual Surveys and the Literature edited by the leading physicians of America Six thousand (6,000) articles are abstracted yearly from all the important medical journals of the world by our special staff of reviewers An Editorial Board of 67 of the foremost physicians in America then critically select from these and edit with comment all that is of value and that signifies an advance. This great service keeps every subscriber fully informed of the world's medical progress This is the only service of its kind

Please sign coupon on page vii—*Adv*

CALIDAIR

A modern treatment giving prompt relief in coryza, bronchitis, laryngitis, hay fever and asthma, promoting unbroken sleep Sold to the public on prescription only New York State Distributors The Jeffrey Fell Co, 318 Pearl Street, Buffalo, George Tiemann & Co, 107 East 28th St., New York Write for booklet to R W Cramer & Co, Inc, *136 Liberty Street, New York* See advertisement on page xiii—*Adv*

VITA GLASS BRINGS THE SUN INDOORS

Vita glass has been subjected to accelerated weathering tests many times by the Bureau of Standards, Professor Stockbarger of Massachusetts Institute of Technology and many other physicists These physicists all confirm that the solarization (weathering or seasoning) of Vita glass takes place very quickly and that within a few weeks in actual use its transmission of the health ultra-violet becomes stable and permanent without further change.

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There are two ways to rest the transmission of health window glass—the physical method and the biological methods One method demonstrates the quantity and the other both the quantity and quality of transmission See page xxvii—*Adv*

"CLANDOWIE"

The wonderful home of the McClintocks situated high on a bench of the Catskills at Andes N Y is to be open after April 15th as a Convalescent and Rest Home

"Clandowie" has been for years one of the show places of Delaware County and is splendidly arranged for the purpose intended The rooms are large, elaborately furnished, and every comfort and convenience has been studied for the care of its people.

The kitchen is electrically equipped, and an expert dietician is in charge. Tested Jersey cows furnish all the milk and cream essential, and pedigreed Barred Rock fowls keep the house supplied with fresh eggs Pure spring water at the taps, for bath and drinking purposes

This splendid home, with every convenience that can be obtained in any city home, is to be placed at the disposal of the profession for the comfort of the people that need quiet, the bracing mountain air, and good nourishing food

It will be under the ethical supervision of Dr Gordon B Maurer and Dr William M Thompson.

All communications may be addressed to "Clandowie" Convalescent Home, Andes, N Y See page xxxi—*Adv*

DIGITALIS

There must be no guess work when using a potent preparation like Digitalis.

When it is used in an emergency, you cannot take a chance on a product of low or varying potency

You can place absolute confidence in the unvarying standard of the Digitalis supplied by Upsher Smith

The name indicates a Digitalis grown, harvested, and produced under the direct supervision of a specialist who has given a lifetime to the study of this product

This experience is applied to producing a Digitalis upon which the physician can pin his faith

The leaves are cut at the time of maximum potency, cured rapidly to avoid decomposition, winnowed from dust, stalk, midrib, and dead leaves, and, finally, biologically standardized according to the Hatcher Cat Unit Method, thus keeping it uniformly standard as in the past ten years

In this way, a definite standard of potency is assured and an accurate dosage supplied in terms of the number of cat units per pound of body weight. See page xv—*Adv*

HORLICK'S MILK MODIFIER

Horlick's Milk Modifier, a new product made by the Horlick's Malted Milk Corporation, Racine, Wisconsin, is now being introduced to the medical profession This maltose and dextrin product, which is derived exclusively from malted grains, was first announced at the annual meeting of the American Medical Association in Washington, D C, in June, and created much interest Since that time it has been presented to convention gatherings in other parts of the country See page xx—*Adv*

NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 29, No 9 NEW YORK, N Y May 1, 1929

MEDICAL SOCIETY OF THE STATE OF NEW YORK ANNUAL REPORTS, 1929

REPORT OF THE PRESIDENT

To the House of Delegates—

Gentlemen

Another year of Society activities has passed swiftly and quietly by, revealing in its course of events certain points of interest to us as individuals and as an organization

The net results of these activities have been

(1) To improve the professional and material welfare of our members,

(2) To increase the value of the medical profession to the community, and

(3) To make the machinery of our organization more efficient

These activities have been roughly tabulated in this report for your greater convenience but will be reported in greater detail by the various officers concerned

((1) To improve the professional and material welfare

(a) The County Medical Society is the foundation upon which our State Society is built, therefore, the best interests of the State Society are conserved by aiding the County organization in every way possible

We have been privileged to be of service to certain County Societies by assisting in the preparation of their programs, by attending some of their meetings and helping to awaken the interest of the members, by assisting them in propaganda concerning community activities such as the establishment of hospitals, County Health Departments, etc, and by taking part in the discussion of economic problems which differ somewhat in different sections of the State but still have points of common interest

Attentive thought and assistance to County Societies is reflected in greater enthusiasm of the members for Society work and greater Society influence in the community and also in a more cohesive and coherent State Society

(b) The District Branch Meetings are another valuable point of contact between the State Society and its component parts They permit of much more intimate acquaintance with the individual members of the various sections of the State and the problems peculiar to those sections than is possible to acquire at the Annual Meeting of the State Society It is interesting to note that the total number in attendance at the District Branch Meetings is greater than the number in attendance at the Annual Meeting of the State Society

The District Branch Meetings are increasing their usefulness and influence each year and are invaluable factors in the maintenance and improvement of the morale of our members

Of all the pleasant official contacts enjoyed during the past year the District Branch Meetings stand pre-eminent and that seemed to be the opinion of all those in attendance

The limits of their possibilities have not yet been reached and they deserve and they will well repay continued encouragement and assistance

(c) One of the most practical and appreciated activities of the State Society is the Post-Graduate courses instituted a few years ago

These courses have expanded in response to demand until at present a course of lectures and clinics can be furnished in almost any field of medical practice

They have established themselves as a major activity of the State Society and no one can compute their value to the medical profession of the State and indirectly to the general public but some way should be devised to lessen the financial burden of the State Society

(d) Our State Society has long been recognized as a pioneer in the establishment of appropriate standards of excellence (requirements) for those who would study medicine, for the graduate in medicine and for his licensure but there has always been a serious defect in our system of standards

This defect has been responsible for the infliction of many an injustice on the public and

CLASSIFIED ADVERTISEMENTS

Classified ads. are payable in advance. To avoid delay in publishing, remit with order Price for 40 words or less, 1 insertion, $1 50, three cents each for additional words

WANTED SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians Let us put you in touch with investigated candidates for your opening No charge to employers. Established 1896 AZNOE SERVICE is National, Superior AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

We have inaugurated a courtesy service for travelers including information regarding itineraries, visas, passports, purchase of tickets, hotel reservations, etc. Individual service rendered Write or phone A. A Wiedenbeck, Dun Camp's, 1 Broadway, New York Telephone Whitehall 8758

POSITION WANTED—Registered, 34 years experience, Skilled all modalities. Part time work physician's office Lindgren. Tel. Flushing 1556

IDEAL LOCATION FOR SALE for building Sanitarium or hospital Will sell any number of acres up to 100 On State Road, altitude 2,140 feet, electricity, pure water, coal mines nearby Highest point on Susquehanna Trail. For particulars, write Mrs. R. P Douglass, Mountain View Inn, Blossburg, Pa

DIABETIC DIET READJUSTMENTS

Some foods cannot be allowed in diabetic diet at all and others only sparingly This means a readjustment in dietary habits that is difficult for the patient and trying for the physician Practically all of the restricted foods may be duplicated by using Lister's Flour Each of these starch and sugar-free foods looks and tastes like the food that it replaces in the diet. With the variety of foods, possible through the use of Lister's Flour, the patient is satisfied There is no temptation to "cheat" and the case is the better kept under control Some of the Lister foods are

Bread, Biscuits, Cheese Biscuits, Lunch Biscuits, Drop Cakes, Cookies, Spice Cake, Charlotte Russe, Lady Fingers, Bread Pudding, "White" Bread, Nut Bread, Spiced Bread, Gold Cake, Pie Crust, Pie Fillings, Filled Doughnuts, Meringue, Muffins, Pancakes, Waffles, Salmon Croquettes, Fried Noodles, Fluff Cakes, Breadsticks, Doughnuts, French Toast, Spiced Muffins —Advertising page 1—*Adv*

SEDGWICK INVALID ELEVATOR

Many physicians and surgeons have displayed interest in the development of an absolutely safe and easily operated invalid elevator, not prohibitive in cost, that would eliminate stair-climbing for those patients weakened by illness or age To this end the Sedgwick Hand Power Automatic Brake Invalid Elevator was perfected and has been unanimously endorsed by its users and their medical advisers See advertisement page xxviii—*Adv*

FREE MEMBERSHIP OFFER

Nelson Loose-Leaf Surgery offers a practical system of treatment for both General Practitioner and Specialist, by the Medical Authorities of the world, kept continually up-to-date with the Nelson Loose-Leaf Binding Device.

Free membership in the Nelson Research Service Bureau for Scientific and Medical information, which furnishes you with all the information obtainable upon any subject in medicine.

Annual Surveys and the Literature edited by the leading physicians of America. Six thousand (6,000) articles are abstracted yearly from all the important medical journals of the world by our special staff of reviewers An Editorial Board of 67 of the foremost physicians in America then critically select from these and edit with comment all that is of value and that signifies an advance. This great service keeps every subscriber fully informed of the world's medical progress This is the only service of its kind

Please sign coupon on page vii—*Adv*

CALIDAIR

A modern treatment giving prompt relief in coryza, bronchitis, laryngitis, hay fever and asthma, promoting unbroken sleep Sold to the public on prescription only New York State Distributors The Jeffrey Fell Co, 318 Pearl Street, Buffalo, George Tiemann & Co, 107 East 28th St, New York Write for booklet to R W Cramer & Co, Inc, 136 Liberty Street, New York See advertisement on page xiii—*Adv*

VITA GLASS BRINGS THE SUN INDOORS

Vita glass has been subjected to accelerated weathering tests many times by the Bureau of Standards, Professor Stockbarger of Massachusetts Institute of Technology and many other physicists These physicists all confirm that the solarization (weathering or seasoning) of Vita glass takes place very quickly and that within a few weeks in actual use its transmission of the health ultra-violet becomes stable and permanent without further change

The biological tests made with seasoned Vita glass all indicate that its use will produce anti-rachitic results and normal growth on rats and chickens Some of these tests have been carried on during winter months and in large cities

There are two ways to rest the transmission of health window glass—the physical method and the biological methods One method demonstrates the quantity and the other both the quantity and quality of transmission See page xxvii—*Adv*

"CLANDOWIE"

The wonderful home of the McClintocks situated high on a bench of the Catskills at Andes, N Y is to be open after April 15th as a Convalescent and Rest Home

"Clandowie" has been for years one of the show places of Delaware County and is splendidly arranged for the purpose intended The rooms are large, elaborately furnished, and every comfort and convenience has been studied for the care of its people.

The kitchen is electrically equipped, and an expert dietician is in charge. Tested Jersey cows furnish all the milk and cream essential, and pedigreed Barred Rock fowls keep the house supplied with fresh eggs Pure spring water at the taps, for bath and drinking purposes

This splendid home, with every convenience that can be obtained in any city home, is to be placed at the disposal of the profession for the comfort of the people that need quiet, the bracing mountain air, and good nourishing food.

It will be under the ethical supervision of Dr Gordon B Maurer and Dr William M Thompson.

All communications may be addressed to "Clandowie" Convalescent Home, Andes, N Y See page xxxi—*Adv*

DIGITALIS

There must be no guess work when using a potent preparation like Digitalis.

When it is used in an emergency, you cannot take a chance on a product of low or varying potency

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(3) To make the machinery of our organization more efficient

(a) Our State Society is a loose federation of sixty autonomous units with nearly that many opinions on certain matters

The Power of the State Society is only that which is granted to it by these autonomous units

It therefore becomes necessary to secure the closest possible cooperation between the State and County Societies

With that end in view each County Society is urged to adopt an organization paralleling that of the State Society.

This plan would expedite the work of the Society and distribute the various activities more widely throughout the membership, an excellent method of stimulating Society interest and improving the morale of the members

(b) An annual conference of the secretaries of the County Societies would make for more united effort in any State activity as well as stimulate a friendly rivalry between them At present there is nothing of the sort and this lack of competitive effort in County Society activities is largely responsible for the inertia that is so frequently found

The County Societies are also recommended to make use of the Biographic Bureau of the American Medical Association when considering the names of applicants for membership

(c) One of the most potent factors in securing respect for an organization and making its influence more impressive is financial solvency and solidarity

Much vicious legislation and destructive criticism would be check-mated by a well-filled war chest which would also keep our credit good in the commercial world

Our Treasurer and Board of Trustees have instituted a financial system which in a comparatively few years will make some of our departments self-supporting and make our Society as strong as Gibraltar

This well-considered plan to secure this much-to-be-desired result is worthy of your sincerest commendation

To recapitulate

I would recommend—

(a) The establishment of an Annual Conference of the Secretaries of the County Societies

(b) The approval of the Tri-State Conference and the inclusion of some definite amount in the budget for carrying on the work.

(c) That the Medical Society of the State of New York suggests to the hospitals of the State that they modify their regulations to make it possible for physicians or surgeons to accept fees from official or voluntary health agencies for professional services rendered indigent persons coming under the care of those agencies

(d) That the Medical Society of the State of New York memorialize the Regents of the University of the State of New York to establish some method for the legal certification of specialists

(e) The consideration of the advisability of making the Post-Graduate Courses self-supporting

May I take this opportunity to express my sincerest appreciation for the evidence of the trust you have reposed in me and to thank you for the many kindnesses and encouragements I have received from you

Respectfully submitted,

HARRY R TRICK, *President*

April 15, 1929

REPORT OF THE SECRETARY

To the House of Delegates—

Gentlemen

Your Secretary has the honor of submitting the following annual report

THE SOCIETY IN GENERAL

In his last report the Secretary laid stress on the increase of interest and enthusiasm manifested by the members in the various activities of the Society and upon the harmonious correlation existing between the respective subsidiary bodies responsible for the carrying on of the work

This year has shown the result of this cooperation in many ways and has proven that the growth is one of health and vigor, promising well for the future of the Society and lessening the burdens and problems of those into whose hands the responsibility of coming years may fall

In this regard especial mention may be made of the work of the Committee on Public Health and Medical Education under the chairmanship of Dr Farmer and of that of the Committee on Public Relations under the leadership of Dr Sadlier, Chairman, and Dr Ross, Secretary The latter Committee has fully justified the action of the House in establishing it as a standing committee and the thanks of the Society are due Dr Sadlier who has shown his loyalty and his devotion to the welfare of the profession and of organized medicine by stepping out of the Presidency into the chairmanship of a committee Of such timber are our Presidents made

Our President of this year has proven himself a worthy successor of his distinguished predecessor Sacrificing practice, self-interest, and personal comfort he has thrown himself into the work with energy and enthusiasm, shirking no task as too difficult and considering none too insignificant Dr Trick has shown himself to be a

consists of an utter lack of legal standards for the specialists

This fault or defect is becoming more and more apparent with the rapid increase of specialism in modern medicine and should receive your thoughtful consideration

(e) The material welfare of the profession is the particular concern of the Committee on Medical Economics That committee has labored assiduously for years endeavoring to adapt the practice of medicine to the changing social and economic conditions under which we live

Periodic Health Examination is a big step in the direction of preventive medicine and will some day represent a large part of a physician's work but the idea still needs much educational work both among the profession and the public

This committee has finally secured recognition and support from official and lay organizations in its effort to incorporate a medical advisory board in the Department of Labor but "the mills of the gods grind slowly" However, success is just around the corner and when it is attained the work of the physician under the Workmen's Compensation Law will be much pleasanter

(f) It is a duty of the State Society to keep informed regarding the distribution of the profession and to attempt to correct the conditions that brought about either an overcrowding or an insufficient number to meet the needs of the public In other words, the State Society might well maintain a bureau to act as a clearing-house for the public and professional needs

Our Executive Officer has completed a most interesting survey of the State, outside of New York City, which will be published soon and will furnish some startling facts in regard to the ratio of physicians to population

It appears that the lack of hospital facilities is often responsible for the lack of physicians in certain localities and our Public Relations Committee has some gratifying comments to make on what has been accomplished to improve such conditions

The work of the Legislative Committee is seldom spectacular but is always arduous Our experience in the last session of the Legislature was not all we could have desired but nobody got all they wanted, not even the Governor, so we might find some comfort in the thought that we fared as well as anybody else

(2) To increase the usefulness of the profession to the community

(a) The general public quite properly looks to the medical profession for information and advice concerning all matters relating to their health and well-being—not only for the cure of disease but for its prevention, as well

It is physically impossible for the medical profession to cover all these various fields of public health work We are too busy caring for the sick to give much personal attention to strictly public health activities but we owe it to ourselves as well as to the community to assist the official and voluntary health agencies with our suggestions and advice

It has been to our advantage and the extension of our influence to sit in with the executives of the official and lay health agencies in an advisory or ex-officio capacity and I would recommend a continuation if not an elaboration of that idea Here again, our Public Relations Committee is our liaison group

Our material welfare is intimately wrapped up in Public Health work and should be discussed with the various groups concerned when considering the plan of procedure in any public health campaign, not after the campaign has been instituted

Each of us does a certain amount of gratuitous professional work for our own peace of mind but when we do the work for others we should be paid for it

I am glad to report that all the official and voluntary health agencies with which I have conferred are willing and glad to pay physicians for their professional services

More work of this sort would be paid for if the regulations of certain hospitals did not prevent the attending physician or surgeon from accepting fees for professional services rendered to those patients which happen to be in the wards, although those same patients are under the care of a philanthropic group—which often has plenty of money to pay for whatever services the patient may need

Could we induce such hospitals to modify their regulations to the extent of meeting such contingencies?

(b) Several years ago certain officers of the Medical Societies of New Jersey, Pennsylvania and New York formulated a tentative organization which later came to be known as the Tri-State Conference

These three States by reason of their location, contiguity and character, largely industrial, have many interests and problems in common which might better be solved in unison, if not similarly, to the advantage of the public and the medical profession

The action taken by these three State Societies is watched with a great deal of interest by other State Societies because they represent a large segment of the Federal population and about one-fifth of the medical profession of the United States

The Tri-State Conference, therefore, represents a large potential force as well as a valuable means of exchanging ideas

These facts are called to your attention with the hope that the Tri-State Conference may be established as a recognized form of our State Society activities

Work being an exception Nor has he been privileged to read many monthly reports, the Committee on Public Health and Medical Education being the only one to comply regularly with the rule of the Executive Committee requiring such report

Despite this handicap, he has the temerity to respectfully urge that the Committee on Public Health and Medical Education be relieved of a portion of its heavy burdens by relegating those concerning public health matters to the Committee on Public Relations or, in case that Committee is over-burdened, by establishing a standing committee on Public Health

In these days of vast economic problems in all walks of life, the economic phase of the practice of medicine should receive careful consideration and study, particularly in regard to its importance to organized medicine and the profession and to its influences on the welfare of the individual practitioner To this end, it is urged that the work of the Committee on Medical Economics be greatly broadened.

District Branches and Conferences

The Secretary has followed established custom and visited the Annual Meetings of the District Branches with the exception of two which fell on dates requiring his presence elsewhere He regrets this enforced absence as in every instance he has obtained knowledge and benefited by attendance on these meetings The meetings were well attended and the scientific programs excellent Year by year these meetings become of more and more importance to the Society and every effort should be made to continue and support them

The Annual Conference of State Secretaries and Editors held in Chicago by the American Medical Association was attended by the Editor, the Executive Editor and the Secretary, all of whom took part in the proceedings

The worth of a conference depends on three elements the reason for holding it, the manner of its conduct and the ultimate results obtained In the conferences of County Secretaries all these have been well worthy of favorable consideration The intimate personal touch, the interchange of views and experiences and the study of analagous subjects contribute greatly to stimulating the interest of secretaries in their work and in the State Society To quote from the Presidential address of Dr Van Etten, "A County Society is just as strong as its Secretary" The continuance of these conferences is earnestly urged

The Secretary has not attended the Tri-State Conferences

The Executive Officer

To the Executive Officer, the Secretary extends his thanks for his many acts of courtesy and assistance and also his appreciation of the legislative and general work done by him

To assist the Committee on Public Relations and enhance the value of its work to the Society, there is need of a Field Secretary, one who could intelligently represent the Committee throughout the State Dr Lawrence's experience and knowledge of welfare and charity organizations, of health boards and state departments, peculiarly fit him for such duties, and the Secretary is of the opinion that the assigning of specific duties would be of benefit both to the Executive Officer and the Society

Membership Statistics

Membership, December 31, 1927	11,006	
New Members, 1928	787	
Reinstated Members, 1928	253	
		12,046
Deaths	185	
Resignations	43	
		228
		11,818
Dropped for non-payment of dues December 31, 1928		571
		11,247
Members elected after October 1, 1928 and credited to 1929		229
Membership January 1, 1929		11,476

The list of honor counties whose membership shows all dues paid for the year is as follows Cattaraugus, Chenango, Clinton, Columbia, Dutchess, Essex, Fulton, Genesee, Ontario, Rockland, Schoharie, Schuyler, Tompkins, Washington, Wyoming

In closing, there is one thought which the Secretary wishes to leave with the House and with the Membership On all hands we hear that these are perilous times for the medical profession and that organized medicine is on trial If this is true, and no one doubts but that in a measure it is, it is absolutely necessary that the State Society assume the leadership in all movements, presenting a strong aggressive front, with firm solidarity in the ranks and allowing no action or expression of opinion to mar the harmony now existing

Respectfully submitted,

D S DOUGHERTY, *Secretary*

April 15, 1929

President of excellent judgment, of untiring zeal and courteous and dignified demeanor—a man and a friend

When the gavel falls to open the House of Delegates, a strange feeling will prevail in the hearts of those who have sat in the House for years past, "a feeling of sadness and sorrow that is not akin to pain" for we know that our Speaker Emeritus is with us in heart and mind and is absent only officially Ever since the office of Speaker of the House was created that sterling gentleman, able parliamentarian, strict enforcer of order and genial comrade, Dr E Eliot Harris, has sat in the Chair and presided over our deliberations Last year, ill health compelled him to refuse reelection and the House reluctantly bowed to his decision In expressing our regrets we may also express our thankfulness that his mantle has fallen upon the shoulders of an able and worthy successor, Dr John A Card

For three years the Secretary has called attention with intended constructive criticism to many flaws in the operating machinery of the organization These flaws have disappeared to such an extent that those remaining are not worthy of mention No longer can the intelligent observer comment on looseness of construction or of administration They may not be said to be perfect but perfection is merely a relative term and can be used here only as comparative The further construction that may be needed should be attained only through the slow process of evolution

The Society's Office

Here may exist some of the needs for betterment but they are only such as may be remedied by time and slight expenditures To praise ones own department may be to invite a suspicion of egotism and self-praise but the Secretary feels that he can be justly proud of the offices, their equipment, the efficient, faithful and untiring manager and the able, willing and obliging corps of assistants He highly appreciates their personality and work and takes pleasure in publicly expressing his thanks to Miss Baldwin

Last year attention was called to the urgent need of an additional room in which may be held the meetings of the Council, Executive Committee and other bodies which today are meeting in the general office to the detriment of the work and the discomfort of the staff At each meeting five of these girls have to leave their desks, books and typewriters and congregate idly in the small back office The attention of the Trustees is respectfully called to this matter and to the facts that several times rooms have had to be hired temporarily and that the New York Academy of Medicine is about to build additional room space

The Secretary's office still acts as a mailing and distributing department for the JOURNAL and continues to handle the make-up and publication of the Directory, no change should be made at present in these arrangements

Your Secretary is still of the opinion that any plan of joint publication of the Directory is impracticable and inadvisable

Financial Department

Again opportunity is taken to congratulate the Society upon the state of its finances and the sound basis upon which the Board of Trustees and the Treasurer have placed them, also to reiterate former statements regarding the importance and benefit of these officers to the body economic

In all organizations will be found a wide divergence of opinion as to the proper disposition of funds, on one extreme are to be found those who fail to discriminate between liberal spending and extravagance and on the other those who cannot differentiate saving from hoarding Midway walk those who, like our Trustees, pursue the even tenor of a path in which no appropriation for the proper management and progress of the organization is overlooked, but in which lavish distribution of monies cannot flourish The Trustees are all men of business instinct and training and the Treasurer is possessed of keen financial insight Under such guidance, the treasury is safely guarded without any display of parsimony or neglect This is said advisedly by one who sits with the Board as Secretary and with the Business Committee as Secretary and Executive

The Legal and Insurance Departments

Between the Secretary's office and that of the Legal Counsel exists an intimate relationship of importance to the Society All applications for malpractice defense are endorsed by the Secretary and on the other hand all communications, which might tend in even the slightest way, to involve the Society in legal entanglements are submitted to the Counsel for approval No document of a semi-legal character is signed until it has received such approval Many are the questions of advise asked over the telephone and always answered with courteous willingness The Society and its Officers are fortunate in having as Counselor and friend, Lloyd P Stryker

The Group Insurance Plan does not seem to be as generally understood as it should be Not a week goes by without a letter or a telephone call asking information regarding it. The members are earnestly urged to read the report of Drs Card and Heyd published in the October 15th, 1928 number of the JOURNAL

Committees

Although according to the By-Laws, the Secretary is by virtue of his office a member of all standing committees he has received notices of but few meetings, the Committee on Scientific

efficient carrying on of the business of the Society, acting on reports of committees and regulating their work, appointing necessary special committees, considering expenditures and applications for appropriations and transmitting those endorsed to the Trustees for their approval

Mention may be made of the following actions The appointment of James N Vander Veer, John A. Card and Orrin S Wightman as a Special Committee in charge of the general arrangements at the Annual Meeting, the appointment of the Standing Committee on Arrangements, Hyzer W Jones, Chairman, George M Fisher, Andrew Sloan, Edward R Evans, Thomas H Farrell, T Wood Clark, Joseph L Golly, F M Miller, and William Hale, Jr , of the Committee on Prize Essays, Arthur J Bedell, Thomas H Curtin and John E Jennings, of the Committee on Medical Economics, C Ward Crampton, Morris G Rosenthal, H P Hourigan and Homer J Knickerbocker, and of a Special Committee on Group Insurance, John A Card, and Charles Gordon Heyd.

The place and date of the Annual Meeting were considered and Utica and the 3rd, 4th, 5th of June selected

The report of the Special Committee on Budget was received and recommended to the Board of Trustees for approval

An extremely important opinion was rendered as follows It is the opinion of the Executive Committee of the Council of the Medical Society of the State of New York that medical publicity is that which is educational and deals with the medical profession in its entirety—whereas medical advertising appertains to that medical publicity which deals with the individual and may be used to his or her personal advantage

The Committee on Publication

The *New York State Journal of Medicine* is the principal means by which physicians learn of the accomplishments, policies, and aspirations of the State Society and its component County Societies The JOURNAL is published under the auspices of a Committee on Publication appointed by the Executive Committee under the authority of the By-laws of the State Society

Organization The JOURNAL was managed as a part of the routine work of the Secretary's office until January 1, 1924, when a full-time Executive Editor was employed A separate office and an executive staff were established in November, 1927, when the Society moved into the new building of the New York Academy of Medicine at 2 East 103rd Street, New York The JOURNAL now has its own rooms and a full-time staff consisting of an executive editor, two expert clerical assistants, and an advertising manager, but the secretary's office still collects the advertising bills and makes out the mailing lists

The Editor-in-Chief takes an active part in getting out every issue of the JOURNAL. Every editorial and every report of meetings involving a statement of policy of the State Society is submitted to him for reading and approval, and also to the Committee on Publication The Committee on Publication believes that the JOURNAL closely represents its constituents

Departments The JOURNAL has undergone a progressive evolution during the five years since it was reorganized with a full-time staff, when the policy of departmenting the JOURNAL was begun Some departments have been dropped owing to lack of support, and others have been added as occasion demanded The JOURNAL is now divided into eleven distinct departments, each beginning with a box heading at the top of the page

Number of pages in each department of the New York State Journal of Medicine during the last five years

	1924	1925	1926	1927	1928
Scientific	409	329	474	586	585
Editorial	83	84	94	84	77
Medical Progress		12	96	96	96
Legal	44	49	57	84	83
London Letter					8
Legislation	151	184	27		
State Dept of Health	24	21	5		
Medical Surveys	25	26			
News	173	189	206	229	238
Medical Wares				7	1
Daily Press	37	47	48	48	48
Book Reviews	36	48	59	50	50
Abstracts in Advertising pages		6	35		
Our Neighbors				99	139
Correspondence	17				
Prunes	15	1			
Advertising	442	472	532	645	636
Total Pages	1476	1604	1628	1928	1968

Interpretative Reporting Special attention is called to the News Department The Committee on Publication has adhered to the policy that the items shall be on the activities of the medical societies of the State, the District Branches, and the Counties The value of these items is permanent, in contrast with the ephemeral value of the items which are merely personal or local

The Committee on Publication reiterates the distinction between "reporting" and "editing" The easiest form of reporting a conference is that of hiring a stenographer to report everything that is said, and then printing it without editing it. The Committee on Publication has always supported the plan that instead of a great number of pages of stenographic notes of a meeting, the JOURNAL shall print an interpretative report only a page or two in length

Indexing The records of the activities of the medical societies of States and Counties are contained almost exclusively in the State Journals, and among them the NEW YORK STATE JOURNAL OF MEDICINE has set a new standard of recording

REPORT OF THE COUNCIL

To the House of Delegates—

Gentlemen

The Council has the honor of submitting the following report which includes those of the Executive Committee and the Committee on Publication.

Three meetings have been held, May 22, June 21, and December 13, 1928, the first being held in Albany

In accordance with a provision of the By-laws, the following members of the Council, nominated by the President, were elected to serve, with the officers therein specified as the Executive Committee W Warren Britt, John A Card, Paige E Thornhill, LaRue Colegrove and Austin G Morris

Appointments were made as follows

Committee on Budget John A. Card, Daniel S Dougherty, Charles G Heyd

Committee on Publication William H Ross, James Pedersen, and Daniel S Dougherty

Editor-in-Chief Orrin S Wightman, Executive Editor, Frank Overton.

Legal Counsel Lloyd P Stryker The appointment of an attorney was left to the Counsel, Mr Oliver having resigned

On motion, it was decided that the Society be placed on record as approving the work done by Mr Oliver and that a letter of thanks and appreciation be sent to him

The thanks of the Council were extended to the Committee on Arrangements

The meeting adjourned to meet in New York City on June 21st

The principal business of the adjourned meeting was the appointment of committees, the receiving of reports and the transaction of such business as has been referred by the House of Delegates

The following appointments of committees were presented by the President and confirmed

Committee on Legislation Harry Aranow, and Garrett W Timmers

Committee on Public Relations William H Ross, William D Johnson, Oliver W H Mitchell and Augustus J Hambrook

Committee on Public Health and Medical Education George W Kosmak, John O Polak, George F Chandler, Edwin MacD Stanton, William A Groat, Chalmer J Longstreet, Stanhope Bayne-Jones and Clayton W Greene

Committee on Medical Research Augustus B Wadsworth, Stanhope Bayne-Jones, Burton T Simpson, Simon Flexner, Alvin G Foord and Joshua E Sweet

Committee to Formulate a Plan to Make the Directory Official for three states William H Ross, Orrin S Wightman, and Harry R Trick

Committee to Study the Question of the Annual Meeting James N Vander Veer, John A Card and Daniel S Dougherty

Committee to Study the Nurse Problem N B VanEtten, Chairman, Andrew Sloan, J Richard Kevin, George W Kosmak, George R Critchlow, George E Beilby, Arthur S Chittenden and Walter H Conley

Committee on Toxin-Antitoxin Nathan B Van Etten, Chairman, Matthias Nicoll, Linsly R Williams, George F Raynor, Charles A Gordon, W Warren Britt, Frederic E Sondern, Herman G Weiskotten, and William H Ross

Committee on Transportation to the American Medical Association Meeting John A Card and Arthur W Booth

Committee on Medical Economics referred to the Executive Committee, as was the appointment of the Chairman of the Committee on Arrangements

The appointment by the President of Martin B Tinker, as the representative of the Society on a Tri-State Conference Committee to consider legislation relating to private hospitals in the Three States, was confirmed

Permission was granted to the Chairman of the Committee on Scientific Work to draw up rules and regulations governing the presentation of scientific papers before the various sections and refer them to the Executive Committee for approval

The meeting held December 13th in New York City was devoted mainly to routine business

A plan for the betterment of the scientific program was presented by the Chairman of the Committee on Scientific Work and approved

The resolution of the Executive Committee granting the insurance representative permission to send to the members reprints of an article on Medical Defense, published in the *State Journal*, was reconsidered and the reprinting of such articles forbidden

The present policy of the *New York State Journal of Medicine* regarding advertising was approved

Amendments to the By-laws of the Dutchess-Putnam County Society, the Albany County Society, the Kings County Society and the Erie County Society were approved

The Committee on Legislation was instructed to study the question of the inspection of private hospitals to the end that a bill be drawn up and introduced into the Legislature governing their inspection

Executive Committee

The Executive Committee has held eight meetings and will hold one more before the Annual Meeting

The work of this Committee has been mainly routine in character, providing for the proper and

efficient carrying on of the business of the Society, acting on reports of committees and regulating their work, appointing necessary special committees, considering expenditures and applications for appropriations and transmitting those endorsed to the Trustees for their approval

Mention may be made of the following actions The appointment of James N Vander Veer, John A Card and Orrin S Wightman as a Special Committee in charge of the general arrangements at the Annual Meeting, the appointment of the Standing Committee on Arrangements, Hyzer W. Jones, Chairman, George M Fisher, Andrew Sloan, Edward R Evans, Thomas H Farrell, T Wood Clark, Joseph L Golly, F M Miller, and William Hale, Jr , of the Committee on Prize Essays, Arthur J Bedell, Thomas H Curtin and John E Jennings, of the Committee on Medical Economics, C Ward Crampton, Morris G Rosenthal, H P Hourigan and Homer J Knickerbocker, and of a Special Committee on Group Insurance, John A Card, and Charles Gordon Heyd.

The place and date of the Annual Meeting were considered and Utica and the 3rd, 4th, 5th of June selected

The report of the Special Committee on Budget was received and recommended to the Board of Trustees for approval

An extremely important opinion was rendered as follows It is the opinion of the Executive Committee of the Council of the Medical Society of the State of New York that medical publicity is that which is educational and deals with the medical profession in its entirety—whereas medical advertising appertains to that medical publicity which deals with the individual and may be used to his or her personal advantage

The Committee on Publication

The *New York State Journal of Medicine* is the principal means by which physicians learn of the accomplishments, policies, and aspirations of the State Society and its component County Societies The JOURNAL is published under the auspices of a Committee on Publication appointed by the Executive Committee under the authority of the By-laws of the State Society

Organization The JOURNAL was managed as a part of the routine work of the Secretary's office until January 1, 1924, when a full-time Executive Editor was employed A separate office and an executive staff were established in November, 1927, when the Society moved into the new building of the New York Academy of Medicine at 2 East 103rd Street, New York The JOURNAL now has its own rooms and a full-time staff consisting of an executive editor, two expert clerical assistants, and an advertising manager, but the secretary's office still collects the advertising bills and makes out the mailing lists

The Editor-in-Chief takes an active part in getting out every issue of the JOURNAL. Every editorial and every report of meetings involving a statement of policy of the State Society is submitted to him for reading and approval, and also to the Committee on Publication The Committee on Publication believes that the JOURNAL closely represents its constituents

Departments The JOURNAL has undergone a progressive evolution during the five years since it was reorganized with a full-time staff, when the policy of departmenting the JOURNAL was begun Some departments have been dropped owing to lack of support, and others have been added as occasion demanded The JOURNAL is now divided into eleven distinct departments, each beginning with a box heading at the top of the page

Number of pages in each department of the New York State Journal of Medicine during the last five years

	1924	1925	1926	1927	1928
Scientific	409	329	474	586	585
Editorial	83	84	94	84	77
Medical Progress		12	96	96	96
Legal	44	49	57	84	83
London Letter					8
Legislation	151	184	27		
State Dept of Health	24	21	5		
Medical Surveys	25	26			
News	173	189	206	229	238
Medical Wares				7	1
Daily Press	37	47	48	48	48
Book Reviews	36	48	59	50	50
Abstracts in Advertising pages		6	35		
Our Neighbors				99	139
Correspondence	17				
Prunes	15	1			
Advertising	442	472	532	645	636
Total Pages	1476	1604	1628	1928	1968

Interpretative Reporting Special attention is called to the News Department. The Committee on Publication has adhered to the policy that the items shall be on the activities of the medical societies of the State, the District Branches, and the Counties The value of these items is permanent, in contrast with the ephemeral value of the items which are merely personal or local

The Committee on Publication reiterates the distinction between "reporting" and "editing" The easiest form of reporting a conference is that of hiring a stenographer to report everything that is said, and then printing it without editing it. The Committee on Publication has always supported the plan that instead of a great number of pages of stenographic notes of a meeting, the JOURNAL shall print an interpretative report only a page or two in length

Indexing The records of the activities of the medical societies of States and Counties are contained almost exclusively in the State Journals, and among them the NEW YORK STATE JOURNAL OF MEDICINE has set a new standard of recording

these activities during the last two years The number of subjects covered in these reports is surprisingly large, as is shown by the fact that the index of the activities of medical societies recorded in the JOURNAL during 1928 was five pages in length Following the approval of the Council, the editors have prepared a similar index for the first quarter of 1929 covering two pages, and have published it in the April first issue The special object of the indexes is to enable the officers of the medical societies to find the records of any activities which they may be planning, and thus to make use of the experiences of those officers who have preceded them The indexes will be of value just now when lay associations are preempting the field in which the family physicians are naturally the leaders They also show the New York State Medical Society in an exceedingly favorable light in regard to the leadership of the medical profession of New York State in advanced medical society work

Reports of County Societies The Publication Committee has made many attempts to secure reports of all county society meetings, but only about one-half of the societies have responded

The JOURNAL has printed all reports which have been received, and in the future will devote all the space that is required to print all that may be sent There seems to be no common factor to account for the differences of the reporting of the counties

Scientific Department During the past year there has been an over-abundance of scientific articles offered to the JOURNAL, and the JOURNAL can now exercise a wide choice regarding the acceptance of articles Moreover, contributors have shown a willing cooperation with the editors in regard to the form of the articles, and not infrequently authors have re-written articles to conform to the practical needs of the general practitioners who compose the majority of the members of the State Society

The amount of scientific matter published in the JOURNAL could be increased readily, but the practical limit is the quantity which the average doctor can read, and also the quantity which the present editorial staff can prepare and the treasury of the society can pay for

The Advertising Department The advertising department of the *New York State Journal of Medicine* continues to carry the greater part of the cost of publishing the JOURNAL Very few Journals of any kind can exist without subscription lists A subscription charge of $1 75 per member would cover the annual net cost of the *New York State Journal of Medicine*

The following shows the JOURNAL receipts and expenses exclusive of stenographers' salaries, rent, incidentals, etc.

Receipts

Advertising and Sales	$38,499.96
Income from dues	11,594 00

Expenses

Salary of Editors	$ 6,700 00
Printing, postage, mailing	36,895 75
Commissions	8,166 48

While the expenses of publishing the JOURNAL have increased one and one-half times during the past five years, the receipts from advertising have increased two and one-half times

The number of pages of advertising are now only fifty per cent larger than they were five years ago, therefore the two and a half times increase in the receipts are due largely to a doubling of the rates Advertisers are now friendly toward the JOURNAL, and large advertising agencies are seeking admission to its pages

During the past year the Committee on Publication and the Editors have given much thought to the character of the advertising that has been accepted, and have adopted the policy of editing advertising copy as if it were a scientific article or news item It is surprising to find that advertisers and advertising agencies say that other Journals do not usually edit advertising copy, but that they either accept or reject copy without comment Many articles in common use by physicians are refused places in the advertising columns of medical journals because of extravagant claims for their healing virtues The members of the Committee on Publication have discussed the form of advertising copy with several advertising agencies, and have always found the advertisers willing to accept editorial suggestions Edited advertising copy from these firms is accepted, provided they will make the copy offered to other journals conform to the standard of the *New York State Journal of Medicine* It would seem that this attitude of the *New York State Journal of Medicine* will have a great effect in raising the standards of advertising in all the other medical journals

Directory

Receipts and Expenses, exclusive of stenographers' salaries and incidentals

Receipts

Advertisements and Sales	$ 8,501.25
Income from dues	11,594 00

Expenses

Printing, postage and delivery	$14,062 46
Commissions	1,056 00

Respectfully submitted,

DANIEL S DOUGHERTY,
Secretary

April 15, 1929

REPORT OF THE BOARD OF TRUSTEES

To the House of Delegates—

All of the meetings of the Board of Trustees have been faithfully attended during the year, each trustee showing studiously keen interest in the conservation and development of the financial strength of the State Society

The President, the Treasurer, the Secretary, and the Speaker have been constant co-laborers and have given highly appreciated counsel

Although the Trustees may not originate or suggest appropriations, they are interested in budgets which will apportion income fairly among the legitimate activities advocated by the House of Delegates or the Council, so that there may be as far as possible equable return upon his investment to each member of the Society, and also provide for future emergency or defensive demands.

Your Trustees are unanimous in the opinion that they would be culpably improvident if they failed to make the effort to develop reserves from savings, and they have succeeded in setting aside funds in investments as shown in the Treasurer's report.

The Trustees unanimously concur in the opinion that wisdom dictates the accumulation of a Trust or Investment fund of at least $150,000, one-half of which is already in hand It is suggested that these funds be allocated as follows

(a) A straight investment fund of $100,000

(b) A loss depreciation and replacement fund of $10,000, which would permit replacement of furniture and wear and tear of equipment out of an annual income of $500 00

(c) The creation of a Directory Trust Fund of $15,000 00 with an annual income of $750 00

(d) The creation of a Journal Investment Trust of $25,000 00 with an annual income of $1,250 00

The Trustees believe that respect for organized medicine will be in great measure proportionate to financial strength as represented by sound policy and substantial accumulation

Respectfully submitted,

NATHAN B VAN ETTEN, *Chairman*

April 15, 1929

REPORT OF THE COUNSEL

To the House of Delegates—

Gentlemen

Your counsel herewith submits his report for the activities of the legal department of the Medical Society of the State of New York during the twelve months from March 1, 1928, to and including February 28, 1929

This is the fourth annual report which your present counsel has submitted The past year, like its predecessors, has been a busy one both in court and consultation With his increasing knowledge of the medical profession, acquaintance with its members and appreciation of the problems both of the Society and of its individual members, your counsel is increasingly impressed with the weight of the responsibilities which devolve upon him by reason of his professional relationship with your Society There is the constant flow of litigation, consultation with the officers and individual members of the Society at meetings of the Executive Committee, the Council and other gatherings, and advice upon matters of legislation Your counsel is in a particularly fortunate position to study your profession There are few, if any laymen who are personally acquainted with more doctors or have had occasion more frequently to consider the problems of your profession, both the old problems and those which constantly arise by reason of the changing world in which we live Would that his discernment and ability were commensurate with his desire to help From his continuous contact with physicians, both individually and in groups, he has come to some understanding at least of the things for which they stand, of their aims and their objectives, and since he is a layman from the standpoint of the medical profession, he is able also to grasp something of the lay point of view toward doctors To the best of his ability, as occasion has arisen, he has endeavored to interpret the point of view of the one to the other

A better understanding of your profession by the public would eliminate many of the difficulties now confronting you and might tend to lessen the number of actions brought by patients against their physicians While the field of litigation has necessarily occupied a large part of your counsel's time and of his thought, he has become imbued with an increasing desire to assist in the solution of what may be termed the larger problems of your calling This desire, however imperfectly fulfilled, has animated a large number of his editorials and his addresses before various doctors' meetings The medical profession has a great opportunity for leadership both individually and collectively The great problems of the public health are problems for the solution of which the public naturally turns to you

In making his report, your counsel adheres to the convenient category employed by him in pre-

vious years, whereby his activities have been divided into three main divisions (a) the actual handling of malpractice actions before courts and juries and in the appellate tribunals, (b) counsel work with officers, committees and individual members of the Society, and (c) legislative advice and activities

Litigation

The field of litigation is ever before us No matter what is done malpractice actions will arise Not only the young and the obscure must face them, but sometimes the most honored and experienced practitioner finds himself confronted with a charge which must be defended before a court and jury There is much which a physician can do to prevent the likelihood of being sued, and in an effort to express these things in concrete form, the writer has endeavored to enunciate certain rules which every physician should have in mind whenever he is called to treat a patient These rules were set forth in a paper read by your counsel before the Geneva Academy of Medicine on January 10, 1929, the subject of his paper was entitled, "The Legal Aspects of the Practice of Medicine" It was printed in the *New York State Journal of Medicine* on February 15th of this year Some of you may be interested in turning to that article again, as it contains what the writer, at least, believes would help the individual practitioner in avoiding the unpleasant possibility of an action for malpractice Malpractice actions roughly may be divided into two categories (a) those with merit, and (b) those without merit While many unfounded suits are brought, let it never be forgotten that a large number of actions instituted represent meritorious claims, where the individual physician, although perhaps unwittingly and unintentionally, has departed from that standard of duty which the law imposes upon him Your counsel during the past year, as heretofore, has adhered to the policy that neither claims nor suits should be settled or compromised on a nuisance value basis Where, however, drawing on his judgment and experience, he feels that the proper practice has not been followed or in some other respects the doctor's legal duty has not been complied with, if a reasonable settlement can be effected, this has been done In no case is a settlement made without the acquiescence or approval of the physician who is sued Here, as in many other phases of this work, your counsel has been impressed with the value and importance of the Group Plan of Insurance to the individual practitioner Appended hereto as Table I, will be found a comparison of the number of suits instituted and disposed of in 1927-1928 and 1928-1929

It will be noticed that in the current year 168 new suits were instituted as opposed to 177 for the year previously reported on, or a decrease of 9 suits It will be further observed that during the current year 171 suits were disposed of as opposed to 126 during the previous year, or an increase of suits disposed of, of 45 Of the 171 suits disposed of, 100 resulted in a dismissal of the complaint, discontinuance of the action or a verdict for the defendant, 66 were settled and in only 5 (or less than 3 per cent) of the total of 171 were judgments rendered for the plaintiff In addition to the 171 suits disposed of, there were a large number of claims which never culminated in an action Some of these claims were disposed of by settlement and some through our successful efforts in dissuading the claimant from going further

Those of you who were defended by the writer or by his office during the past year, have no doubt a vivid recollection of the experience, but even these, we dare say, have only a slight acquaintance with the work which went into the case long before it was ever called in court We will not here detain you with a description of what this entails, as it was set forth by us quite fully on the first and second pages of the annual report which was last year submitted

We believe that that section of the bar of this state which interests itself in the bringing of mal practice actions, is coming more and more to understand, by reason of our conduct of your affairs, that no unmeritorious action will be settled and that no compromise will be effected merely because of the nuisance value of the claim

TABLE I

Comparison of the Number of Suits Instituted and disposed of in 1927-1928 and 1928-1929

		Instituted		Disposed of	
		1927-1928	1928-1929	1927-1928	1928-1929
1	Fractures, etc	12	7	13	12
2	Obstetrics, etc	11	22	21	20
3	Amputations	2		2	
4	Burns, X-ray, etc	18	22	14	20
5	Operations abdominal, eye, tonsil, ear, etc	47	42	28	39
6	Needles breaking	1	8	2	6
7	Infections	19	10	10	13
8	Eye infections	1	2	2	2
9	Diagnosis	22	13	3	9
10	Lunacy commitments	2		0	6
11	Unclassified—medical	4	9	1	9
12.	Loss of services, wife, child	38	33	30	35
	Totals	177	168	126	171
	Further Comparisons				
	Actions for death	9	16	3	12
	Infants' actions	16	17	11	17
		25	33	14	29
	How Disposed Of				
	Settled			31	66
	Dismissed, discontinued, abated or tried (verdict for defendant)			92	100
	Judgment for plaintiff			1	5
	Appeals Judgment for plaintiff			1	
	Judgment for defendant			1	
	Totals	177	168	126	171
	Pending on February 29, 1928	375			
	Pending on February 28, 1929		403		

When the facts demonstrate that a physician has been mistaken in his practice and he acquiesces in our judgment, we have uniformly adopted the practice (where a settlement within reason could be effected) of settling the case Such a disposition works justice both to the physician and to the patient

During the past year your counsel lost the services of Mr Robert Oliver, who was associated with this office and with the firm of Whiteside & Stryker for many years Mr Oliver's services were able, efficient, zealous and much appreciated both by the writer and we believe, by the medical profession also He received a flattering offer to enter the legal department of a firm representing large corporate interests and accepted that offer on June first of last year He left this office with the high regard and appreciation of the writer and he relinquished his duties as attorney for the Society under circumstances which resulted in a resolution of the Council expressing appreciation for his work and good wishes for his future

Upon Mr Oliver's retirement, Mr Lorenz J Brosnan was appointed attorney for the Society, and has been and is now acting in that capacity Many of you know him well Mr Brosnan entered the office of Whiteside & Stryker in the fall of 1920, has been continuously engaged in that office and in the writer's ever since He has developed unusual gifts as a trial lawyer and has proven his mettle against some of the ablest lawyers who locked horns with this office. His record of successful trials is a matter upon which your counsel desires here to congratulate him He has been entrusted with some of the most difficult cases in the office and has guided them through the courts to a successful conclusion With perfect confidence I can and do assign to him any case in the office with the knowledge that the doctor's cause will be championed with marked skill and ability He has a thorough knowledge of the law and unusual tact and discernment in court, as well as strong gifts of advocacy which he has developed under the continuous experience which has come to him

Mr Maxwell C Klatt, whose work your counsel has had occasion previously to commend, is a member of the bar whose early promise has been increasingly fulfilled Mr Klatt has likewise been in this office or in the predecessor office of Whiteside & Stryker for upwards of eight years Mr Klatt's knowledge of your problems and his experience with them has been developing rapidly He too is now engaged in court work and has justified the high confidence which your counsel feels in him In addition to these two lawyers, your counsel has two other members of the bar in his office, appreciation of whose services is here expressed These gentlemen are Harold Shapero and William F Martin Mr Shapero has been especially valuable in the preparation of cases, both upon the law, the facts and the medicine Mr Martin assists him in this work and has shown ability and great promise in the performance of his duties The other members of our staff are likewise deserving of commendation for their meritorious work

Your counsel does not intend here again to dilate upon the merits of the Group Plan It has been too well proven to require argument. It has been your counsel's experience with those of your members who have not availed themselves of the benefits of this Plan and who have subsequently been sued, that they have always voiced a deep regret and sometimes personal condemnation, and in such instances have usually applied for the benefits of the Plan to protect them, at least in any future cases To those who do not desire to avail themselves of the benefits of this Plan, it might be said that your counsel has yet to find a physician sued who has not expressed keen satisfaction that he is protected financially as well as legally

Table II, appended hereto, sets forth a comparison of the number of members insured in 1926, 1927, 1928 and 1929 What your counsel, the various committees of your Society and individuals have so repeatedly asserted is here again reaffirmed the Group Plan is working well and is deserving of your continued support From his long experience in your cases, your counsel is at a loss to understand how anyone would be willing to practice your extra-hazardous profession without the protection of insurance

During the past year it was found necessary slightly to raise the premium of insurance Table III hereinafter appended, sets forth the present rates The reasons for this slight increase were fully explained by Mr Wanvig, our insurance representative, to your Executive Committee, and its Special Committee on Insurance made a prolonged study of the figures, as a result of which the Executive Committee unanimously passed a resolution approving the increase This resolution, together with a report of your insurance department, were published in the NEW YORK STATE JOURNAL OF MEDICINE at page 2044 under date of October 15, 1928 While there has been a falling off in the percentage of insured in some counties, there has been a proportionate increase in others Altogether there is an increase of 276 members insured The slight decrease of one point in the percentage insured is due to a substantial increase in the membership

TABLE II

Comparison of the number of members insured in 1926, 1927, 1928 and 1929, and the number of members in the county societies and the percentage of insured members

COUNTIES	1926			1927			1928			1929		
	No of Members in County Society	No of Members Insured	Per-centage Insured	No of Members in County Society	No. of Members Insured	Per-centage Insured	No. of Members in County Society	No. of Members Insured	Per-centage Insured	No of Members in County Society	No of Members Insured	Per centage Insured
Albany	218	125	57	220	120	54	220	126	57	228	129	57
Allegany	33	9	24	31	9	29	28	22	79	30	8	26
Bronx	648	309	48	683	347	50	755	364	48	785	435	55
Broome	102	52	51	113	55	48	117	49	42	123	60	48
Cattaraugus	49	28	57	56	26	46	56	29	52	51	29	56
Cayuga	55	32	58	58	32	55	61	33	54	57	31	56
Chautauqua	93	33	35	93	33	35	93	38	41	90	38	42
Chemung	49	38	77	53	37	69	57	38	67	60	40	67
Chenango	36	15	42	35	17	48	34	18	53	34	18	53
Clinton	33	15	45	31	16	51	26	15	58	26	13	50
Columbia	37	20	54	37	19	51	37	19	51	35	19	54
Cortland	23	8	35	23	8	34	20	8	40	19	6	31
Delaware	19	1	5	22	3	13	23	4	16	22	4	18
Dutchess-Putnam	116	61	52	115	63	54	118	61	52	121	63	52
Erie	672	424	63	672	425	63	671	439	65	690	368	53
Essex	26	11	42	24	12	50	24	13	54	26	14	53
Franklin	48	15	31	49	16	32	56	16	29	56	12	21
Fulton	37	24	65	40	24	60	41	28	68	38	25	65
Genesee	27	9	33	28	8	28	25	10	40	28	9	33
Greene	23	10	43	23	10	43	24	12	50	27	15	52
Herkimer	55	32	58	51	31	60	49	35	71	48	38	79
Jefferson	77	37	38	82	35	42	80	34	43	82	38	46
Kings	1590	831	52	1613	933	57	1639	1017	62	1878	1189	63
Lewis	13	5	38	11	5	45	17	7	41	16	6	37
Livingston	31	11	35	28	7	25	28	9	31	30	12	40
Madison	35	17	49	32	13	40	31	16	52	30	15	50
Monroe	436	231	53	435	240	55	436	251	58	436	244	56
Montgomery	52	23	44	50	13	26	50	13	26	51	13	26
Nassau	112	57	50	134	82	61	151	91	60	155	94	61
New York	3415	1961	57	3500	2069	59	3623	2171	60	3782	2240	59
Niagara	86	51	59	94	60	63	98	56	57	99	56	57
Oneida	191	77	40	187	76	40	184	91	49	192	99	52
Onondaga	321	166	51	324	176	54	333	198	59	330	228	69
Ontario	74	35	47	75	38	50	72	38	53	76	36	47
Orange	105	65	62	101	66	65	107	64	60	111	68	61
Orleans	18	5	27	18	6	33	19	9	47	18	9	50
Oswego	53	30	57	54	24	44	48	23	48	49	21	43
Otsego	43	27	63	43	28	65	44	22	50	42	20	48
Queens	272	146	54	329	194	58	376	253	67	416	286	69
Rensselaer	107	56	52	115	55	47	108	59	55	122	50	41
Richmond	72	38	53	77	40	51	80	45	56	84	43	51
Rockland	41	20	49	42	23	54	46	25	54	47	23	49
St Lawrence	62	21	34	65	22	33	68	23	34	65	24	37
Saratoga	47	22	47	43	25	58	46	24	52	50	26	52
Schenectady	117	86	74	123	93	75	114	94	82	116	83	71
Schoharie	18	6	33	16	6	37	18	6	33	18	5	28
Schuyler	11	5	45	10	4	40	11	4	36	11	4	36
Seneca	23	5	22	21	5	23	23	7	30	21	8	38
Steuben	79	39	48	72	43	59	73	43	59	72	41	57
Suffolk	112	46	41	110	43	39	118	59	50	114	46	40
Sullivan	30	18	60	29	19	65	28	16	57	32	18	56
Tioga	27	10	37	25	9	36	24	9	38	22	9	41
Tompkins	61	27	44	59	28	47	57	26	46	53	23	43
Ulster	63	29	46	67	29	43	66	28	42	59	29	49
Warren	40	26	65	40	28	70	40	28	70	39	23	58
Washington	39	16	41	38	17	44	38	16	42	40	14	35
Wayne	38	18	47	37	20	54	38	22	58	38	25	66
Westchester	324	153	44	326	165	50	353	192	56	365	197	54
Wyoming	26	9	35	26	9	34	29	9	31	30	12	40
Yates	17	15	88	21	14	66	20	13	60	21	13	62
	10677	5711	53	10829	6073	56	11259	6488	58	11806	6764	57

TABLE III

LINES B Being Limits of Liability For All Claims or Suits During Any One Policy Year	COLUMNS A Being Limits of Liability for Any One Claim or Suit							
	$5000	$10000	$15000	$20000	$25000	$30000	$40000	$50000
$15000	32 00	39 68	16 08					
20000	33 60	41 28	47 68	51 84				
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45000			53 44	57 60	61 44	64 32	67 84	
50000			54 08	58 24	62 08	64 96	68 48	69 44
60000			55 36	59 52	63 36	66 24	69 76	70 72
70000				60 80	64 64	67 52	71 04	72 00
75000				61 28	65 12	68 00	71 52	72 48
80000				61 76	65 60	68 48	72 00	72 96
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Counsel Work

During the period of this report, your counsel has prepared for publication in the Society's JOURNAL, articles in the nature of editorial comment These editorials have included the following

A Consideration of the Need of Legislation Bearing Upon the Question of Expert Testimony
Constitutional Law
Surgeons sentenced to the Electric Chair
Statute Law
Common Law
The Era of Good Feeling
Reprehensible Practices
The Police Power
The Writ of Habeas Corpus.
Bootleg Insurance.
Trial by Jury
The Subpoena—Pest or Privilege
The Practicing Physician in Court.
The Problem of Ascertaining what the Law is
The Doctor and the Law
The Bar Cleans House.
The Applied Art of Psychology and the Laws of the State of New York.
Is Law a Science?
The Origin, Authority and Function of the Health Department.
The Importance of Tact in the Practice of Medicine
The Subpoena as Applied to the Doctors or Nurses of a Charitable Hospital.
The Legal Aspects of the Practice of Medicine.

As in previous years, your counsel has digested, and there have been published in the JOURNAL, reports upon malpractice actions which it has been felt were of special interest to the profession The case reports published during the previous year are as follows

Pseudo-pregnancy—Ether Anaesthesia—Death
Caesarian Section—Infection—Death.
Improper Treatment of Syphilis.
Colles' Fracture with some Resultant Deformity
Claimed negligent Curettage.
Claimed Burn by Baking Treatment
Abrasion to Back during Mastoid Operation
Negligent Treatment of Fracture of the Ilium Resulting in Tuberculosis
Operation for Bunions—Superficial Infection
Acute Gastro-enteritis and Nephritis.
Removal of Tubercular Kidney
Scalp wound—Subsequent Cellulitis
Failure to Attend at Delivery
Acne Vulgaris—Claimed Improper Treatment by X-ray
Mastoiditis—Sinus Thrombosis
Claimed Negligence in Administering Injections
Fracture of Shoulder—Failure of cooperation by Patient.
Psoriasis of the Scalp—X-ray Treatment.
Claimed Negligence in the Reduction of a Fracture of the Leg
Failure of Patient to follow Instructions
Pediculosis pubis—Claimed Improper Instructions by Defendant.
Claimed Conspiracy to Commit to Insane Asylum
Claimed Negligence in Delivery
Claimed Negligence in Injection for Syphilis

These editorials and case reports have been prepared as a result of much labor, and it is a source of gratification to your counsel that on so many occasions he has received approbation for his efforts in this direction

In addition to his other duties, your counsel receives frequent requests for opinions upon various subjects These come not only from the county societies, officers and committees of such societies, but from the individual members as well Some of these inquiries related to matters of sufficient general interest to find reflection in editorial comment, others have resulted in private advice Some of the matters upon which advice has been thus rendered are as follows

Inquiry with reference to the confidential relationship existing between physician and patient.

Inquiry regarding the engagement of an unlicensed physician to practice medicine under the supervision of one who is licensed.

Communication and advice with respect to the extent to which visiting nurses to the poor may render treatment.

Inquiry regarding extent to which a dentist, who is not a physician, may practice oral surgery

Inquiry regarding when plaintiff must post bond as security before commencement of action for malpractice

Inquiry regarding extent to which one who is not a physician may practice the healing art.

Communication and advice regarding the extent to which physicians may go in adopting unproven scientific discoveries

Inquiry regarding extent to which X-ray technicians may practice radiology and when such practice violates the Medical Practice Act.

Inquiry regarding when publication of health column in newspaper is a violation of the Medical Practice Act

Inquiry regarding when non-residents of a local charitable hospital may be moved to the place of their residence

Inquiry as to extent to which non-medical persons may assist physicians without violating the Medical Practice Act.

Inquiry and advice regarding the ownership of X-ray plates

Communications regarding the extent to which charitable aid associations may proceed under their charter, and the extent to which such associations may supervise local health boards

Inquiry as to arrangement for charging fees for operations by clinics

Inquiry as to the rights, privileges and duties of a physician when subpoenaed to testify in behalf of a former patient in a civil action.

Inquiry as to extent to which a wife and widow is obligated to pay for medical services rendered to her husband during his last illness

Inquiry regarding the payment of compensation to municipal employees by a third party for the performance of official duties, and the extent to which a charitable corporation may partake therein

Inquiry regarding the statute of limitations in a malpractice action where the patient was an infant.

Inquiry regarding the extent to which an osteopath may treat and attend patients in hospitals, and the extent to which hospitals may designate and appoint particular physicians who may treat and attend patients in its hospital

In addition to the foregoing, your counsel attended a meeting of the Fourth District Branch on September 24th and spoke at a most delightful dinner at the Country Club He attended also a meeting of the Sixth District Branch on September 25th and there read a paper entitled, "The Doctor and the Law," which was later printed in the NEW YORK STATE JOURNAL OF MEDICINE on November 1st On December 21st your counsel appeared before the New York County Medical Society and there read a paper entitled, "The Importance of Tact in the Practice of Medicine," which was later printed in the NEW YORK STATE JOURNAL OF MEDICINE on January 15, 1929 Your counsel attended a meeting of the Medical Jurisprudence Society and there read a paper entitled, "The Applied Art of Psychology and the Laws of the State of New York," which was later printed in the NEW YORK STATE JOURNAL OF MEDICINE on December 1st Your counsel also read a paper before the Geneva Academy of Medicine on January 10, 1929, the subject being, "The Legal Aspects of the Practice of Medicine." Your counsel attended a dinner of the Hudson County Medical Society at the Hotel Pennsylvania held on the evening of January 26, 1929, and there spoke upon the subject of "The Doctor and the Public," which was later printed in the NEW YORK STATE JOURNAL OF MEDICINE on March 15, 1929 Your counsel also attended a meeting of the Tri-State Conference held on February 2, 1929 Your counsel has likewise been repeatedly consulted concerning the amendments to By-laws of the various county societies

Legislation

From time to time, as they have been introduced, bills pending before the legislature have been forwarded to us for our opinion, and we have expressed in writing our opinion thereon Among such other communications the following might be mentioned

Inquiry on a bill introduced by Senator Baumes which sought to add a new addition to the Mental Hygiene Law with a view to securing more competent medical opinion with respect to the mental condition of a person in a criminal proceeding

Inquiry on the bills introduced by Senator Sheridan, which were the direct result of the fruits of an investigation, commonly known as the ambulance chasing investigation, conducted by the metropolitan bar associations, before Mr Justice Wasservogel Part of Judge Wasservogel's report on this investigation had to do with the connection sometimes found between the ambulance chasing lawyer and the physician who betrayed his sacred calling for financial gain These bills were designed, among other things, to correct this abuse.

Inquiry on a bill introduced in the Assembly entitled "An act to amend the lien law in relation to a lien of a hospital for treatment in case of accident" Your counsel was requested to and did propose an amended law so as to make the lien not only that of the hospital, but as well as of the individual physician or nurse who rendered treatment

During the legislative session your counsel received a number of bills, upon which though his opinion was not specifically requested, nevertheless he felt it incumbent upon him to read and did read and analyze said bills in order to ascertain whether or not they were of sufficient importance to the medical profession to comment upon them, and preparation was made to advise your legislative committee should the bills in question have been pushed for passage

On February 22, your counsel, together with a Committee of your Society headed by your able President, Dr Harry F Trick, appeared before the Committee on Law and Legislation of the Board of Regents in opposition to a bill introduced on behalf of the osteopaths, whereby it was sought to give to the osteopaths the right to administer anaesthesias and to perform minor surgery As a result of this conference, we are pleased to report that the Committee on Law and Legislation of the Board of Regents went on record as opposed to this legislation and sustained

our objection thereto The bill was not passed

It is gratifying to note that there has been an increase during the past year in the members of your Society. In 1925 there were 10,410 members, in 1926, 10,677, in 1927, 10,829, in 1928, 11,259 and in 1929, 11,806

Your counsel takes this occasion again to thank your individual members, your officers and your committees for the cordial cooperation, assistance, advice and encouragement which they have uniformly rendered him During the past year many of your members have come forward to give expert testimony in court and have thereby not only championed the cause of an unjustly accused fellow practitioner, but have enlightened the court with scientific opinions of great value From his observation of and intimate contact with your affairs, it is your counsel's belief that the Society is to be congratulated upon the character of its officers and committees, and upon the ability and zeal which they uniformly display in the furtherance of your interests

Your counsel cannot close this report without here again expressing his own and the thanks of the profession for the services of your Authorized Indemnity Representative, Mr Harry F Wanvig He has given us insurance counsel of great value His ability, courteous and sympathetic assistance in all matters involving this important activity of your Society, have won him the complete confidence and respect of your Society He devotes his entire time to your work Whenever any difficult or complicated question has arisen, he has come forward freely and willingly to give his advice and his assistance On numerous occasions he has appeared before various meetings of your county societies and has read papers upon the subject of his specialty

Never before in the history of the Society has there been a better spirit of cooperation and a willingness to serve Never have there been stronger evidences of good will between the Society and its component county societies and its individual members The past is assured, you may look forward to a future of increasing usefulness and service

Respectfully submitted,

LLOYD PAUL STRYKER, *Counsel*

April 15, 1929

REPORT OF COMMITTEE ON MEDICAL RESEARCH

To the House of Delegates

Gentlemen

The Committee on Medical Research desires to report that during the last session of the Legislature of the State of New York, Mr Vaughan introduced Assembly Bill No 166, to amend the penal law to prevent experiments of any kind on living dogs Medical and other educators and public spirited citizens were induced to protect its passage to their representatives in the Legislature

The Committee on Codes to which the bill was referred held a hearing on February 12, and our position in the matter was ably presented by Dr Simon Flexner of the Rockefeller Institute, Dr Horatio Williams of the College of Physicians and Surgeons and Dr J E Sweet of the Cornell Medical College The bill was not reported out of committee

Your Committee rendered like service in the matter of the bill introduced in the last Congress, H R 11998, "To prohibit experiments on living dogs in the District of Columbia or the territorial or insular possessions of the United States" The bill was referred to the Committee on Judiciary and not reported

In defense of animal experimentation it is necessary for those directly concerned to give constant consideration to the need of limiting this work to what is necessary and essential Also to the reasonable demand that dogs shall not be used if any other animal will serve the purpose

It is likewise important that all illegal experimental work by unqualified persons or in unqualified places shall be prohibited and that instances of such shall be reported to the proper authorities

Respectfully submitted,

FREDERIC E SONDERN,
Chairman

April 19, 1929

REPORT OF THE COMMITTEE ON LEGISLATION

To the House of Delegates—
Gentlemen

Your Committee on Legislation begs leave to offer the following report

Following the custom of preceding years immediately after the results of the election were announced, your Committee communicated with the newly elected legislators and those reelected, expressing the hope that they would endeavor, in their service at Albany, to maintain the high standards of medical practice established by former legislatures Your Committee offered, through the Executive Officer, to assist legislators in their consideration of bills that might be introduced having a bearing upon the practice of medicine We also presented our compliments to the new Governor and expressed the hope that if we could be of assistance to him in considering medical affairs in the state, he would give us the opportunity

Although this was a new legislature, there were but few changes in the personnel of the two houses A new chairman was appointed to the Public Health Committee in the Senate We are pleased to report that our work with him was very congenial, we found him deeply interested in the welfare of the public and the practicing physician and eager to avail himself of our offers of assistance

The usual bills—anti-vaccination and anti-vivisection, birth control, chiropractic, etc, were introduced, but none of them moved from the initial committees to which they had been referred Hearings were held on some of them, at which your committee was represented by the Executive Officer That we did not have more hearings can well be explained by the services rendered by our Executive Officer He has maintained an intimate relationship with the leaders in both houses and with the chairmen of the various committees, and was frequently called to advise them concerning the desirability of bills introduced

Of the 3417 bills before the legislature this year, 134 had some bearing upon the practice of medicine

We carefully read these bills in their original and amended forms—and some of them were amended three times

Owing to limited office force, we regret that we could not as in former years send the chairmen of the county committees copies of the bills except in certain special instances The one which we particularly favored was the creation of a medical council in the Department of Labor, which was introduced twice, but failed of passage because it, like many other bills carrying special appropriations, did not receive consideration in the jam of the last days of the legislature It had no expressed opposition and we believe that if it had not been for the confusion over the general appropriation bills, it would have been enacted The bill which requires that courts, when issuing a subpoena for hospital records must give the hospital at least twenty-four hours' notice, and the bill providing compensation to hospital employees working with radium or X-ray, we especially favored and did much toward securing their enactment We approved of the Poor Law as finally amended, several bills introduced by the Department of Health amending the County Health Law and the Sanitary Law relative to water supplies, and the commission authorized for a study of the mineral springs at Saratoga

A number of efforts were made to devise some legislation that would take care of aged poor None of these as drawn carried a medical clause, but, as we anticipated, none was found satisfactory and a commission has been appointed to make a study of this problem and submit suggested legislation in 1930 We shall keep in touch with this commission

The osteopaths desired to introduce their bill of former years, but before doing so, they appealed to the Board of Regents for support. The Committee on Higher Education of the Regents gave them a hearing and invited your committee, as representatives of the Medical Society, to sit in at the hearing held on February 22nd After the Regents had heard what was to be said by all present, they considered the matter among themselves and voted not to support the osteopaths if they attempted legislation along the lines requested It is probable that this action on the part of the Regents so discouraged the osteopaths that they made no effort to amend the law

It becomes our pleasant privilege to thank the officers of the State Society and the chairmen of the various county committees for their loyal and ardent support of our efforts

We regret that we cannot report the enactment into law of every bill in which we were interested, but it is a great satisfaction to us to feel that this year, through our Executive Officer, we did a greater share in constructive work than in former years

Respectfully submitted,
HENRY L K SHAW, *Chairman*

April 15, 1929

REPORT OF THE COMMITTEE ON PUBLIC RELATIONS

To the House of Delegates—
Gentlemen

Your Committee on Public Relations has assumed its responsibilities and worked earnestly throughout the year to fulfill its mission From the onset it was keenly impressed with the importance of the task and the amount of work that will be required before it has harmonious and working cooperation between the three great agencies concerned in the development of better health conditions in our state I refer to the medical profession, State Department of Health, and the various voluntary health organizations, each of which, to a very considerable degree, at the present time, is working more or less alone, without that force which would ensue from a proper coordination of effort and a definite interlocking of activities, with the medical men in each locality assuming their normal position as leaders, advisors and active participants in all that has to do with the health, present and prospective, of our citizens

We are likewise conscious of the fact that lay organizations, working in the field of Public Health, have in many sections assumed the initiative and with their excellent organizations been able to dominate health activities which could have been directed much better by the members of the medical profession of each individual community or county

Your Public Relations Committee was organized during 1926 and until the present year its activities dealt largely with conferences with lay organizations and the State Department of Health relative to agreements and plans defining their respective fields of influence and work and how best to cooperate their health activities In theory this seemed to be a practical and essential plan of action and probably would have been successful had it not been for a violent outbreak in one of our counties between members of the medical profession and a lay organization which was conducting a Health Demonstration This condition indicated the strength of the lay organization and proved to the medical men that in the future they must take a greater interest in civic medicine, and furthermore must perfect their organization to such an extent that in each county medical society there must be a committee whose duty should consist of coordinating all of the forces working in the field of curative or preventive medicine within that county Therefore, your Committee on Public Relations at its organization meeting held in Albany July 7, 1928, determined that it would be necessary to perfect a definite organization and develop a Public Relations Committee in each county medical society Such Public Relations Committee to be composed of the leaders of the medical profession of the county and men who are known to have a large interest in civic medicine

Their duty should be to see that the agencies working for the betterment of the health within each county are coordinated, that the medical men assume their proper position as leaders, advisors and active participants in all civic and medical activities having to do with the betterment of the health of the people Hence the State was divided and approximately twelve counties allotted to each of the five members of your Public Relations Committee with the understanding that such member would personally see to it that his respective county medical societies were visited and urged to appoint Public Relations Committees composed of their strongest men, men of known ability as leaders Such County Public Relations Committees were to be instructed to make a survey of health activities at present operating in their counties together with all plans and possibilities for future development of an enlarged scope of such work These surveys are to be published in the *New York State Journal of Medicine* Such survey, to be of definite value, should deal with the following questions

1 Record of the number and distribution of doctors, hospitals and clinics

2 The County Medical Society—the activities it has undertaken and its plans for the immediate future, the interest being developed and encouraged in the field of Civic Medicine.

3 The County Tuberculosis and Public Health Association and its activities Its relations to the Medical Society The public health work it does, children's camps, nursing, publicity, etc

4 Other lay health organizations, such as Parent Teachers' Associations and Red Cross Attitude towards medical profession

5 Social Welfare Agencies, such as Child Welfare, clubs interested in any phase of health work —Rotary, Kiwanis, fraternal, etc

6 Health examinations of school children and children of pre-school age and the amount done in correction of defects The interest doctors show in the examination of the children.

7 Local health departments Attitude of local health officers and boards of health

8 The peculiar health needs of the county

This work of organizing and developing Public Relations Committees in each county medical society to a standard adequate to meet present and future health conditions, and obtain the necessary health surveys of each county, will, of necessity, be a process involving the expenditure of much time upon the part of each member of the committee, probably entailing several visits to each county medical society before we have such Public Relations Committees in the county medical societies working satisfactorily, and leading, as they

should, all matters appertaining to the health in their respective sections

We are anxious to make progress along substantial lines and see that the organized medical body assumes its full responsibility in developing improved health conditions throughout the State Already we point with pride to the fact that the medical men of the following counties have indicated the advancing health conditions in their respective districts by submitting to this committee the health surveys of their counties, all of which have been published in the JOURNAL and indicate progress along the lines of civic medicine These counties are Suffolk, Saratoga, Montgomery, Oneida, Dutchess-Putnam

The Committee is also impressed by the excellent work being done by the Suffolk County Medical Society in having established a county health department, the first to be organized in the State of New York, by the organized medical body of a county

In this advance Public Health development there has been a very beautiful cooperation between the county medical society and the State Department of Health Your Committee sincerely hopes that other county medical societies will fall in line and develop similar health departments

In the several counties which have reported and published their surveys and in many others, as yet unreported, evidence is shown of active cooperation and harmonious work between the medical body, the State Department of Health and the lay organizations and a very definite trend towards the assuming of leadership by the Public Relations Committee of these county medical societies

In order to hasten the formation and to activate the Public Relations Committee in each county medical society the Chairman and other members of your Committee met with each District Branch Medical Society of the State at its annual meeting and addressed them upon the importance of our state committee establishing these county units, and especially advised them with reference to the appointment of leading men as members of such committees

Your Committee has adopted the Eight Principles evolved by the Council Conference Committee of your Society, working in conjunction with representatives of the Cattaraugus County Medical Society, State Charities Aid Association and the Commissioner of the State Department of Health These Principles were adopted by the House of Delegates of the Medical Society of the State of New York at your last meeting for the purpose of guiding and directing the conjoint work between the medical profession and lay organizations in all counties dealing with health These Eight Principles are as follows

The Eight Principles

1 The essential part of public health work being preventive medicine, there should be no failure on the part of official and unofficial health and welfare organizations to recognize the importance of the local practising physician

2 All those associated in the conduct of public health activities must recognize fully that preventive medicine is the doctor's rightful field and that laymen must at all times look to the medical man for guidance and leadership therein

3 Public Health work within a county involves three participating factors, lay organizations, official governmental agencies, and the members of the county medical profession

4 The evolution of a county health program should be the evolution of medical forces within the county It is not only the duty but the prerogative of the local physicians to assume leadership in the organization

5 The function of lay organizations and employees of the county health organizations, acting under the leadership of the practising physicians of the county, includes assistance in educational work, in helping those who are unable to carry out the doctor's advice, and in providing means whereby the public health program may be carried out.

6 Lay organizations are needed in the county Their cooperation is to be welcomed by the physicians They are needed for the great educational work they can do, for their influence on public opinion, legislation and laws, and in many other ways But preventive medicine must be controlled and guided by the medical men of the county

7 As the function of the county health officer is not to exercise the function of the physicians of the county but to explain the facilities and stimulate the use of these facilities by the citizens, therefore, before any innovations are put into effect by a Demonstration or other agency, they should first be thoroughly studied and discussed by the medical society and the professional membership of the county board of health

8 All local publicity should be of fact and simply to inform the people of the county of public health work which is being done, why it is being done, and why it should be done.

Likewise has your Committee adopted the program devised by the Committee on Public Relations of last year which consists of five definite functions of activity for the county medical societies' Public Relations Committees These Five Functions are as follows

The Five Functions

1 Make a complete survey of health agencies in the county, noting the names, membership, program and manner of carrying on their work

2 Collect data concerning all types of medical activities, both curative and preventive, and whether promoted by official or unofficial agencies

3 Confer with director or proper committee of every agency or organization interested in conducting or promoting curative and preventive

medical activities in the county, with regard to its program, for the purpose of offering assistance in the development of the medical phase of such program

4 Confer frequently with the public health committee of the County Society regarding the methods employed in public health work throughout the county

5 Be prepared to take leadership in developing programs of county agencies

These Eight Principles and Five Functions have been published in three different issues of the *State Journal* and received wide distribution by being sent as a pamphlet to various officers and committeemen of the county medical societies

Through the courtesy of our Publication Committee and the Editors of our JOURNALS we have been favored with an exceptionally large amount of publicity consisting of editorials and reports dealing with the subject of public health and public relations We are especially indebted to Drs Ross and Overton for their work along this very necessary line of publicity It is hoped that our membership is carefully reading these articles in our *State Journal* which appertain to the work of this committee.

We are pleased to note that through the initiative and effort of the Ontario Medical Society there has been established under a full time medical director, a School Health District for the County A similar plan has been established and such a school health district developed by combining a number of the townships of the western part of Montgomery County

We are gratified to note that the physicians of Oneida County, through their Public Relations Committee, are co-operating with and directing two State Governmental Agencies—Department of Health—Department of Education—in making a survey of the physically handicapped children in that county Such a survey of the handicapped children of a county has been likewise most successfully accomplished in Saratoga County, the work having been done entirely through the efforts of the County Medical Society

Upon invitation your Committee held a conference with the Committee on the Care of Crippled Children with reference to the medical aspects in the administration of the new law for the relief of crippled children This law authorizes the State to provide the means for caring for and correcting defects in children who are physically handicapped and provides for the payment of physicians for those cases where such payment would be a burden upon the family The cost of such care to these unfortunates is to be equally divided between the county and the state The two state departments entrusted with the administration of this law, the State Department of Health and the Department of Education, are desirous that the services rendered by physicians shall be properly compensated Naturally fees for professional work upon indigent cases would come under a social class where the compensation should be moderate and not such as would appertain in those of better financial circumstances Yet, the Committee on Care of Crippled Children does not desire to have this work done gratuitously, as has been very largely the case in past years They do wish the Medical Society of the State of New York through its House of Delegates to adopt a fee schedule which shall be a guide to the Judges in the various counties in passing upon allowances to Orthopaedic Surgeons in compensation for surgical care The application of such a schedule is to be state wide Your Committee on Public Relations recognized that the conference with the Committee on Care of Crippled Children could only be deliberative in character and any conclusions of said conference would have to be ratified by the House of Delegates of the Medical Society of the State of New York Hence they adopted the following principles and submitted them to the Committee

"The Public Relations Committee of the Medical Society of the State of New York thanks your Committee on the Care of Crippled Children for the privilege of advising with it concerning the questions now under consideration, and draws attention to the following principles governing the practice of medicine as enunciated by the Medical Society of the State of New York

"First That it recognize the principle that the State should adequately recompense physicians for the professional care of the *indigent* poor of the state

"Second That it is the duty of the State to determine who are permitted to avail themselves of this State aid, and not place upon the individual physician the economic burden of attending those who are financially able to pay, but who seek State Aid to the relief of their financial responsibility

"Third That it is recognized that economic principles enter into the practice of medicine on the part of the individual physician, and that whatever may be advised in expenditure of money on the part of the State in the questions under consideration, can only so be done on a minimum basis

"Fourth It is a recognized principle that no two cases of sickness or injury are exactly alike Therefore, whatsoever may be advised can only be for the immediate remedying of a condition Future attendance must be based upon the time and effort expended by the physician, and the responsibility of the physician does not cease until the case is discharged by him

"Fifth That through its proper committees, the Medical Society of the State of New York will be glad to advise with various committees of the State government in public welfare work designated for the care of the physically handicapped child, as to those who are considered competent to do such work who may be solicited in the helping out of the State in its program of betterment."

After a considerable discussion the following

fee schedule was suggested by your Committee for medical services rendered by physicians under the Administration of the Law for the Relief of Crippled Children

T B or Osteomyelitis of foot—	
Incision and drainage	$35 00
Tenotomy of Tendo Achilles—	
Closed operation	25 00
Open operation	30 00
Plantar Fasciotomy—including cast	35 00
Arthrodesis of foot—"reshaping the foot"	35 00
Club-foot, congenital and plaster cast	35 00
Open operation	70 00
Astragalectomy	50 00
Tentomy and tendon transplantation	75 00
Bowlegs (Osteoclasis)—single	35 00
Knock Knee (Osteotomy)	50 00
Knock Knee (Osteoclasis)—single	35 00
Bowlegs (Osteotomy)	50 00
Osteomyelitis Tibia and Fibula—drainage and curettage	75 00
T B of knee joint with plaster or brace	75 00
T B of knee with resection of knee joint	150 00
Tendon transplantation anywhere	75 00
Osteomyelitis of femur	75 00
Tenotomy of hamstrings	35 00
Ununited fracture of femur	150 00
Ununited fracture of tibia	100 00
T B hip without operation—cast or brace	75 00
T B hip with operation	100 00
Congenital dislocation of hip	75 00
Each subsequent manipulation and cast	50 00
Sutter fasciotomy	125 00
Arthroplasty or Arthrodesis of hip	100 00
Subtrochanteric Osteotomy	75 00
Tenotomy of adductors	50 00
Other plastic operation at hip	100 00 to 125 00
Major operation of spine	150 00
T B spine without operation—	
For each cast or brace fitting	35 00
Aspiration of spinal abscess	35 00
Scoliosis—per cast	25 00
Shoulder resection or arthrodesis	100 00
Shoulder muscle transplantation	100 00
Elbow resection or arthrodesis	75 00
Elbow arthoplasty	100.00
Osteotomy of humerus	50 00
Resection of wrist or arthrodesis	50 00
Plastic operation of wrist or tendon	50 00
Tenotomy of tendon of wrist	35 00
Osteomyelitis of upper extremities	75 00
Torticollis operation—open operation	75 00
T B shoulder without operation—per cast	35 00
T B elbow without operation—per cast	25 00
Arthrodesis of knee	100 00
T B wrist without operation—per cast	25 00
Anesthetic fee minimum—simple ether	10 00
X-Ray taken—single	10 00

This fee schedule met with the approval of the Committee on Care of Crippled Children and it now remains for the House of Delegates to pass upon it and concur or reject the proposed schedule *We recommend its acceptance*

Your Committee feels encouraged and activated by the many inquiries from medical men throughout the state asking for information relative to methods in working out the problems for cooperating with other existing health agencies in their district

This Committee feels that its immediate future work consists in establishing contacts with the Public Relations Committees of the county societies and helping them with their problems At the same time many contacts and conferences with state-wide governmental and voluntary organizations will be necessary before proper coordination is obtained and the medical profession has assumed its full responsibility in the field of public health and preventive medicine

JAMES E SADLIER, *Chairman*

April 15, 1929

REPORT OF THE COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

To the House of Delegates—

Gentlemen

Your Committee on Public Health and Medical Education begs leave to submit the following report for the current year

A review of the reports of this Committee to the meetings of the House of Delegates in the years 1926, 1927 and 1928, together with consideration of this year's work indicate that regardless of changes in personnel of the Committee it has progressed along very definite lines While fully aware of the multiplicity of problems with the consideration of which it is charged, the Committee has, nevertheless, proceeded cautiously and slowly using its efforts and resources only where these will be most effectively applied without radical changes or spectacular innovations It is, of course, well recognized at the present time that the broadening field of Public Health activities must include different groups of people as for instance the public, the official agencies, the volunteer group and the medical profession On the other hand in the progress of Public Health work there is nothing to indicate but that the physician, who, as a result of training, experience and the special opportunities which he enjoys, is the one not only to head and direct Public Health work but also the one upon whom, alone, rests the responsibility of solving certain definite problems in modern Public Health Your Committee has continued its policy that adequate medical care is the greatest single contribution which the medical profession can make to the cause of Public Health, and believing that continuous graduate medical education is one means toward accomplishing this end, has had for its major activity this year, as in the past few years, post graduate medical courses before county medical societies

Graduate Education

The work in graduate education carried on by

the Medical Society of the State of New York for the year beginning July 1, 1928, includes courses given in the following counties (The name after each county indicates the subject of the particular course, while the number refers to the number of lectures included in the course)

Fall of 1928

Delaware	Tuberculosis	6
Ontario (with Wayne, Yates and Seneca)	Internal Medicine	6
Steuben	Internal Medicine	6
Monroe (2 courses) (with Livingston)	Internal Medicine	5
	Surgery	5
Genesee (2 courses) (with Orleans & Wyoming)	Internal Medicine	5
	Surgery	5
Sullivan	Heart Disease	4
Cayuga	Gastro-Enterology	6
*Cortland	Internal Medicine	3

Spring of 1929

Tompkins	Internal Medicine	6
Albany	Gastro-Enterology	6
Montgomery	Gastro-Enterology	6
Clinton (with Essex & Franklin)	Diseases of the Blood	4
Chemung (with Tioga & Schuyler)	Heart Diseases	6
St. Lawrence	Internal Medicine	6
Jefferson	Internal Medicine	6
Herkimer	Internal Medicine	6
Washington (with Warren)	Physiotherapy	4
Onondaga	Heart Disease	4
Oswego	Heart Disease	4
Chenango	Obstetrics	6

(At the time of writing this report the Committee is in communication with Otsego and Schoharie Counties regarding courses which may be given during the month of June.)

(These lectures will cover 31 counties, slightly over half of the state. One entire district branch (the Seventh) has been covered in this year's work.)

While a detailed record is being kept of data concerned with these courses, it is obvious that a report at this time can only cover the courses given before January first, a summary of which follows

Total number of courses	9½
Number of county medical societies before which courses were given	14
Total attendance of all courses	2630
The largest attendance for one course (Monroe county)	836
Smallest attendance for one course (Sullivan county)	126
Total cost of all courses	$2,266 55
Average cost per course	238 58
Average cost per county	167.89
Average cost per attendance	86

It will be observed in several instances of the work during this year that one or more counties have joined with another county in one course of lectures It will also be observed that counties in close proximity have selected the same course of lectures which have been given simultaneously

*Three lectures in this course were given late in the spring of 1928.

As a result of these conditions it is believed that the work has not only been performed more economically but decidedly more efficiently These arrangements have made the arduous work of the lecturers more convenient and have also added to the convenience of the members of the county societies, in as much as it frequently happens that a member of one county society is located nearer to the seat of lectures in the neighboring county society He is thus able to have the same course of lectures as his fellow members with less trouble and inconvenience to himself These plans have also made it possible to secure for small counties, groups of lecturers whom it would be otherwise impossible to obtain The combination of counties has also aided in perfecting the local arrangements for the lectures which is a very important consideration in this work A tendency for near-by counties to continue this plan is growing and with it is an apparent tendency for the county societies to leave the matter of graduate education and the arrangement of the local details in the hands of committees, the personnel of which remains fairly permanent This tendency on the part of county medical societies is to be greatly encouraged and particularly aids the State Committee with its well organized plans for future work

In as much as the annual reports of standing committees have to be prepared several weeks before the meeting of the House of Delegates and as the work of the Committee covers the period for 12 months beginning July 1st, it is impossible to summarize the current year's work at this time Therefore, it is thought that a review of the work for the year 1927-28 should herewith be presented This is summarized as follows

Total number of courses	21½*
Number of county medical societies before which courses were given	22
Total attendance of all courses	3,268
Largest attendance for one course—Albany	495†
Smallest attendance for one course—Greene	42†
Total cost of all courses	$4,524.82‡
Average cost per course	215 47
Average cost per attendance	1.38

We are now at the completion of two years during which period the work of graduate education before county medical societies, under the auspices of the State Society, has been taken over entirely by this organization During this time there will have been given 42 courses covering 38 counties, fifteen of which have had two courses It is interesting to know that of these 42 courses, 16 were courses in Internal Medicine, outlined by Doctor W W Palmer, Professor Medicine, Col-

*The one half course refers to Cortland County where lectures of the course were given during the year 1927 28, the remaining lectures during the year 1928-29

†It must be taken into consideration that the membership of these two societies vary greatly The percentage of members attending the lecture in Albany County was 37 per cent, while the percentage of members attending the lecture in Greene County was 45 per cent.

‡This figure includes only the actual travelling expenses and honorarium fees of the lecturers.

lege of Physicians and Surgeons of Columbia University, New York City, and 11 were courses in Heart Disease, outlined by Doctor John Wyckoff, Professor Medicine, Medical College of New York University The 16 courses in Internal Medicine actually reached 22 counties and the 11 courses in Heart Disease actually reached 13 counties It is our belief that these figures show in a very positive way the demand on the part of the physician for instruction in those subjects which he most commonly meets and it is our opinion that these figures are a compliment to the good judgment of the county medical societies in picking out such practical subjects

As in the past the Committee has carried on its courses as a distinct activity separate from county medical society meetings with which it feels there should be no interference The Committee has also planned its work so as not to interfere with the meeting of the State Medical Society or that of its District Branches The sessions at which the lectures have been given have frequently been held at different times and places than that of the usual county meetings The procedure of giving the lecture has also varied from that of the reading of the usual medical paper The lectures are supposed to be distinctly instructional, of course bearing in mind that the audience is a matured one with considerable experience in clinical work In place of the usual discussion which follows a medical paper the lectures in these courses have been followed by a period of questions, answered by the lecturer which has proven most helpful

The Committee has attempted to present its work in well grouped courses which now comprise the following subjects

Dermatology and Syphilology	1 course
Internal Medicine	12 courses
Neurology	2 courses
Obstetrics and Gynecology	2 courses
Orthopaedics and Orthopaedic Surgery	3 courses
Pediatrics	2 courses
Periodic Health Examination	1 course
Physiotherapy	2 courses
Surgery	8 courses

With one or two exceptions the outlines have all been prepared by the medical teachers of this state who have also nominated the lecturers for the different subjects and who have correlated their work It is the opinion of the Committee that the State Society is under deep obligation to these gentlemen who have outlined the various courses Their aid was indispensable to making a beginning in the Committee's enlarged program of graduate education While the Committee has not tried to dictate to county societies in the matter of selecting subjects for lecture courses, it has encouraged them to adhere to the outlines as offered in order that future work may not be too complicated The outlines of the courses offered by the Committee has been put together in typewritten form in small pamphlets which are available for the use of county societies where a course is contemplated This plan has reduced the necessity of personal conferences on the part of the Chairman of the Committee with county medical societies during the past year, although such conferences from time to time are necessary, particularly when groups of counties join in the same course

The Committee has reorganized its method of reporting on its lectures and as stated before has adopted a system of tabulating the results of all courses This will allow the Committee to observe the progress or lack of progress of the work in the various counties as also the relative importance of the various courses The Committee has received requests from the States of Virginia and Michigan for information regarding its work in graduate education

During the two years that the State Society has sponsored the entire work in graduate education 241 lectures have been given by 79 lecturers coming from 14 different cities Many of these lecturers have given at least 5 or 6 lectures each year and many have traveled to all portions of the state and appeared before small as well as large county medical societies All of the lecturers have been men of approved standing as teachers as well as clinicians of wide experience. The willingness of the lecturer to accept assignments at a personal sacrifice and frequently involving a trip of considerable inconvenience deserves unusual commendation The Committee has expressed its gratitude to the various lecturers but it is our belief that the State Society should also express their thanks for the splendid work which these men have done

Public Health Activities

The special Public Health activities with which the Committee has been concerned are as follows

Diphtheria Immunization
County Health Departments
Tuberculosis
Periodic Health Examinations
Maternity Hygiene

The Committee has continued to watch with interest the campaign of diphtheria immunization of the Schenectady County Medical Society It would seem that the Schenectady Plan was based on a rational foundation, providing as it does for the constant employment of immunization, rather than for periodic intensive campaigns, and it is the feeling of our Committee that the Schenectady County Medical Society should receive greater support in this work from other organizations than it has heretofore The Committee feels that the Diphtheria Immunization of the children of this state can be more readily accomplished if the county medical societies are requested to participate in the work to a larger extent than they have in the past and that the simple acquirement of consent and approval from the county medical

society for Diphtheria Immunization is not sufficient participation of organized medicine in this work.

The Committee is glad to report that they were called upon by one county medical society for advice regarding the establishment of a county health department in that particular county The aid of the Chairman of the Public Relations Committee was also obtained through this Committee in the project

While the Committee's work in Graduate Education has a general Public Health aspect, the Committee has established courses which are definitely concerned with this work, notably with the subjects of Tuberculosis and Periodic Health Examinations It must also be remembered that the course on Diseases of the Heart has a direct bearing to Public Health work, as do also such lectures as Diabetes Mellitus and Scarlet Fever which have comprised subjects in the course on Internal Medicine One course of lectures on Tuberculosis was given before the Delaware County Society and at this course in a distinctly rural county there was an attendance at the lectures of 95 per cent of the county membership This interesting course was successful in every way and it is our feeling that this course should be repeated in many other counties and it is also felt that the expenses of such courses should come from the Christmas Seal Sale, as it would seem that this charge is a legitimate one against that fund

A course of four lectures on Periodic Health Examinations has been outlined by Doctor Otto H Leber of New York City So far the entire course of lectures has not been given in any county but it is very probable that some of the lectures will be given in at least 2 counties during the present year The Committee is hopeful that at the time of these lectures a public campaign will be carried on in the same county to educate the general public regarding the value and necessity of this procedure

On the question of maternal mortality the subcommittee appointed for study of this question is holding work in abeyance pending the investigation of other organizations who had previously undertaken similar work. This sub-committee has had one meeting this year called at the request of the Commissioner of Health of the State of New York for advice on certain problems dealing with maternal mortality

Other Activities

The Committee's attention was called early in the fall of 1928 to the fact that one commercial concern selling apparatus for physiotherapy was conducting courses in Physiotherapy in various cities throughout the State Immediately a letter was sent from the Chairman of this Committee through the Executive Officers of the State Society calling to the attention of all county societies that this Committee is prepared to offer without any charge a course of lectures on Physiotherapy to any county medical society, the courses to be given by men experienced as teachers in this subject

Furthermore, the county medical societies were asked to warn their members against obligating themselves by accepting a rebate on the tuition fee for the course of lectures from any commercial concern Despite this fact the same company continues to give such courses of lectures In connection with this we should like to call your attention to the fact that physiotherapy is a matter of extreme importance at the present time to the medical profession It is questionable whether or not lay persons are qualified to use these methods and whether in doing so great harm may result It would, therefore, seem wise if the House of Delegates would instruct this Committee or some other committee to take this question under official consideration

As in the past the Committee has been glad to be of service to county medical societies in aiding them in the preparation of their programs The Committee can be of further service in a similar way, if all county medical societies would send to the Chairman's office programs of their various meetings

The Chairman of the Committee has attended meetings of two District Branches as well as meetings of the Committee on Scientific Program and the Committee on Public Relations He has also attended and addressed regular meetings of three county medical societies At these meetings arrangements were perfected for courses in the various counties Both the President of the State Society and the Chairman of this Committee have personally attended many of the lecture courses The Committee has had one meeting during the year, at which the subjects reviewed in this report were considered

The Committee has made a start on supplying outlines of each lecture to be given to the members attending the lecture and which might serve as permanent notes It has also re-arranged its method of keeping records so that this particular activity of the State Society may be continued on a permanent basis In the courses given before county medical societies the Committee has made an attempt to reach members of the profession qualified for membership in the county medical society but not belonging to the same. The Committee has under consideration the extension of its work in graduate education laying greater emphasis on clinical teaching The Committee has been able to offer to county medical societies the free use of two obstetrical teaching films prepared by Dr Paige Thornhill, and has under consideration the purchase of a film on Infections of the Hand, which might be loaned to county medical societies, medical colleges and other medical societies Such a film if purchased might also be

used at the time of the meeting of the State Society

Finances

The Board of Trustees made an appropriation at the beginning of the year of $8,000 00 for this Committee The Committee is glad to report that they expect to complete the year with close to $1,000 00 to its credit This balance may be reduced slightly provided the teaching film on surgery, previously referred to, is purchased From the experience of the last two years it would seem now fairly apparent that the State Medical Society can carry on a comprehensive plan in Graduate Medical Education for a sum estimated between $7,000 and $8,000 per year

The Chairman of the Committee wishes to express his appreciation of the work of the other members of the Committee as well as the cordial assistance of the President, the Secretary, and the other officers of the State Medical Society Acknowledgment is also made of the excellent cooperation extended by the other standing committees of the State Society and of the most cordial relations between the Chairmen of the Committees on Scientific Work, Legislation, Medical Economics, and Public Relations, with the Chairman of this Committee A competent secretarial and stenographic service has relieved the Chairman of many of the details of the office work of the Committee

In summing up the work of this Committee we would say that the Medical Society of the State of New York is taking an active interest in Public Health work and is contributing to the cause of Public Health an activity of which private agencies as well as even official agencies have very little knowledge

Respectfully submitted,

THOMAS P FARMER, *Chairman*

April 15, 1929

REPORT OF COMMITTEE ON MEDICAL ECONOMICS

To the House of Delegates—

Gentlemen

The activities of your Committee on Medical Economics the past year have been devoted largely to the problems arising under the Workmen's Compensation Law

The bill sponsored by this Society, creating a Medical Advisory Committee, was defeated again this year However, our cause is not lost We are pleased to report that the sympathetic and understanding attitude of our present Industrial Commissioner Frances Perkins is making the solution of our medical problems an assured fact

The members of your Committee and other representatives of the medical profession have been invited before the Advisory Council to state the grievances of the medical profession and assist in the formation of plans for their eradication

Therefore, your Committee wishes to offer the following resolution

To Extend to Commissioner Frances Perkins Our Thanks

RESOLVED, That the House of Delegates of the Medical Society of the State of New York extend to Commissioner Frances Perkins our thanks and appreciation for the efficient and careful consideration of the medical problems before the Advisory Council, and that we hereby offer to her all facilities at our disposal to further aid in the solution of such problems

Your committee also wishes to offer the following resolutions

To Establish a Workmen's Compensation Reference Bureau

In our study of the problems of the Workmen's Compensation Laws, the idea of the establishment of a Workmen's Compensation Reference Bureau by the Medical Society of the State of New York seems of paramount importance. The reasons for the establishment of such a Bureau would be—

1st—To establish a clearing house for all Workmen's Compensation problems for all members of the State Medical Society

2nd—To correlate and systematize reports on compensation cases

3rd—To remove the cause for so-called padded medical bills

4th—To assist the Medical Education Committee in the establishment of post-graduate courses in physiotherapy and compensation technique

5th—To collect reliable data for the use of our Medical Advisory Committee and the Legislative Committee

Therefore your Committee recommends that this House of Delegates instruct the Council of the Medical Society of the State of New York to establish a Workmen's Compensation Reference Bureau, this Bureau to maintain a trained executive on full time salary

To Determine the Status of the Life Extension Institute and Define the Term "Practicing Medicine" by Judicial Decision

Your Committee has been informed by various members throughout the State, particularly in New York City, that the Life Extension Institute is practicing medicine

Your Committee finds that there is a great deal of uncertainty as to the definition of the term "Practicing Medicine"

Your Committee further feels that the Life Extension Institute was primarily organized to

advertise and give publicity to the value of periodic health examinations

Your Committee finds that the Life Extension Institute is examining people as individuals, for insurance companies and for business concerns, which procedure, on the part of the Life Extension Institute, is in direct competition with the private Doctors

Therefore, your Committee suggests that its Counsel, Mr Lloyd Stryker, be requested to confer with the Attorney General of the State of New York in the matter of beginning quo warranto proceedings against the Life Extension Institute to determine whether the Life Extension Institute is "Practicing Medicine" and to establish by judicial decision the definition of the term "Practicing Medicine" so that such decision may be used to determine what further action shall be taken against groups, lay organizations and business concerns employing Doctors, for the purpose of practicing medicine

To Establish Minimum Salary for Employed Physicians

Your Committee feels that there is a great disparity in the salaries paid to Doctors by Public Health, Welfare, Charity Organizations and similar Societies

This salary figured per hour varies from $1 per hour, paid in some of the New York Dispensaries to $2 per hour, paid by the New York City Board of Health for its part or full time men, to $4 per hour, paid by Charity Organization Societies

Therefore, your Committee suggests that a schedule of fees be fixed for Doctors employed by Boards of Health, Welfare Charity Organizations and other organizations The Committee feels that through the establishment of such a standard of fees, the individual Doctor will not be exploited by organizations utilizing his services

The Committee therefore recommends that all organizations employing Doctors shall pay a minimum of $5 per hour to such Doctors

Furthermore, the Economic Committee recommends that measures be instituted to have this standard accepted by Boards of Health, Welfare, Charity Organizations and other Organizations

Respectfully submitted,
W WARREN BRITT, *Chairman*

April 15, 1929

REPORT OF COMMITTEE ON SCIENTIFIC WORK

To the House of Delegates—
Gentlemen

The Committee on Scientific Work, through its Chairman, takes pleasure in submitting the following report

The Scientific Sessions have been rearranged

The Scientific Assembly will open on Tuesday afternoon when all of the members of the Society will collect in one room to listen to the presentation of some general medical problems On Wednesday afternoon leaders of American medicine will open the discussions on three subjects These two general meetings promise to be of unusual interest and your Committee feels that much good will be accomplished if all of us gather together for these periods devoted to a broader understanding of medicine and surgery

On Wednesday morning and again on Thursday morning the sections will convene in their respective rooms and listen to technical papers of interest to them in their more restricted fields

Your Committee urges your attendance at the general meetings and your whole-hearted support of the sections

The Chairman takes pleasure in expressing his appreciation for the hearty cooperation which has been given him by the President and Secretary of the State Society, the Section Officers and all others who have helped to make our Scientific Sessions successful forums for the dissemination of medical knowledge

Respectfully submitted,
ARTHUR J BEDELL, *Chairman*

April 15, 1929.

REPORT OF THE SECOND DISTRICT BRANCH

To the House of Delegates

Gentlemen

The annual report of the work of the Second District Branch for 1928, must be mainly one of progress in projects already begun or planned in previous years While continuing and completing old work may not be as interesting or spectacular as initiating new undertakings, it is essential if any real progress is to be made This seems to have been the thought guiding the activities of the four component societies of the Second District Branch during the past year

The annual meeting was held in Brooklyn on December 6th, 1928 The principle speaker was Dr Louis I Harris who addressed the members on the subject of the relations of organized medicine to public health and welfare work As in the two preceding years, a feature of the meeting was the reports of the work of the component county societies

Kings County's report showed "progress in the same general lines of community activity and professional work" as last year Interest in graduate education continues The Friday afternoon lectures have been continued and a large number of practical extension courses have been given in co-operation with the Long Island College Hospital and other hospitals The attendance at all the lectures and courses has been most gratifying The society has acquired a new site and is planning the erection of a new building that will be adequate for its increasing professional and civic activities and to house its already large and rapidly growing library

The Queens County Society has already broken ground for its new home and expects to occupy it within the year Its close co-operation with the county Tuberculosis and Public Health Association continues and is increasingly productive in results This is especially noticeable in the T-A campaign and in the treatment of children of school and pre-school age showing physical defects Queens County is also conducting lectures and courses in graduate education similar to those inaugurated so successfully in Kings County

In Nassau County probably the outstanding accomplishment of the year is the employment of an executive secretary, who devotes all his time to the conduct of the business of the organization The activities of the society have in consequence been given a tremendous impetus that is producing increasingly good results The project of a building and home all their own is being actively canvassed Graduate education is being continued in the form of lectures and clinical courses already proven successful in the past. Various forms of public health work, such as the T A campaign and the examination of pre-school children are being actively promoted Using its central office as a clearing house the experiment is being made of attempting to collect overdue accounts of the members

The Suffolk County Society made the establishment of a County Department of Health a major aim for 1928 Its efforts were so successful that the Board of Supervisors adopted the recommendation of the society and established the department and appropriated the money for its support The department has been so far organized that the county health officer, Dr Arthur T Davis, took up his duties January 2nd, 1929, and most of the other personnel has been selected This is the first county department of health to be established in New York State by local initiative and supported entirely by taxation without the aid of subsidies from outside the county welfare organizations Its accomplishments are therefore being watched with interest by health workers throughout the state and in other states

Each of the four component county societies issues a periodical bulletin primarily to keep the membership constantly informed of the progress of society activities In addition to this, the counties of Nassau and Suffolk aim to coordinate through their bulletins the work of the lay organizations doing welfare or public health work within their boundaries

In all of the societies co-operation with the lay and official welfare organizations, with medical leadership in their management, continues as a guiding principle of their work The Second District Branch still believes, in the words of last year's report, that "the development of public health and the practice of the prevention of disease is a doctor's game Only doctors have the ability through training to decide as between theoretical and practical activities in civic health matters The function of lay health and welfare organizations is to carry out the details of the treatment after the medical expert has made the diagnosis and prescribed the remedy"

Respectfully submitted,

GUY H TURRELL, *President*

April 15, 1929

REPORT OF THIRD DISTRICT BRANCH

To the House of Delegates—

Gentlemen

The past year has been a quiet but progressive one for the Third District Branch of the Medical Society of the State of New York and the ending of the year finds all the component county societies in a healthy and growing condition and more active than at the commencement of the year

At the Annual Meeting of the State Society, held in Albany in May, the members of the Third District Branch assisted the members of the Albany County Medical Society in acting as hosts to the State Society

The Annual Meeting of the Branch was held at the Hudson Country Club, as guests of the Columbia County Medical Society, the last week in September Addresses were given by Dr Trick, the President of the State Society, and Dr Daniel Dougherty, Secretary State Society The morning was devoted to the scientific program, after which a clam bake was served by the Country Club and addresses made by Drs Sadlier and Ross of the Public Relations Committee on some plans of the work of that committee, and by Dr Card on malpractice insurance

About one hundred and thirty members were present and registered At the Business Meeting the present officers were re-elected for another term

There have been several meetings of the Executive Committee held, at which the affairs of the Branch were thoroughly discussed

Several of the component societies have availed themselves of the courses offered by the Committee on Public Health and Medical Education of the Medical Society of the State of New York with gratifying success

In common with the other District Branches there seems to be a re-awakening of interest in the affairs of the Branch and the members are beginning to realize that the District Branch has a distinct field of usefulness in the scheme of organization of the State Society

Respectfully submitted,

EDGAR A VANDER VEER

April 15, 1929

REPORT OF THE FOURTH DISTRICT BRANCH

To the House of Delegates—

Gentlemen

During the past year the regular meetings of the County Societies comprising the Fourth District Branch have been well attended and the scientific programs have been exceptionally valuable and interesting

In six counties post-graduate lectures have been given in four counties none were given

The societies of Schenectady, Montgomery and Fulton counties lead in the number and variety of post-graduate lectures attended Montgomery county also has the distinction of having a 100 per cent membership.

At the semi-annual meeting of the Schenectady County Society it was voted to create a Professorship in Chemistry at the Albany Medical College, the money raised in Schenectady for the endowment of the college to be applied to this chair and to be named in honor of Dr William L Pearson

Clinton County Society at its annual meeting appointed a committee to undertake a study of conditions surrounding maternity for the year 1929

The membership of the Fourth District Branch has been increased during the past year by 18 new members, decreased by the death of 13, and 3 removals

The annual meeting was held in October at Ogdensburg, St Lawrence County Considering the fact that this location necessitated for many a considerable distance to travel, the meeting was well attended

The meeting occupied a portion of two days The afternoon session of the first day was held at the St Lawrence State Hospital and at this meeting several interesting mental cases were exhibited by the Staff of the Hospital

In the evening the District members were entertained at a dinner at the Golf Club as guests of the St Lawrence County Society

The scientific program was continued in the forenoon of the second day at the Golf Club

LYMAN G BARTON, *President*

April 15, 1929

REPORT OF THE FIFTH DISTRICT BRANCH

To the House of Delegates—

Gentlemen

In the Fifth District, practically every society is in a thriving condition, as measured by the number of meetings and attendance. Jefferson has been holding monthly meetings for the past two years, and Onondaga is now changing from quarterly to monthly meetings Jefferson, with eighty-five members, has an average attendance of

thirty-five, at post-graduate lectures, they average forty-five From the observation of this group of counties it appears that the oftener the meetings the greater the interest in the society

Post-graduate courses appear to have done more than any other one thing to arouse interest The men appreciate the value of these courses and the convenience of having them at home Nearly all counties are having a course every year Lewis County has only fourteen members so that group joins with Jefferson These courses are a wonderful boon to the men in the rural sections, in that they bring up-to-date teaching within reach

Diphtheria work is progressing, but in many places the general men have not yet found the way of cooperating with health officers and lay organizations in immunization work Apparently this is a problem every county society must solve for itself, it demands more interest, if doctors are to retain the work that properly belongs to them

Herkimer and Oswego Counties are working for county laboratories

Oswego and Jefferson are lending encouragement to health camps and their members are helping to direct these activities

Oneida has a public relations committee that is doing splendid work under the chairmanship of Dr Thomas Farrell They are cooperating with the county tuberculosis committee and the departments of health and education in a survey of physically handicapped children They are united on the recommendation that outside men be *not* invited to conduct clinics they are willing to assume this responsibility themselves

Our annual meeting was held in Utica, October ninth The attendance was not what it should have been, only 112 being registered, but interest was keen and it was a very successful meeting A paper on "Ear Infections in Children," by Dr. McAskill of Watertown, and another on "Skin Diseases" with lantern slides by Dr Howard Fox of New York, were of special interest Important messages were brought to us by the President and other officers of the State Society

Respectfully submitted,

PAIGE E THORNHILL, *President*

April 15, 1929

REPORT OF PRESIDENT OF SIXTH DISTRICT BRANCH

To the House of Delegates—

Gentlemen

As President of the Sixth District Branch of the Medical Society of the State of New York, I respectfully report as follows

The Executive Committee of the Sixth District Branch of the Medical Society of the State of New York, and the Presidents of the component County Societies of the Branch, and Dr Joseph S Lawrence Executive Officer of the State Society, and Dr Reeve B Howland of Elmira, at the invitation of the President, attended a luncheon at the Elmira City Club June 12, 1928, for the purpose of discussing the condition of the District and formulating plans for the Annual Meeting

An invitation was received from the Arnot-Ogden Memorial, and the Chemung County Medical Society, to hold the Annual Meeting at the Hospital, as their guests, which was accepted At the Annual Meeting, held Sept 25, there were in attendance 205 registered physicians, the largest in the history of our Branch Meetings, and the largest attendance, in proportion to membership, of any District in the State

During the year Steuben County was transferred to the Seventh Branch leaving the Sixth Branch with 9 Counties with a membership of 391 the smallest in the State, Binghamton and Elmira being the two larger cities in the District.

The program was unusually attractive, every speaker and discusser was present, and everything was carried out on schedule time For detail account see the *State Journal* of Oct 15, 1928

The District was honored by having as guests Dr Harry B Trick, President of the State Society, Dr Daniel S Dougherty, Secretary, Dr John A Card, Speaker of the House of Delegates, Dr James E Sadlier, Ex-President and Chairman of the Committee on Public Relations, and Dr Joseph S Lawrence, Executive Officer of the State Society Each spoke briefly on State matters following the luncheon

The County Societies in the District are all active and awake, and most of them are on the program for Post-Graduate Courses and taking an active part on County Public Health Committees

The number of active physicians in the District not members of the County Society is very small In Chemung County, having some 70 active physicians, only three are not affiliated with the County Society, and they are advanced in years

Respectfully submitted,

LARUE COLEGROVE, *President*

April 15, 1929

REPORT OF THE SEVENTH DISTRICT BRANCH

To the House of Delegates—

Gentlemen

A meeting of the Seventh District Branch of the Medical Society of the State of New York was held at the Oak Hill Country Club on Thursday, September 27 and was attended by nearly three hundred members of the medical profession

The meeting was called to order by Dr Austin G Morris, President, at 11 00 a m The first paper was read by Dr Wardner D Ayer of Syracuse on Poliomyelitis After thorough discussion of this paper the meeting was adjourned for luncheon and 210 physicians partook of a bountiful buffet luncheon served in the spacious dining room of the Oak Hill Country Club

Following the luncheon the meeting was addressed by Dr Harry Trick, President of the Medical Society of the State of New York, Dr D S Dougherty, secretary of the Medical Society of the State of New York, Dr John A Card, vice-speaker of the Medical Society of the State of New York, Dr James E Sadlier, former President and Dr Thomas Farmer, Chairman of the Committee on Public Health and Medical Education

The first paper of the afternoon was read by Dr Emil Novak of Baltimore, Md , his subject being Differential Diagnosis of Menopausal and Post-Menopausal Hemorrhages The second paper was read by Dr Carl Wiggers, Professor of Physiology in Western Reserve Medical College, his subject being Laboratory and Clinical Methods for Cardiovascular Studies—Suggestions for Better Inter-Relations The last paper was read by Dr John de J Pemberton of Rochester, Minnesota, it being a Discussion on Problems of Surgery of the Thyroid All of the scientific papers were well received and thoroughly discussed

We were fortunate in securing such outstanding men on this program Considerable difficulty however, was encountered in getting together this group of men to address this meeting, and I would strongly recommend to all District Branch Presidents that they complete their program as early in the spring as possible before the vacation months as it is difficult to get information from doctors during the months of July and August

Respectfully submitted,

AUSTIN G MORRIS

April 15, 1929

REPORT OF THE EIGHTH DISTRICT BRANCH

To the House of Delegates—

Gentlemen

After several meetings had been held with the cooperation of Dr Lawrence, the Eighth District Branch held its meeting on Tuesday, October 2, 1928, at the Buffalo City Hospital There were about two hundred in attendance

The morning was given to demonstrations in sections by different members of the City Hospital staff to the visiting members This program was brought to a close by a clinico-pathologic conference in which different members of the staff participated

In the afternoon our program consisted of addresses by Doctors Trick and Card Unfortunately, Dr Dougherty telegraphed that he was unable to be present. The scientific program was given by Dr William D Johnson of Batavia, Dr Charles B Handel of Buffalo and Dr J Henry Dowd also of Buffalo

Follow-up letters to the out-of-town members were sent about a week after the meeting regarding constructive criticism to be of assistance in preparing the 1929 meeting

The aims for our 1928 meeting were

(a) To hold the meeting in a large, well equipped hospital

(b) To furnish access to any branch of medical activity that was desired

(c) To furnish an adequate lunch upon the premises to save time and inconvenience to visiting members

(d) To furnish an afternoon program that would stimulate interest and acquaint the members with the different activities of the State Society

(e) To complete the day's work with a scientific program of a practical character

Judging from the return letters received, we feel that these objects were accomplished

Respectfully submitted,

THOMAS J WALSH, *President*

April 15, 1929

thirty-five, at post-graduate lectures, they average forty-five From the observation of this group of counties it appears that the oftener the meetings the greater the interest in the society

Post-graduate courses appear to have done more than any other one thing to arouse interest The men appreciate the value of these courses and the convenience of having them at home Nearly all counties are having a course every year Lewis County has only fourteen members so that group joins with Jefferson These courses are a wonderful boon to the men in the rural sections, in that they bring up-to-date teaching within reach

Diphtheria work is progressing, but in many places the general men have not yet found the way of cooperating with health officers and lay organizations in immunization work Apparently this is a problem every county society must solve for itself, it demands more interest, if doctors are to retain the work that properly belongs to them.

Herkimer and Oswego Counties are working for county laboratories

Oswego and Jefferson are lending encouragement to health camps and their members are helping to direct these activities

Oneida has a public relations committee that is doing splendid work under the chairmanship of Dr Thomas Farrell They are cooperating with the county tuberculosis committee and the departments of health and education in a survey of physically handicapped children They are united on the recommendation that outside men be *not* invited to conduct clinics they are willing to assume this responsibility themselves

Our annual meeting was held in Utica, October ninth The attendance was not what it should have been, only 112 being registered, but interest was keen and it was a very successful meeting A paper on "Ear Infections in Children," by Dr. McAskill of Watertown, and another on "Skin Diseases" with lantern slides by Dr Howard Fox of New York, were of special interest. Important messages were brought to us by the President and other officers of the State Society

Respectfully submitted,

PAIGE E THORNHILL, *President*

April 15, 1929

REPORT OF PRESIDENT OF SIXTH DISTRICT BRANCH

To the House of Delegates—

Gentlemen

As President of the Sixth District Branch of the Medical Society of the State of New York, I respectfully report as follows

The Executive Committee of the Sixth District Branch of the Medical Society of the State of New York, and the Presidents of the component County Societies of the Branch, and Dr Joseph S Lawrence Executive Officer of the State Society, and Dr Reeve B Howland of Elmira, at the invitation of the President, attended a luncheon at the Elmira City Club June 12, 1928, for the purpose of discussing the condition of the District and formulating plans for the Annual Meeting

An invitation was received from the Arnot-Ogden Memorial, and the Chemung County Medical Society, to hold the Annual Meeting at the Hospital, as their guests, which was accepted At the Annual Meeting, held Sept 25, there were in attendance 205 registered physicians, the largest in the history of our Branch Meetings, and the largest attendance, in proportion to membership, of any District in the State

During the year Steuben County was transferred to the Seventh Branch leaving the Sixth Branch with 9 Counties with a membership of 391 the smallest in the State, Binghamton and Elmira being the two larger cities in the District.

The program was unusually attractive, every speaker and discusser was present, and everything was carried out on schedule time For detail account see the *State Journal* of Oct 15, 1928

The District was honored by having as guests Dr Harry B Trick, President of the State Society, Dr Daniel S Dougherty, Secretary, Dr John A Card, Speaker of the House of Delegates, Dr James E Sadlier, Ex-President and Chairman of the Committee on Public Relations, and Dr Joseph S Lawrence, Executive Officer of the State Society Each spoke briefly on State matters following the luncheon

The County Societies in the District are all active and awake, and most of them are on the program for Post-Graduate Courses and taking an active part on County Public Health Committees

The number of active physicians in the District not members of the County Society is very small In Chemung County, having some 70 active physicians, only three are not affiliated with the County Society, and they are advanced in years

Respectfully submitted,

LARUE COLEGROVE, *President*

April 15, 1929

apparatus and the ability to use it without jeopardy to either recipient or donor Then, again, transfusion, even in the most competent hands, is not free from severe, alarming and even fatal reactions in septic cases All this, of course, without decrying its very distinct value The injection of milk would be ideal if it were not for one thing—milk is not sterile and the formation of severe abscesses is not uncommon

While discussing these reactions following transfusion, with Dr J R. Goodall, of Montreal, he said that for some time he had been using daily subcutaneous injections of unmatched blood in the treatment of these cases with uniformly good results His idea seemed to be that blood gave the same serum reaction as milk with the resultant leukocyte stimulation, that a certain number of antibodies were present, and that a small amount of hemoglobin was also obtained Of course, if the patient is suffering from a marked anemia, this method cannot be as efficacious as transfusion

The technic is simple All that is required is a 10 c c syringe, a needle and a tourniquet Matching is not necessary, and I believe that the best results are obtained when the blood does not match Certainly it seems rational to believe that unmatched blood will give more of a protein reaction than matched blood Ten c c of blood are withdrawn from the arm of any individual—relative or friend, quickly carried to the patient and injected into the gluteal muscles, the thigh or, in stout individuals into the subcutaneous fat I have sometimes thought that better results were obtained when blood was taken from several different donors

As far as I know, Dr Goodall has not reported his cases However, since he made his suggestion we have treated 23 cases in this way with satisfactory results The number of cases reported is, of course, too small to warrant our drawing any definite conclusions, but they are offered in the hope that others may wish to employ this method and that ultimately we may gather enough data to either justify or condemn this procedure. Of course, as in any infectious disease many patients get well without any treatment whatever, and it is impossible to say that any one drug or method has been responsible for the recovery of the patient However, we think that these patients have been benefited by these injections and in many of them markedly so

Three of our cases died—one three days and another seven days after admission Both of these had blood-stream infections without local exudate The first had only 6,200 leukocytes and the second had 13,400 The third case was a septic abortion admitted on July 3, 1925, and died on the 27th Her leukocytes increased from 13,000 to 30,000, but the infection invaded the peritoneum and she died of peritonitis

I am indebted to Dr V P Mazzola for searching the records and preparing the charts for photography

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PREOPERATIVE CARE FOR THE SUPPOSEDLY FIT*

By WLLIAM A. GROAT, M D, SYRACUSE, N Y

THE internist views the recent progress of surgery as a succession of remarkable achievements You are more familiar than I with the development of surgical technique, the newer operations of extreme delicacy, the boldness, and the opening of new surgical fields We internists look with particular favor upon the improvement in treatment of impaired surgical risks Thyroid surgery has been greatly advanced by the use of rest, sedatives and iodine, permitting single stage operations and in general yielding better results in shorter time Insulin has changed the surgery of diabetic gangrene and general operative procedures in diabetics With the advent of this remarkable gift to medical science, the hesitancy, the fear in undertaking major surgery in a diabetic has been removed from the surgical mind Such improvements as the better understanding of fluid balance, of cardiac sufficiency and insufficiency, and what not, have given surgery greater scope With proper preparation cases that ten years ago would have been considered inoperable become reasonable surgical risks No doubt many of you have had the experience of seeing the case which had been considered impaired so improved by preliminary treatment as to go through a severe surgical experience uneventfully to prompt recovery Many of you will go a step further with me and recall that you have seen impaired risks who have been carefully handled go through their surgical experience better than the supposedly fit who, without preparation, without rest, have gone to the operating table within a few hours after entrance into the hospial to be followed by a stormy postoperative period

This brings us to our topic, the supposedly fit. What preparation should bring the best results for the patient and the most comforting experience to the surgeon? For emergency surgery there is of course little choice We are not deal-

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y May 22, 1928

A PRELIMINARY REPORT ON THE SUBCUTANEOUS INJECTION OF BLOOD IN THE TREATMENT OF POST PARTUM INFECTION*

By GORDON GIBSON, M D, BROOKLYN, N Y
From the text of "Obstetrics and Gynecology, Long Island College Hospital."

MAY we be permitted to suggest that post partum sepsis may, in a way, be considered as an infectious disease, in that it is due to the invasion of the human body by a pathogenic organism, as is also pneumonia, typhoid fever, diphtheria, scarlet fever, etc ? If this be so, we then can ask ourselves the same three questions that are asked in the presence of any infectious disease, pneumonia for instance 1 What is this infection doing to this patient? 2 What is the patient doing to combat this infection? 3 What can we do to aid this patient to combat this infection?

Let us assume that puerperal infections may be divided into two great types, depending upon the portal of entrance of the organism, puerperal wound infections, and infections through the placental site In the former two things may happen 1 The infecting organism may be so virulent or the resistance of the individual so low that the organisms pass rapidly through the lymphatics into the blood-stream with the resulting early bacteremia 2 That the infecting organism is of such low virulence, or the powers of resistance of the individual so great that the infection is limited to the parametrium This, then, is the same phenomenon that occurs whenever any infecting organism invades any wound of the body, no matter where it may be This response of the individual to the invasion of the infecting organism is inflammation and results in the formation of an exudate or phlegmon entirely analogous to cellulitis in any part of the body, differing only in that it is often greater because of the richness of the lymphatic supply and the looseness of the pelvic cellular tissue

We can differentiate between these two classes by certain clinical manifestations—the severe toxemia, the depth of the prostration, the degree of anemia, the presence or absence of a leukocytosis as revealed by the blood count, the presence or absence of an exudate in the parametrium as revealed by careful pelvic examination, and the presence or absence of bacteria in the blood-stream as shown by repeated blood cultures

In the first of these two types, then, we find early and marked toxemia, generally a low polynuclear leukocyte count, absence of exudate in the parametrium, and early positive blood cultures The prognosis in this type is, of course, extremely grave In the second type there is moderate toxemia, a high polynuclear count, an exudate in the parametrium and negative blood cultures

In the second great type of infection, i e., infections through the placental site, we find a very definite pathology At first there is an infected thrombus in either the ovarian or the uterine vein Later as this thrombus liquefies, generally because of the action of the contained bacteria, organisms are liberated into the blood-stream with resulting bacteremia or septic emboli, which are scattered to various parts of the body, forming septic infarcts and multiple abscesses

In both types of infection, then, whether the infection be through a wound in the birth canal or through the open placental sinuses, the course of the disease depends upon the balance between the virulence of the organism and the resistance of the individual to the organism

Briefly and without delving too deeply into the realm of serology, we, as clinicians, may consider that resistance or immunity to bacterial invasion depends upon two factors—the presence in the blood serum of certain immune substances or antibodies, and the ability of the hemopoetic structures to rapidly furnish and pour into the blood-stream a large number of polynuclear leukocytes and, as Wolfe, of our clinic, has stated, the leukocytes must be considered as the shock troops in this combat.

As we as yet have nothing at our disposal to aid in lessening the virulence of the invading organism, the intravenous injection of various dyes having been in our hands rather unsatisfactory, our attention must obviously be directed towards an effort at increasing the resistance of the individual Polak, in 1913, advocated transfusion with the idea of supplying antibodies, stimulating leukocytosis and raising the hemoglobin Gellhorn, in 1922, advocated the injection of milk into the muscles, thereby stimulating leukocytosis by means of the foreign proteid reaction Many papers have been presented within recent years, with which you are all familiar, and I daresay you have all used both these methods with considerable success

We have not sufficient time at our disposal today to go into the details of the science of this subject and the seeker for further knowledge is referred to Petersen's "Protein Therapy and Nonspecific Resistance," published in 1922

However, both these procedures have very definite disadvantages Transfusion requires the presence of an individual competent to properly match bloods, possessing the proper

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany, May 23 1928.

hydrate shortage and particularly in children The carbohydrate reserve under the best conditions is for but 24 hours To go beyond that period, valuable structures must be torn down for fuel purposes This adds a metabolic load and may start a serious metabolic disturbance evidenced by postoperative nausea, vomiting and so-called acidosis The administration of alkali does not replace this deficiency in carbohydrate There is such a thing as deficiency in alkali but it is comparatively rare and not to be expected in the supposedly fit having proper food and fluid intake

Fluid balance must be maintained Any preoperative fluid deficiency increases postoperative difficulties

I see no reason for preliminary medication as a routine other than for purpose of anesthesia or rest I ban cathartics, heart stimulants and so-called tonics

As a summary I would emphasize that the surgeon forewarned in various types of definitely crippled risks waits and prepares his patient The cardiac cripple through prolonged rest or rest and digitalis becomes a good surgical risk and surprises everyone with the serenity of his course, the hyperthyroid through prolonged rest or rest with iodin from inoperable becomes operable and in the skilful hands of surgeon and anesthetist comes through, the diabetic dying in the past through lack of resistance in a surgical crisis, with rest and insulin and careful building up of carbohydrate reserve safeguarding against ketosis becomes eligible for the heaviest major surgery The loss of any such an one would not strain the confidence of the laity in medical science, yet with proper and particular care they surprise even the surgeon with their resistance and low mortality rate

Contrasted with these is the healthy looking child, the robust business man, the wife who has borne several children and commands her household, assumed to be what they are not and asked to accept hazard to which none need be subjected, going to the hospital without preparation, without rest, without an insight into the little things which if stopped are harmless, tired, nervous, overwrought, enter of an evening to be operated upon the next morning, bleed or fail to urinate, collapse, die Unnecessary and therefore inexcusable

We are misled by percentages The operative mortality in this class is low, abused though they be The economic loss is nevertheless great It has been demonstrated that a few days preliminary rest effects an even greater saving in days and dollars in convalescence The elimination of unexpected complications such as bleeding, nausea, insomnia, pulmonary infections through detection of incipient colds, kidney failure and so on, erroneously passed off as unavoidable accidents, is an element The occasional life saved, infrequent though it be, is reason enough

Rest is the best single therapeutic agent we possess For the crippled heart, the cardiologist recognizes rest first For the hyperthyroid, the impaired kidney, the neurotic, there is no better remedy One who believes in the two-stage operation for prostectomy recently told me it is his opinion suprapubic drainage does most for the patient through the rest which it permits

In any acute illness, failure to rest is detrimental and may be the immediate cause of death The "walking typhoid," the influenza patient who tries to "keep up" greatly diminishes chances for recovery

No matter how carefully the anesthetic is given or what it be, no matter what type of infection there may be present or what involvement there may be of the gastro-intestinal tract, the liver bears a new burden

The liver is the great central, most important organ in the metabolism Digested food is stored there, metabolites are reformed, pigment formation is an important function, whenever there is disturbance of sugar metabolism the liver is concerned When we impose rest and simple carbohydrate diet, we bring liver relief

With rest of proper type, the heart rate is lowered, the urine output is less, the food requirement is less, the digestive processes are slowed, the metabolic rate falls and the temperature reaches its low peak All these are beneficial and a prerequisite for a surgical operation

In the end, having done these things thoroughly and well, having made the tribute to scientific medicine, and practiced therewith the art of the true physician, even though we fail, there is satisfaction, there is comfort, there is peace We will have done all we should for our patient, and he will have had his chance

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SHOULD SYPHILIS BE TREATED ONLY BY SPECIALISTS

By WALTER J HIGHMAN, M D, NEW YORK CITY

BEING a specialist, and having devoted myself largely to problems of syphilis, it will be assumed that this paper will be an unqualified affirmative reply to the question raised in the title Specialists should, of course, be better able than non-specialists to treat syphilis well, but many of the latter, nevertheless, are good syphilologists If the problem stated were Should syphilis be treated only by syphilologists? the answer would be the word, "yes" The point of departure then would be, as it is anyway, the definition of a syphilologist

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y May 23, 1928.

ing with such in this paper What must be done shall be done My particular topic is represented by the active man of affairs requiring an operation of choice for his betterment Too many of these in my opinion are taken to the hospital without preparation, perhaps superficially examined, perhaps not at all, just assumed to be fit from their appearance and declaration of good health otherwise After operation comes a prolonged convalescence in one actually fit but not properly rested and prepared, only after operation are discovered the few, who, due to some slumbering defect which might have been mitigated and guarded against, are exposed to extra hazard and prolonged disability from serious complications, ending even in death One such case per year in a hospital, one such case in a surgeon's lifetime, aside from the injustice to the individual patient does excessive, unmeasurable harm to surgery and to medicine as a whole The unnecessary sacrifice of time and money to the many and the occasional loss of life amounts in the aggregate to great economic loss If a thousand men supposedly fit devote an additional 24 hours to a proper physical examination, rest and dietetic preparation for their operative procedure, scarcely one of them will fail to save more than a day in his convalescence, some of them will save weeks and a very few life itself

From the standpoint of the internist the preparation required for any surgical procedure not an emergency is

1—A careful and complete history and physical examination including an examination of the blood and urine, not just a sketch to get by with the Hospital Historian, this to be made by one skilled in such procedure

2—There should be a lightening of labor for a few days preceding entrance into the hospital and at least 24 to 48 hours rest therein prior to operation Rest should continue until the patient is settled in his environment Sleep may properly be secured by the use of some one of the modern drugs of the barbital group

3—During this rest period the diet should be low in protein and fat but ample in carbohydrate of simple nature and this carbohydrate feeding should be carried up to the morning of operation, the last feeding to be of the simplest carbohydrate one hour prior to the preliminary hypodermic injection

4—During this observation period the fluid intake and output is to be measured and the intake so adjusted that there be no fluid deficiency at the time of the last feeding The lower bowel may be cleared by simple enemata. The final physical checkup of heart and lungs, fluid balance and relief from fatigue should be made the morning of the operation.

5—The internist or other who makes this physical survey should have a voice in fixing the time of operation, selection of anesthetic and scope of the procedure, the operation being understood to be one of choice

By experience we know that the following of this simple routine brings about the result and the saving to which we have already referred

Following a complete physical examination of those supposedly fit, there will be revealed a small percentage in whom notable defects are found and all such are, at least for the time being, to be considered unfit They must be specially prepared if still to be operated upon We can but suggest who some of these may be There is the child for tonsillectomy who has albumin or sugar in the urine, who has a pronlonged bleeding time, or who suggests status lymphaticus There is the robust appearing business man who has a weak and rapid heart, or a high blood pressure, or albumin in his urine, or is just dead tired There is the woman with pelvic symptoms who has hyperthyroidism and the woman with symptoms of hyperthyroidism who has pelvic disease, and many others who have distinctly one thing and also something else which either is a bar, temporarily at least, to surgical procedure or might need separate attention

There will remain a larger number in whom the physical examination shows no important defect. The supposedly fit remains supposedly fit But physical diagnosis has limitations Even if no important defects are revealed, it is not fair to the human organism, fair to surgical technique, fair to the anesthetist, or fair to the hospital in which the operative treatment is to be exhibited to have a man leave his office in the afternoon to enter a hospital for an operation the next morning, or for a child to go from the schoolroom to the operating room for tonsillectomy The so-called surgical accidents among this class are sometimes due to an effort to save a few hours or a few dollars in the preliminary, thereby sacrificing many days, many dollars or even life in the postoperative period

We therefore say that adults supposedly fit who have had a thorough physical examination which reveals no excluding defect, should have rest in bed and accommodation to hospital environment, varying from a day for minor operations to at least three or four days for the major ones The preliminary rest for the child for tonsillectomy can be obtained at home with intelligent cooperation of the parent and perhaps better so For the adult even there may be a rest period at home but there is benefit for all to be acquired by residence in hospital where diagnostic procedures may be reviewed, where diet may be measured and fully controlled and the patient become accustomed to hospital life before the most trying period has arrived

It is of great importance that a sufficient amount of carbohydrate be fed previous to operation whenever possible A goodly percentage of postoperative ketosis is due to starvation or carbo-

varying the drugs to be administered under the infinitely shifting conditions of the disease, better keyed to the subtleties pertaining to the length, quality and quantity of the treatment He is, in a word, an expert artisan ready to cooperate with any other general or special physician into whose domain the outstanding features of the particular case brings it To escape being merely mechanical he must also possess that breadth of understanding of the disease that will place him on an easy footing with the others He must be able to function intellectually as any of the others function, but not necessarily as to diagnostic minutiae Should the patient consult him first he must know when to confer with such or all of the others as may have to be called upon to fill in the gaps his limitations would otherwise leave open

The range of the arsenicals, mercurials, bismuth preparations, the use of the iodides, that of the malaria treatment, how to perform the lumbar or cisternic puncture, how to administer treatment, whether by mouth, intravenously, intramuscularly, hypodermically, subdurally, and when, and how, and how often, and for how long Such decisions require first rate understanding and no little skill If he is only an artisan he is considerably short of the optimum If he is everything he should be he is a physician of rare temper But he is not occult. Almost anyone can be such a physician if his talents, taste and training are so directed If there is such a thing as a syphilologist, this is he, provided his clinical attainments thereunto added are sufficient to endow him with the greatest sum possible of general as well as technical knowledge

There are a great many men of this type in the world, and it goes without saying that these are the ones best qualified to handle the disease not only as to the welfare of the syphilitic, but also as to that of the community But are there enough to meet the community's demands? The answer clearly is no In the United States, for example, there must be between three and five million syphilitics There are roughly about a hundred and fifty thousand physicians, and, of these, not more than a thousand are experts in the sense indicated The ratio of such experts to syphilitics is roughly estimable at one to five thousand, but assuming the figures to be incorrect, and that the ratio be one to two thousand, a syphilitic paying fifty calls a year, each specialist would have an annual number of a hundred thousand office visits, or three hundred a working day The utmost a single individual could treat daily would be fifty patients, thus twenty times the number of physicians hypothetically available, or from twenty to forty thousand physicians are necessary to treat our syphilitics, that is, roughly an eighth to a fourth of our medical population

On the face of it, then, syphilis cannot be treated only by specialists, but likewise, on the face of it there should be more syphilologists And by this I mean men adequately trained in syphilis to treat the disease under ordinary circumstances, in the same way that average physicians are equipped in midwifery well enough to take their place side by side with obstetricians This can be encompassed The commonwealth needs a minimum of twenty thousand physicians properly trained to meet the situation at all and to meet it effectively, all physicians should be so trained How to do this is an educational problem

Syphilis is no respecter of districts It is present in the largest cities and the tiniest hamlets, in the first with its highly trained specialists and numerous well trained general practitioners, in the second with its combination physicians and surgeons who must be prepared to diagnosticate and treat everything These frontiersmen who live and die unsung are the "mute inglorious Miltons" of medicine They merit none of the condescension bestowed upon them, whatever their delinquencies, when they are compared with their urban cousins They are doing the best they can under circumstances so arduous that no metropolitan practitioner can grasp them Further than this their clientele is unsophisticated if not ignorant, thus an infectious syphilitic in a rural community is a greater menace than one in a town or city

In cities patients are divided into two groups, those whose material circumstances determine institutional, and those whose material circumstances determine private treatment, whatever the disease, including syphilis The same qualified physicians tend to treat both of these groups There is a subdivision of the second group, however, the moderately well to do who privately consult physicians whose fees are within their means Without reflection on physicians commanding lower fees it remains a fact, nevertheless, that economic exigencies impel them often to treat patients who would be better treated either if they were in the wealthier or in the institutional class It is an economic misfortune that patients in this group are ground, together with the physicians they consult, between the upper and lower millstone If there is any condemnation herein implied it is of society rather than of individuals, nor is the economic solution apparent.

In rural districts the quality of medicine practiced is often high, but often no higher than that among poor but not indigent city dwellers This, too, may be a matter of economics, but it is just as much one of harried, overburdened practitioners limited by having to serve a public isolated from enlightenment The fact is stated with admiration for the first, and sorrow and sympathy for the second So far as the treatment of syphilis is concerned, fortunately our popula-

Perhaps first should be stated what he is not then, what he is He is not the elect of the gods He is not, withal, a demigod capable of supernal flight He is not a superman, or even a plain man with extraordinary talents He has not acquired secrets or skill out of reach of anyone else willing to concentrate upon getting them He is merely a man with as complete understanding of syphilis as may be had A specialist in syphilis may become so endowed even if he be only persevering, for his field is reduced to the mastery of one disease Any physician may master one disease among several, but the abler he is the more diseases is it possible for him to master Individuality is the determining factor A brilliant man focusing upon a single disease should outstrip the other two types Nevertheless, all three are syphilologists, and the second is quite as justified in treating syphilis as the two examples of specialist

But this is not the whole story If Osler's aphorism is true, that to know syphilis is to know medicine, it is conversely true that not to know syphilis is not to know medicine It is assumed that physicians know medicine, at least such a guaranty is implied to the public when universities confer the practitioner's degree, and commonwealths the practitioner's license Hence it follows that licensed doctors of medicine are expected to possess a working knowledge of syphilis, that is, they are expected to be elementary syphilologists If this conclusion is justified, the present essay should end here

The present essay, however, will not end here It will, on the contrary, point out what syphilologists actually should be, and attempt to prove that none other should treat syphilis, save under exceptional circumstances Syphilologists should know what is known of syphilis, and should have mastered the technique of treating it It may be desirable to include in the theoretical phase of such knowledge conversance with the history and the voluminous literature of the subject, but this is not mandatory What is mandatory is thorough familiarity with the practical aspects of the symptoms and signs of the disease, so that, within human bounds, accuracy will be approached in diagnosis, treatment, and prognosis It is this with which medical schools should feel bound to equip students, not abstractions and test tube sophistication

Syphilis involves all tissues and its symptomatology inevitably includes manifestations that are in part general and in part referable to the special organs involved A perfect syphilologist would be perfect in his knowledge of diseases of the skin, eye, ear, nervous system, thorax, abdomen, skeleton, muscles and visible orifices He would be an embryologist in order to master congenital syphilis, a serologist and parasitologist in order to master the laboratory aspects of the disease In short, he would be medically omniscient It is safe to state that that man remains to be born. Nor, for practical human needs, does he have to be born But who is the syphilologist? The expert in skin diseases, the expert in diseases of the eye, or of the nervous system, or one of the others? The correct answer is not ready My own would be anyone of these who, together with his special knowledge in his field has an equal knowledge of syphilis, in its related aspects If he has this latitude he is a syphilologist, in fact as to syphilis he is virtually a specialist

Further analysis is here desirable Recognition of the presence of syphilis depends first upon ability to appreciate its general and special manifestations, secondly upon interpretations of laboratory findings The significance, both diagnostic and prognostic, of laboratory findings is here included A sound conception of the nature, application and flaws in laboratory tests is implied The laboratory and clinical findings must be coordinated Whether it may be the neurologist and internist who first meet the case, and for further enlightenment consult the dermatologist and ophthalmologist, or whether the sequence is another one, one man alone, except in early disseminated syphilis, is inadequate to assemble all the data, and any one of these, or all of them together, must resort to the laboratory to gain more abstruse information To me the group is not visualized as a phalanx with one specialist at the apex, but as a circle with all specialists representing equally important points on the circumference Thus, it appears to me, that the concept of a syphilologist, per se, is absurd, as that of a specialist in any other one disease would be absurd Medicine cannot be so narrow If it could be, it would imply as a truth a patent intellectual error, namely that each disease could be identified without reference to other diseases Such identity can be established only through the process of differentiation, but if this process is necessary at once ultimate specialism collapses, and general medical knowledge is acknowledged as the only intellectual fundamental Admitting this quashes the case for the syphilologist as such

With reference to the treatment of syphilis, practical considerations differ materially from diagnosis and prognosis thereof in the same way that the surgeon's role differs from the internist's in operative conditions The surgeon is introduced upon the scene mainly for a technical skill which depends upon infinite repetition The therapist in syphilis plays an analogous part. He is more adept in the technique of treatment than his fellows, more experienced in combining and

heat in a body by the absorption of radiation is fluorescence if the heat is immediately radiated as infra red

The theories of fluorescence are too numerous and too complicated for the present consideration

The observations recorded herewith were made using a mercury vapor arc in quartz as a source of radiation, and a special filter G986A, made by Corning Glass Works, which permits the passage of ultraviolet to 2400 Angstrom units, and yet bars the visible radiation except for a modicum of visible violet To all intents and purposes, we have "black light."

In a dark room, the radiation of filtered ultraviolet striking the surface of the exposed body may result in

a The dark surface may suddenly appear very vivid in the dark room
b Some part of the dark surface may appear dark in contrast with the lighting up of the surrounding areas
c Nothing may appear to happen

Normal nails fluoresce in a vivid white in the dark room when placed in the range of the filtered ultraviolet. All horny processes give this pearl white fluorescence The teeth, if natural teeth, likewise give a singularly chalky white appearance The palms and soles of adults show this fluorescence, indicative of thickening of the horny layer Lesions such as warts, epidermal scales, fringes of scaly lesions, give the characteristic fluorescence of the horny layer Gray hair (canities) is very evident, as the depigmented hairs fluoresce very beautifully as extreme white The gray hairs show with startling vividness, in persons with beginning canities, whose greying hairs are few in number, and masked in ordinary light by the profusion of pigmented hairs

The exfoliation of exfoliative dermatitis demonstrates the fluorescence of the scales Follicular keratosis gives the typical keratin reaction

Blonde hair, if natural blonde, shows a multiplicity of colors in the dark of filtered ultraviolet, although in ordinary white light such a head of blonde hair might appear as one shade. Bleached blondes do not give the multiplicity of colors of their natural blonde sisters

Keratosis palmaris et plantaris, as is to be expected, shows as white under fluorescence

Leucoderma areas show even more startling white under filtered ultraviolet than in ordinary daylight The contrast between the leucoderma areas and the surrounding skin is very marked.

Hairs of the scalp infested with one or another variety of ringworm fungus fluoresce in the dark It is very easy to distinguish the infested hairs from the others Even if the hairs are removed from the scalp, the character of fluorescence persists We have also examined a number of cultures of ringworm organisms and others under filtered ultraviolet, and at some future time may be enabled to report some new characteristics

Microsporom furfur lesions of the skin (Pityriasis versi-color) glow with a dull golden yellow Scabs, scales, and crusts give the reaction of white, characteristic of epidermic reaction In the scalp this may be somewhat modified Greasy scales may appear yellowish

Verruca of all kinds shine glistening white

Acne lesions are seen as dark minute patches Scars of acne (as well as other scars) appear either violet, if very old scars, or as dark brown, if recent scars

Angiomas either flat or raised, appear very dark against the normal fluorescence of ordinary skin

Blebs and blisters with serous content appear grey in filtered ultraviolet

Carbuncle is seen as a dark patch against the already dark fluorescence of the surrounding normal skin

The conditions we call dermatitis, and those we call eczema both give dark smudge against the skin in fluorescence This inhibition of fluorescence of inflammatory reactions is constant

Erythema, likewise, gives a dark appearance

Freckles appear very dark indeed Persons who may show no freckles in ordinary light shows the same monotone dark as other inflammatory lesions

Melanoma is pitch dark under fluorescence. One patient showed fifty lesions of which two, indistinguishable in ordinary white light, were different under the filter in that they appeared to fluoresce vivid white Remember that they were dark as the others in daylight

Molluscum contagiosum is one of the lesions which inhibits fluorescence It appears dark in the filtered ultraviolet, except for the umbilication which gives the white of keratin

Nevus linearis, which is warty and pigmented, gives the discoloration of pigment, not the fluorescence of keratin

The marked limitations of the areas of recent or old sunburn from the adjacent unsunburned skin may be easily seen The sunburned areas stand out as uncompromisingly dark.

Urticaria, toxic eruptions, and others which go under similar names show the reaction of inflammatory disease The formation of a wheal was observed under fluorescence but other than the appearance of a dark streak under the successive points of pressure, nothing was gleaned

Xanthoma palpebrarum appears brown under fluorescence

tion is mainly urban, and to most of it first rate treatment is available, either in institutions or in private practice The other urban syphilitic population, together with that of rural districts, is less well situated as to treatment

We are now ready to dismiss part of the question raised in this paper In larger centres syphilitics should be treated by specialists, either privately or in institutions, whenever possible, but the term specialist is not used narrowly, and for it the word syphilologist should be substituted This arbitrary statement is ventured because an approximately sufficient number of adequately qualified physicians whatever they may be called, exists

Among the urban indigent, and in rural districts there is no possibility of finding the necessary number of syphilologists What then is to be done? Syphilitics must be treated, and who is to treat them if not the nearest physician? Certainly there are not enough Fourniers, Neissers and Wechselmanns to go round, but it becomes the duty of medical schools to see to it that syphilis is properly and simply taught to all students so that they may face even frontier practice with a working knowledge of the disease

New York State is sincerely straining itself to augment the pedantry of medical schools with practical sense, and something similar is within the scope of every commonwealth For the moment this is all that is needed It is foolish to fulminate about ethics as prophylaxis The truth involved is obvious, but human nature is still more obvious Syphilis cannot be encountered by retrospective moralizing, but can be met by physicians sufficiently prepared at least to draw its fangs

Nor should the fangs be too apocalyptically pictured It is enough for the patient to have the disease, and enough for the man in the street among physicians to be able to do the important immediate things necessary for its treatment Little as standardization appeals, standard instruction should be given where it is needed Gradually the problem will then be solved Befuddling physicians with recondite technicalities as to the recognition and treatment of the disease, a characteristic of much of the recent literature and oratory dealing with the theme, may exalt the already exalted, but brings no nearer to solution a pressing public problem

A specialist in syphilis is something too diaphanous for me to attempt to define My felicitations are extended to those syphilitics who can be treated by one A syphilologist is a being easier to describe He is a physician whose training qualifies him to grapple with syphilis He may be, but need not be, a specialist His ability may exist side by side with like ability respecting other diseases A syphilitic may safely entrust himself to one of these In addition there must be many other physicians, perhaps less favored, but still possessing sufficient knowledge of this one disease, together with their knowledge of others, to be serviceable therapists with regard to syphilis They may even resemble syphilologists more than mist resembles rain Finally there are many physicians who have not enough experience to justify their treating syphilis, just as many should not treat tuberculosis, or typhoid, or confine a woman or remove an appendix. Probably, save in emergencies, they rarely perpetrate such a delinquency

Should syphilis be treated only by specialists? Yes, when possible By well trained syphilologists when the first and academically higher order are not at hand By the next best group of practitioners if only such are available, provided they understand the essentials of the matter Never by those who have too little training In the final analysis the only consideration involvtd is that of the physician's conscience, and the public notwithstanding, this is usually of higher quality than is generally imagined No disease should be treated by any physician who does not feel reasonably qualified to undertake the enterprise This includes syphilis With relatively few syphilologists in the world, and with even fewer of the more exalted order called specialists in syphilis, the disease must be treated by physicians outside either category, even though it may be said of them as was said of the charging Light Brigade at Balaclava, "c'est magnifique, mais ce n'est pas la guerre?"

FLUORESCENCE CLINICAL AND BIOLOGICAL SIGNIFICANCE IN DEMATOLOGY *

By HERMAN GOODMAN, B S, M D., NEW YORK CITY

PHYSICISTS have given many definitions for fluorescence It suffices for us to recognize that fluorescence is the phenomenon associated with the absorption of light of one wave length, and its immediate emission at another wave length It is not essential that the exciting light be of shorter wave length than the emitting light, although such is usually the case It is possible for a substance to fluoresce in both shorter and longer wave lengths than the activating light radiation The short wave lengths of invisible ultraviolet may be detected by fluorescence of a substance in its path which becomes visible by reason of its longer wave length radiation in the visible zone On the other hand, the production of

*Read at the Annual Meeting of the Medical Society of the State of New York, Albany, N Y , May 23, 1928.

SOME OBSERVATIONS ON THE NATURAL HISTORY OF ASTHMA IN CHILDHOOD*

By STEARNS S BULLEN, M D, ROCHESTER, N Y

FOR the purpose of this paper, I have considered a group of two hundred and thirty-five patients who began to have asthma at the ages of fifteen years and under They form part of a group of five hundred patients whose asthma began at all ages, and who were studied under the same conditions It seems fair, therefore, to compare this group of two hundred and thirty-five who had the onset in childhood with the remainder, two hundred and sixty-five, whose asthma occurred first in adult life

These patients were seen, in part, in private practice and, in part, in the Asthma Clinic in the Rochester General Hospital They, therefore, represent a cross-section of the social and economic life of the city of Rochester Only patients who have been followed for at least one year have been included Most of them have been followed for from two to five years

Those who had their first asthma in childhood consisted of 52 3% males and 47 7% females Those with the onset in adult life, 49 4% males, and 50 6% females Therefore, the whole group of five hundred were almost exactly divided between the sexes

Among the two hundred and thirty-five patients who had the onset of their asthma in childhood, 50 7% gave a definite family history of atopy Of the two hundred and sixty-five who had their first asthma in adult life only 28% gave such a family history

Spain and Cooke (1) studied a group of four hundred and sixty-two patients with asthma and hay fever, who presented positive skin reactions, and found that 58 4% gave a family history of atopy, while only 7% of a group of normal controls presented such a family history They show that in families in which there is a bi-lateral history of hyper-sensitiveness nearly three-fourths (71 6%) will eventually develop some form of atopy, and, in those families in which there is a unilateral history, more than one-half (56 1%) will develop such symptoms It would seem wise to keep this fact in mind when treating infants in families in which hyper-sensitiveness exists It is deserving of emphasis that the manifestations of hyper-sensitiveness in the offspring do not necessarily take the same form as that in which they appear in the ancestors

In the group of patients who had their first symptoms in childhood, 10 6% gave a history of antecedent eczema, and in the older group, less than 1% It is a well recognized fact that many children who have eczema in infancy later develop asthma I feel sure that these figures represent only about one-half of the number who actually had eczema This is probably accounted for by the fact that many of these patients were first seen after they had reached adult life, and did not know whether they had had eczema or not

These patients well illustrate the fact that asthma is essentially a long-drawn out condition Almost half (41%) had had recurring attacks for more than ten years at the time when first seen, and more than one-tenth (11 9%) had suffered intermittently for more than thirty years

There is no striking peculiarity as to race, except that individuals coming from the warm southern European countries tend to develop more respiratory tract infections than do the native born patients This seems especially true of the Italians, of whom Rochester has a large number Asthma, in these patients, is more liable to be on an infectious basis than that of hyper-sensitiveness to proteins

Many patients date their first attack of asthma from some one of the acute infectious diseases, such as whooping-cough or measles However, careful questioning will usually reveal the fact that the asthmatic attacks occurred some weeks or months after the acute infection I have been repeatedly impressed by the fact that asthmatic attacks seldom accompany the acute infection, and, indeed, they are apt to be less frequent for some weeks or months after such an acute infection.

Parents often state that their children have asthmatic attacks only when they "catch cold" However, these so-called "colds" almost invariably represent an upper respiratory tract manifestation of hyper-sensitiveness, in the same way that the hay fever syndrome presents its manifestations in the membrane of the nose and eyes

In many patients, the removal of diseased tonsils and adenoids has been liable to decrease the frequency of the attacks for a few weeks or months, but has had little permanent benefit This does not mean, of course, that patients presenting grossly diseased tonsils and adenoids should not have them removed, even though one cannot usually expect permanent relief from asthma by such operations

Infection of the para-nasal sinuses does occur, even in young children, and the treatment of such infections is important In this group, there have been only thirteen recognized cases of such infection. I believe that some cases of sinusitis were undiagnosed and that a more careful search would reveal evidence of such infection in a somewhat larger number

Parents often ask if their children who suffer

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y, May 23 1928

The skin of the colored person does not fluoresce, but inhibits fluorescence

The appearance of the skin of the colored person does not suggest the lack of fluorescence observed in areas of pigmented skin in white people

The skin of persons with well marked radiodermatitis, altered by the application of either radium or x-ray, is markedly fluorescent in patches and dark in others Examination of a number of persons under radiation therapy with either radium or x-ray discloses that it is possible to determine the time and amount of such radiation, and we believe that overdosage is detectable The following case (seen with Dr R Lewis) at the New York Skin and Cancer Hospital seems important

A child had a nevus on one side of the face including the ear Radium had been applied This was followed by a number of ulcerations resulting in scarring The resulting clinical appearance some time later was such as to lead to the conclusion that parts of the scarring were due to an excess dosage of radium Other parts were thought to be due to spontaneous ulcerations Examination under filtered ultraviolet radiation gave evidence that no part of the scarring was due to the application of radium, and that it was safe to proceed with its use

A young man was examined clinically, and it seemed evident that he had telangiectasia and scarring resulting from overexposure to roentgen ray applied for the removal of excessive hairs on the chest Examined under the filtered ultraviolet, no such reaction was visible as one gets with overdosage of x-radiation It was learned subsequenly that the scars were due to efforts at effacement of the telangiectasis with galvanic current

The results of erythema doses administered in the past may be made visible under filtered ultraviolet Thus, one of our roentgenologists was enabled to determine the extent of incipient roentgen ray changes in the dorsum of his hand, and was convinced that he should double his precautionary measures Another physician who has used the roentgen ray extensively, and with what he thought were adequate precautions, was enabled to see a keratotic lesion on his hand the existence of which he had never previously suspected

It appears that it should be possible to determine the upper limit of safe radium and x-ray dosage, and to foretell which patients may be exposed without undesired sequelae

It is possible to demonstrate the erythema (which will be evident in ordinary light some hours later) immediately after exposing the skin to the action of the radiation from the water cooled (clinical model) mercury vapor arc in quartz If a piece of glass is interposed which cuts off the erythema producing wave lengths, no erythema ensues, and examination under the filtered ultraviolet discloses no change Curiously, if the skin of a colored person is exposed to this radiation the area of skin so exposed fluoresces under the filtered ultraviolet radiation, which is the opposite of what happens to the skin of white persons It will soon be possible to determine accurately, within the limits of clinical observation, just how much exposure each patient requires for erythema production from any effective ultraviolet emanator

The presence of the normal pigment in the skin or in the hairs inhibits the fluorescence, as evidenced by the lack of fluorescence in the skin of colored persons, and in the pigmented blemishes of white people

If the pigment is absent as in canities, or in luecoderma, one gets vivid fluorescence Also if there is over-activity of the keratin layer, as in warts But if the pigment granules are present, they may inhibit even the excess fluorescence of keratin over-growth, as witness the lack of fluorescence of pigmented warty nevus

If pigment is present in normal white skin, it is possible to get a clinical sunburn, and under filtered ultraviolet, the area of sunburn is dark The skin of the colored person fluoresces at the site of erythema producing radiation from the mercury vapor arc in quartz, therapeutic model of water cooled apparatus

On the other hand, it is not possible to sunburn an area of skin from which all the pigment has been lost as, leucoderma Yet leucoderma is a lesion which fluoresces vividly

It seems difficult if not impossible to sunburn an area already sunburned Is the pigment a protective mechanism by accident of the ability to absorb radiation? Does leucoderma refuse to sunburn because all the radiation is immediately emitted as white light?

Is the upset of pigment forces marshalled as the result of overdosage of x-radiation responsible for the instability of overradiated skin?

It seems that as yet we have not sufficient material on which to speculate with any hope of reasonable success Experiments with filtered radiation from various sources must yet be carried on The chapter on Filtered Ultraviolet Radiation in my book, "Basis of Light in Therapy," may be consulted by the interested reader Some day finished experiments in the use of chemical sensitizers may be perfected, or hopefully, clinical sources of monochromatic radiation will be available so that we may no longer have to bombard the cutaneous envelope with a gunshot mixture of energies of various velocities

I close with the expression that the study of the skin under filtered ultraviolet radiation stimulates, and occasionally, aids the student of dermatology, and dermatopathology

first symptoms after the age of fifteen

The demonstration of one or more positive skin reactions does not mean, of course, that nothing else about the patient must be considered in bringing about relief It does, however, present a means of making a specific diagnosis, and, when considered in connection with all other factors, offers a definite, specific method for the treatment of this distressing condition

FOODS		ANIMAL EMANATIONS	
Egg	32	Horse Dander	45
Wheat	23	Goose Feathers	32
Peanut	17	Cat Hair	14
Tomato	13	Dog Hair	7
Asparagus	10	Duck Feathers	5
Cabbage	8	Chicken Feathers	4
Carrot	7	Rabbit Hair	2
Turnip	7	Sheepwool	1
Almond	7	Cow Dander	2
Brazil Nut	7		112
Corn	7		
Lettuce	6	BACTERIA	
Pea	6		
Milk	6	Diphtheroid Bacillus	13
Cheese	6	Streptococcus Viridans	8
Potato (white)	5	Staphylococcus Albus	5
Lobster	5	Pneumococcus	3
English Walnut	5	Streptococcus Hemolyticus	2
Onion	4	Streptococcus Non-Hemolyticus	2
Oat	4	Staphylococcus Aureus	1
Rye	4		34
Codfish	3		
Salmon	3		
Oyster	3	ORRIS POWDER	19
Chestnut	3		
Barley	3		
Celery	2	COTTONSEED	2
Crab	2		
Rice	2		
Lamb	2	DUST	2
Banana	1		
Cauliflower	1	MUSTARD	2
Bean	1		
Parsnip	1		
String Bean	1	POLLENS	
Cocoanut	1		
Chicken	1	Early	21
Veal	1	Late	49
	220		70

Number of Positive Skin Reactions to substances used in tests

The one hundred and eighty-eight patients presented four hundred and sixty-five positive skin reactions, many reacting with several different substances The greatest number of reactions occurred with foods (220) or almost 50% of the total The animal epidermal preparations came next, with the pollens in third place Of the foods, egg, wheat and peanut top the list. Milk was not a very common offender in this group

Of the epidermals, horse dander and goose feathers were the most frequent offenders Patients may come in contact with horse hair and dander, not only from the animal itself, but in hair mattresses, and on the clothing of members of the family who may happen to be in contact with horses Feathers are used in pillows, feather beds, down quilts, etc

Orris powder deserves special mention, because it is used in so many cosmetic preparations It was shown to be of importance in only two boys The remainder of the positive reactions occurred in girls who used liberal quantities of face powder Orris is used especially in the violet scented preparations Because it comes into such close contact with the upper respiratory tract and is used so continuously, the amount inhaled may reach considerable proportions

Cottonseed was not a frequent offender, but in the two cases in which it caused symptoms, it was found in the cotton mattresses used in the cribs of infants The improvements, after the replacement of the cotton mattresses with some stuffed with silk floss, was quite dramatic

The pollens do not usually cause symptoms throughout the year But occasionally asthma, starting in the pollen season, will continue for weeks or months after the air is free from the pollen grains

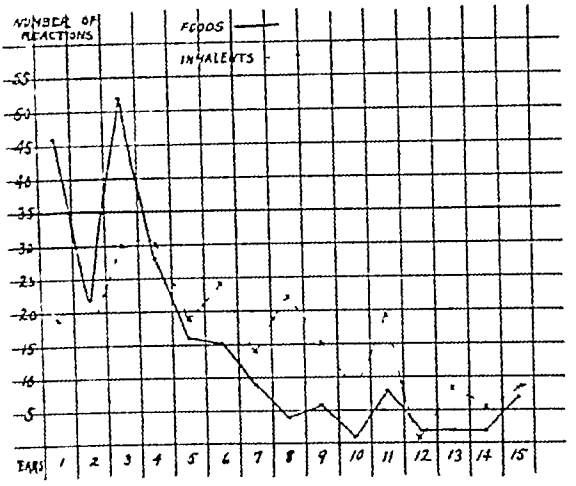


CHART 4

Number of reactions with Foods and Inhalants by one year groups, the years representing ages of Onset

Chart No 4 shows the number of reactions which occurred in these one hundred and eighty-eight patients by years, the years representing the ages of onset of asthma The curve for the food reactions parallels the percentage curve for the age of onset for the first three years, with a high peak (45) in the first year, a moderate fall in the second year and the highest peak (52) of all in the third year Thereafter the fall is very rapid, and only a small number of these patients who began to have asthma in later childhood present evidence of food hyper-sensitiveness The curve for the inhalants starts at half the height (19) of the food curve, and reaches its peak (30) in

from asthma are liable to develop tuberculosis In this group of patients, many of whom have suffered from asthma for many years, only four present definite evidence of tuberculosis, and, in these, the tuberculous involvement has been of the non-active, or very slowly progressing fibrotic type

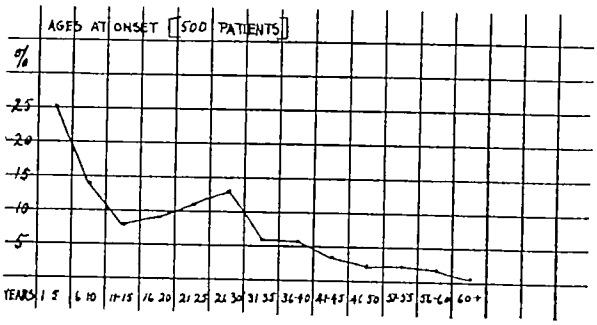


CHART 1
Ages of Onset by years, showing the percentages in each year group

Chart No 1 shows the ages of onset of asthmatic symptoms in the group of patients who had their first asthma in childhood It presents the percentage of patients in each year group Eleven percent had their first asthmatic attack in the first year of life The peak occurs in the third year with 15 3% From this point there is a steady decrease in the yearly incidence until the twelfth year, with a slight rise thereafter

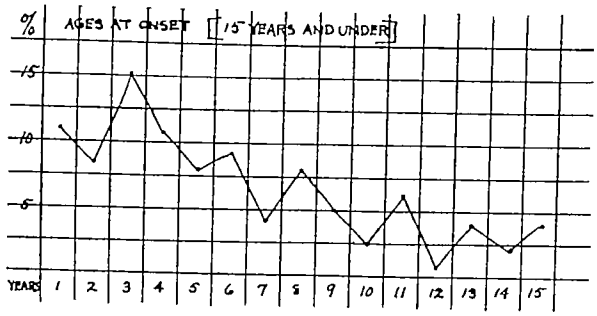


CHART 2
Ages of Onset by five year groups, with the percentages in each

For comparison, a chart, showing the age of onset of the whole group of five hundred patients is presented This is arranged by five year groups, with the percentages in each It will be noted that the number in the first five year group is double that in any other similar period In this group of five-hundred patients, one-quarter had their first asthma within the first five years The slight rise in later childhood is continued, and reaches its height in the latter half of the third decade However, this peak between twenty-six and thirty is only one-half (13%) that of the first five years (25%)

These patients were all tested for hypersensitiveness by means of the scratch test. Commercially prepared proteins were used From forty to eighty tests were made on each patient No test (with certain exceptions which will be described presently) was considered positive unless it presented a wheal distinctly larger than the control, usually with one or more pseudopods extending from the periphery of the wheal, and the whole surrounded by an erythematous area. The tests were read after one-half hour One hundred eighty-five, or 80% of the two hundred thirty-five patients who had their first asthma in childhood, presented positive skin reactions with one or more types of substances, whereas one hundred fifty-nine, or only 60% of the two hundred sixty-five patients who had the onset after the age of fifteen, gave such reactions.

These figures may be subject to criticism, because, included in the positive results, are some reactions with bacterial proteins which do not conform to the ordinary type of skin reactions, and about which there is some controversy I have considered as positive two types of reaction with the bacterial proteins first, that which resembles the reaction described above, presenting a wheal with pseudopods and surrounded by an area of erythema. These have been rare, only two occurring in the whole group of five hundred patients Secondly, the type in which there is no reaction at the end of one-half hour, but which presents a definite area of erythema, one-half to two cm , in diameter about the site of the scratch at the end of twenty-four hours This is not raised above the level of the surrounding skin. Often the scratch itself contains some sterile pus

I am convinced that such reactions are of significance because, (1) patients who present them often show striking improvement when treated with vaccine containing the organisms giving the reaction, such improvement occurring after all other methods had failed, (2) in a few cases extremely small doses of the appropriate vaccines have produced striking local reactions about the sites of the injections, resembling the local reaction produced by a moderate over-dose of pollen extract, and (3) in two cases so treated, mild asthmatic attacks followed within a few minutes after the administration of the vaccine, in the same way that asthma may be induced by fairly large overdoses of pollen extract

If these reactions with the bacterial proteins, about which there may be some doubt, are subtracted from the total number, 68% of the two hundred and thirty-five patients who had the onset in childhood presented positive reactions, as compared with 54 4% of the two hundred and sixty-five patients who had their

first symptoms after the age of fifteen

The demonstration of one or more positive skin reactions does not mean, of course, that nothing else about the patient must be considered in bringing about relief It does, however, present a means of making a specific diagnosis, and, when considered in connection with all other factors, offers a definite specific method for the treatment of this distressing condition

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Cottonseed was not a frequent offender, but in the two cases in which it caused symptoms, it was found in the cotton mattresses used in the cribs of infants The improvements, after the replacement of the cotton mattresses with some stuffed with silk floss, was quite dramatic

The pollens do not usually cause symptoms throughout the year But occasionally asthma, starting in the pollen season, will continue for weeks or months after the air is free from the pollen grains

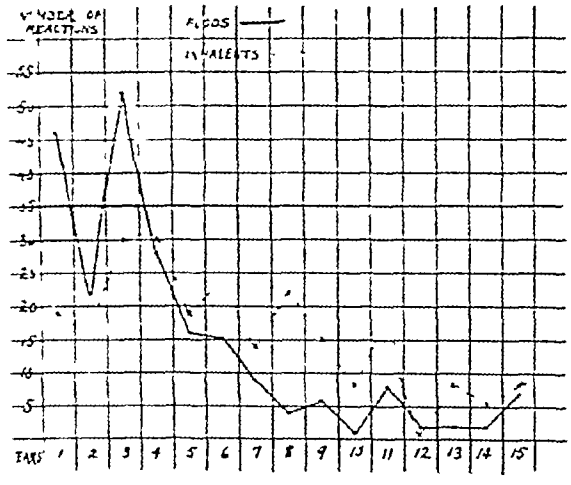


CHART 4

Number of reactions with Foods and Inhalants by one year groups, the years representing ages of Onset

Chart No 4 shows the number of reactions which occurred in these one hundred and eighty-eight patients by years, the years representing the ages of onset of asthma The curve for the food reactions parallels the percentage curve for the age of onset for the first three years, with a high peak (45) in the first year, a moderate fall in the second year and the highest peak (52) of all in the third year Thereafter the fall is very rapid, and only a small number of these patients who began to have asthma in later childhood present evidence of food hyper-sensitiveness The curve for the inhalants starts at half the height (19) of the food curve, and reaches its peak (30) in

the third and fourth years, and then falls more gradually, but remains consistently higher throughout later childhood

Stuart and Farnham (2) have made a study of the comparative frequency of food and inhalant sensitization Their curve for the cases of food hyper-sensitiveness parallels closely the one shown here However, they found very few positive reactions with the inhalants in the first two years, with a rapid rise for the next three or four years It may be that the curve that I am presenting would more nearly resemble theirs for the inhalants if all my patients had been tested at as early ages as were theirs, because at the time these tests were made, several patients reacted to both the foods and inhalants Nevertheless, I am sure the high point in the curve for this group would remain in the very early years, because so many children, tested in the first four years of life, have reacted to these substances

The fact that the high points in these curves occur so early, suggests that the first exposures of these hyper-sensitive children to these substances caused symptoms It would seem wise, therefore, to add with great care, new food substances to the diet of children from families in which there is a history of hyper-sensitiveness This applies especially to such substances as egg, wheat and peanuts, the latter so frequently used in the form of peanut butter Care should also be exercised in the exposure of these children to the epidermals in mattresses or pillows, or to pet animals, such as cats and dogs

Treatment These patients were treated during the acute attacks of asthma by having them inhale the smoke from some one of the various asthma powders, by the subcutaneous injection of Adrenalin, or by the oral administration of Ephedrin Occasionally morphine was necessary It is worthy of emphasis that children often require doses of Adrenalin which are relatively much larger than would be necessary for adults, that is, a child of one, or two years of age, may need fully two-thirds of the usual adult dose before he gets relief

The treatment between the attacks consisted of the usual hygienic measures to promote the general health of the individual An attempt was made to clear up any foci of infection, to assure proper function of the digestive tract etc

EGG FREE DIET

Things Which May Be Eaten

BEVERAGES	Milk, cocoa, chocolate flavored malted milk.
CEREALS	Well cooked cereals, oatmeal, wheatena, hominy grits, farina Prepared cereals served with plenty of milk or cream
BREAD	Whole wheat, white, graham, zwieback, crackers
FRUITS	Apple sauce, baked apple, stewed prunes or peaches, baked banana.
RAW FRUITS	Peaches, apple, oranges, figs, dates, raisins
VEGETABLES	Baked, plain boiled or mashed potatoes, spinach peas carrots, asparagus.
SOUPS	Made with milk and vegetable juice or pulp
DESSERTS	Junket, rice, tapioca or other cereal puddings prepared *without eggs* Lemon or orange sherbet, cocoa or junket ice cream.

DO NOT EAT ANYTHING WHICH CONTAINS EGG IN EVEN THE SMALLEST AMOUNT

Things Which Must Not Be Eaten

Avoid

Hot bread (muffins, popovers)
Cream sauce made with egg
Meat loaf, croquettes
Mayonnaise or cooked salad dressings
Cake, cookies, cream pie.
Custards, tapioca, fruit whips
Ice cream, unless made *without* eggs

The specific treatment varied somewhat as the causitive factors varied When an individual gave a positive skin reaction with one or more foods, these foods were removed from his diet. When the offending food happened to be one of the basic food-stuffs, such as egg, wheat or milk, which are used in so many forms, I have found it very helpful to have a diet sheet, presenting some suggestions as to foods which may be eaten with safety, and others which must be avoided After a prolonged period of abstinence, foods of this kind were added to the diet in extremely small amounts, and very slowly increased, to build up the patient's tolerance The less commonly used foods, such as cocoanut, etc, have been eliminated entirely

If the patient reacted to the epidermal proteins, the offending material was removed from his surroundings whenever possible When this could not be done, he was treated by subcutaneous injections of an extract of the substance

In cases presenting reactions with the bacterial substances, either autogenous or stock vaccines, containing the organisms which gave the reactions, were used In these cases, especially, foci of infection were sought for and removed whenever present

Orris powder was removed from contact with the patient by having her use cosmetic preparations which do not contain this substance An effort to make sure that other members of the family do not use harmful preparations is also necessary in these cases

Patients hyper-sensitive to pollens, were advised to spend the pollen season in some locality in which the pollen content of the air is at a minimum When this was impossible

they were treated in the usual way with the pollen extract.

I have compared the results in the patients with the onset at fifteen and under, with those whose first asthma began after that age By the term *well,* I mean free from asthmatic symptoms. *Much Improved* means relieved from two-thirds or more of their symptoms *Improved* means that occasional asthmatic attacks still occur, but the frequency and severity are reduced The other terms explain themselves

TABLE OF RESULTS

	235		265
Well	25—10.5%	Well	15— 5 6%
Much Improved	134—57 1%	Much Improved	141—52.8%
Improved	31—13 1%	Improved	36—13 5%
Unimproved	44—19 1%	Unimproved	70—26 4%
Died	1— 04%	Died	3— 1 1%

Of the group starting in childhood, slightly more than two-thirds (67 6%) gave very satisfactory results as compared with 58 4% of the older group Those showing slight to moderate improvement were almost identical Failures occurred in one-fifth (19 1%) of the younger group, and in one-quarter (26 4%) of the older group

When the results are analyzed from the viewpoint of positive or negative skin reactions, it will be seen that results in cases in which a specific diagnosis is possible are much better than when no positive skin reactions occur More than four-fifths of the patients presenting positive skin reactions gave very satisfactory results as against 13% of the non-reactors, while failures occurred in only 10% of those presenting positive reactions and in 53% of the non-reactors

Positive Skin Reactions		Negative Skin Reactions	
Well	13 %	Well	2 1%
Much Improved	69 %	Much Improved	10 6%
Improved	8.5%	Improved	32 %
Unimproved	10 %	Unimproved	53 %
Died	None	Died	2 %

SUMMARY

1 The records of two hundred thirty-five patients who had their first asthma at fifteen years and under, are compared with the records of two hundred sixty-five patients whose first asthma occurred after the age of fifteen years.

2 Both groups are equally divided between the sexes.

3 In the younger group, there is a family history of atopy in 50 7 per cent. In the older group, 28 per cent

4 10 6 per cent of the younger group had antecedent eczema, and of the older group, 08 per cent.

5 41 per cent of the younger group had had asthma for ten or more years, and 12 per cent for more than thirty years

6 There is no special peculiarity as to race.

7 The acute infectious diseases rarely precipitate asthma.

8 The so-called "colds" which initiate asthmatic attacks are usually cases of allergic coryza.

9 Pulmonary tuberculosis was infrequent in this group

10 Definite paranasal sinusitis was found in only 13 of the group of two hundred thirty-five.

11 In the whole group of five hundred patients a larger number had their first asthmatic attack in the first five years of life than in any other similar period.

Of the group with the onset at fifteen years and under the peaks of this curve of onset occur in the third and first years

12. 80 per cent of the group of two hundred thirty-five presented positive skin reactions.

60 per cent of the group of two hundred sixty-five presented positive skin reactions

13 Positive reactions with the food proteins comprised 50 per cent of the total, the remainder being composed of inhaled substances.

14 The peaks of the curves for both food and inhalant reactors occurred in the early years, for the foods, in the first and third years, and for the inhalants, in the third and fourth years

15 The results were better with patients whose asthma started in childhood than with those who had the onset in adult life.

16 Deaths do occur during asthmatic attacks, altho they are rare.

17 The results were distinctly better in those patients in whom it was possible to make a specific diagnosis, by means of the skin test, than in the non-reactors

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EDITORIAL

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Next Annual Meeting in Utica, June 3-6, 1929

For list of officers of County Medical Societies, see April 15 issue, advertising page xxxii

PREPARATIONS FOR THE ANNUAL MEETING

The annual meeting of the Medical Society of the State of New York has three great features, the scientific, the administrative, and the social The last issue of this Journal announced the program of the two-day scientific sessions This issue contains the annual reports of the officers and committees, on whose basis the House of Delegates will form the administrative policy of the Society

There are also social features which will make the annual meeting interesting not only to the doctors, but also to their wives All who come to Utica will be interested in a description of the Historic Mohawk Valley which will be a special feature of the next issue of this Journal Doctors are urged to come to the meeting prepared to visit the numerous historic places in the vicinity of Utica

THE MEDICAL YEAR

When one reads the annual reports of a state medical society, such as are printed on page 505 of this JOURNAL, the questions arise, "Have its accomplishments kept pace with the ideals of last year? Are the items of work ephemeral or permanent in character? What is the effect of the activities of the state officers and committeemen on the practice of medicine by the physicians of the state?"

Annual reports are the result of the application of certain tangible yardsticks of measurement, such as the number of meetings held, the kind of activities promoted and the amount of money expended There are also certain intangible yardsticks whose measurements cannot be expressed in cold words and figures The average physician wishes to know wherein the Society touches him personally, to inspire him, and to interest him in the discharge of his professional duties His opinion is reflected in such tangible ways as the growth in membership of the medical society, and the respect with which his profession is held by the people and by governmental officials

The editor of a medical journal performs a dual duty In the first place he is a recorder and historian who fixes facts on a printed page as a phonograph records sound He must stick to facts and be sure that what he prints are really facts and not imaginations

In the second place an editor is an interpreter of facts, and a judge of their permanent value As a historian the editor deals principally with the past, and the nearer he gets to the present, the more uncertain is he of the permanent value of the facts which he records Yet every plan and aspiration announced in the annual reports has a value Anyone listening at a conference of medical men will be struck with the diversity of opinions that are expressed The timid officer will delay his own decision until the opinion becomes unanimous The over-active officer may hasten the application of his plans in the face of determined opposition But to try out a plan is far better than to condemn it on theoretical grounds Every good plan has some elements of undesirability, be they no more than the efforts required to put them into operation In fact, the way of all medical progress is as steep and thorny as that which leads to a moral and religious heaven Records of ineffective plans have the value of signboard warnings of the impassability of those routes It may be, too, that the value or uselessness of a measure may not be apparent for several years

The annual reports of officers and committeemen are filled with projects which have died aborning One reading the reports of twenty-five, or even five years ago will be discouraged or inspired largely according to his temperament He will be discouraged if he dwells on the failures of the plans, and he will be inspired if he traces the story of one or two successes amid the tangle of ineffective propositions A physician will be enthused when he realizes that the flame of medical progress which he is now feeding, began as a spark that was lighted years ago, and, has had sufficient vitality to remain alive until he assisted in fanning it into life and feeding it with the fuel supplied by modern resources

Pessimistic readers fail to take into account the new conditions of education and discovery, and the optimistic spirit which they bring They also fail to evaluate the willingness of physicians to put forth effort and money in the altruistic work of advancing the cause of scientific medicine There is a great reservoir of this spirit ready to be tapped by the medical prophets in societies and research laboratories

Any one reading the journals of the state societies will be struck with the universality and similarity of medical problems in all the states Nearly every month some state journal contains reports similar to those which are printed on page 505 of this JOURNAL The legislative problems of the several states, for example, are like those in New York State, and the arguments which fill the sections of the journals are exactly those which filled the pages of the *New York State Journal of Medicine* during the years 1924 and '25 when the Medical Practice Act was in process of enactment Several states are discussing the annual registration of physicians and warning the profession of its perils—which have not developed after three years of the operation of the law in New York State

Is the Medical Society of the State of New York making progress? The report of any one year may be insufficient to demonstrate the fact, for progress is indicated by a comparison of the reports of several years The report of this year gives the position of the Society on May first, 1929, but the position of the Society in 1928 and 1927 must be shown in order to determine the progress that has been made How many physicians take the trouble to ascertain the attitude of the State Medical Society five years ago toward such medical topics as the civic duties of medical societies, the anti-diphtheria campaign, courses of graduate education, and the correction of abuses of the Workmen's Compensation law? Only those who read the annual reports of former years can appreciate the immense progress made by the Medical Society of the State of New York

What is the present position of the New York State Society on the map of medical progress? While New York State has been the pioneer in sending forth many new ideas, yet it has not had a monopoly of the production of new projects Michigan, for example, is far ahead of New York in the organization for the education of the people in public health, and some societies of Ohio and New Jersey have been pioneers in medical

items in newspapers New York has not taken at all to the idea of Women's Auxiliaries Yet if all the state medical societies were scored by a system like that applied to the public health activities of cities, New York State would probably show the highest score

OUR ADVERTISING COLUMNS

Why do medical journals devote over one-third of their space to advertisements? Some doctors say they seldom look at the advertising pages This is especially true of New York doctors Advertisers recognize this fact, and say that the physicians of the Western States actually read the advertising pages of their journals Are the doctors of the East less commercially minded than those of the Western States? But the question is not sectional No doctors anywhere will show an eagerness to turn to the advertising department unless its pages carry messages which are new, informative, and appealing

An example of an appealing advertisement is that used in the last issue of this Journal by a pharmaceutical house It consists of a full page announcement entitled "A boy's Idealism and its Result" It carries a picture of the Good Samaritan, and tells the reason why the founder of the house took up the study of pharmacy That advertisement will attract the interest of doctors far better than a formal list of the products of the house would do

Another advertisement is the announcement of a well-known maker of preparations of digitales who based his advertisement on the "Cat units" described on page 485 of the Department of Medical Wares of the same journal

Advertisements written in the style of the two just described would entice the doctors of New York State to scan the advertising pages of the Journal as eagerly as they do those of the scientific department

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

State Society Journals—Twenty-five years ago when the two State Medical Societies were in process of consolidation the question arose whether the amalgamated society should continue the monthly journal started by the Association in 1901, or should publish annual volumes of Transactions as had been done by the Society for nearly one hundred years This JOURNAL of May, 1904, quotes the *California State Journal of Medicine* as discussing the situation in New York and says

"The Society has published its transactions for nearly a hundred years, and this seems to be the principal argument for continuing to do so, and ceasing to publish the journal It is also claimed that copies of a journal become lost or destroyed and then members have not a complete record The further question of greater expense is about the only other argument adduced to support the plea for discontinuing the journal, when the Society shall have absorbed the Association How puerile these arguments seem, when compared with the reasons for a State Society publishing a journal! It is reasonably safe to say that the New York Association could not have attained nearly the size, and the influence which it has secured, without its journal It is also safe and conservative to prophesy that the profession in that State will not be well or fully organized if the journal is discontinued Twelve messages a year to each member are worth a whole lot more than one, more than twelve times as much as one delayed volume of 'Transactions' which nobody thinks of reading"

Time has justified the arguments for the publication of a journal, as will be seen by reference to page 513 on which the JOURNAL is discussed in the annual report of the Executive Committee of the Council

MEDICAL PROGRESS

Sympathectomy for the Relief of Angina Pectoris.—Edward P Richardson and Paul D White, writing in the *American Journal of the Medical Sciences*, February, 1929, clxxvii, 2, compare the results of sympathectomy with those from paravertebral alcohol injection for the relief of angina pectoris, and raise the question whether these methods of treatment constitute good therapeusis In 11 operations performed on 8 patients with angina pectoris, from August, 1923, to December, 1926, the extent of the sympathectomy was varied There were two deaths in the series Lasting benefit followed the operation in 4 cases In only one case out of 5 did satisfactory relief follow the removal of the left superior cervical ganglion alone, although another patient was considerably improved On the whole these results were not considered very encouraging, and the advisability of a more extensive removal of the sympathetic connections to the heart as a primary procedure was being considered It was then decided to try the paravertebral injection of alcohol as advocated by Swetlow In 8 patients treated by this method symptomatic relief was more constantly obtained than in those treated by sympathectomy While there has been a tendency for pain to recur in one or two cases, the relief has generally lasted as long as the patients have been followed—up to eighteen months in one case Paravertebral injection is, in the authors' opinion, a safer procedure than sympathectomy, though there is a possibility of injury to the spinal cord by diffusion or misplaced injection Alcohol injection of the five left upper thoracic nerve-roots is justifiable in carefully selected patients who do not respond to other forms of treatment There is no other contraindication The injections may be made even after coronary thrombosis, and doubtless are much less of a risk than is cervical sympatheetomy It has been argued that the relief of pain or interruption of the nervous mechanism of the heart exerts a harmful effect on the disease, because it does away with a warning symptom useful to the patient This may be possible, but it has not been proved No lasting ill-effects have followed paravertebral injection

Treatment of Pneumonia in the Negro With Antidiphtheritic and Antivenomous Sera.—J Legendre and L Phiquepal d' Arusmond mentioned the murderous mortality of pneumonia among the black races, which obtains in certain portions of Africa the year around Nearly everything in the way of treatment has been tested. With antipneumococcus serum in a small material the mortality was 50 per cent and the old classical treatment plus electrargol is the only one which gave slightly better figures Some nonspecific sera were then tested In 15 patients treated with antidiphtheritic serum and 10 others treated with the snake-bite serum the combined mortality was but 3 cases, equal to twelve per cent More recently one of the authors (Phiquepal d'Arusmond) has treated 6 cases with the snake-bite serum with but one death The total treated by heteroserotherapy is thus far 31 with a mortality of four cases or about 13 per cent—a result far superior to that obtained by homoserotherapy with its mortality of 50 per cent Moreover the doses used were very much smaller, given intravenously These results are of course paradoxical, for symptomatic treatment shows itself far superior to specific treatment. The entire question of serum therapy seems to require overhauling Thus in these African cases there was no bacteriological examination and it might even be claimed that the bacillus of diphtheria was actually present in these patients, but this is far from likely, for the disease diphtheria is believed to be quite unknown among the negroes and resident whites as well The negroes had never left their native soil and a theory of latent diphtheria could not be maintained Even if there were some such explanation available in the cases treated by antitoxin there is no similar argument to account for the cures from snake-bite serum We therefore have to fall back on the usual hypothesis of protein shock, in which the active factors were the basic horse serum and the proteins of the antibodies formed by the two antigens.—*Bulletin de l'Academie de Medecine*, January 29, 1929

An Early Symptom of Tuberculous Meningitis.—K Ochsenius dwells on the importance of the recognition of early symptoms in general, which can hardly be taught by others but must be learned by personal experience at the bedside In many affections the outcome is due entirely to the presence or absence of this early diagnosis—notably if we have to depend on serum therapy In many affections, and particularly in tuberculous meningitis, the early clinical picture exhibits the greatest variety The author refers to a case in a child of 5, as yet without an actual disease process but sickly with a positive diagnostic tuberculin reaction, in whom tuberculous meningitis developed later, despite the statement of a well known clinician that there was nothing to worry over Repeated vomiting in a young child should awaken suspicions in the absence of an evident cause In one of the author's patients, aged 4½, but very tall for this age and considerably under-

weight, vomiting was occurring at about the same time every day A rontgenogram of the stomach showed nothing wrong while conditions pointed to a psychogenic factor Blood sedimentation and lumbar puncture had not been practised The child suddenly developed fatal tuberculous meningitis For the past 12 years the author's attention has been directed to another early symptom, namely an inability of the child to speak at will, the speech showing a sort of dysarthria with inversion of syllables or irrationality This may be transitory, it is far from constant, and present only in a minority In such cases rigidity of the neck, etc, might coexist and the Pirquet reaction be strongly positive Recent trauma of the cranium may be elicited in the history Judging from the examples of speech defect cited, this symptom may show the greatest variety—simple aphasia, various forms of dysarthria, and simple irrational sentences —*Deutsche medizinische Wochenschrift,* February 8, 1929

Uremia in Cases of Amyloid Kidney—E Zadek says that our knowledge of this subject is defective, decisive case reports being rare Autopsies may show that death has been due to intercurrent affections, even when there has been nitrogen retention The author has gone over all possible cases of the association of amyloidosis with uremia at Umber's medical clinic at the Charlottenburg Hospital, Berlin, since 1913 and found 15 cases of the type worth investigating The diagnosis included amyloid kidney and autopsies were obtained in all cases In only five was death surely due to uremia, but in 2 others dead of intercurrent disease there was defective concentration and nitrogen retention In the remaining 8 cases there was no evidence whatever of renal insufficiency This result agrees fairly well with those published some 13 years ago by Machwitz and Rosenberg Full histories are given of four cases of true uremia The first patient suffered from uncomplicated amyloid contracted kidneys but also presented an uncompensated mitral lesion which was accused of having been the primary factor in the disturbance of water excretion The second patient had a pure nephrosis with heart normal Death had been due to suddenly developing acidotic uremic coma, the result apparently of thrombosis of the renal veins on both sides The third case resembled the second in representing a pure nephrosis, with heart and blood pressure normal There is no mention of any determining factor like venous thrombosis Edema was absent throughout The fourth patient, unlike the two preceding, presented arteriosclerosis and high blood pressure Urinary and blood analyses showed that uremic death can occur in these patients while the excretory function of the kidneys is still intact In three cases complications played a role—decompensated heart, renal vein thrombosis, and probably arteriosclerosis, but the third patient showed no complication of any sort—*Klinische Wochenschrift,* February 5, 1929

Pulmonary Tuberculosis and Rontgenology—H Cramer of Berlin refers to the cumulative occurrence of diagnostic errors, both of omission and commission He cites in detail two cases The first patient came from the Nose and Throat Clinic with a request for diagnosis for or against pulmonary tubercle, the motive being suspicion of tubercle of the larynx. There were no clinical evidences pointing to this involvement of the lung and the laboratory finds had been negative too The röntgenogram of the lung was equivocal, but on the whole was interpreted negatively The patient went back to the throat clinic, but as the condition in his larynx seemed to progress, he was returned for the second time to the internal clinic, and the author to this surprise found on this occasion a well marked apical involvement, evidently bilateral At this period it would have been easy to diagnosticate the lesions without plates Apparently it is never wise to remain content with a single exposure and if this case had been followed up there need have been no conflict between two exposures The second patient came from Africa with plates of his lungs bearing in three languages the diagnosis of tuberculosis He suffered clinically from an intermittent fever which had therefore been regarded as tuberculosis The author when shown these films subjected them to tests and found no active lesions—nothing beyond a cicatrized and calcified condition of the regional lymphnodes, the lung fields being quite clear These two errors of diagnosis serve as types of what to expect in this field of endeavor, although they do not exhaust the subject—*Münchener medizinische Wochenschrift,* January 25, 1929

The Cause and Cure of Morning Sickness—While treating a pregnant patient for a vaginal condition for which he used, among other things, a tampon of glycerin and borax, Andrew Richmond found that she was entirely relieved of morning sickness In investigating the matter he concluded that the cure was due to the glycerin and borax tampons Since that time he has made it a constant practice to treat cases of morning sickness by this means, and has never had a failure In reading up the subject he found that successful cures had followed opening of the cervical canal In watching his cases he observed that the vulva and vagina were turgid, swollen, and discolored, and the cervical canal was also swollen and choked with secretions After the use of the tampons, the turgor and swelling subsided, there was the greatest improvement in the cervix, and the cervical canal became practically normal The reason choking and closure of the cervical canal cause nausea can be easily under-

stood by comparing it to other choked ducts such as the bile duct, or obstruction in strangulated hernia The technique of applying the tampon is as follows A piece of Gamgee tissue 2 by 4 inches is rolled up and tied with a length of soft crochet thread, two ends of the thread, about 8 or 10 inches long, are left, so that the patient may remove the pad herself The tampon impregnated with the glycerin-borax solution is then inserted in the pouch of Douglas, extending at least as far as the vault, and lying in contact with the cervix The pad is removed after being in position for two days, and another pad can be inserted Two pads are usually quite sufficient, only on two occasions has the writer found it necessary to use four In hyperemesis gravidarum four tampons may be required—*British Medical Journal*, February 23, 1929, 1, 3555

Fatal Case of Stokes-Adams Syndrome—E Geraudel, P L Brodin, and J Lereboullet report in great detail a case of fatal heart block in a woman of 72 The authors' own summary is as follows The case was a classical one of auriculo-ventricular dissociation with permanent bradycardia (ventricular bradyrhythmia), the artery of the ventriculonector having been found to be interrupted materially through its entire extent If the ventricle continued to beat after all excitation had ceased it was because of its automatism The tracings showed normal ventricular complexes save when a disturbance was produced during a crisis of extrasystoles, the identification being difficult The authors are unable to understand how with a block of both branches of the bundle of His the ventricular complex could remain normal—that is, if the classical theory is correct. One must admit that each branch above the section was the focus of origin of a stimulus and that the right and left stimuli reached the ventricles without any deformity of the ventricular complex through preponderance of either the dextrogram or the levogram. This might happen once in a while and occasion no surprise, but it is very unlikely that the phenomenon could be repeated with each beat of the heart But the persistence of the normal complex is quite natural if we can believe that the automatic contraction takes its origin in the ordinary myocardium and not in the specific myocardium The interruption of the ventriculonector was due in this patient to a transverse focus of necrosis, due in turn to a stenozing endarteritis of the artery of the ventriculonector It has also been shown that the same result (heart-block) may take place without a necrosis, due simply to functional arterial stenosis Arterial lesions then play an overwhelming role in the genesis of the Stokes-Adams syndrome and epecially should the latter be frequent in the aged with coronary lesions—*Archives des maladies du coeur*, January, 1929

Cause of Death in the Newborn.—W Klimke takes up this subject with particular reference to a recent article by Hook on the results of autopsies on newborn infants in which special attention was given to changes in the brain and lungs This author found that intracranial hemorrhage was not due necessarily to birth trauma. He even found this accident in undelivered dead fetuses when the os uteri was closed Hence to count a hemorrhage as traumatic there must be evidence of an external trauma Aspiration pneumonia was very common as an accident of delivery Following Hook and other writers on the subject, the author analyzes his personal statistics covering 1,111 autopsies on the newborn during the past 15 years Difficult labor accounted for not more than 20 per cent In 6 per cent survival would have been impossible, because of malformation Another 20 per cent set down to "infantile complications" comprised a variety of accidents but aspiration pneumonia seems to have played a small role In a few cases the pneumonia was clearly prenatal Congenital syphilis as a cause of death seems to have receded greatly in recent years until it hardly figures in the current mortalities Something over 20 per cent of all cases were set down to marasmus, and another fraction of about the same size was simply ascribed to "causes unknown" It seems obvious that little or no advance in our knowledge of the causes and mechanism of death in the newborn has accrued in the past quarter century It is one thing to find an alteration and quite another to make it responsible for death, thus aspiration of amniotic or other fluid into the lungs may or may not set up a reaction, and in the absence of such, one is hardly justified in speaking of death from aspiration—*Klinische Wochenschrift*, February 19, 1929

Treatment of Elbow and Ankle Sprain.—Frank Thomas Woodbury reports the case of a professional dancer who injured her ankle, so that she was unable to bear her weight upon that foot There was a sprain of the external lateral ligament with some contusion of the joint, considerable swelling and much tenderness Diathermy was given for thirty minutes from an electrode beneath the sole of the foot to a cuff electrode above the joint, maintaining a current volume to the heat tolerance of the patient. This was followed by forty minutes of the surging positive electrostatic charge (wave current) An electrode of florist's lead foil was wrapped about the entire joint and the spark gap was opened to tolerance, being increased as the treatment proceeded The following day the same procedure was repeated in the morning and the afternoon No further treatment was required. The patient was instructed not to rest the ankle but to return at once to her dancing practice. Seventeen days after the ankle treatment the patient gave her

right elbow a severe twist while dancing The elbow was greatly swollen, was being supported at an angle of less than 45 degrees, and any effort to extend the forearm was resisted The treatment employed for the ankle sprain was applied, and repeated daily for seven days, with the result that the elbow became absolutely normal The special feature of the treatment of sprains is to remove exudates and to forbid all attempts to rest or immobilize the part, as this is certain to result in more or less limitation of motion The method here described may be employed in conjunction with fracture after the fragments have been immobilized —*Physical Therapeutics*, February, 1929, xlvii, 2

A Departure from the Usual Methods in Treating Obesity —Frank A Evans and James M Strang emphasize the importance of metabolic orientation in the treatment of the obese In these persons a diminished specific dynamic action of protein and also some abnormality of fat metabolism by which it becomes available for storage has been postulated If these disorders of metabolism in the obese do exist they are, possibly, dependent upon an endocrine cause, but this cannot be treated by any rational endocrine therapy No special article of food has any merit for the reduction of weight Total calories must be reduced The authors have found that "endocrine obesity," as well as that of alimentary type, can be effectively treated on a diet as low as 600 calories a day, and that the result is in sharp contrast to the irritability and cachexia seen with more generous diets not carefully planned on metabolic principles The method used has been to calculate the correct diet for the ideal weight or whatever weight is desired With a gram of protein per kilogram, enough carbohydrate and fat was calculated to give 25 calories per kilogram, the antiketogenic ratio of carbohydrate to fat being 1½ to 1 The menu was made to fit the figures for protein and carbohydrate, and then as much of the fat was omitted as could be, while the patient was receiving the desired amount of protein A sample menu consisted of the following *Breakfast* 1 egg, 1 ounce of bread toasted *Lunch* 1 egg, 4 ounces of vegetables as listed *Dinner* 1 cup of bouillon (if desired), 3 ounces of lean meat (after cooking), 4 ounces of vegetables Accepted vegetables include lettuce, cucumbers, spinach, asparagus, endive, celery, mushrooms, tomatoes, brussels sprouts, watercress, cauliflower, radishes, cabbage, and onions (sparingly) The bread is toasted No fried foods are allowed, and no butter or lard is used in cooking Water may be taken as desired It is just as important that all this be eaten as that nothing not on the list be taken. A level teaspoonful of soda in a half a glass of water is taken twice daily In a series of 111 patients dieted on this plan, there was an average loss of 6 14 pounds per patient by the end of the first week These patients were not hungry Headaches were relieved and elevated blood pressures were reduced As the diet was continued other symptoms, especially menstrual disorders, were corrected A tuberculous lesion is undoubtedly a contraindication to the treatment, but patients with minor grades of myocardial damage bore it well— *American Journal of the Medical Sciences*, March, 1929, clxxvii, 3

Extract of Liver in the Treatment of Hypertension —T L Althausen, W J Kerr, and T C Burnett, writing in the *American Journal of the Medical Sciences*, March, 1929, clxxvii, 3, point to the fact that life insurance statistics demonstrate the importance of hypertension in connection with high mortality due to cardiovascular-renal disease The symptomatic treatment of hypertension in the present state of our knowledge is justified The work of a number of investigators shows that liver extract is capable of lowering blood pressure, though the active ingredient of the extract responsible for its depressor effect and its mode of action are unknown The authors treated 27 cases of hypertension with intramuscular injections of a commercial liver extract with the result that an average reduction of 32 7 mm in the systolic blood pressure took place in 63 per cent of all cases Lowering of the diastolic pressure was generally in proportion to that of the systolic, and averaged 18 9 mm Symptomatic relief was experienced in 76 per cent of all cases However, reduction of hypertension and symptomatic relief did not always go together Age, sex, and the degree of hypertension proved to be immaterial in determining the success of liver extract therapy The duration of hypertension prior to treatment was found to affect very markedly the result of therapy The urinary findings and the various kidney function tests were found to have unequal bearing on the success of the treatment Hypertension cases of known duration under two years, without marked arteriosclerosis, and showing no fixation of specific gravity in the Mosenthal test, offered the best prognosis The presence or amount of cardiac damage was of no significance, so far as the success of the treatment was concerned The dosage for the average case was, to start with, three injections a week, beginning with 0 5 c c , then 1 c c , and so on, until at the end of two weeks 5 c.c were reached By this time the value of the treatment in the individual case can usually be determined, and in the successful case injections can be given once a week for a month, and then discontinued until the pressure begins to go up or the patient complains of a return of symptoms In 8 successful cases the effect of the treatment extended over periods of between one month and two and a half months No undesirable symptoms referable to reduction of hypertension were observed in any case.

LEGAL

By LLOYD PAUL STRYKER, ESQ
Counsel Medical Society of the State of New York

INDIVIDUAL LIABILITY OF PHYSICIANS FOR ACTS COMMITTED IN HOSPITALS

From many inquiries received, as well as from statements made to us by a number of physicians, we believe that many doctors are laboring under a misapprehension as to their individual liability for acts in the treatment of patients in the hospitals with which they are connected These inquiries have, for the most part, been specifically directed to the question as to whether or not the policy of insurance carried by the hospital would protect the individual physician who might be sued in a case which he had treated in the said hospital

Some physicians have told us that they have been informed by the hospital authorities that it is not necessary for them to carry individual insurance covering the cases which they treat in the hospital This is not the fact, and we believe that the profession generally should be informed as to the legal relationship existing between them and the hospitals to which they are attached and in which they operate upon and treat patients

Let us assume a typical case A, while in the X hospital (which carries a policy of insurance indemnifying it for the acts of physicians on its staff), is operated upon by B, an attending physician at said hospital A thereafter sues both the hospital and the physician, claiming negligence in the performance of the operation The hospital is covered by a policy of insurance, but the doctor is not On the trial of the action the plaintiff's complaint is dismissed as to the hospital, but a verdict in favor of the plaintiff is found against the physician. In such a case, the policy of insurance covering the hospital does not protect the individual physician, and the amount of the verdict would have to be met personally by the physician This would be so whether the case was a private case of the physician, or a ward case where the physician had received no compensation. The responsibility of a physician to his patient is exactly the same whether the physician is paid or not

In our typical case, we have assumed that when the case came to trial, it was dismissed against the defendant hospital This is a fair assumption since, except for private hospitals or sanitariums operated for profit, other hospitals, commonly known as charitable, not-for-profit hospitals, are not liable for the acts of their physicians, except for a failure to use due care in the selection of the individual physician who it is claimed caused the injury which forms the subject-matter of the action Your counsel has frequently defended actions where a charitable hospital and the individual physician were joined as parties defendant, and in every such case the complaint against the hospital was dismissed for the reason that the plaintiff was not able to offer any proof that the hospital had been negligent in the selection of the physician who treated the plaintiff

There is no relation of master and servant, or principal and agent, existing between a hospital and the resident or visiting physicians connected with the hospital The law regards the physicians as independent contractors, personally liable for their own wrongs In a leading case in the Court of Appeals of this State, in discussing this relationship it was said

"The hospital does not undertake to act through them (the physicians), but merely to procure them to act *upon their own responsibility* And so there is no such relation between the corporation (the hospital) and the physicians and surgeons who give their services at the hospital It is true the corporation has power to dismiss them, but it has this power not because they are its servants, but because of its control of the hospital where their services are rendered The wrong was not that of the hospital, it was that of physicians, who were not the defendant's servants, but were pursuing an independent calling, a profession sanctioned by a solemn oath, and safeguarded by stringent penalties If, in serving their patient, they violated her commands, the responsibility is not the defendant's (the hospital), it is theirs There is no distinction in that respect between the visiting and the resident physicians"

The standard policy of insurance covering hospitals indemnifies the hospitals against "actual loss or expense arising or resulting from claims upon the hospital for damages" This indemnifies the hospital against any tort for which it may be responsible, but does not indemnify or protect the physician whose diagnosis, care, treatment or operation is complained of

Even if we were to assume a case where a hospital and an individual physician were joined as parties defendant, and where the plaintiff were able to offer proof that the defendant hospital had in fact been negligent in the selection of the particular physician, and a verdict were rendered against both the hospital and the doctor, the policy of insurance covering the hospital would not cover the individual physician

As we have already said, the relationship between the hospital and the individual physician is not that of master and servant, or principal and agent, but the physician occupies the position with respect to the hospital of an independent contractor, personally liable for his own acts Physicians should recognize that while the hospital in which they work may be covered by a policy of insurance, the individual physician is not covered by that policy but remains personally liable

CLAIMED IMPROPER DIAGNOSIS AND NEGLIGENCE IN TREATMENT OF CHILD

In this case an action was brought by the mother of an infant child, about two years of age, claiming that she employed the defendant as a physician to treat a superficial rash on the child's buttock, and that the defendant negligently and unskillfully treated the rash and unnecessarily performed an operation thereon with the use of a knife, when the defendant knew or should have known that the operation was unnecessary, as a result of which the child was injured and erysipelas was caused to develop upon the child's buttock Damages were claimed in the infant's action in the sum of $10,000 and at the same time the mother began an action against the doctor for loss of services, praying for $2,500 damages

When the doctor was first called to see the infant plaintiff, she was in bed with a temperature of 103 The doctor made an examination of the child, but could find no objective symptoms of infection The doctor prescribed a fever mixture of aconite liquid ammonia and acetatis and water and ordered a cold sponge bath He called daily after this for about six days, and at this time the child was developing a swelling and tenderness on one thigh When the child's fever had subsided on the sixth day, he suggested that the child be brought to his office This was done and the doctor asked the mother if she would permit him to explore the seat of the soreness on the thigh The mother acquiesced in this course and the defendant, first sterilizing his instruments, under a cocaine local anaesthesia, made a small incision in the thigh, but found no pus He then bandaged the thigh with sterile dressings On that day after dressing the wound, he notified the mother that he was going out of town, but gave her the name of a competent physician who would take care of the case The mother consented to this course, but subsequently when the second physician attempted to see the child she refused to permit him to do so Subsequently the mother of the child called on the defendant, told him that the child had developed erysipelas and was being treated by another doctor She then demanded that the doctor pay her some money, which the doctor very properly refused to do, whereupon she began this action

As the case was coming on for trial, the plaintiff's attorney after fruitless negotiations to obtain a settlement, finally discontinued the action

REMOVAL OF FOREIGN BODY FROM EAR

In this case it was charged that the defendant doctor in the removal of a bead from the ear of a child about four years of age, so negligently and improperly conducted himself, particularly with respect to the instruments used in said operation, that the child developed a suppurative middle ear inflammation, and became deaf and cross-eyed

The child was brought to the doctor's office by the mother after the mother had first taken her to a hospital The mother gave the doctor a history that a bead had become lodged in the child's ear The doctor examined the ear and found a bruise on the lower third of the canal, blood was flowing from it and the doctor also found a small bead on the ear drum The doctor suggested that a general anaesthesia be given before he attempt to remove this bead The mother consented and she called the family physician who gave an ether anaesthesia The doctor then poured adrenalin into the ear and stopped the bleeding Then he reached into the ear with his forceps and lifted out the bead After the child came out of the ether he cleansed the ear with sterile dry gauze and the child was taken home She was brought back the next day and the doctor found that the ear was fairly clear, but still bleeding a little. He cleansed the ear with dry gauze on this occasion On the third day, when the child was brought to the office, the doctor found the condition of the ear about the same, except for a little discharge of blood and pus At this time he used sterile cotton and put in sterile gauze for a drain and advised syringing the ear with boric acid solution He told the mother to bring the child back, but she failed to do so and the doctor never saw the child again After the action was brought a physical examination of the child disclosed that she had measles a few months after the bead was extracted by the defendant and had developed otitis media

The case came on for trial and after the plaintiff had put in their case the court, on our motion, dismissed the complaint, thus terminating the action in the defendant's favor

NEWS NOTES

PUBLIC RELATIONS COUNTY SURVEY, No 5—ROCKLAND

Rockland is one of the smallest counties in the State of New York, when considered from the standpoint of its area It has a population of about 65,000 and less than 50 practicing physicians

The County Medical Society consisting of 47 active members and 22 honorary members is, as it should be, the guiding medical body from which emanate all lines of medical activities for the County and to which all medical interests are attracted The Society holds regular quarterly meetings, and prides itself not only on the conscientious attendance by its active members but also on the whole-hearted support at these meetings from its honorary members Three of the regular meetings consist of scientific and social sessions, while the fourth, the annual banquet, is devoted entirely to the development of good fellowship The scientific programs are arranged by the Comitia Minora early in the year

The Nyack Hospital located in Nyack is the largest and oldest hospital in the County, having been established in 1895 It has recently been enlarged by a $400,000 modern fireproof addition into an excellently equipped 75-bed hospital for the care of all acute diseases except contagious A special maternity pavilion, a separate operating pavilion, a completely equipped X-ray and electro-therapy department, a special dietetic department and a complete laboratory make up its integral units

The Good Samaritan Hospital in Suffern, established in 1902 and maintained by the Sisters of Charity, is a 35-bed hospital for all acute diseases except contagious

Summit Park Sanitorium in Pomona is maintained by the County This is a County tuberculosis hospital with 48 beds All county tuberculosis and anti-tuberculosis work centers in its Superintendent, Dr W J Ryan, who, with the cooperation of the County tuberculosis nurse, has built up and maintains a very effective service both for active case and follow-up case work

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The County Medical Society has advocated and sponsored anti-diphtheria campaigns, but has left the actual conduct of such work to the various individual health officers and health units As a result, toxin-antitoxin clinics have been held throughout the County and at this writing, clinics are again being held in Suffern, Spring Valley and Nyack

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The splendid spirit of good fellowship and fraternal co-operation maintained by the medical profession in Rockland County is largely responsible for the support given to the physicians and health officials by the lay organizations and the people in general

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PUBLIC RELATIONS COUNTY SURVEY No 6—ORANGE

Orange County has a population of approximately one hundred and thirty thousand This population is divided roughly as truly rural fifty-five thousand, and urban as seventy-five thousand The rural population is being cared for by approximately thirty-five physicians while the urban population is cared for by ninety physicians

In this county we have one State Hospital for the Insane with a staff of sixteen physicians—the Middletown State Hospital for the Insane New York City maintains a Sanatorium for Tuberculosis at Otisville for the treatment of all forms of tuberculosis There are six general hospitals in the county situated at advantageous points so that no patient is more than twenty-five miles from adequate hospital service The total bed capacity of these general hospitals is three hundred and seventy-five beds These hospitals conduct out-patient departments as a part of their program A County Tuberculosis Sanatorium is maintained by the Board of Supervisors and, although far too small, its activities and usefulness are well demonstrated by the results shown in the reports of this institution The Board of Supervisors by their appropriations and active cooperation have aided greatly in maintaining the high standards of this hospital

The County Medical Society has a membership of one hundred and fourteen members The Society holds four meetings a year which are attended by approximately one half the members During the past two years the Society sponsored post graduate lectures, holding these at Middletown, Port Jervis, Goshen and Newburgh The County Society through its membership was responsible for instituting and assisting the Orange County Committee on Tuberculosis and Public Health in putting over a County wide anti-diphtheria program The Society is now working out a program of education to show the value of periodic health examinations, these examinations to be done by the physician himself, and not as a member of a group

In this county we have an active health organization, started in 1920 as the Orange County Committee on Tuberculosis and Public Health During the eight years from 1920 to 1928, this organization functioned admirably considering the funds at its disposal, but it was apparent that an incorporated organization was needed In 1928 the committee was incorporated as the Orange County Health Association with Dr B Krug as President, and a directorate of twenty-two members, of whom three were physicians The general membership of this Association numbers two hundred and eighty-two An executive Secretary and a nutritionist are employed as full time workers by this body The purposes of this body are

First, to utilize the resources of the Committee without profit to its members, in the discovery, control and prevention of tuberculosis, and the promotion of public health

Second, to support the constituted authorities in the institution, development and administration of all sound policies for the public health of the community

Third, to help coordinate and unify the various lines for work carried on by local public and private agencies that have points of contact with tuberculosis and health problems

Its aims are three namely, to cooperate with the health authorities in public health in the County, to maintain and operate the summer camp, and to further extend a nutritional campaign in the County so far as funds are available.

This Association, cooperating with the local Committee of Newburgh, has maintained for the past four years a health camp, and has now merged with the Middletown-Goshen Convalescent Home for the furthering of this most valuable work Children cared for at this camp are followed-up by the County Public Health nurses, thus enhancing the value of the work started at the camp

In 1926 the Orange County Committee on Public Health was formed by the Board of Supervisors, taking advantages of the State Aid Health law This Committee is composed of three Supervisors, three physicians (preferably Health Officers), and the District Health Officer This committee employs four trained public health nurses who are assisting the physicians in the various public health endeavors that are underway, such as toxin anti-toxin clinics, school examinations and clinics

The Parent-Teacher Associations of this County are working in harmony with the various health organizations and are aiding materially in matters of health education and anti-diphtheria programs

In one city in the County a well organized Child Welfare Committee is working in harmony with the physicians and doing excellent work

Service clubs and fraternal organizations, through committees headed by members of the medical profession, are doing a lot for the crippled and under privileged child These organizations are always ready to assist in any matter relating to public health

School examinations are being conducted throughout the County in a very thorough manner Great interest is being taken by the physicians doing this work, and they are assisted by the nurses employed by the Boards of Education, and by the nurses employed by the Orange County Committee With intensive follow-up by the nurses, defects are being corrected and better results obtained

Health Officers are for the most part co-operating with the physicians, and putting over an active health program In a few instances the local

Boards of Health act in a perfunctory manner, and need to be educated by the Medical Profession to a more active interest in their work

This survey of the County Health activities brings out two outstanding facts First, we have no dearth of lay organizations working for improved health conditions, and willing to assist in any way possible Secondly, the members of the County Society are not fully awake to the responsibilities and their opportunities When we stop to analyze the membership of these lay organizations, we find about ten per cent of the members of this Society are actively identified with these organizations We should be leading in, and directing the activities of these lay groups, to the end that the physician assumes his natural place, that is, leading in matters pertaining to public health

EARL C WATERBURY, *Chairman,*
Committee on Public Relations

PRIZE ESSAYS

Essays to be entered in competition for the award of either the Merrit H Cash Prize or the Lucien Howe Prize must be received by May 20th

Essays must be directed to the Medical Society of the State of New York Prize Committee A sealed envelope containing the name of the author must accompany the essay The name on the outside of the envelope must give no suggestion as to the author of the article If any identification marks are made on the thesis it will be barred from the competition

The details of these competitions appeared in the *Journal* March 15th, page 351

ARTHUR J BEDELL, *Chairman*

DUTCHESS—PUTNAM

A regular meeting of the Dutchess—Putnam Medical Society was held at the Hudson River State Hospital, Poughkeepsie, N Y, Wednesday evening, April 10, 1929 Due to last minute changes in the place of meeting it was necessary to call each member of the Society on the telephone the afternoon of the meeting Apparently this worked wonders for there was an attendance of sixty-five or over half of our total membership Dr John A Card presented a comprehensive report of the demands of the legislative committee

Doctor Clarence O Cheney offered the following resolution

Whereas The Dutchess—Putnam Medical Society is informed that the Governor today signed a legislative bill naming the new state hospital to be erected on Long Island the Pilgrim State Hospital after Dr Charles W Pilgrim, a member and former president of this Society

BE IT RESOLVED That the Society express to Dr Pilgrim its congratulation on this signal richly deserved recognition of his service to the state, and extend to him its heartiest wishes for a continued enjoyment of the respect and esteem, not only of the medical profession of the state, but of the thousands of others who have benefited from his wise advice and counsel, and

BE IT FURTHER RESOLVED That the Secretary be instructed to transmit to Dr Pilgrim a copy of this resolution

Drs Sadlier, LeRoy and Jacobus were named committee to take proper recognition of the death of Dr D H MacKenzie

Doctor Eastman Sheehan of the Post Graduate Hospital, New York City, read a paper illustrated with colored motion pictures

Mr George Lane of New York City demonstrated apparatus and color motion pictures shown at the Pan-American Congress at Havana

H P CARPENTER, *Secretary*

QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held at Eagle Palace, Jamaica, L I, March 26th, 1929, at 8 30 P M, with Dr W J Lavelle in the chair and 71 physicians present.

The following reports were presented For the Comitia Minora by Dr E E Smith, for the Board of Trustees by Dr T C Chalmers, for the Censors by Dr Harry Mencken The following physicians were elected to membership

Leon A Beardsley, M D, 20905 111th Avenue, St Albans

Lawrence Breitbar, M D, 16418 43rd Avenue, Flushing

William R Carson, M D, 2769 Central Avenue, Glendale

Julius Cogan, M D, Eighth Avenue and 21st Street, Whitestone

Joseph J Drago, M D, 44 Woolsey Street, Astoria

Henry William Ephraim, M D, 4260 Bowne Street, Flushing

John Gibson Hill, M D, 3760 82nd Street, Jackson Heights

Murray Kalkin, M D, 6807 Clyde Street Forest Hills

Joseph V Lanza, M D, 376 Ninth Avenue, Long Island City

Michael Pollack, M D, 420 Fifth Avenue, Astoria

Paul S Rosenberg, M D, 3215 30th Street, Long Island City

Joseph H Schwab, M D, 9118 Woodhaven Boulevard, Woodhaven

Report of Legislative Committee by Dr F G Riley, discussion by Dr Chalmers, Committee on Publicity by Dr E E Smith, Committee on Public Health and Public Relations by Dr Carl Boettiger, Committee on Graduate Medical Education by Dr Veprovsky, Committee on Medical Economics by Dr Rohr

The Committee on Medical Economics presented the following resolution received form the Committee on Medical Economics of the Medical Society of the County of New York and moved its adoption, seconded by Dr Friedman, discussion by Drs Mencken and Frey

"The Committee on Medical Economics having noted the widely divergent and frequently inadequate salaries paid physicians by Boards of Health, Charity Organizations, Welfare Organizations and other Societies, recommends that the Society go on record as in favor of a minimum hourly renumeration of $5 00 The Committee further recommends that some means be taken to call this resolution to the attention of all these organizations, such as Health Boards, Welfare, Charity Organizations and other Societies"

Adopted, ayes 24, nays 2

Dr Friedman spoke on taking up the matter of Workmen's Compensation with the Trade Unions by sending members of the Society to address them on the subject No action was taken

Scientific Session

A "Considerations in the Treatment of Diabetes Mellitus by the General Practitioner" By Charles M Levin, M D Discussion by Drs Keet, Friedman, Manjoney, Fischl, Flemming, Werne, E E Smith and closed by Dr Levin

B "Resuscitation" By Paluel Joseph Flagg, M D Discussion by Drs Frey, Jr, Frey, Veprovsky, Mencken, and closed by Dr Flagg

C "Ascariasis" Report of case with adult worm in right ventricle of heart. By Jacob Werne, M D, from Pathological Laboratory, St John's Hospital

E E Smith, *Secretary*

MEDICAL WARES

POLLEN EXTRACTS

Hay fever is an irritation of the nose, throat and eyes, caused by pollen grains falling on the mucous membrane of a person who is sensitized to that particular pollen The irritation is a local effect similar to that of a solution of the grains injected into the skin, as in the test for sensitization to pollen or other foreign protein It comes on within a few minutes after pollen grains are inhaled, and it passes off within a few hours The continuation of the symtoms for days or weeks requires the continued inhalation of the pollen Hay fever victims become well within a few hours after leaving a district in which the pollen is produced

The pollen which produces hay fever is that which is borne by the air Bright, showy blossoms produce pollen which is carried from flower to flower by bees or other insects, for it is somewhat sticky and is not borne away by the wind The pollen of flowers which are inconspicuous, such as those of grasses and ragweed, is produced in great quantities, and it is extremely light and is readily carried by the wind Although the pollens of roses and goldenrod are insect borne, yet a person applying his nose to a bouquet of either flower, and sniffling forcibly, may inhale some of the pollen and so may induce an attack of hay fever, but the attack will last only a few hours because he will not inhale any more pollen under ordinary conditions

A person may live free from hay fever in a locality in which pollen is produced, provided he lives in a room from which the pollen is excluded by a suitable air filter A practical device for screening and filtering pollen from the air is sold for the benefit of invalids who cannot be removed from an infested locality the pollens which are the cause of nearly all cases of hay fever are of three groups, (1) trees in early spring, (2) grasses in early summer, and (3) ragweeds in late summer and early fall

The principal trees which produce hay fever in New York State are those whose blossoms are borne in catkins, such as the poplars and oaks, and the walnuts The earliest grass to produce hay fever is usually the sweet vernal grass which grows wild in fields and woodlands Later come the cultivated grasses The greatest cause of hay fever in New York State is probably the ragweed

A hay fever victim is usually extremely sensitive to only one kind of pollen, although he may also be somewhat sensitive to the pollen of a closely related plant The identity of the guilty pollen may be determined by skin tests made with extracts of the pollen A drop of the extract is placed on the forearm and the skin beneath it is very lightly broken or scarified, so that a slight amount of the extract is carried into the skin If the person is sensitive to that particular extract a white wheal surrounded by a red area will appear in about twenty minutes When a test is made, a series of different pollens are usually applied in a row down the arm An extremely small amount of the pollen extract will produce noticeable results when it is introduced into the skin of a sensitive person A pollen unit is one-millionth of a gram of pollen

The prevention of hay fever consists in the production of immunity to the pollen by the subcutaneous injections of increasing doses of an extract of the suitable pollen beginning with two and a half pollen units and giving it daily for fifteen days in increasing doses until the last dose consists of three thousand units Immunity will be produced in about three weeks, but it lasts for only a few weeks, and must be repeated each year, beginning a month or two before the usual time of appearance of the attack of hay fever

Pollen is prepared for testing and for immunizing by extracting it with two parts of glycerine and one part of a saturated sodium chloride solution The pollen is wet with the extracting solution and is ground in a mortar with ground glass for hours in order to break up the grains and cause them to go into solution

The extract is tested and its strength standardized by complement fixation tests with the blood of rabbits which have been immunized by the injection of the extract The standard solution is put up in capillary tubes for making skin tests and in vials for treatment. Directions for giving the tests and treatments are supplied by the manufacturers

Collecting pollens is properly the work of an educated expert Bunches of the flowering parts of the plants are collected with care and are suspended over sheets of paper which catch the pollen as it falls The pollen is sifted through a fine sieve and is dried over calcium chloride The last process of the storage is the extracting of the air from the storage bottles in order to withdraw all traces of moisture Pollen kept dry will remain unchanged for years, but in the presence of only a trace of moisture it becomes disorganized The production of pollen extract which is reliable under all conditions requires the use of a well equipped biological laboratory and the exercise of technical skill equal to that of the best laboratories of medical schools and institutes of research

THE DAILY PRESS

THE GORGAS LABORATORY OF TROPICAL RESEARCH

The New York *Times* of April 3rd carries the following account of the Gorgas Laboratory which was dedicated on April 2nd

"The site of the Gorgas laboratory is just outside the city of Panama in the region of Bella Vista on the seashore It was donated by the republic of Panama, which also will build the laboratory at an estimated cost of $750,000 This will cover only the cost of the building

"Assurances have been given by many Latin American Governments that they will contribute to the permanent maintenance of the laboratory The purpose of the laboratory is to make studies of tropical diseases not only a protection to life and property in the Canal Zone, but also a protection to the United States against the influx of diseases which might become indigenous there

"The building which houses the laboratory was built by the Panama Government as a medical school, but was never used It has been lent to the laboratory until permanent quarters can be obtained

"The American Congress last year appropriated $50,000 annually to support the work in which all Latin-American countries were invited to participate"

IMMORTALITY AND ETERNAL LIFE

The New York newspapers of April 1st carried pages of reports of Easter sermons The New York *Herald Tribune* featured one by the Rev Harry Emerson Fosdick on the difference between immortality and eternal life which will appeal especially to physicians Dr Fosdick said

"Immortality is going endlessly on Eternal life is entering into a kind of experience so full of meaning that it is worth going on with, and is a quality of experience There is only one condition under which immortality is desirable, namely, that one shall have also eternal life—a quality of experience so full of meaning that it makes going on worth while

"The practical upshot of this distinction is clear—quit postponing eternal life That is something which begins here Now is the time to go to Heaven Do not wait! Heaven is a quality of experience which begins here. I deeply believe in immortality I have as many unanswered questions as anybody about what lies beyond death, but I am confident that life lies beyond death

"What gives me concern, however, for myself and everybody else, is not immortality, but eternal life To have a quality of experience, which beginning here is worth going on with because there is meaning in it—that is the supremely important matter"

RATS AND DUMPHEAPS

A real health menace of dumpheaps containing garbage is the rats which always inhabit them How to get rid of the rats is a grave problem The President of Queens Borough has called in consultation a professional rat exterminator because the animals are attacking children

The *New York Times* of April 10 describes the rats on the thirty-five City dumps in the Borough, and says

"The modern piped piper explained the manner in which he hoped to exterminate the rodents He said that the rat holes will be sought out and a particularly strong solution of virus will be poured into each nest In many of the dumps now boys find considerable sport in shooting rats with rifles, but this practice is frowned upon by both the police and the borough authorities as dangerous because of the likelihood of stray slugs passing over highways or carrying through windows of houses near the dumps"

The rat virus which the exterminator proposes to use, belongs to the typhoid group, and is dangerous to man as well as to rats Rat and mouse typhoid is not always fatal to the animals, but sick ones and carriers may place the germs in food Newspapers frequently have accounts of outbreaks of diarrhoea caused by food infected by rats and mice It would seem that the virus is more dangerous than lead shot But the most effective way to get rid of rats is to build incinerators for burning the garbage and rubbish on which the rats feed

COSMIC RAYS

When a new force of nature is announced the newspapers speculate on its effects on mankind, for that is the standard by which the daily press judges news values The cosmic rays of Professor Millikan have existed as long as the stars, but their existence was not suspected until the Professor devised the means of making their effects apparent to the human senses The rays which were described in the daily press department of this Journal of April 1, 1928, are similar to the X-rays, but of very much shorter length, and it is presumed that they are also more dangerous to living things

The *New York Times* of March 31 discusses editorially the effects of the atmosphere in excluding the greater part of the cosmic rays and says

"In gigantic celestial crucibles, where temperatures and pressures prevail that can be measured only mathematically, matter is being torn apart and re-created Cosmic rays are released in the process

"Here is a cosmic radiation which easily penetrates over 120 feet of water, or more than a dozen feet of lead The most piercing X-rays and the still more potent gamma rays of radium, both easily stopped by a thin sheet of lead, are innocuous by comparison If we live, it is because of the blanket of oxygen in which the earth is wrapped, he assures us As the powerful cosmic rays pass through they are lengthened into heat waves, oxygen being converted into ozone in the process Thus nature shields us by changing one form of energy into another less deadly, and leaves just a detectable amount for science to wonder whence it comes

"Man acquires a new importance in the light of this new theory of the constitution of stars and of Kuehl's explanation of why the first bit of primordial protoplasm was not instantly killed In the vast interplay of universal forces life perpetually hangs in the balance

"Man must be safeguarded by devices numberless for all we know In the plan of the universe the effect of inundating him with the terrible effulgence of Canopus, Sirius and hundreds of millions of other stars and nebulae was so admirably considered that he lives and evolves in an invisible and impalpable casing which shields him as if it were thick lead"

YELLOW FEVER IN BRAZIL

Physicians generally have thought that yellow fever was extinct on account of news items to the effect that Dr Naguchi could not find cases on which to conduct researches But the newspapers have recently stated the disease has appeared in various parts of Brazil The *New York Sun* of March 25 says editorially

"That yellow jack should be the cause of international ill feeling in 1929 comes as a shock to those who have regarded this scourge as one from which science has freed the world A generation ago quarantines against it were commonplace necessaries of health protection Mosquito extermination was supposed to have rendered them obsolete That it has not succeeded in so doing gives testimony to the fact that in any campaign against disease and disease carriers there is no final victory The fight must be kept up

DUST IN NEW YORK CITY AIR

How much dust is in the air of New York City? The *New York Times* describing the purification of the air in Roxy's Theatre, says

"At the Roxy Theatre, 62,500 cubic feet of air a minute is purified During a week, figuring on the basis of seven thirteen-hour days, 341,250,000 cubic feet of air is cleaned In the chambers at the theatre where the air is cleaned, there is an area of 180 square feet, which is covered to a depth of three-quarters of an inch with dust and cinders The purifying device is about 96 per cent efficient, so we calculate that the air sent through in a week actually contains 11 72 cubic feet of dust and dirt At the Paramount the dust and cinder content averaged almost the same"

"On a basis of New York's square mileage and taking a perpendicular distance of 200 feet as the immediate atmosphere of the city, the total is one thrillion square feet. If the 341,250,000 cubic feet of air examined at the theatre contain 11 72 cubic feet of particles, one trillion cubic feet would contain about 3,000 times as much, or about 35,160 cubic feet, which would weigh 2,100 tons"

OUR NEIGHBORS

SECRETARIES' CONFERENCE IN NEW JERSEY

The *Journal* of the Medical Society of New Jersey devotes seventeen pages to a stenographic report of the conference of county secretaries and reporters which was held in Trenton on January 26, 1929 One of the topics considered was county society reports in the *State Journal* Dr H O Reik, Editor of the *State Journal* said

"Your Journal gives more space to the publication of county society reports than does any other medical journal in the United States On the whole, the subject matter of those reports is noteworthy for its good quality We have often stated that the scientific matter published in that section of your Journal is quite as good as that usually presented in the Original Articles section, and a goodly number of our readers have endorsed that opinion We also find occasion for pride in the fact that we publish now during the year a report of practically every county society meeting held in the state and that we do it in each instance within a month of the date of the meeting"

Dr Reik also commented on the failure of secretaries and reporters to send him the news promptly He also laid down some rules as to the form of articles, but Dr Reik evidently accepts items regardless of the form in which they are written, on the ground that poorly written ones are better than none at all

Newspaper publicity of county society activities was discussed by Dr J B Morrison, Secretary of the State Society, who referred to the medical advertisements inserted in the newspapers of Bergen County by the County Society Dr S T Snedecor, Secretary of the Bergen County Medical Society, described the ten advertisements which have already appeared, the last one reading as follows

WEEKLY HEALTH BULLETIN
WE WANT YOUR OPINION!

For the past nine weeks in this space, the Bergen County Medical Society has published information on current medical subjects such as Diphtheria, Smallpox, Influenza, Health Examinations, Pneumonia, Coughs-Colds, Tuberculosis and Cancer

What do you think of these articles? Have they been helpful? Are there any particular diseases you would like discussed? Any ideas or suggestions?

We need your active interest to help us further the work of this organization designed solely to guard your health and your pocketbook

Your health is *our* business *Your* business is to keep your health

Cooperate with us—your personal opinion is valuable

Please write today to the Bergen County Medical Society at Hackensack, N J

Bergen County Medical Society is composed of 155 qualified physicians who have been licensed by the State Board of Medical Examiners after careful consideration of their training and ability

Before a physician is accepted by this Society he is carefullly investigated as to character and professional status

The fact that your physician is a member of the Bergen County Medical Society stamps him as an honest and qualified practitioner of medicine who has met the high standard required by law for your protection

This is the tenth of a series of articles sponsored by the Bergen County Medical Society
BERGEN COUNTY MEDICAL SOCIETY
Hackensack, New Jersey

OHIO STATE MEETING

The April issue of the *Ohio State Medical Journal* contains the following editorial account of the annual meeting of the State Medical Society

"The program for the Eighty-third Annual Meeting of the Ohio State Medical Association to be held Tuesday, Wednesday and Thursday, May 7, 8 and 9, at the Public Auditorium, Cleveland, will be found elsewhere in this issue of the JOURNAL.

"Unofficially, the meeting opens Monday, May 6, with the annual golf tournament, which will terminate in the evening with a banquet and awarding of the cups to the winners The Cleveland Academy of Medicine has arranged an extensive program of medical and surgical clinics for Monday afternoon and Tuesday morning at the various Cleveland hospitals Schedules for these clinics will be posted at the Public Auditorium, at The Hollenden, the headquarters hotel, and other Cleveland hotels on Sunday and Monday

"The annual meeting will open officially at 9 30

(*Continued on page 568—adv xviii*)

Where there is smoke there must be some fire!

("There can be no great smoke arise, but there must be some fire" Lyly)

IT is significant in this day when so many products are offered to the physician for infant feeding, that Dryco continues to maintain such enviable prestige with the medical profession. We believe that this milk merits your consideration in view of its consistent record of excellent results, especially in difficult feeding cases . . . . . .

Send for suggested feeding tables, Dryco samples and clinical data!

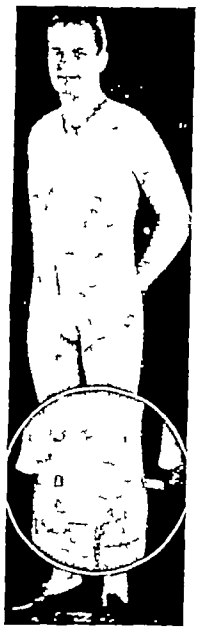
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HERNIA, PTOSIS
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Support for Men



The Camp Patented Adjustment in back, as shown below, scientifically governs the firmness, and the pads are placed and fastened permanently at the correct places Fitted leg straps anchor it to perfect body position Variable to any tightness or pressure as required with maximum comfort Sold by surgical houses and the better department stores

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But what about fitting the stump? What about the alignment of the artificial limb? What about durability? What about pressure at the sensitive points? Not to mention such important matters as the special care of the stumps of diabetic patients

The manufacture of artificial limbs is a science as well as an art Mastering it is the work of a lifetime The house of A A MARKS, Inc, has given three generations to this work, and respectfully places its skill at the disposal of your patients

A. A. MARKS, Inc.
Crutches — Accessories
90 FIFTH AVENUE NEW YORK CITY

(*Continued from page 566*)

A M, Tuesday, May 7, with the first general session in Club Room A, middle of the second floor of the North Wing This will be followed immediately by the first meeting of the House of Delegates

"The six scientific sections will hold their first meetings Tuesday afternoon in various meeting rooms of the spacious auditorium as indicated in the program

"On Tuesday evening, the second general session will be held in the Ball Room, third floor, North Wing The annual addresses of Dr C W Stone, Cleveland, president, and Dr A H Freiberg, Cincinnati, president-elect, will be delivered at this session, and a humorous discussion of a newspaperman's view of doctors will be presented by Thurman (Dusty) Miller, editor of the Wilmington *News Journal* and nationally known as a humorous lecturer (Dusty Miller spoke at the annual dinner of the Medical Society of the State of New York in Syracuse on May 12, 1925 Concerning the talk the New York State Journal of Medicine for June, 1925, said "Miller talked on the theme 'I do' at the rate of three hundred words a minute to the accompaniment of apt stories that flowed like a rippling brook")

"The second day, Wednesday, May 8, will open with meetings of the scientific sections occupying the entire morning After the annual organization luncheon at noon for officers and legislative and medical defense committeemen, motion pictures will be shown in the Auditorium Ball Room, the feature film dealing with Harvey's experimental work in studying the circulation of the blood

"While the motion picture is being exhibited, the second and last session of the House of Delegates will convene in Club Room A During this session officers will be elected, resolutions considered and the place for the next annual meeting chosen

"At 3 30 P M, Wednesday, the annual orations will be delivered by Dr W L Keller, Washington, D C, and Dr James S McLester, Birmingham, Alabama

"Dr M L Harris, president-elect of the American Medical Association, will speak at the fourth general session, Wednesday evening, and an address will be made by Dr James J Walsh, New York, professor of neurology at Fordham University and author of numerous books on medical history and scientific medicine

"The eighty-third annual meeting will close Thursday noon at the termination of the last general scientific session under the joint auspices of the medical and surgical section

"Annual reports of the State Association standing and special committees to be presented to the House of Delegates will be published in the May issue of the Journal and should receive the care-

(*Continued on page 570—adv xx*)

The after-effects of Illness are often more serious than the disease itself.

FELLOWS' SYRUP

of the Hypophosphites

accelerates Convalescence, restores Energy and Vitality; and for over sixty years has been known as

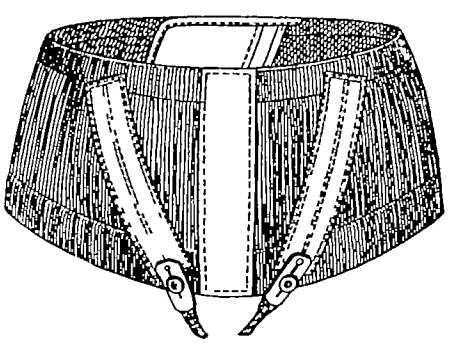
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are handled from start to finish by expert and experienced fitters and workmen Each is first made up in the rough, tried on and shaped so as to firmly support the abdomen—then after we are certain it will meet the requirements it is ready for finishing Either in fabric or elastic (hand-woven to measure—not machine made) and each designed for the individual case.

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Brooklyn Newark Boston Springfield Detroit Chicago Wilkes-Barre

(*Continued from page 568—adv xviii*)

ful consideration of every member, as they discuss many of the vital problems faced by scientific medicine and the profession in Ohio"

LEGISLATION IN THE STATE OF WASHINGTON

The March issue of *Northwest Medicine* contains the following editorial comments on Medical Legislation in Washington State

"The Antivaccination - inoculation - medication Bill, which was originally referred to the Educational Committee of the House, came on the calendar for its second reading On motion of Dr Durant it was rereferred to the Committee on Medicine and later to the House Rules Committee It was considered this would probably be the end of the measure

"The antihospital Bill, which would open the hospitals of the state to patients of all varieties of cults, has been supported by a large and active cultist lobby It passed from committee to the House and an attempt was made to rerefer it to the Committee on Medicine, which was defeated by cultist vote At present it rests with the Rules Committee and its opponents are quite confident that it will die there and not come again to a vote before the House

"Two osteopath bills have received strong support from a vigorous lobby One gives the osteopaths the right to advertise, the other would classify them as physicians These bills were reported out of the Senate Committee on Medicine, with five members opposed and two favoring their passage At this time they are with the Rules Committee and are likely to remain there, unless their supporters muster sufficient strength to present them again before the Senate

"The Senate bill, which would require a jury trial for all insanity cases by the prosecuting attorney, has not been reported from the Senate Judiciary Committee It does not seem possible that such a bill could be favored by legislators to whom was explained the circumstances surrounding commitment of insane people

"A sterilization bill has passed the Senate, providing for the appointment by the governor of a state eugenicist and for the compulsory sterilization of socially inadequate potential parents, whether such persons are in the population at large or in the custody of state institutions Its fate will be awaited with interest"



AVENZOAR
(1075 1162)

Spanish physician. One of the few of his time who had the courage to tilt against Galenism

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THE NEW BEDFORD HEALTH CO OPERATIVE PLAN

The New England Journal of Medicine for March 14 contains the following editorial on a new cooperative Health Service experiment

"New Bedford, after three years of study by labor leaders, the Welfare Federation and others, is about to put into effect a community health insurance plan by the establishment of The New Bedford Health Association Annual dues, amounting to $6 a year for adults and $3 for children under 14, will entitle members to a definite amount of hospital care at a minimum cost to themselves

"Two plans are offered, Plan A permitting members to receive hospital treatment for 30 days in any membership year up to a cost of $4 a day, and Plan B entitling members to medical service up to a maximum cost to the association of $200 in any membership year, provided the member pays the first $30 and provided such maximum cost to the association in a case not involving a surgical operation shall be $100

"Three principal objects, it is felt, will be served by the association 1 Persons of limited means will have a way of assuring themselves of hospital care at a moderate cost 2 If the plan works as expected, St Luke's Hospital will have fewer patients to care for below cost and will be able to reduce its deficit and perhaps within a few years to wipe it out. 3 Physicians who now do a large amount of free work in the wards at St. Luke's Hospital will be compensated for their services

"The association, which will get under way with a $2,500 underwriting from the Thompson estate, left for charitable work outside the City of Boston, is to carry on for a period of two years unless its resources become so depleted that the trustees decide to liquidate it earlier At the end of two years it may be continued for four years at the discretion of the trustees, after which its future will be decided by the Welfare Federation, of which it is a bureau

"The medical profession, as well as the laity, will watch with interest any experiment which has a direct bearing on the cost of medical care, a subject which is receiving much merited interest at the present time The establishment of the New Bedford Health Association, as The Evening Standard of New Bedford notes, marks the beginning of a social experiment which is without a counterpart in this country, and which may lead the way to a solution of the difficult problem of hospital and medical care for persons of moderate means"

DOG DISTEMPER CONTROL

The *New England Journal of Medicine* of February 21, has a brief editorial comment on the

(*Continued on page 573—adv xxiii*)

(*Continued from page 572—adv xvii*)

cause of distemper on dogs and says

"Important advances, according to the *London Times*, have been made by the Distemper Research Committee as a result of its labors during the last five years on the causation and prevention of this scourge of dog life In fact, if the report is to be credited, lines of research have been opened up which will have a wide value in the study and control of virus diseases in general, not only in other animals but in men as well

"The most important fact given out in the present announcement is that a point has been reached where it is possible to render dogs resistant to infection by distemper, a fact that has apparently been proved beyond dispute once and for all The investigators, accepting Carvie's conclusion that the agent causing the disease is a filterable virus, have succeeded in immunizing animals against infection by a double inoculation, first with a vaccine which is the sterilized virus of distemper, and then with an attenuated strain of living virus

"England is fortunate that in that country distemper is the most serious disease of dogs that has ordinarily to be dealt with If in this country the layman took rabies as seriously as his English cousin does distemper, we might have hope eventually of stamping out the disease"

X-RAY WARNING

The March issue of the *Journal* of the Michigan State Medical Society contains the following editorial on the need for X-ray pictures

"During February two suits of malpractice were settled In one payment of $2,325 was made for the failure of the doctor to take an X-ray during the treatment of a fracture, and the poor end result was blamed to that negligence In the second case $3,250 was paid in settlement for the doctor who treated a fractured hip without an X-ray

"In the light of these two cases in one month, our attorney urges that a warning be sounded to our members Our attorney advises that the doctor insist on an X-ray in every fracture or suspected fracture If the patient refuses then decline to treat the case

"One becomes grossly liable if he fails to heed this advice, and is headed for legal trouble and an adverse verdict. The courts have gone so far as to rule that in view of present day transportation facilities one is not excusable because in your town you do not have an X-ray The burden is upon you to secure an X-ray of all fractures

"The warning is repeated Decline to treat a fracture or suspected fracture if your patient refuses to have an X-ray Withdraw entirely from the case Unless a doctor follows this advice he may confidently expect a damage suit in his fracture cases where in the X-ray was not used"

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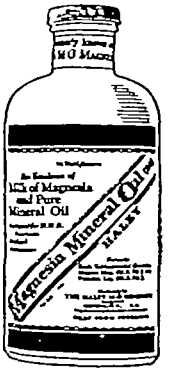
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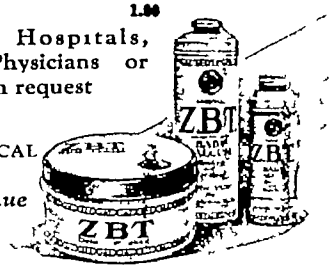
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(Continued from page 574—adv xxiv)

member of their profession without delay But all of them, if the emergency warrants, will be found answering the call for aid from suffering humanity no matter how great the sacrifice they must make themselves"

Less is heard about the problem of securing a physician in the cities, but in certain sections of Brooklyn, the most populous Borough of Greater New York, the people often call an ambulance from a city hospital on the ground that the local doctors refuse to go out at night Moreover, it frequently happens that a city person lies sick for days or weeks without medical attendance, even in the presence of doctors, public health nurses, and social workers Tales of suffering from lack of medical attendance in rural districts can be matched in any city Locating a doctor in every hamlet will not solve the problem of rural medical service

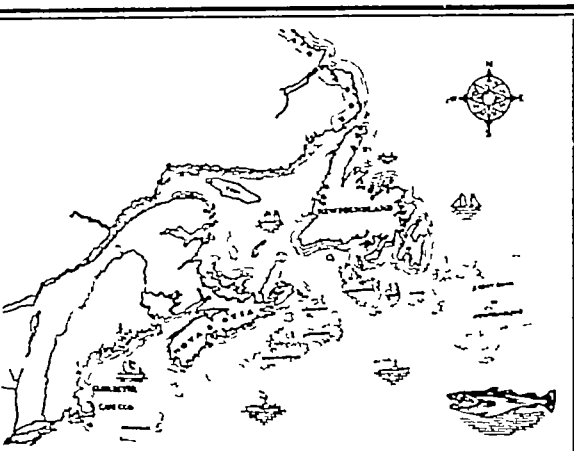
QUESTION AND ANSWER COLUMN

The April issue of Minnesota Medicine contains an announcement by Dr N O Pearce, Chairman of the Committee on Medical Education, that the JOURNAL will conduct a Consultation Bureau for answering questions directly to inquiring doctors and also a "Question and Answer" column in the JOURNAL The announcement says

"For some time we have wished that a Question and Answer column could be run in the Journal for the benefit of our readers Almost daily some question in connection with practice arises in the mind of every practitioner If he has close association with other members of the profession, he is likely to put the question in his mind to someone and get some sort of answer Many of us, however, might appreciate an opportunity to obtain answers from authoritative sources

"The function of this Bureau is to furnish the members of this Association with prompt and confidential information of any subject relating to the practice of medicine The resources of a staff of the most competent consultants in every line of medical endeavor will assist Dr O'Brien in obtaining for you the information desired No question is too trivial and no problem too large for you to submit to this Bureau for an opinion

"The Bureau in addition to furnishing medical consultation will conduct the Question and Answer column for the Journal each month, and its interest will depend on the use made of the Bureau Questions should be sent to the Consultation Bureau at the Association office. There need be no fear of publicity in the matter as all communications will be considered confidential"



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RURAL DOCTORS

The problem of securing a doctor in country districts is nation-wide, and exists in Wisconsin as well as New York, as is shown by the following editorial first printed in the Fond du Lac *Commonwealth-Reporter* and reprinted in the April issue of the *Wisconsin Medical Journal*

"Senator Cashman has warned the medical profession in the state that if doctors in the cities refuse to respond to sick calls from rural districts he will seek special legislation to have their licenses revoked

"In all justice to the doctors and rural folk alike we're wondering whether there isn't some misunderstanding in the matter

"While it may be that there are some physicians in the cities who would refuse to make a call in the rural zones under any conditions, they are the exception, not the rule

"Doctors, of necessity, must endeavor to maintain certain office hours and limitations on the extent of their field of practice if they would serve their patients to the best of their ability But even so, there are few physicians who will not respond to the call of suffering humanity no matter when and from what source received

"Senator Cashman says that the patient in the country can not always go to the city for medical aid That's true But neither can the doctor always get to the rural patient

'During the recent snow blockades it seems a rather significant fact that the only travelers over some of the blocked highways were the doctors They got through where mail men, even farmers, could not, doing so in response to the call of the afflicted Let's consider those instances before condemning the medical men as a whole because of the acts of a few

"Furthermore, it is a recognized fact that the number of country practitioners is steadily decreasing The rural neighborhood doctor has moved to the city where facilities for the proper treatment of patients in the way of hospitalization and so on are not lacking His move in this respect has been the result of the natural trend of rural folk to the urban communities in quest of medical service because of the added advantages the latter provide And what's more natural than that the doctor should follow his patients in this respect?

"This change has been due principally to the steady improvement of transportation conditions especially the use of the motor car And it's when such transportation is lacking or impeded that some of the cases of which Senator Cashman says he has heard have probably occurred

"There are some doctors who will not respond to an ordinary sick call in the country, but even so when such calls are received they usually see to it that the summons is responded to by some other

(Continued on page 575—adv xxv)

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NEW ENGLAND MEDICAL COUNCIL

The New England Medical Council consists of delegates from the six New England states The meeting of June 19 was reported by Dr B U Richards in the March issue of the *Rhode Island Medical Journal,* with considerable frankness as follows

"Being the only member of the New England Medical Council from Rhode Island attending the last meeting, I submit briefly a report of that meeting

"The program consisted of reading and discussion of papers dealing with the drugless cult problem

"It was voted that speakers be furnished to the Maine Medical Society for the purpose of combating an amendment to an osteopathic bill which will be presented in Maine early next year

"The object of the Council appears to be to do away with medical journals published in New England except the one published in Boston Our transactions are well presented in our own journal, and it is improving from year to year It is one of which we are all proud, and I am in favor of continuing its publication

"The other matter which the Council is much interested in is reciprocity This is an impossibility as Rhode Island has for many years and now maintains a higher standard for its candidates than is required in any of the other New England States Reciprocity under the present conditions cannot, therefore, be considered, except by the adoption and use of the individual endorsement certificate.

"I have reviewed very carefully the report of the two previous meetings of this Council, and was in attendance at this, its third meeting I fail to be convinced that it has resulted in very much benefit to any party It certainly has not to the medical profession in Rhode Island"

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NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 29, No 10 NEW YORK, N Y May 15, 1929

A FORUM ON THE PRACTICE OF MEDICINE BY ORGANIZATIONS

EDITORIAL FOREWORD

A forum on the practice of medicine by four of the most prominent organizations of New York City was conducted by the Medical Society of the County of New York at its stated meeting on March 25, 1929 The four organizations whose work was described by their own speakers were the Medical Center of Columbia University, the Cornell Pay Clinic, the Bellevue-Yorkville Health Demonstration, and the Life Extension Institute A discussion of these organizations from the standpoint of practicing physicians was then given by Dr Charles Gordon Heyd, Treasurer of the Medical Society of the State of New York

It was a happy coincidence that just before the Forum, Dr James Alexander Miller discussed the four organizations in a kindly, judicial manner, at a meeting of the Advisory Council of the Milbank Fund His article follows immediately after the Forum, and may be considered to be a contribution to it from the standpoint of an impartial observer

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THE PROFESSION AND THE MEDICAL CENTER

By WILLIAM DARRACH, M D

DEAN, COLLEGE OF PHYSICIANS AND SURGEONS, COLUMBIA UNIVERSITY, N Y

ON behalf of the various institutions comprising the so-called Medical Center, I welcome this opportunity to explain what we are trying to do, and to hear from you at first hand just what it is that you object to The center is composed of the College of Physicians and Surgeons, The Presbyterian Hospital, The Sloane Hospital for Women, the Vanderbilt Clinic, the Neurological Institute and the Babies Hospital

These separate institutions have been active for a long period, and are now continuing the same kinds of work, but in a different environment The various institutions have simply rebuilt their homes practically under one roof and are cooperating more intimately than before

The clientele of these institutions in their former locations was not as localized as one might imagine A few years ago a study was made of where the patients of the Vanderbilt Clinic came from The city was divided into districts and the patients' homes separated accordingly The district bounded by Fifth Avenue, the Hudson River, 125th Street and 23rd Street contained approximately 14% of the total attendance Not only were all other districts of Manhattan strongly represented, but Brooklyn and the Bronx had almost as high percentages with a surprisingly large proportion coming from Long Island, New Jersey, and Westchester A similar study of the patients coming to Presbyterian showed very similar results I believe that similar conditions prevail in each New York hospital None of us are local institutions, as patients will go to the place where they think they can get what they want, irrespective of where it is The various institutions now working at the Medical Center have simply moved into a new district, and their former clientele continue to come to them for medical care

A good deal of the publicity which the newspapers have given to the Medical Center has been distressing to the staff, some of it humiliating and even nauseating But as most of you realize the press is rather difficult to control It was necessary for the Board of Managers of the institutions to go to the public for funds to complete their buildings Apparently any money raising campaign depends somewhat on publicity for its success When the Presbyterian, Neurological, and Babies' campaigns were on, an earnest effort was made to control the character of the propaganda material It was agreed by the Joint Adminis-

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To increase resistance against disease and to build up energy after influenza and similar conditions—Patch's Flavored Cod Liver Oil, with its high Vitamin A content, is particularly valuable

You should taste this fine American product, so send for a sample, and with the sample we will send you the whole story of how Patch put America on the cod liver oil map—See page XXVI. —*Adv*

"COUNCIL PASSED"

Notification is being sent to the medical profession that the well known and deservedly popular Haley's M-O, Magnesia Oil has been accepted for N N.R. of the American Medical Association. Henceforth the product will be known as Magnesia-Mineral Oil (25) Haley It was certainly a happy thought to combine Liquid Petrolatum and Milk of Magnesia in the form of a permanent, uniform, unflavored emulsion. The taste is not at all unpleasant and the absence of any distinct flavor prevents the habitual user from growing tired of it.

The value of mineral oil as a lubricant and emollient for the treatment of certain forms of obstipation has been well established. In many cases, however, there is added to the need for lubrication the indication for the use of a mild laxative and antacid for which purpose years of clinical use have demonstrated Milk of Magnesia to be ideal

Practically, there exists in many cases of intestinal stasis and constipation a hyperacid condition which calls for the use of an antacid.

Magnesia-Mineral Oil (25) Haley has therefore a therapeutic field considerably broader and more diversified than is the case with either one of its ingredients considered singly

The little booklet, "A Gift from the Gods" has met with a very flattering reception and will be sent to physicians upon request, with a sample for clinical trial See page XXIII.—*Adv*

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scious" The latest medical discoveries soon become known to the public People still like the magic of human sympathy and the mysticism of personality, but they want the art of medicine mixed with a little medical science. They know that modern medicine calls for costly technical tests, which cannot be made during a short office visit They want a better distribution of this kind of medical care, not as a dole on charity, but as a commodity for which they are willing to pay within their means They resent being subjected to under cover investigation or herded through dispensary corridors by unmannerly attendants, as if guilty of vagrancy

Dr M L Harris, President-Elect of the American Medical Association, deploring the decline of the American family physician, overspecialization of medicine, and invasion of medical practice by various voluntary and industrial organizations, has come to the conclusion that the only way for physicians to regain the confidence of the people is for medical men themselves to organize community medical centers In closing a recent address and referring to such medical center he states "It should keep the control of the sick within the confines of the profession and not allow it to drift into the hands of lay organizations"

In almost every respect the so-called "Cornell Pay Clinic" conforms to the plan suggested by Doctor Harris, with which you are no doubt familiar The Clinic is a medical organization whose control is entirely "within the confines of the medical profession Its procedures are initiated and executed only by doctors Members of its medical staff are paid for their services, and medical salaries have been increased as rapidly as the income of the clinic has permitted No pretense is made that this compensation is equivalent to what might be earned through seeing the same number of patients in private offices, but is it necessary to state that affiliation with a teaching institution, under stimulus of medical research, are advantages aside from the monetary return? Nor should it be a reflection on the quality of medical service to look at positions on the clinic staff in the light of part-time graduate fellowships" Osler once said "The medical work of an institution where teaching is not done, is seldom of the highest class" Academic environment makes for better medical service and raises the standard of the medical profession in the community It is a benefit not merely to members of the clinic staff

Conforming again to Dr Harris' proposed plan, patients taken by the Cornell Clinic pay at rates within their means, rates that are approximately one-third of those charged in private offices Those able to pay the regular charges of private physicians are asked to return to their own physician, or, if they have none or do not know of any, are given a list of four physicians, preferably located near their home, following the special branch of medicine called for by the apparent condition More than 1100 applicants were referred to outside specialists during the last year, while during the same period more than 500 applicants, known to have a family physician or to have been treated recently by an outside doctor were refused admission

Just what a given individual can or ought to pay for sickness is difficult to determine on any schematic basis Much depends upon sociological factors, character of illness, duration of disability, and unusual costs of long illnesses The statements of some who have been rejected because they were rated above the maximum income level, telling of savings depleted on account of hospital or medical care, often without benefit or relief, would be significant, were there time to relate that at length

A series of one thousand diagnostic cases, admitted during the year 1928, is now being subjected to critical study to find out for ourselves how we can make this service better It is hardly necessary to state that patients referred to the clinic for diagnosis are invariably referred back to the physician sending them and never accepted for treatment unless such request is made or confirmed by the physician himself Any failure to observe this rule, if brought to the attention of the Clinic and College authorities, would be acted upon immediately

The question has been raised as to how many of the patients admitted are actually used for teaching purposes While some patients are admitted especially for teaching at request of members of the Faculty, every patient admitted is available for teaching As a general procedure it would be hard to conceive of patients being selected at the door on the basis of suitability for teaching, without any history or physical examination. Medical teaching today is not limited to amphitheatre demonstration The best kind of clinical teaching is practical assigned work It is of no great advantage for students to be shown unusual or rare conditions Rather is it of practical value to have them obtain first hand knowledge of every-day conditions they will meet with in outside practice and learn to treat these

The important and relevant question whether the "Pay Clinic" experiment is seriously interfering with the practicing physician might be submitted to some body of disinterested investigators and perhaps will be included in the studies of the "Committee on Cost of Medical Care" It may be stated again that the authorities of the University and College who have directed this experiment, as well as mem-

trative Board that everything of a professional nature that was given out should first be submitted either to the Dean's office or to the department concerned But in spite of all our efforts certain uncensored articles were given out The great difficulty lay however not in what was given out to the press, but what was published by them Newspapers always feel that they must rewrite everything that comes to them and I need not explain to you what can happen to "rewrites" We realize that our earnest efforts were imperfectly successful and no one regrets more than the staff, some of the statements that did appear in the public press It may be of interest to know that the "department of public relations" of the Joint Administrative Board stopped functioning last December

The various hospitals at the Medical Center, have the same difficult problem that other hospitals have in preventing undeserving cases from using the out-patient and ward opportunities Here again our earnest efforts have been incompletely successful We have found a number of patients, both in ward and clinic, who should not have been admitted There undoubtedly have been others whom we did not discover The machinery set up to obviate this has been working more smoothly of late than it did at first It was necessary to open the out-patient department before either the buildings were completed or the administration staff entirely assembled and broken in Part of our difficulty was undoubtedly a back-fire from the undue publicity We had expected after two or three years that the Vanderbilt Clinic would be handling a thousand cases a day To our amazement the numbers have already passed thirteen hundred and it has been necessary to limit admission in most of the departments With such unexpected numbers it has been difficult to adjust the investigative and admitting machinery The number of cases who are referred back to their family physician is increasing steadily

For several years the Presbyterian Hospital has endeavored to keep the physician who sends his patient to the hospital in touch with what is going on A former member of the visiting staff, who was compelled by a crippling accident to give up his practice, has given his entire time to this work Letters are sent to the patient's physician describing the findings, diagnosis and proposed treatment and before the patient leaves another letter is sent out telling of his departure with further notes on progress and treatment We have been disappointed that so few physicians have acknowledged these letters Since we moved last April, 780 such letters have been sent I am afraid that patients will always do a certain amount of "shopping around" before they decide on where they will have their operation or their confinement It is annoying when we have spent time and energy on a case to learn later that they have preferred to go elsewhere for their treatment But surely we cannot begrudge this freedom of choice to the patient, nor should we blame the other physician who is probably quite ignorant of the former visit.

When an institution provides medical care free or for a nominal charge to patients who can afford to pay a private physician, they are in error unless they have made proper effort to find out the patients economic situation But only too often in such cases the blame should rest on the patient who has falsified his condition The fair thing for the patient's physician to do in such instances is to complain directly to the institution giving specific names and when possible dates We have repeatedly asked for such information but the complaints to the Board of Censors and others, far outnumber those received directly

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THE PROFESSION AND THE "CORNELL PAY CLINIC"

By WALTER C KLOTZ, M D, DIRECTOR, NEW YORK, N Y

THE so-called "Cornell Pay Clinic" experiment was begun November 1921 Its purpose was to give good medical care to persons unable to pay private doctors but who did not belong in the free dispensary group

How about the patient who is not bedridden or totally disabled, the ambulant patient who seeks medical care before he has developed more serious illnesses? Must we not concede to him an equal right to seek medical care without sacrifice or self-respect and to pay for such care within his means? Appealed to by the committee on Dispensary Development, the President, Trustees and Medical Faculty of Cornell University undertook the experiment of providing ambulant medical care for persons in moderate circumstances, on a basis of approximate cost It was undertaken to meet a community problem with no idea of advantage to the College except the educational one of demonstrating to its students a better type of medical service than had been possible in the former teaching dispensary It was hoped also that through its diagnostic service the "Pay Clinic" might assist private physicians whose patients could not pay consultation fees of specialists

There is proof that an increasing number of the 65,000,000 of our population who have reached voting age are becoming "Health Con-

by the family physician any whom they know to have been exposed to contagion

Nor have these things been done secretly The independent societies, of which we have four in the area in which we carry on our activities, as well as the County Medical Society's Committee on periodical health examinations, have been kept fully informed, and as far as I am aware have been fully in accord with these educational activities

The goal of our efforts, the ideal which we would like to realize, if possible, and on the realization of which our demonstration would logically cry *quod erat demonstrandum* would be that every family in our area had come under the professional care of a qualified general practitioner, calling in specialists when advised by their physician to do so, and that vaccination against smallpox, immunization against diphtheria, and when exposure seemed likely, against typhoid and other epidemic diseases, should be administered in the course of such general professional care, while, of course, all acute illness would be dealt with in the same way whether at home or in a hospital

In our educational program, directed primarily towards the lay public, we have not ignored the necessity of post graduate courses for practicing physicians in the technique of the general physical examination Such courses, given by specialists, qualified technical experts of outstanding professional reputation, are, we think, an integral part of any sound program, and it is our purpose in consultation with organized medicine to extend such courses

A plan has been discussed favorably for offering to students and recent graduates of the medical schools some definite and supervised opportunities for field work in preventive medicine It is plausibly urged that unless our future practicing physicians are inoculated early with the notion of health supervision, preventive medicine, they are very likely never to become really at home with it. In our relations with the Health and Hospital Departments, with the Henry Street Nursing Service and the social agencies, and with the schools, there are opportunities which we think might be utilized for teaching purposes

We have a plan for trying to make the medical school inspection more useful and more economical Details of this plan are still to be formulated, but the Chairman of our Council, Dr Wynne, and the Director are agreed from the start to recommend that the children in our public and parochial schools shall be conceived as falling into three distinguishable groups First are those whose examinations will be made entirely by their own family physician and entirely at the expense of their own family

There are next, as we see it, a probably much larger number of children whose parents would be financially able to pay a moderate fee and, on responsible advice from the school, would really prefer to do so, provided, of course, the child would for such a fee come into the hands of a competent, conscientious physician

Our third and residual group would include those children whose parents either could not or would not pay for the examinations, even when fully advised of their value and urged to do so These children also would have to be examined at least once when they enter school and again when they leave—at least if they want working papers It might be twenty-five per cent of all It might be seventy-five per cent. For this residual group it may be better to continue the present plan of part time medical inspectors or an annual salary

It is true that in certain clinics and services in our building free treatment is given, for example, for venereal disease and for tuberculosis, and to babies and to pre-school children, and that in others a nominal charge is made such as would not provide adequate compensation for physicians in regular practice. What is significant, however, is not that such services are given in our building as they are elsewhere, and generally in fact as a part of a city-wide system What is of interest is the trend of development, the direction of change, the relative emphasis, and as to this I repeat what I have said already that the emphasis is put, the influence of the Demonstration is exerted, in the direction of the private practice Increasingly the clinics in our building are regarded as provisional, as transitional, as a means of supplementing private practice and increasing it, as a means of promoting the practice of preventive medicine by family physicians

Physicians will find the Bellevue-Yorkville Health Center ready to their hand as one among local available remedies for the falling off in the amount of curative medicine What their relation to it is to be, in view of our program as I understand and have tried to interpret it, depends upon them, upon you It would seem that it can be a very helpful one Here a wide open, hospitable door of opportunity invites you We have no traps, snares, ulterior motives, subtle schemes, overweening ambitions to complicate the opportunity You will not have to resort to detective methods to find out what we think or what is going on Our desire is that medical questions shall be decided by medical men, as financial questions should be decided by financiers, and political questions by statesmen, all, of course, subject to democratic discussion and control in the common interest

bers of the medical staff, have been guided by the policy of refraining from anything that might prejudice the interests of the medical profession They have endeavored to observe ethical principles more rigidly than is usually the case between physicians in private practice Effort is made to restore patients' confidence in their family physician and urge them to return to him

References have been made to unfortunate press notices which appeared at the time the experiment was inaugurated in 1921 None of these notices had been authorized by the College and they were suppressed as rapidly as possible In fact the Clinic has been most anxious to avoid any notice that would stimulate applications beyond existing physical limitations

Whether or not the experiment will terminate automatically with the completion of the plant of the New York Hospital-Cornell Medical College Association cannot be stated The physical limitations of the present building preclude any expansion The admission rate maintained during the last three years represents the ultimate limit of capacity There is no possibility that it will be increased and constitute any serious menace by reason of its volume

In the sense that any medical institution enters into competition with some of the medical profession, the Clinic may be considered a potential competition The question arises what probability is there that patients selected on the basis of present income levels would consult private practitioners in their offices? Is there not more likelihood that they would seek treatment in free dispensaries or those charging nominal fees, or that they may seek advice of irregular practitioners, quacks or cults? Under existing conditions it is not probable that the Clinic is competing seriously with the well-trained, competent, and conscientious practitioner, equipped to give the same quality of service, even at a reasonably higher fee

The Cornell Clinic represents a form of medical organization under medical leadership and control, and as such may hold in check or forestall the industrialization of medicine in this country, and help lay the ghost of "State Medicine"

Founded on medical and social ideals, with scientific aspirations in sympathy with medical traditions, the "Cornell Clinic" ought to be and some day will be appreciated not as a menace, but a benefit to the American Physician of similar ideals and aspirations, with whom it only wishes to cooperate in a spirit of professional respect and fraternal regard

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THE PROFESSION AND THE BELLEVUE-YORKVILLE HEALTH DEMONSTRATION

By EDWARD T DEVINE, PH D, NEW YORK, N Y

I CAN imagine no happier fate for one who is not himself a physician in general practice than to be a social economist, associated with representative members of the medical profession in the promotion of public health measures and in the care of the sick

Since receiving the invitation to speak here, I have somewhat carefully studied the declared objectives, the developing programs, and the documentary reports of progress of the Bellevue-Yorkville Health Center, of which, as you know, I have only recently become director, and I fail to find in them any hint of objective, program, or activity which is inconsistent with the fundamental principles that both the healing of the sick and the keeping fit of the well is the legitimate work of physicians, and that in such professional labor, as in all honorable labor, the laborer is worthy of his hire

Apparently my predecessors and associates have consistently worked to stimulate cooperation with the local medical profession and have consistently responded when the initiative has come from the other direction Apparently they have steadfastly kept in view the mutual interests of the private physician and of those who need education, examination or treatment Our own efforts have been mainly directed toward research and experiment, co-ordination of organized agencies, the application on a larger scale of accepted public health principles and practices, and the carrying out of the actual program of the American Medical Association and the State and County Medical Societies in the periodical health examination of children and adults We appreciate the approval given within the past few weeks by your Society of the temporary emergency service which we have had to create because of the unexpected success of our propaganda on this subject among school children

We have tried to interest people in their own health—one of our five principal objectives as originally formulated seven years ago—and a large fraction of that effort has taken the form of urging people to go to their family physician when they become aware of disturbing symptoms, to remain under treatment if their condition calls for it, instead of being content with the disappearance of such premonitory symptoms, and to marshall in for examination

alone applies a sufficient brake upon any excessive profits on the part of the stockholders and directors As a matter of fact no dividends at all have been paid on the common stock and there are no prospects of any being paid for years to come It is only fair to keep in mind that had the president of this organization received a reasonable salary, such as is usually paid to an executive who holds together and builds up an institution of this kind breaking into a new field as a pioneer, the Institute now would show a deficit and no dividends of any kind would have been paid

Is this the picture of an ordinary commercial organization?

During the fifteen years that the Institute has been in existence, however, it has paid in medical fees to physicians conducting this examination work, $1,400,000 Also it has made contributions to philanthropic public health work of more than $40,000—most of this before the Institute assumed the payment of dividends to its stockholders It has, since its organization, paid in cash dividends on its preferred stock less than savings bank interest of approximately 2 per cent on the money invested All royalties from our books, one of which has reached a sale of more than 220,000 copies, are devoted wholly to philanthropic public health work (for example, contributions to such organizations as the Academy of Medicine and the National Health Council)

Another term that has served unfairly to discredit the Institute is "advertising" These three terms—"lay organization," "commercial organization," and "advertising"—constitute probably ninety per cent of the ground of misunderstanding between the Institute and the profession

What ethical warrant is there for the Institute's advertising? In this field of preclinical medicine the great task is to arouse the interest and enthusiasm of people for keeping well, and for seeing their doctors before disease is manifest. This is going contrary to human nature. It is the hardest thing in the world to sell The practice of periodic health examinations cannot grow through a static and merely receptive attitude on the part of the medical profession It is the business of someone to educate the public and teach them that they must take the time and be willing to spend their money if they expect to get thorough examinations

The Institute does not see itself as monopolizing service of this kind It conceives its destiny to be that of a great demonstration center, accomplishing, through publicity and advertising, what the individual physician or even the medical society cannot hope to do In its service to life insurance companies it has a special function and may justly hope for an even greater development In that field it is more than a demonstration center—it is a great health service institution benefiting the people generally and also the medical profession

In January of last year a meeting on the subject of periodic health examinations was held at the New York Academy of Medicine under the auspices of the public health education committee of the Medical Society of the County of New York When I say that among the speakers were Dr Wendell C Phillips, Dr Samuel W Lambert, Dr C Ward Crampton, and Dr Louis I Dublin, it will be apparent that a very rich feast was offered both to the profession and to the public on this subject

When I entered the hall I found the speakers were all there but there was no audience—unless you call half a dozen people an audience Perhaps twelve people were assembled by the time the speakers got into action I asked Dr Lambert what he thought of the situation He said, The thing they ought to be most interested in they are least interested in I then asked, What is the further lesson? Is it not that it is someone's business to carry this message far and wide and arouse both the public and the profession to the importance of this preclinical work?

That explains and justifies the Institute's advertising The majority of those who come to the Institute through our advertising would not seek an examination unless thus prodded They would not go to the family physician or anyone else for these examinations, but they might well fall into the hands of quacks and charlatans or cults and isms The Institute is advertising for the whole medical profession We believe that for every person induced to come to the Institute, a hundred have gone to their family physicians as a result of the money we have spent in advertising In the year 1928 approximately 100,000 people were advised after examination to go to the practicing profession for treatment.

At a meeting in 1923 of the Committee on Civic Policy of the Medical Society of the County of New York, where I presented in detail the organization of the Institute for the committee's consideration and explained the conduct of our work, it was agreed between the committee and myself that certain paragraphs should be included in the advertisements of the Institute, as follows

"Do not neglect to have these periodic health examinations by your physician or by the Institute or any other accredited scientific agency where the work can be competently done."

"The Institute renders no treatment, performs no operations, but makes a scientific survey of your life and body and submits a report that assists your physician in making final diagnosis and applying the necessary treatment or correction of your physical defects"

It was also agreed that the following instruction should be stamped on every report issued

THE PROFESSION AND THE LIFE EXTENSION INSTITUTE

By EUGENE LYMAN FISK, M D, MEDICAL DIRECTOR LIFE EXTENSION INSTITUTE, NEW YORK, N Y

IT IS not an easy task to clear up the misunderstandings of fifteen years in fifteen minutes I can only tell you the simple truth about the Institute and leave you to judge as to the bearing of the evidence

The terms in which men think are often responsible for differences of opinion, friction, and mutual misunderstanding One of the terms that has given rise to much misunderstanding is that of "lay organization" Another is "commercial organization"

I am sure that no one has ever thought of calling the Harvard Medical School, the Cornell Medical School, the Yale Medical School, The College of Physicians and Surgeons, the medical departments of the United States Army and Navy, or the United States Public Health Service, "lay organizations" Yet I maintain that they are just as much, and in some respects very much more lay organizations than is the Life Extension Institute Every one of them is under the ultimate control of a lay president and of lay boards

The Life Extension Institute is organized as follows There is a president—a layman—serving without salary, there is a vice-president and medical director—a physician, of course, and there is a lay secretary The president is also treasurer of the organization The board of directors is composed of thirteen laymen and two physicians—Dr Haven Emerson and myself Every one of the directors—except the physicians, of course—is a man of wealth and business power who has no need to seek profit from a medical organization, and most of them have given generously of their time and money to such service in other fields Robert W de Forest, Horace A Moses, and Professor Irving Fisher are outstanding examples There are also department heads, secretaries, statisticians, technicians, and clerks numbering approximately 175 The lay officers and board of directors of the Institute have nothing at all to do with the direction of its scientific policy or its strictly medical work This is wholly in the hands of the medical director and his aides

To what extent is the Life Extension Institute a medical organization? There is, as I have stated, a medical director There are also an associate medical director, two assistant medical directors, a medical director of the Boston Office, a medical director of the Chicago Office, and, in these three centers, a medical staff composed of whole-time and part-time physicians numbering sixty-nine Throughout the country the Institute has listed 9,500 physicians, the majority of whom are members of the American Medical Association, serving on a fee basis Two thousand of these physicians have been added in the past two years

Back of this operative medical organization concerned chiefly with the fundamental work of physical examination, there is the Hygiene Reference Board of the Institute, composed of some seventy-five members, all of whom are eminent in the field of medical education or health work The members of this board have never received any compensation It is to this board that the medical management of the Institute appeals for counsel on mooted questions of health education and medical policy

To call such an organization a "lay organization" is distinctly misleading in practice as well as in theory This brings us to the second misleading term I have mentioned—that of "commercial organization" The Institute was organized deliberately and advisedly on a semi-commercial basis, with capital stock, in accordance with the best judgment of its founders, including Mr Taft, Robert W de Forest, and other public-spirited men who believed that was the best way in which to insure its growth Only as a business organization could it serve life insurance companies and perpetuate its work, without passing the hat or depending on charitable contributions

However, seeking to safeguard the distant future of the Institute, not long ago all the directors and stockholders signed an agreement to turn the stock control over to a group of large universities Before taking the plunge, several men eminent in medicine and public health work were consulted, including Dr Ray Lyman Wilbur

How does the Life Extension Institute respond to the usual business touchstones applied to commercial organizations? I have informed you that the president of the Institute, who is also chief stockholder, has served without salary since he was elected to that office some twelve years ago Not only has he served without salary, but for ten years no dividends were paid on the stock of the Institute Therefore the time devoted to its organization and the money invested in it returned nothing at all and represented a serious loss through the business waste of time and earning power and the failure of a fairly large investment to return anything at all in the way of interest

After ten years of operation, the Institute, through its wide publicity, was able to earn, intermittently, dividends on its preferred stock It has been repeatedly explained to the profession and to the public that for every dollar paid on the common stock two dollars must be paid to a board of trustees—composed of Mr de Forest, Dr Emerson, and Professor Fisher—to be used for philanthropic health work This provision

most strongly that all information derived from the examination of these policyholders is held as strictly confidential at the office of the Institute Any reports to the contrary are utterly false The Institute does not reveal to any insurance company the facts derived from these examinations No insurance company has any financial interest in the Institute or any voice in its management.

The Institute now serves about forty insurance companies, and the privilege of this free examination extended by these companies covers about seven million lives This is what carries our work all over the United States and Canada In this service we are now examining more than 100,000 people annually The mortality in these groups has been reduced 18 to 23 per cent as compared to the expected death rate.

In our individual service, which is more intensive and is graded according to its scope, we serve about 15,000 people annually In our industrial service, which is extended to employees of industrial and commercial concerns, we examine about 10,000 people annually

It will be observed that our work in the individual field is comparatively small It is not the huge menace that haunts the dreams of some nervous physicians in this city As a matter of fact, our private work is of great significance to the medical profession It is chiefly among fairly well-to-do people who are ready and anxious to seek the right kind of medical aid that will place them in the best possible condition

This covers the main points at issue as I see them, but if any member of this society is not satisfied either as to the verity of this statement or as to the interpretation of the facts I have presented, and he desires any further information regarding the operation of the Institute, he is welcome to call It would be a real pleasure to show him through our various departments and let him judge for himself

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THE STANDPOINT OF THE PROFESSION

By CHARLES GORDON HEYD, M D., NEW YORK, N Y

ORGANIZED medicine is concerned primarily with the well being and health of the community The keystone of this whole question is what is best for the sick individual The doctors' economic position is associated with that idea only in quite a secondary capacity But whatever improves medical practice, whether it be for the individual or for the benefit of the general community, improves the social order, and an improvement in the social order as the result of medical services invariably improves the financial status of the doctor There can be no question that there is a very definite economic problem before us It is not, however, a problem of medical politics It is economic, not political, and the situation should be canvassed without emotionalism or passion

It would seem unwise to believe that the present trend of medicine is anything different than an evolutionary process It would also be absurd to look upon the practice of medicine as a static profession and one not capable of growth The tendency of medicine today is dynamic, and it should be the policy of the County Medical Society to direct, to control, and to influence the forces working upon medicine, rather than to deny their existence

Everyone must recognize that the profession of medicine has lost prestige, and that at the present time organized medicine speaks with no commanding or authoritative voice in public affairs The regular medical profession of today is imperilled by the encroachment of lay organizations and lay control of medical matters as is indicated by —(a) an increasing establishment of cults, (b) the extension of insurance companies wherein doctors are fulfilling the functions of paid medical technicians, (c) lay organizations practicing medicine, (d) the idea that Centers are the solution of our medical problems, (e) commercialism, exorbitant fees, fee splitting and bad medical practice, (f) the fact that organized medicine has in the beginning opposed almost every step taken in the field of preventive medicine and public health propaganda

Medicine originally was a personal contact in which the doctor comprehended all of the available information of his time, and his visit, consultation and examination, with the elementary laboratory work that was then carried out, represented a completed transaction Into this contact there intruded other collateral matters, such as the social position of the patient, and the fact that the doctor was many times an adviser in social, ethical, and religious matters He was tried by a thousand secrets, and represented the final voice in the internal administration of many homes

With the development of the technical side of medicine and the huge array of diagnostic procedures that depended upon the labor of others, there was developed in medicine as in any industry, a marked *division of labor* The result of this was an increase in the precision and effectiveness of the physician It also became more expensive Subsidiary doctors and

by the Institute where conditions were disclosed requiring medical supervision, follow-up, or treatment

"Submit this report to your physician and ask him to consider and follow up the defects and disabilities noted"

Dr Stetten, in his presidential address, stated that "The Life Extension Institute may be a purely commercial proposition, which advertises and is competing unfairly with the practicing physician, and which is making cursory examinations and rendering undependable service to the public"

I interpret that as simply recognizing a question that has been raised, rather than a charge against the Institute However, I have heard such reports and I have found that they usually emanate from people who know nothing at all about the personnel of the Institute or its equipment

First, as to equipment We have invested in our Head Office equipment about $128,000—$100,000 for medical equipment

Second, as to personnel We have at the Head Office of the Institute a staff of forty-two whole-time and part-time physicians We have been told that we employ inexperienced young men at the Institute Of course "young" is a relative term There are eight physicians—three women and five men—on the Head Office Staff between the ages of 28 and 30 There are some very "young" physicians much older than this on the staff, the average age being 35 There is no justification for the assertion that we employ inexperienced young physicians, and anyone who circulates a statement of this kind without seeking some information as to the actual facts is, in my opinion, guilty of a gross breach of medical ethics There is nothing in medical ethics worth having that is not grounded in human ethics, and one of the first principles in human ethics is to tell the truth and not to circulate false statements about one's neighbor, especially when one's neighbor happens to be a fellow member of this society

As our examinations are conducted a man is ushered into a well-equipped room, is stripped to the skin, and examined by a well-trained physician, with the privilege of consultation with other experienced men regarding doubtful points The results of his examination are considered by a highly trained reviewing board who have behind them the collective experience of fifteen years in the examination of nearly a million people, as well as the usual scientific data available to such a board What probability is there of "cursory examinations" or "undependable" reports being given to those who patronize such an institution?

Whatever weaknesses there may be in such a system, inasmuch as those with any apparent disability are urged to go to the treating profession, it lies entirely in the hands of the treating profession, the clinical group, to discover what they can beyond the facts elicited in our service, and finally determine the individual's needs and correct his disabilities

As to unfair competition with the general practitioner—as a matter of fact, the influence of the Institute's work is exactly the reverse. I am not here to claim that the existence of the Life Extension Institute is justified merely because it increases the income of physicians Unless that increased income brings increased health and longevity to the people served, this would be contrary to the public interest, and anything that is contrary to the public interest is not fundamentally in the interest of the medical profession, whatever might be the immediate financial advantage

I have an interesting exhibit along this line in the case of an insurance policyholder who recently was reexamined at the Institute This policyholder stated

"It may be of interest to you to know that the result of my Life Extension Institute examination in January, 1927, has benefited the medical profession—9 M D's, $517, 2 dentists, $132, laboratory service, $70, drugs, $20 (much of this at reduced rates)"

The Institute received $5 for the service rendered This is not an exception but a common experience Our records show that 50 per cent of the disabilities found on the first examination have been cleared up by the time of the third examination This could only be possible through the cooperation of the clinical profession Inasmuch as approximately 100,000 people were advised, in 1928, to seek medical treatment, you can figure for yourselves what that means to the medical profession

One fertile source of misunderstanding between the profession and the Institute is the failure on the part of the profession to recognize that this preclinical service is a *preliminary* service We do not make final diagnoses nor do we administer treatment. We open up the problems of the individual and urge him to go to his own doctor or some doctor of his own choice, who assumes the responsibility of final diagnosis—who follows up, perhaps, the trail disclosed by the Institute, and sometimes finds new trails—and assumes the responsibility for final reparative treatment. A full realization of this fact would dissolve into thin air most of the professional criticism brought against us

It should be explained that our work lies in three fields First and most important is the life insurance field We do not examine people who are applying for insurance, but life insurance companies arrange with the Institute to render these periodic health examinations to their policyholders, the company paying us a fee for this service. Right here I wish to emphasize

this time it is a limousine, with a chauffeur, perhaps a footman, there emerges from this limousine the doctor, his nurse, his pathologist The trinity of talent enters the sick room, the doctor has his five senses, less clinical intuition, the stethoscope perhaps, the nurse has the thermometer, the pathologist surely the empty bottle, the picture is approximately the same, even the sixty horsepower is present, but it is in the limousine

Endowed and organized charities can obtain statistical data on the treatment and prevention of disease They can provide excellent physical surroundings for the practice of medicine in institutions They can modify the environment of the individual doctors of the community They can provide means for hospital and private home medical service, but they cannot either by that wealth or their organization supplant the individual, personal contact of physician and patient This intimate personal contact must remain the foundation of the health of the individual, and basically it demands an economic consideration The failure of foundations to recognize the economic background, or to pass lightly over the economic position of the doctor in applying medical charity does not make for the best in social betterment.

The publicity of the Medical Center was founded upon a meritricious misconception It made invidious distinctions, it extolled problematic virtues, and made suggestive discrimination by prefacing much of its advertising copy in such a way as for the casual reader to assume that the Medical Center had a monopoly on brains, talent, and equipment The Medical Center does not need to do this It has the respect, the cooperation, and the good wishes of organized medicine It is embarking upon a career of the most splendid altruism in medicine In return for this dower from organized medicine it should treat the profession with candor and fairness, because both parties must live in harmony in the same social environment.

In regard to the Cornell Clinic, it is our conviction that the Cornell Clinic is not "playing the game" fairly The Clinic charges an average fee of $2 41 per visit per patient according to its report of 1927 At times the charges for diagnosis amount to $40 00 Charging such fees is against the spirit of the present dispensary law which was passed for the aid of the indigent poor Less than 20 per cent of the work of the Clinic is diagnostic, many of the patients presenting themselves without medical reference and often without the need of a diagnostic study

As an endowed tax-exempt institution the Clinic enters into unfair competion with the practitioner Its clientele consists of persons of moderate means from whom the average physician's income is derived The motive of the college is to teach young men to practice among that very class with which the institution competes Certainly, for the first ten years of their practice this is true of their graduates The conclusion is that this Clinic organized for the purpose of providing teaching material for the Medical Department of Cornell University is in fact engaging in the practice of medicine, 20 per cent of its work being diagnostic, and over 60 per cent is devoted to the routine treatment of patients

We credit the Life Extension Institute for being the great exponent of periodic health examination We believe that the report of the Subcommittee investigating the Life Extension Institute is sound and that its judgment can be concurred in by all reasonable men

The Life Extension Institute and the Cornell Clinic carry no burden in regard to medical treatment for the sick and poor of the City That burden still is carried by the Hospitals on the one hand and by the unpaid practitioners on the other hand

The advertising by the Life Extension Institute is misleading The adjectives it employs in describing its service are discriminatory Its suggestions as embodied in its copy are not in consonance with the high talents of medicine For example, "for those desiring a most complete examination the Institute has arranged—unlimited examination—most comprehensive—searching examination" "An impartial report is rendered—the subscriber then knows his needs and can make his own decision" Is the patient qualified to interpret his needs? Can the Institute honestly believe that a patient knows his needs? Again, "for those who do not desire such an extensive examination—a service known as the Standard Examination" There are apparently two types of examination, an unlimited examination, "most comprehensive" and "searching", and another examination not so extensive, not so searching, the division into these two groups being based upon the ability or the willingness of the patient to pay for them This, I take it, is an example of fundamentally bad diagnostic policy

The Bellevue-Yorkville Health Demonstration represents the greatest opportunity in the City of New York for the cooperation and coordination of charitable endeavor and medical attention It stands alone as the most fruitful field for team work between organized medicine and organized charity

My own personal leanings are away from great emporia of medical practice, they are rather for the establishment of community or regional hospitals, dedicated to the care of the sick and alleviation of human suffering, where a patient can be treated and not discharged

laboratories were dependent upon the physician for their work, and he in turn was beholden to them for reports on certain special work This entailed a multiplicity of functions and took away from the doctor that full medical intelligence wherein he previously did all of the professional diagnostic procedures There came the building of large hospitals, the great development of health departments, the ever-increasing extension of health demonstrations, the creating of independent clinics, and the enlarging of the dispensary clientele Add to all these the huge sums of money, controlled and managed by foundations, which are available for public health work, for diagnosis, for treatment, and one must conclude that the role of organized medicine occupies quite a secondary position Moreover, commercial enterprises, professional or otherwise, grouped under the head of an outstanding personality or ranged under a corporation title, and run primarily for dividends or as an eleemosynary project, have developed and invaded the medical field

As a corollary to the division of labor in medical practice came *specialism* The development of specialism was undoubtedly accelerated by the increased remuneration that was possible to the doctor becoming a specialist, but it was not primarily responsible for it. Specialism was as natural a result of the division of labor in medicine as was specialism in industry The cost of a diagnosis is high because so many specialists must contribute to the final opinion To lessen this mounting expense and to keep the cost within the available means of the patient, *medical grouping* in some form was necessary and was the logical result Hospitals and clinics with all departments under one roof combined the feature of division of labor with a minimum cost in collecting all the necessary clinical information In short, it appears to be almost a physical impossibility for any practitioner to supply the needed data without devising a rather large plant of his own, or without allying himself in some measure with a diagnostic group

However, all of the patients do not need such an extensive study as now seems to be advertised Eighty per cent of the patients that come to the doctor's office are capable of receiving an opinion that is correct, and that indicates the proper therapy, without the most extensive and elaborate study of their entire body Foundations and pay clinics, to increase their admissions, have advertised a series of laboratory studies, which in the majority of cases is neither necessary nor indicated

The effect of medical centers, of pay clinics, of life insurance propaganda, of health department propaganda, of school propaganda, *is to give everybody a medical thought about themselves* The more people are interested in being fit and well, and the more people are thinking about their health in terms of longevity, the more medical practice there is to be distributed among the sum total of doctors in any community The more people can be encouraged to have periodic health examinations, the greater will be the number of diseased conditions that will be uncovered, all of which will necessitate medical care and treatment

The big institutions, the pay clinics, the hospitals, and the foundations have invaded a social class that heretofore have paid their family doctor for medical services, with the result that free service is given to an economic group that should pay for their medical service. The establishment of pay clinics and diagnostic clinics, in connection with medical schools and hospitals, have all restricted the field of the general practitioner

Medicine and medical institutions alike stand at the sharp division between two merging types of civilization,—an old system built up by individual contributions, and a new system made up of the contributions by organized efforts Medicine must take its choice and become a dynamic and integrating force for public well being and leadership in human affairs

There are certain features of the four units discussed this evening that are peculair to each one of them, and there are certain features that are common to all of them They all stand at the crossroads of medical progress and social betterment. They have tremendous responsibilities

The organization of medical centers, pay clinics, etc is complete and well nigh perfect. Owing to their almost illimitable financial resources they are able to purchase the most complete and up to date equipment, to surround their services with the armamentaria that apparently is necessary for a complete diagnostic workshop This means, in a large measure, a constant mounting cost for medical services The individual practitioner cannot compete with the centers in bricks or mortar, in doormen, in nursing force, in all the external equipment that goes with modern institutional practice The only thing that he can compete with is in the quality of his brains A fair and accurate comparison of the men associated with the big medical centers and the physician of equal mark on the outside will show that the physicians attached to these institutions represent no huge superiority in brain talent

A few years ago the physician drove up to the private house, he got out of a rather indifferent automobile, he entered the sick room, he carried a stethoscope, a thermometer and an empty bottle for the specimen, he had his five senses, plus a professional intuition, and a sixty horsepower brain

To-day, another type of physician drives up

14 The establishment of a Committee on Public Relations with representatives from all medical societies under the sponsorship of the County Medical Society, wherein the best constructive thought, economic, legislative, and medical, could be expressed for the general good of all the citizens of the State of New York

Organized medicine believes that the time was never so opportune for real, conscientious, sincere work upon the part of the individual practitioner as at the present time I am for the individual practitioner, but only when he becomes constructively articulate through duly authorized leadership Never has the demand been so insistent for medical leadership and medical statesmanship, backed by a solid organization of medical men as at the present time With our knowledge and experience, a reasonable objective can be reached and a noble purpose adequately and honorably accomplished

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THE EFFECT OF THE PUBLIC HEALTH PROGRAMME UPON THE INTERESTS OF THE PRIVATE PHYSICIAN*

By JAMES ALEXANDER MILLER, M D, NEW YORK, N Y

Outline

The economics of medical practice balanced against community medical service

1 Community conditions discussed pro and con —
- Dispensaries and Hospitals
- Departments of Health
- Workmen's Compensation
- Industrial Medicine
- Life Extension Institute
- Health Demonstrations
- State Medicine

2 The Physician himself
- The decreased amount of sickness, balanced against unoccupied fields of practice
- Indifference, or preoccupation of the physician
- A broadening of medical interests, and an adaptation to new conditions

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Controversy has thrown the economic interests of the physician into the foreground of this question In professional circles such discussion may seem unfortunate, but as it has been forced into the open, it must be frankly faced

There are, however, other broader and less material phases of this problem as it affects medical interests which we will later take the opportunity to discuss also

Economic Interests

Although the evidence is conflicting, it is perhaps fair to admit that with the changing conditions of modern medical practice, of which the development of preventive medicine forms an important part, the financial return to individual practitioners has probably diminished in not a few instances

If this represents merely a temporary period of readjustment to a situation which is essentially sound and beneficial to the community as a whole, it is not a matter of serious concern Similar instances in other phases of economic life are common enough in the rapid development of modern conditions

If, on the other hand, the conditions imposed are unfair and unjust to a group so essentially important in a public health program as is the medical profession, then the community should not only be interested but disturbed

Charges of such unfairness and injustice have been frequently made. Let us examine them

The rapid extension of the dispensary and hospital facilities has been a great boon to the poor It is charged that they are abused because of their frequent use by those well able to pay private physicians, thus depriving practitioners of legitimate sources of income, imposing upon the generosity of the public and private benefactors, and, moreover, lowering the self-respect of the beneficiaries themselves When, as not infrequenly occurs, these institutions have their facilities freely advertised in the public press with the object of attracting financial support from the public, the competition is all the more unfair because physicians as individuals, however confident they may be of their own ability, can not ethically advertise

Another grievance is the encroachment upon private practice on the part of the Department of Health It is charged that diagnostic and treatment clinics, free advice in the baby health

*An address delivered before the Advisory Council of the Milbank Fund on March 13, 1929

because "he is not sick enough to be in a hospital" Hospitals of this type for our immediate needs, erected in various parts of the City, with a local practitioner in the community having free access and in turn being controlled by the ethical and moral force of a hospital in the district,—these shall be the hospitals in the true sense of the word, and not clinical laboratories for research

Medical service is a matter of wise public policy, and like education it can be purchased We educate our children, we educate the community, we are taxed for it, and in the same way shall the rendering of medical service in our hospitals, in our public institutions be paid for on a basis of fairness and equitable remuneration I personally feel that at the present time we have laws and regulations which are sufficient if properly enforced, to eliminate 75 per cent of our medico-economic problems

The present day dispensary and hospital practice that permits a patient who is able to pay hospital expenses and then expects the attending physicians to give their services free, is ethically wrong and economically unsound Take the patient who is sent by a private physician from Connecticut, Pennsylvania or New Jersey, the patient comes to one of the recognized hospitals, pays the demanded ward rate of $4 50 per day, and is admitted into the wards of the hospital The hospital publishes a report that the maintenance rate is $5 21 a day Therefore, the benefactors of this hospital have contributed seventy-nine cents a day to carry a patient who pays no taxes to the State or City of New York In this same hospital the superintendent is paid, the cashiers are paid, the admission clerk, the cook and baker are paid, orderlies and hospital attendants are paid, the registered nurses are paid, and the doctors alone are uncompensated

Now, what load does the doctor carry in regard to this particular patient? (1) His medical expenses go on, his overhead continues, he must fortify his old age by adequate saving (2) He must carry malpractice insurance, I think it is a matter of record that members of the profession are sued more frequently by charity or ward patients than by their own private patients (3) He accepts a personal responsibility for the patient (4) The professional attendance many times involves personal disbursements in the way of taxi fares, etc

The discussion this evening would be futile if it were not possible to make certain suggestions that would make for improvement It would seem that the following are reasonable procedures, and if carried out in whole or in part, they would be of benefit to the doctor on the one hand and these institutions that are represented here this evening by those on the program

1 An aggressive and unqualified enforcement of the present dispensary laws

2 A discontinuance, in a large measure, of the treatment aspect of the Cornell Clinic. Furthermore, a sincere effort should be made by the executive officer of the Clinic to prevent the attendants from obtaining operative or medical material for their private practice

3 The consideration of the desirability of a central registration bureau that will list all dispensary patients applying for free service upon their claim that they are truly dispensary patients, thereby preventing reduplication and dispensary shopping

4 The limitation of dispensary facilities, except in the cases of emergencies or communicable diseases, or cases used for teaching in medical schools, to a more or less geographical area

5 To consider patients coming from outside of Greater New York, unless emergency cases, or cases with communicable diseases already in the City, as essentially pay dispensary patients, and to allow the attending physicians or surgeons to charge for services rendered

6 The elimination of treatment clinics by the Board of Health and its agencies, except those devoted to the treatment of addicts and communicable diseases

7 A consideration of the desirability of establishing regional or district hospitals, fully manned with a staff from the physicians in the neighborhood

8 A graduated scale of remuneration for all doctors working in dispensaries, and possibly the application of the same principle for attending physicians and surgeons in hospital service

9 A request that the Medical Centers and Institutes engaged in public health work avoid discriminatory advertising whereby the prestige and medical position of the practitioner is depreciated in the public's mind

10 The doctors engaged in public health demonstrations or in periodic health examinations to be paid a fair remuneration by the organizations conducting them

11 A consideration by the County Medical Society of the listing of all laboratories and every laboratory agency, for the purpose of permitting an individual practitioner to benefit by using a diagnostic group

12 To suggest ways and means whereby hospitals may make their services available to all ethical practitioners in their regional area

13 To increase the means for publicity and education, utilizing all ethical avenues for this purpose as a definite object for rendering service to the public

14 The establishment of a Committee on Public Relations with representatives from all medical societies under the sponsorship of the County Medical Society, wherein the best constructive thought, economic, legislative, and medical, could be expressed for the general good of all the citizens of the State of New York

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stations, free vaccination for smallpox and diphtheria, and free administration of antitoxin, are indiscriminately given, quite independent of the economic position of the patient and to the detriment of the general practitioner

Also, the operation of the Workman's Compensation laws is said to lead to the control of the medical and surgical care of these cases by the representatives of the insurance carriers, thus unfavorably affecting the general practitioners and tending to emphasize the interests of insurance companies rather than those of patients

The establishment of medical departments by many business and industrial concerns is also decried as again working against the interest of the patients in favor of the employer, as well as interfering with the practice of the family physician

The Life Extension Institute, the original organized effort to promote periodic health examinations, comes in for a particularly full measure of criticism on the ground that it is essentially a corporation practising medicine contrary to the spirit of the law, and that it has taken advantage of its opportunities for public advertising

Criticism of health demonstrations has become especially popular of late The Physicians Progressive League inveighs violently against "the socialization and industrialization of medicine at the hands of philanthropists and social reformers" The prestige of the medical profession is threatened Social workers are said to have usurped medical leadership and public health nurses by direct or implied criticisms have undermined the position of local practitioners Also, the fact that outside medical talent has been imported into the demonstration areas has been resented and that any demonstration at all is needed, implies that the physicians have been remiss in their duties Moreover, statistics are said to be juggled and widely broadcast so as to create a false impression as to how important and efficient the demonstration has been

Behind much of all of this dissatisfaction and resentment is the vague bugaboo of the danger of State Medicine I have never seen this term accurately defined, but in general I believe it to mean the organization and control of the practice of medicine into various groups operated by salaried physicians more or less dependent upon political or corporate interests, thus tending to deprive the practice of medicine of its essential individualistic characteristics and to degrade the practitioner from an independent entity to a time-serving hireling Examples of this tendency in medicine have already been indicated in the operation of modern industrial medicine and the Workman's Compensation Laws, and the extension of similar methods through State insurance, with ultimate political control, is feared

Now, all of the above activities are concrete examples of tendencies in modern medicine which many physicians decry The criticisms are important enough to deserve serious consideration They should not be lightly dismissed as simply the outcry of acquisitive individuals thwarted in their money-making designs, for these ideas are really seriously held by a considerable number of reputable physicians It is worth while to inquire why

The truth is that the life of a large proportion of practising physicians is very hard and very poorly compensated, especially when compared with the increased compensation accruing to other groups in the community and considered in the light of the increased cost of living If one excepts specialists, medical fees for general practitioners have not by any means increased in proportion to the increased cost of living

Modern medicine has eliminated or markedly diminished many diseases which used to support a large number of physicians, and as the more serious surgical and medical cases are more generally treated in hospitals out of the hands of the family physicians, their income correspondingly diminishes Now, the advantage to the community of this diminution of disease and increased hospital care is so obvious that one never hears any open complaint on this score from the physician, but the actual effect upon medical income is very real, nevertheless

Another factor is the better education in health measures on the part of the general public which has now made the intelligent mother the prescriber for multitudes of minor complaints in the family which a beneficient nature cures and the doctor is never called upon to see

In addition, the doctor is notoriously the last to be paid when illness makes circumstances difficult Fifteen to twenty per cent of unpaid accounts is the rule rather than the exception with most physicians Numerous examples to the contrary notwithstanding, the usual physician gives very largely and freely of his services when compensation is a hardship The additional burden of unacknowledged and often unwarranted charity implied in these unpaid medical accounts is a real imposition

In a Cape Cod cottage one summer I came across a couplet which tickled my fancy and is quaintly apt to the point under discussion. It runs as follows

"God and the doctor we alike adore,
In time of trouble, not before
The danger past, both are alike requited,
God is forgotten and the doctor slighted"

I have recited these actual conditions of modern medical life in order to show that if in addition to these basic conditions which are difficult in themselves, other factors enter in, which either actually or apparently in the minds of the physicians unfairly discriminate against them, the stage is set for discontent among a class whose struggle for existence, let alone a competence, is a very real one

In common fairness, therefore, we should make sure that in the operation of these activities which are intended for the common good, the legitimate and proper interests of the physician are safeguarded Let us go back over them briefly from this point of view

In dispensaries the law provides for the exclusion of all of those able to pay ordinary medical fees, but it is well known that there exists no adequate machinery to enforce this law In so-called pay clinics the fee for diagnosis appears entirely justified in order to provide expert and specialist advice to a group economically above the very poor, at rates within their means, but restrictions upon the activities of such clinics in the field of treatment appear to be justified

In hospitals no laws in this state provide for the exclusion of patients on account of their financial status, and no patient willing to go into a public ward is excluded on economic grounds alone. In justice to the community and the patient, as well as to the physician, better regulation of this situation in dispensaries and hospitals is desirable, although the amount of abuse of these institutions is probably exaggerated and there is little doubt that patients in general would prefer private treatment at a reasonable expense, provided they were assured the treatment afforded was comparably good, as unfortunately is not always the case.

As to Health Department activities, the official responsibility for the prevention of disease rests here, and the authorities undoubtedly have a legal right to employ any measures to attain that end In most communities there is no desire to undertake work which properly belongs to the private physician, on account of the expense involved, if for no other reason Encroachments when they occur are usually due to the lack of co-operation of the private physicians who are all too prone to overlook the importance of preventive measures Forward-looking health commissioners, however, recognize that the ideal program calls for continued efforts to enlist the medical profession in this work, rather than too impatiently set up an organization at public expense to perform the duties which physicians are slow to recognize It seems clear, however, that health department clinics should have little or nothing to do with treatment and that other preventive measures should aim to guide and supplement medical practice rather than to supplant it

In the operation of the Workman's Compensation Act much is to be said for the criticism leveled at the control of treatment by physicians identified with insurance companies To be sure, it is to the interest of these companies to get the patient well as fast as possible, but undoubtedly there often exists a bias in favor of the companies in the medical testimony laid before the commissioner which may operate against the interests of the beneficiary From personal experience I can not say too much in praise of the sympathetic and statesmanlike conduct of the commissioners in these cases, but the questions are often technically difficult, and the issues confused by conflict of medical testimony,—that for the beneficiary often being quite as biased as that of the representatives of the companies,—so that wise decision is often very difficult. It would appear that this problem is closely related to the broader one of expert medical testimony and that some method of advising the courts on medical matters in an unbiased manner should be devised

To a certain extent a similar problem arises in industrial medicine Full-time physicians in the employ of corporations or business concerns may not always see the patients' interests in an unbiased light, although one is impressed in general with the fact that their work is better done than that by the general run of private practitioners The danger of routine, stereotyped, hard-boiled service, however, is real, and if the system of industrial medicine is thoroughly developed in the future, one can visualize the increasing difficulties in obtaining occupation for people who are in any way physically handicapped Here, too, however, one can not but be impressed by the frequent generous attitude of employers to their sick employees who have real claim upon them

The true solution of these problems will probably be an extension of the system of mutual disability insurance in which justice to all, including the family physicians, must be assured

The case of the Life Extension Institute is extremely interesting One can not become too greatly concerned over the criticism of it as a corporation, for it is operated according to law As to its advertising, that is probably the only way in which the need and value of periodic health examinations can be gradually impressed upon the public One might criticise some of their methods, particularly the lack of the personal touch on the part of the medical officer responsible for the final report, and also the unfortunate psychological effect of placing a technical document into the hands of

the patients themselves who may, and frequently do, draw erroneous and unfortunate conclusions That the Institute, however, does great good in uncovering unsuspected diseases or defects there can be no doubt, and it is my strong impression that it increases rather than detracts from general practice, both by inculcating the habit of regular physical examination and by referring cases for treatment which would otherwise have been unrecognized

The criticism of Health Demonstrations seems to be directed against conditions which are more apparent than real They probably can only be understood when they are considered in their possible effect upon the physicians' prestige in a particular community.

It is quite probable that in some of these demonstrations the need of securing complete co-operation from the medical profession and of being very considerate of their rather touchy feelings have not been sufficiently emphasized It is quite possible also that in matters of technique the methods of conducting perfectly proper activities have not been as tactful as they might have been It is also quite true that in most instances the lack of a systematic effort to enlist the support of the medical profession in advance of the institution of the demonstration may have led to the impression that social workers have had more authority than is really the case

As to the complaints of the juggling of statistics, it is possible that there, too, over-enthusiasm has occasionally exaggerated the results obtained Not every demonstration has been fortunate enough to have a Sydenstricker at its elbow But, in general, it would seem that these reactions are not very serious provided the development of demonstrations is made slowly and that determined and persistent effort is exerted to have the physicians brought in to the demonstration work

As to State Medicine, as such, there is very little to be said because one does not note any very definite trend toward actual political control in this country

On the other hand, there is an increasing tendency for physicians to take full-time positions, whether they be for corporations or other business establishments or for insurance companies or for Health Departments or for other definite health enterprises There is a definite risk that something which is very valuable may be lost unless a determined effort is made to retain it By this I mean the sympathetic individual touch between physician and patient which has been the outstanding characteristic of private medical practice Unless this can be retained, at least to a degree, something very important both to patient and physician will be lost and the community will be the sufferer

As we go back over these various criticisms, they may appear rather petty and unimportant, but there are certain tendencies which it is important to recognize, and in the development of our programme it would really seem as though there were some injustices to the physician which might have been prevented and which in the future can be eliminated Certain it is that the general physician must be brought in as a part of any such programme, and if he is to do this or any other medical work efficiently, he must be adequately compensated

But when all is said and done it is evident to a fair-minded enquirer that these factors do not constitute the real explanation of the fact that undoubtedly for the physician trained and practising according to tradition there is less business than formerly The main fault lies with the physician himself,—his training and his lack of adaptation to changed conditions

Medical students have been and are trained to be individualists The care of the sick person is looked upon to be their chief, if not their only responsibility These students go into practice with no adequate conception of the function of the physician in the prevention of disease The opportunities for increased income which come from the application of modern preventive measures are very great and would surely more than make up for the loss which is sustained by the lack of the diseases which were common in a previous generation, but physicians are not alive to this The more general appreciation of the importance of periodic physical examinations, for example, would create a great deal of practice in itself and would uncover a great many defects and diseases otherwise undiscovered The dentists have been way ahead of the physicians in this matter No physician thinks of sending out cards to the patients on his list stating that the time has come for them to come in and be looked over again, and perhaps the public itself is not yet ready for that practice In some instances and in some localities it has been done with most gratifying effects, both to the health of the community and to the income of the physicians

The regular systematic application of preventive inoculations is uniformly ignored by physicians, and health authorities often are forced to come in and do this work themselves, simply because the physicians will not undertake it

An interest in and a knowledge of the environment of the patients having to do with the control of their habits, which is so important particularly in middle and advanced life, is often entirely neglected by physicians until disease actually presents itself

Moreover, this whole discussion of medical income puts the profession in a false position In the last analysis, one must recognize the

fact that the practice of medicine will never be a career for profit, but it should be rather one for service If this whole discussion will enlighten those who are contemplating the study of medicine to the fact that it is not a lucrative profession, it would be very helpful by keeping out of it men who are perhaps better fitted for success in commercial or other fields

There is no doubt that a great many physicians are both personally and professionally unfit for their job Bernard Shaw has defined a cad as "One who takes more out of the common pot than he is willing to put into it" I presume there is little doubt that, according to this definition, we have not a few medical cads If the hard times that they are having will lead to the diversion of their energies and those of their kind into other fields, it would be a real boon to the community

As a matter of fact, I think there is little doubt that a physician with the right personality and the proper training and honest methods in his work will ever have any difficulty in making a competent living, even though he may be slow in taking up the modern ideas of preventive medicine

In his inaugural address as President of the Academy of Medicine, Dr Hartwell has well expressed the general idea I wish to convey

"No brilliance of intellect, no accomplishment of mind, no accumulation of wealth, has ever elevated any physician to be the respected and beloved colleague of the profession or the idolized friend of his fellowmen, unless they have been associated with a devotion which places a desire to help above them all If we aggregate to ourselves the function of improving mankind individually and collectively, particularly in healthfulness, we must acknowledge that our fellow citizens have a right to demand that each one of them shall receive at our hands what is necessary that he may enjoy good health in so far as science and the art of medicine can give it."

But there are really a great many physicians who are practising medicine on a plane very much like this, but who are not particularly interested in public health programmes or preventive measures They are really the rank and file of the medical profession They are not so much indifferent as they are preoccupied with their own job, and a very real job it is For the busy practitioner, the needs of suffering humanity that are insistently coming to him make oftentimes the demand for practising preventive medicine seem much less important and certainly less interesting

I am not sure we are yet in a position intelligently to criticise this great body of physicians When we come to be sick, as, with all our passion for preventive medicine, we surely will be, or when we come to die, as surely we must, I am not sure we shall not be very happy to have by our side the skilled sympathetic physician who helps us because his life has been constantly devoted to helping the sick, in distinction from the well, and I am not sure that at that time we shall be inclined to ask how systematically that physician has given toxin-antitoxin to the children in his family practice, or to regret that he has not spent a goodly portion of his day at committee meetings discussing abstract policies of public health

In other words, we have a great need for a body of physicians of this type, and there always will be that need, and not every physician who is a successful skillful practitioner is capable of taking a commanding interest in preventive health measures

But on the other hand, we see astonishing exceptions stepping out from the mass These, too, are busy physicians, successful and skillful, but at the same time realizing that there is a broader field for medicine It is to them that we must look as a connecting link between the organized public health movement and the medical profession as a whole, for they are the real leaders in the profession and in time will be successful in moulding medical sentiment in the direction of wider spheres of usefulness

This leads us to a consideration of some of these broader interests as opposed to the more sordid economic interests that we have heretofore had under discussion

Broader Medical Interests

It does not take a physician, for any intelligent layman trained to a social outlook on life can see that preventive medicine is opening up the doors of opportunity to the medical profession, which it is as yet very slow to see

The whole horizon of medicine is enormously widened as soon as one looks behind the individual case itself to the conditions of life which surround it and which so often are operative in its causation From a consideration of mere physical signs and symptoms one can look behind to the family life, the industrial burdens and the community problems, which are so inextricably woven into the fabric of many diseases To treat these diseases as well as to prevent them, the physician must know more than simply the physiological and pathological conditions in the body We physicians in the past have been intensely self-centered, deeply interested in our own job, indeed, fascinated by it, so that we have not recognized as we should the points of contact which these very interesting diseases themselves have with the outside world For this reason, physicians as a class have held aloof from active participation in civic affairs Students, scientists and clinicians we must continue to be, but the call of

the future is for wider application of our special knowledge, expressed in public efforts on behalf of the common good

In the past our profession has commanded the devotion, enthusiasm and self-sacrific of its members, but its viewpoint has been more or less narrow The achievements of preventive medicine are not only tending to revolutionize our practice, but, better still, it has thrown open the gate of opportunity and responsibility for active participation in all the social and economic problems which are pressing for solution all over the world

It is my belief that the memorable traditions of our profession guarantee that it will not fail to grasp these developing opportunities, in fact, we are already beginning to see very definite evidence of such a change

In a memorable address on the occasion of his inauguaration as President of the New York County Medical Society, Dr DeWitt Stettin concludes as follows

"We pledge our unqualified support to any movement in the interest of public health and general welfare of the community We are convinced that in the long run such a movement will always react toward improving both the social and economic status of the physicians in that community, just as contrarywise we feel that any movement which is inimical to the profession is harmful to the public Much more vital than this, however, is the fact that, after all, prevention of disease as well as the cure of the patient is the basic idea and ultimate ideal of our calling and therefore the primary responsibility of our County Society"

It is not without significance that these words and those previously quoted from Dr Hartwell's address come not only from the presidents of the two most prominent medical organizations in New York City, but in both instances they come from surgeons Surely, if the surgeon, the most obvious exponent of the concrete job in the practice of medicine, is becoming the ardent proponent of social and preventive medicine, there is every reason for hope for the profession as a whole The ideals of such far-sighted leaders in medicine are bound to prevail but we must be patient as the profession gradually adapts itself to changing conditions and through education and experience after a time comes wholeheartedly into the public health movement

It is surely true that we can not do without the physicians Their training makes them the logical backbone of a public health programme. As we have already indicated, the leaven in this direction is already working from within the profession itself

Let us recognize and encourage this fact, rather than condemn the profession as a whole because of the attitude of the more loudly articulate minority

The result to be obtained is worth waiting for, for, after all, they are a good lot, these doctors, not to be impatiently pushed aside because they do not immediately come in enthusiastically with us as we move forward toward our goal of a healthier and happier world Let us, rather, be sympathetic and understanding toward them in their problems, and mayhap, who knows, when they do come in they may be all the more sure of their footing, more sound in their judgment and more helpful in their endeavor, by reason of the longer and slower way by which they have traveled

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CONTROL OF CONCEPTION, PRESENT AND FUTURE*

By ROBERT L DICKINSON, M D, F A C S, NEW YORK, N Y

MY TEXT is a quotation from a student of population who once ran the largest of the world's pediatric clinics, and who is soon to become President of the United States As part of the "Child's Bill of Rights," he specifies that "There should be no child in America," first, "that has not the complete birthright of a sound mind in a sound body," and second, "that has not been born under proper conditions"

Toward carrying forward such a program, our business of the afternoon is the consideration of medical problems in the technique of human reproduction—the needs, efficacy, and after-effects of birth control methods

Size of the Birth Control Problem—Any health question calls for presentation under conspicuous medical auspices when it involves frequent decisions by a considerable part of the population, and when it influences the well-being of the body, the peace of mind, and the future physique of the race How large a proportion of our adults are affected? Nearly one-fourth. How frequently must a decision be made to procreate or not to procreate? About twice a week (3) There were in the United States in 1925 some ten million couples with both partners fertile, the wife neither pregnant nor

*Address delivered at Academy of Medicine, February 15 1929 The full text appears in the Bulletin of the Academy of Medicine of May, 1929, of which reprints will be available.

nursing, who constituted 62 per cent of all the married couples These twenty million persons represent one to every 4 3 individuals over 21 years of age (5) As to frequency, nearly two thousand case reports show coitus to be even oftener than twice a week among agriculturists (8) and the city poor (2)

New Urgency of the Problem—Of old, famine, pestilence and war, bad hygiene, and reckless feeding of infants wiped out surplus population We are interfering with these grim regulators, and doctors must face the results of interference with smallpox and plague and sepsis and their allies China and India complain that we have made their starvation problem worse England has a million unemployed, and industrialism can no longer take up the excess Japan and Italy breed a half million surplus babies each year, yet have not the coal and iron that altered Malthus' predictions The earliest device, infanticide, is no longer a way out Abortion we protest against We do not agree with Luther who, when told that incessant breeding killed women, retorted, "Let them die, that is what they are for" The Germany of twenty years ago could breed deliberately for conquest, but when Mussolini teaches the same doctrine today, the nations look askance As to situations in New York I shall defer these to the end of the hour

The Constructive Work of Birth Control—While striving to limit the propagation of mental defectives and others grossly unfit, and guarding mothers from dangerous or excessive childbearing, we physicians would be grievously remiss if we failed to follow the recommendation of the most impressive of the birth control conferences, the one held in New York in 1925 (9), that "persons whose progeny gives promise of being of decided value to the community should be encouraged to bear as large families as they feasibly can" We will protest against extravagance and selfishness that refuse childbearing We will urge decent salaries for missionaries, ministers and teachers, since it is their children that take the lead in *Who's Who* We will collaborate with church and school and college, and the American Social Hygiene Association in exalting marriage and monogamy, and in honoring honorable acts of love We will seek opportunities to do our part, as medical societies and as practitioners and specialists, in sex education of the young In other words, instead of *sidestepping*, we will share and lead

Action by the Profession—What action on this health question has the profession taken? It is only a hundred years since France began to restrict her birthrate, and a little more since Francis Place distributed tracts in England It is eighty-five years since Dr Knowlton's practical treatise was written in America, which was the cause of awakening England fifty years ago, and seventy-five since Dr Drysdale printed in London the first well-rounded presentation of the subject Fifty years ago Holland started contraception It is forty-eight years since, in our own state, the doctor who desires to postpone pregnancy to save lives obtained a statutory right to do so But this right had to be confirmed for him by a court decision after the prison term of a certain dignified, auburn-haired nurse, and her name was Margaret Sanger

Is this hundred years, or even fifty years, too soon to expect some organized medical society or public health body to investigate this problem?

Up to date, medical official action has taken this form The New York Obstetrical Society's questionnaire gave a vote for investigation of birth control in 1923 The New York Academy of Medicine approved a program of study in 1924 The American Gynecological Society in 1924 voted for cooperation in the study and in 1925 recommended changes in the law that would allow medical books and scientific journals containing birth control technique to be mailed

The Section on Obstetrics, Gynecology and Abdominal Surgery of the American Medical Association in 1925 passed a resolution recommending changes in the law wherever necessary to allow control of conception by the physician This was revived two years later, but was pigeonholed, although in Pennsylvania, Connecticut, and eight other states, the law expressly forbids physicians to give contraceptive advice One doctor in every eight in the country has written to the American Birth Control League for information, nearly two hundred county medical societies, covering every state, have asked for talks on birth control by its medical director, and the attendance, like this one, breaks the records Nine leading hospitals in Greater New York formally include birth-control advice in their outpatient service, and out-patient clinics for birth control are in nine other places

After the refusal of several medical bodies and public welfare organizations to study contraception, a self-constituted body, the Committee on Maternal Health, was organized under full medical control six years ago I am its Secretary, a volunteer worker on a nine-hour day, with five secretaries The Committee has three rooms in the Academy, but has no organic relation to it One of our first acts was a report on the medical situation, including the technique of contraception (4) I mailed 1,500 reprints on the day that the journal which contained this article was posted, and another 1,500 have been mailed since The Federal Law fathered by Comstock had, since 1873,

forbidden medical knowledge of this kind to be sent by post even to doctors Mine was the first extensive test of the attitude of the Post Office Since then, Dr Hannah Stone's able report on 1,465 well followed-up cases from the American Birth Control League (10) has been published in a medical journal and mailed as reprints, and Dr James M Cooper's large book, "The Technique of Contraception," (2) has gone out to 10,000 doctors Vaginal diaphragms are expressed without hindrance We may, therefore, infer that public opinion is such that interference with the necessary dissemination of medical knowledge or supplies will not be countenanced

Dangers and Objections—Free access to information and contraceptive materials will, it is said, foster widespread promiscuity in the unmarried and the married, favor gross sensuality in the married, and even safeguard sexual intercourse as a mere love relation between husband and wife Contraceptive practices will induce local inflammations—some say deadly ones, result in sterility if resorted to early in marriage, and increase childless marriages Furthermore, there is the fear that such knowledge will be put into practice only by the intelligent, and thus this class will become overwhelmed by the progeny of the reckless and incompetent Finally, the nation will stand naked to its enemies

Promiscuity—A sure contraceptive obtainable anywhere would indeed remove risk or fear of pregnancy, and might be effective against venereal disease Inasmuch as discovery of such a means is to be expected, and as present methods are reasonably secure and in part available, and as knowledge cannot be kept from men and women, restraint of coitus, if restraint is to become general, will have to lean upon a rigidly adverse public opinion, generally adopted, upon training in strength of character and perfection of self-control, upon religious and ethical ideals, and upon a single standard of continence and fidelity for men and women alike Sexual restraint has developed at an amazing rate from century to century He who despairs of progress in this matter has never read history

Physical Injury—There is no method of control of conception that has not been accused of causing bodily and mental damage Abstinence has been condemned as freely as have mechanical devices (though not always by the same objectors) Well-considered evidence is not extant in the way of large series of fairly complete histories followed up for long years, with observation of details of sex practices There are, however, numerous published records of various local and nervous disabilities which ceased as soon as the use of the condom or withdrawal or some other contraceptive ceased There is too much of this evidence to be disregarded The weakness of it is that other possible factors are not excluded Moreover, the cases in any series are few, and some of these are reported by statements so sweeping and with such evident bias as to lessen the weight of the evidence Our Committee is collecting records on more generally accepted lines

We have nearly twenty examples of injury from the intrauterine stem one death, two removals of the pelvic organs for disability and inflammation, and the rest infections There were also several pregnancies despite its use. Even the doctor who showed me over 1000 card records of use of the stem said it could only be counted on when removed every six or eight weeks, leaving the gutters cut by the wires to heal, and then replacing The German aluminum intrauterine rod with its mushroom cap outside the cervix, or the looped silkworm strands of Pust above the extracervical glass button, have a convincing record of trouble as great as the Y-shaped wire wishbone mentioned above The *original* method of Mensinga (1886) was to leave his soft rubber vaginal dome in place a month at a time which bred irritations and inflammations, but such retention has long since been condemned and abandoned The condom has been accused of producing nervous disturbances and prostatic enlargements

"Defrauding," originated by Onan of Old Testament fame, is charged with grievous penalties *Coitus interruptus* and *reservatus* have carried a great share of the obloquy directed against contraception Yet this is the only contraceptive method which has had prolonged clinical follow-up A community which grew to number 300 people, strongly religious and therefore presumably emotional and intense, practiced withdrawal without emission for thirty years as a religious rite, with a frequency and duration of indulgence unparalleled elsewhere, according to available records Yet physical examination near the end of the experiment showed singularly little nervous or other disturbance, an outstanding professor of gynecology reported favorably on the women, and as for the children then bred from carefully selected parents, there is no such average for general physical well-being and mental activity known to the Metropolitan Life Insurance Company The Oneida Community in 1876 swung around to rigid monogamy I can testify to their present culture and ideals as resembling those of the best Quaker and New England townships

Contraceptive Advice will Make Women Shirk Motherhood—On the average, applicants are treated in birth control clinics after four pregnancies and with three living children, nearly half have four or more living Few young

married women apply Reports from various clinics run curiously alike in these figures, whether for America, where there are twenty-eight clinics, or for England with an equal number, for Germany with its hundred marriage advice stations, for Sweden, or for Russia If this be shirking give us more of it!

Contraception Produces Sterility—When young people marry before they can afford children, and the wife works and saves till they can, it is alleged that prevention will have produced barrenness when they do desire a baby So says one British National Birthrate Commission report (7) When I read the galley, I challenged the two writers of such statements to produce case records of young people examined at marriage and found presumably fertile, and later examined and found sterile (6) They could give no instances For years our Committee has searched for such cases and found only those where the intrauterine stem has been used Of impressions and beliefs there are several, but good evidence,—not yet This is a serious matter, for gynecologists of note have given warnings that no couple should marry until ready to procreate Such advice fosters late marriage and extension of engagements over years, whereby the dangers of illicit intercourse are increased

"Natural" and "Unnatural" Methods of Control—You will be frequently asked by conscientious and puzzled people what the distinction is An able writer like Dr Arthur Giles is so sure that he knows, that he uses words like "natural" and "insult to Nature" eleven times in two pages, opening his chapter with these dreadful threats "Nature never forgives," and "Control is a violation of the law of Nature" (7)

One resounding pronouncement is that of the Anglican Bishops at Lambeth They sanctioned "natural" modes of control, but condemned all mechanical devices and chemical means And yet the Right Reverend gentlemen may have been at variance with nature that very day, they had slept in beds, not on the ground, they had bathed in tubs, not brooks, they had scraped their chins with knives, had cleaned artificial teeth, had dressed in clothes, donned spectacles, eaten cooked food (and not with their fingers), and then been driven to the palace across a bridge and sat in chairs in a warmed room behind glass under a roof! There, they proceeded to pronounce mechanical devices as against nature's laws! To be consistent, they should, after a meal of raw turnips, have swum the Thames to the meeting, and sat about a tree in conclave on the grass, robed in the dignity of Nature's tan!

*The medical aspect of the technique of control of conception was covered in detail with lantern slide illustrations giving indications advantages and disadvantages of each method. These are omitted here.—*Editor*

Though an Episcopalian and a lover of nature, my forty years as father confessor to human beings who love in fine honor force me to differ from Lambeth Abstinence is found to be no answer, and the bishops' safe period no solution Perhaps the patients of bishops all have opposite wings of palaces to retire to at night Mine sleep in the same bed

Urgency of the Problem in New York—"Does not everybody know?" asks Dr Simon Flexner "Does not any drugstore sell the wherewithal?" In answer let us give, not the sob-story of the propagandist, but fair examples from notable services in this city

A woman in convulsions enters Bellevue, the State's largest hospital, or the Lying-In, the country's largest maternity service The baby arrives dead, the mother is barely saved On discharge, the doctor warns the patient not to become pregnant again till her bad kidneys are well No, he cannot tell her how to protect herself Where is the advice to be had? He declines to inform her True, if she becomes pregnant again, she can come back, and if it is needed to save her life or her eyesight, an operative abortion will be done Indeed, she can be aborted every four or six months if her kidneys go on strike each time But she may not be told in either of these two great institutions how to avoid the jeopardy until well enough to carry on with a pregnancy

Though the law sanctions advice to prevent breakdowns, in our newest and tallest clinic to have had twelve children is not reason enough for giving birth control advice A woman with kidneys on strike is discovered by a social worker, who sees her through a third therapeutic abortion, and after the third medical warning with treatment refused, takes her to a hospital clinic or separate birth control clinic that will give her contraceptive advice (She happens to be a Protestant) Note what happens next Soon the head of the great charity in whose service the worker performed this act of ordinary humanity is officially notified that if word comes again that any worker refers any patient for birth control advice, all contributions from members of the particular denomination will be stopped This is general experience

A feebleminded woman, with children already in the institution, enters Letchworth Village pregnant The new baby joins the other children in the institution for life If, after a few years' training, this inmate is qualified to support herself, or her husband will support her, the superintendent has no sanction to sterilize her before release, however urgently she or her family may ask it We have not the sterilization law that nineteen other states enjoy, to back the doctors of asylums—and the doctors dare not give her contraceptive advice!

We can multiply case records of this kind from our files

The need of contraception is the greater in our city in that one-sixth of the population is instructed by its priests that if this mother whom we have used as an example has uremic convulsions early in pregnancy, she must not be saved by emptying the uterus This would be deliberate murder, because the two souls—that of the mother of four and that of the second-month embryo—are equal before God The more need of contraception!

The New Preventive Medicine—The question involves every mother after delivery who requires instruction in measures to take to avoid pregnancy until she is fit to bear another child, it includes every convalescent from operation or real illness and every woman worn down by imperative overwork And the doctor who does not help to prevent the start of a pregnancy that he is persuaded will run his patient down further—how does he excuse himself for a neglect of ordinary health protection? Shall his patient, mother of two or three, without means, and married to a chronic alcoholic, go on bearing? Or this worn-out wife of a hopeless incompetent, just because she has not *yet* gotten tuberculosis, or because her strained heart muscle still compensates?

We doctors are afraid of the words "social and economic grounds" for birth control advice But the father getting mean wages or long out of work or ill, the underpaid teacher with children, the young couple who would marry if the wife could go on working and postpone childbearing a year or two, the couple with all the children they can decently rear—are we to sidestep these problems?

The Organized Opposition—It is generally supposed that one of the greatest of the churches is completely, consistently and unalterably opposed to birth control This is only partly true This church makes exceptions It sanctions birth control of three sorts under certain conditions One method is by abstinence, one is the "safe period," and one is *coitus reservatus* As long ago as 1842, the proper authority directed that a woman committed no sin whose husband insisted on withdrawal, and quoted Liguori that the confessor is not usually called upon to make inquiry upon so delicate a matter as the conjugal debt, and if his opinion is not asked, he should be silent Among its greatest leaders in social work there is evidence of strong feeling that the confessor should have a chance to absolve a woman under certain conditions—as with the worn-out mother of thirty with five children, or our patient with Bright's disease Not to do so keeps people from the confessional

This wise church can be expected to increase the number of its exceptions Said a prominent writer and speaker of this faith "We are fighting a losing fight" But the fight is well organized and carried on all fronts with calmness, with judgment, and with reason

Medical Opinion and Action Changing—The last three years have seen great alterations In Philadelphia, leaders like George de Schweinitz, Alfred Stengel, B C Hirst, Floyd Keene, Anspach, and Vaux are members of the council of the Pennsylvania Birth Control Federation The Los Angeles County Health Department under Dr Pomeroy runs birth control clinics as part of its child hygiene service So does the state-supported Colorado General Hospital There are twenty-nine birth control clinics in the United States Out-patient departments in nine of the chief hospitals of New York City give this service, as in Sloan, the Woman's, and Mt Sinai

Even so, the need in New York City is such that, after investigation, the New York Academy of Medicine in 1926 endorsed a plan for a special demonstration clinic under responsible and representative medical control and state license Such a clinic is needed to test technique, to follow up patients, to study adaptation of a variety of methods to individual needs, and also to determine the medical indications for contraception, for therapeutic abortion and for sterilization Heretofore, the hospital staffs have shown a languid interest in protecting their patients Here is an example

In the largest hospital of its kind in this country, where the staff has known for four years that birth control treatment is skilfully given in the gynecological out-patient service, in some months there are as many as four cases referred for abortion, these abortions to be done for grave disease on patients who have been, mark you, many months in the care of the doctor referring Prevention of abortion is a neglected branch of preventive medicine

To meet the recommendation of the Academy for a special study, ten national figures in medicine have stood ready to incorporate and undertake responsibility for a demonstration clinic on the lines of these specifications Mrs Sanger has offered her Bureau for Clinical Research, an active clinic with fifteen sessions weekly, and 1,500 new cases a year, to be taken over for responsible medical control under the Academy plan

In 1923 application was made to the State Board of Charities for a license (1) The three standard requirements for license—to show the need, to have sufficient funds, and acceptable incorporators—were met, as the Board acknowledged, but it thereupon developed an extraordinary and new requirement, i e, that before this scientific investigation under the highest auspices could proceed, the chief church organizations must waive objections Waivers were available from the Jewish and Episcopal Churches and the Federal Council of Protestant sects, only one Church ignored all communications The plan

of the Academy, the fact that professors from Bellevue, Long Island Harvard, Johns Hopkins and the University of Illinois, and others well known, would be in control, availed nothing A scientific investigation having the highest professional endorsement must await ecclesiastical sanction Finally, after many months of effort in the fall of 1926, the Board declined to grant the license on the ground that it was against public policy to license further specialty clinics in New York City Consequently the only *extensive* clinical study of birth control in existence equipped with proper histories and follow-up, must continue to function behind the sign of a private practitioner and is still denied the character of medical supervision and the kind of recognition, inspection and affiliation it might otherwise secure

The Legal Tangle—The doctor asks nothing but freedom—clearly worded freedom—to do for his patients what he wants done for his own wife and daughters

But has he this freedom? Let us see

National Laws Taking first the United States as a whole, no doctor can without breaking the law use the United States mails or any common carrier to *receive* or to *send* information or material having to do with the control of conception directly or indirectly In 1873 the control of conception was legally described as *obscene, lewd, lascivious, filthy* and *indecent*, and therefore to aid and abet it was a criminal offense There are five articles in the Federal criminal code covering this 102, 211, 245, 305 and 312 These laws include scientific books, pamphlets, journals, and illustrations, as well as mechanical devices, drugs or prescriptions They are sweeping and explicit and apply to everybody alike with no exceptions or qualifications Successive serious attempts have found no loopholes for other interpretation and all efforts to secure amendments have failed *

Restrictive State Laws But, even if knowledge or the wherewithal for controlling conception is not transmissible by post or other carrier, surely the doctor in any given locality can practice preventive medicine in this field, with indigenous information and home grown material?

In fifteen states he cannot do so freely, because of restrictive state laws, and in six others he can only by exception This leaves twenty-eight states where, more or less unimpeded, he can give such advice as he can develop for himself or learn by word of mouth, and treat with such means as he can make or secure without help from the post office or other common carrier

The state restrictions vary, but most of them are patterned on the United States laws and were passed in the decade following the Comstock laws (1873)

In ten states no one may give contraceptive advice or material, or seek it, or tell anyone where it may be obtained Physicians are not exempt, either by statute or interpretation in Pennsylvania, the District of Columbia, Missouri, Nebraska, Kansas, Mississippi, Montana, Arizona, Idaho and Washington

To be sure, medical colleges and books are exempt in Nebraska, Missouri and Pennsylvania, and medical books in Kansas But whatever a doctor learns by these means must be kept to himself if the law is to be obeyed

In our neighboring state, Connecticut, no one may *'use* any drug, medical article, or instrument for the purpose of preventing conception" This is the only state where the *practice* is forbidden and where the title of the law specifies its purpose. This unenforced and unenforceable law has recently been upheld by the state assembly when confronted with a bill calling for its removal

Five other states, Maine, New Hampshire, Massachusetts, New Jersey and California, have general obscenity laws against advertisement or sale or possession of contraceptive information or material, which by implication may hamper clinical practice, because the medical profession is not specifically exempt, and the law has not been *formally* interpreted The New Jersey law has a provisory clause to the effect that contraceptive information and material may not be transmitted without "just cause." A clinic has been started in Newark with a notable group of physicians on its medical board In California there are several clinics, one under Government auspices, and in Massachusetts a Birth Control League with leading medical names has been started

State Laws Exempting Medicine In the states where the medical man is exempt from the legal penalties laid on the commoner, this is how the line is drawn

Physicians, medical books, medical colleges and *druggists* are exempt in Ohio, Indiana, Colorado and Wyoming, and *physicians* alone in Nevada and New York (In Colorado no 'knowledge" of contraception can be brought into the state!)

This brings us to our own state of New York where the doctor is in a unique position By a recent statute (1926) he risks losing his license if he gives contraceptive advice even for grave disease By an earlier law (1881) he is per-

*That information and material are sent without molestation by doctor to doctor or by doctor to patient is beside the point. The practice is bootlegging and is carried on by sufferance as no government agent has been willing to give any doctor a written assurance of non interference The Income Tax Bureau has just declared that a certain large contributor to the birth control movement must pay a tax on portions of his income for which he claimed exemption because the donations were made to an organization that broke the law The particular instance cited was the referring of a patient appealing by letter for birth control information to the Bureau for Contraceptive Advice run by Johns Hopkins physicians in Baltimore. No instruction was given the woman was merely directed to a clinic conducted openly but the law may be construed to include this direction as information 'calculated to lead another to use or apply it for preventing conception.'

mitted to give this advice To the unlegal mind it sounds like this "You may, but you must not"

The Medical Practice Act of 1926 provides (174,e) that the license of a practitioner may be revoked " if he undertakes in any manner or by any means to violate *Section* 1142" of the State Penal Law Section 1142, passed in 1873, deals with "indecent articles" and provides among other things that *any* person is guilty of a misdemeanor who furnishes or has in his possession any article or recipe for the prevention of conception, or leads another to use it or gives information where such can be obtained No exception for physicians is mentioned in this Section nor in the Medical Practice Act But, as an afterthought, in a section (1145) further on, hidden in verbiage, with careful avoidance of the crucial words, as it were by inference, doctor and patient are declared *not* guilty when acting to cure or prevent disease (Section 1145 was passed in 1881)

By the addition of a few words the ambiguity and obscurity could be done away with In the 1929 bill (Assembly Introductory No 35) it was proposed to amend Section 1145 so that "contraceptive treatment" should no longer be hidden or left to inference, but directly indicated and in addition be mentioned as "for married persons." (See appended text of New York State laws and the proposed amendment) This bill like several predecessors was not voted out of the Codes Committee

It is suggested that another year the amending bill be directed to Section 142 as well, or instead of, 1145 The simplest way of getting order would be to take control of conception out of the category of "indecent articles" But if restrictive legislation is deemed desirable then 1142 should carry an exempting clause, either excepting physicians, or calling attention to 1145 Also the amendment to 1145 should read "contraceptive advice" rather than treatment, as this implies a therapeutic usage, whereas economic and social reasons should be admissible in a reasonable program of preventive medicine

Summary and Conclusion—Histories which disprove many of the common accusations against birth control are in our hands These seem to show that

(1) *The usual methods are harmless* It is the little used intrauterine stem and an abandoned German practice that have done the damage

(2) *Production of sterility is not proved* Evidence is lacking, in our six-year hunt for case records, of sterility from methods other than the intrauterine stem

(3) *The methods are reasonably effective* Clinically approved methods show ninety-five per cent protection, which compares well with medical treatment of other sorts

(4) *Women do not shirk motherhood* They come to clinics usually after four pregnancies, with three living children, nearly half have four or more living This applies to England, Germany, Sweden and Russia, as well as to America

Three of the great strides of medicine are toward the

Control of pain in labor and operation
Control of infection in obstetrics and surgery
Control of communicable disease

These three, made in the face of opposition and indifference on the part of the organized profession, are now its common pride and glory

A fourth control, control of conception, needed to safeguard life and health and happiness, though now suspect and maligned, will take its place of honor with these others Courage and wisdom were required to restrain the forces of disease and death A greater courage and a higher wisdom are called for within our profession to undertake a guiding part in the control of life

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NOTE—The appendices referred to above, containing statements and resolutions by medical societies and New York State laws applying to contraception, will be found in the Academy of Medicine Bulletin for May, 1929 —*Editor*

THE WORK OF THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK*

By DeWITT STETTEN, NEW YORK

Abstract of the Inaugural Address of President DeWitt Stetten, January 28, 1929

In an association as large and as unwieldy as ours, with a membership of nearly four thousand, its actual machinery must be left in the hands of a comparatively small executive committee like our Comitia Minora It is further advantageous, nay essential, that the Comitia be, as it has been, relatively self-perpetuating, and that advancements be made from the lower to the higher positions of men, who have been trained in the workings of the organization We would have nothing but chaos in such a complicated outfit if untrained men, with no experience in the needs of the Society, with no knowledge of the technique of its management, were suddenly placed in positions of authority If men want to work and they show qualifications and capabilty for such work the Comitia is only too glad to welcome them to their midst, but they must start from the bottom rungs of the ladder, first on the Committees, then as chairmen of such Committees, then in lesser positions on the Comitia, and then they can finally advance to positions of seniority

I shall give you a brief recapitulation of the more important matters that have been handled by the various Committees under the supervision and control of the Comitia, reminding you at the same time that we have often been hampered by lack of jurisdiction or even by actual legal restriction

The Board of Censors has listened to numerous complaints and in an impartial and judicial manner has given its decisions Although there were no cases actually requiring discipline during the year, many of the cases investigated resulted in steering men whose behavior had been questionable along the proper paths by kindly advice and admonition, with a most salutary effect upon their future professional behavior

Your Counsel has worked untiringly with the Comitia, the Board of Censors, the Committee on Membership, and the Committee on Civic Policy He has been on the alert in bringing to the attention of the District Attorney's office all cases of illegal or fraudulent practice, and has made a thorough study of the Constitution and By-laws He has, with the co-operation of the Comitia, helped to organize an Insurance Bureau to assist the members with their insurance problems and eventually to obtain for them reduced rates by means of group insurance He has worked with the Grand Jurors Association of the City of New York and with representatives of the Citizens Committee against Fraudulent Claims to help suppress the "ambulance chasing doctor" He has further made an exhaustive study of the legal status of the Cornell Pay Clinic and has reached certain very pertinent conclusions on which further action on the part of the Society will be based, especially toward preventing the abuse of charity by patients who can afford to pay

Your Committee on Legislation has watched most vigilantly all medical legislative measures and has carefully analyzed no less than 93 State Legislature bills pertaining to the public health and the welfare of the medical profession

Your Committee on Membership has rigidly studied the applications for membership, admitting the desirable and excluding the undesirable With the cooperation of the Special Committee on New Members, which has issued a card outlining the advantages of membership in the organization, it has raised the membership from 3,700 to 3,830, or a net gain of 130 in the year

Your Committee on Civic Policy has made a thorough investigation of the Life Extension Institute, which the Committee has found to be operating within the law as now interpreted, in spite of all the objections that may be advanced against the activities of this organization The Committee had favored and urged the consolidation of all the municipal hospitals "Medical Week" has continued to function in a most efficient manner under the able editorship of the Chairman of the Committee Besides calling the attention of the profession in its well-chosen editorials to the live questions that are constantly arising, it has kept the profession informed of the various activities of the Society and of its Committees, and has also accurately reported the medical news of the week and the scientific programs of the various local medical societies

Your Special Committee on Hospitals has made an exhaustive study of the question of the "closed" versus the "open" hospital, and has reached the conclusion that in our community at least the "closed" hospital is the more desirable plan for the care of the sick and for the education of the medical student and the training of the interne and the nurse, but that certain modifications should be made toward extending wherever practicable the courtesy privileges to as many physicians as possible

Your Special Committee on Dispensaries has studied the problem of the Cornell Pay Clinic and has concluded that as a group diagnostic clinic for persons of moderate means

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who rightfully come within the provisions of the Dispensary Law, and who are referred to the Clinic by their physicians, it is a desirable institution, but that it should not function as a treatment clinic, as it enters into unfair competition with the medical profession and encroaches upon the field of the practicing physician

Your Special Committee on Nursing has found that there is a need for educating the public to meet the legitimate cost of sickness, that serious thought must be given to what now seems inevitable, an eight hour nursing day and a six day working week for the nurse, that too great stress has been laid upon nursing education on a university basis, that greater encouragement should be given to the training of practical nurses by small hospitals and institutions for the treatment of chronic disease, that an effort should be made to increase the supply of foreign language nurses, and that the medical profession, through the State Society, should play a greater rôle in regulating the curricula in the schools of nursing

Your Special Committee on Radiological Laboratories has granted certificates to a considerable number of qualified radiological laboratories It has persistently fought the unqualified commercial laboratories because of their imperfect work and questionable practices, and has found that the primary reason for their continued existence is due largely to the patronage that has been given to them, in many instances, by the very men who cry out most loudly against their encroachment on the profession—the reason for this patronage being often of a purely selfish and material character

Your Special Committee on Clinical and Pathological Laboratories has approved of thirteen laboratories, and has found the identical problems in regard to the commercial clinical and pathological laboratories as has been found in the case of the commercial radiological laboratories just referred to

Your Special Committee on Physiotherapy has worked unceasingly for the enforcement of the physiotherapy clause in the new Medical Practice Act

Your Special Committee on Press and Publicity has co-operated with a similar committee of the New York Academy of Medicine This cooperation has resulted in the formation, under their joint auspices of the Medical Information Bureau

Your Special Committee on Economics has made a most intensive study of the fee-splitting evil, including an analysis of a questionnaire sent to all members of the Society It has concluded that fee-splitting in any form was to be condemned, and that an open division of fees at a fixed rate between the specialist and the general practitioner with the full knowledge of the patient would in no wise help the situation The Committee feels that the only way to combat this evil is by educating the public as to the value of the services of the general practitioner and as to the need of his association with the specialist, both by his attendance at operations and his co-operation in the post-operative treatment

Your Special Committee on Periodic Health Examination has continued to bring before the public the advantages of periodic health examinations, in which work it has had the generous financial aid and assistance of the New York Tuberculosis and Health Association and the Milbank Memorial Fund During the year it concentrated its activities on the Bellevue-Yorkville District co-operating with the Bellevue-Yorkville Health Demonstration It also co-operated with the Department of Health in having health examinations made of every school child in this district It has been working steadily toward the idea of educating the public not only to have this regular health examination made, but to have it performed by the family physician

Your Special Committee on Public Health Education has carried out its usual program in giving a course of free lectures to the public on the prevention of disease, and the Milk Commission has functionated with the same success in bringing pure milk to the City as in previous years

In addition to this, there have been held eight very profitable stated meetings of the Society, at which numerous papers, many of great scientific merit, were presented

Now what of the future—and particularly what program have we for the coming year? Let me briefly outline our plans for 1929, and let me suggest some of the more pressing and important problems that have arisen and some of the innovations we hope to introduce

The various Committees which have worked so faithfully and capably during the past year will be maintained, with the exception of the Special Committee on Public Health Education, which has been found to duplicate much of the work already so ably handled by the Academy Ignoring factions, your President has appointed to the membership of these Committees for the ensuing year men who he thinks will work diligently for the interests of the Society Further investigation of some of the problems which have been studied will be continued, as the conclusions in many instances have not been final—such as, for instance, in the case of the Cornell Pay Clinic, or in the question of the commercial laboratories

A new Special Committee on Loan and Relief has been created to help those of our

needy and deserving colleagues, whether he be a young beginner who is about to establish himself, or an old practitioner who, because of ill health or ill luck, finds himself in financial straits A considerable fund has already been pledged by a number of our members

To cope more efficiently with the manifold and complex activities of the Society it has been deemed wise to create a new office, namely, that of Drector of Activities This has been under consideration for several years, with the thought of appointing our able secretary, Dr Dougherty, to this position, and after much persuasion he finally agreed to accept the appointment, which became effective on January 1st.

An investigation will be made of the problems created by the large medical centers—particularly as they affect the private practitioners in their vicinity, and attempts will be made to adjust differences, so that both groups will work for their mutual benefit and for the good of the community Working along these lines, and as a preliminary step toward further study, your President and Director of Activities on January 11th had a very satisfactory conference with the Dean, the Assistant Dean, and the heads of the Departments of Surgery, Medicine, and Gynecology and Obstetrics of the College of Physicians and Surgeons, and the Executive Vice-President of the Presbyterian Hospital The results of this conference will be reported to you at some later and more appropriate time

Your Committee on Legislation has already studied Prof Lindsay Rogers' report on the Workmen's Compensation Act, and has noted the abuses which he has pointed out This matter has been referred by the Comitia to the Special Committee on Economics of the County Society and to the Committee on Economics of the State Society for further action toward ending these abuses

We propose to work energetically for the enforcement of the new Medical Practice Act, which has now put teeth into the law relating to the regulation of the practice of medicine. We hope eventually to suppress completely the practice of medicine by the chiropractor and other illegal practitioners, and through the new Grievance Committee of the Board of Regents of the Department of Education to bring about the revocation of the licenses of every fraudulent practitioner and advertising quack in the County

The County Society here is the representative of organized medicine, and as such should concern itself primarily with the problems of public health and with the economic and civic aspects of the practice of medicine The County Society should leave the scientific work largely to the smaller special societies and to the New York Academy of Medicine, and its twelve sections We therefore favor the gradual reduction of purely medical programs at our stated meetings and the substitution therefor of extra-scientific presentations on the live questions of public health and medical practice—such as we will have later this evening The County Society should and will co-operate with the Academy in all overlapping problems—particularly in the questions relative to the education of the profession and the public as we have done this year in the creation of the Medical Information Bureau

The City of New York is most fortunate in the recent appointment by the Mayor of the new Commissioner of Health, Dr Shirley W Wynne, a man of broad vision who is keenly alive to the public health needs of the community and to the problems of the practitioner With the aid of the County Societies of the five counties, comprising the Greater City, he has begun a program of preventive medicine whereby the services of the private physician will be utilized for the benefit of the community, the Department of Health, and the physician himself This program has been initiated by the establishment of two tuberculosis diagnostic stations, where patients referred by the family doctor are given a thorough examination including x-ray studies and then are referred back to the doctor for treatment with a complete diagnostic record, and in addition, the Department co-operates with the doctor in placing his tuberculous patients in appropriate institutions Other such stations will subsequently be established in various parts of the City and eventually all tuberculosis treatment clinics, now in existence, will be abolished This has been followed, as you know, by an intensive Diphtheria Prevention Campaign, under the joint auspices of the Department and the County Societies, in which the public have been urged to take their children in the susceptible age to their respective family doctor for diphtheria toxin-antitoxin immunization The Commissioner has further plans along similar lines in regard to cardiac and tuberculous cases, prenatal care, the examination of school children and food handlers, and finally, periodic health examination I shall not steal any more of his thunder, because he will give you the details of his scheme a little later in the evening, but I want to go on record here as stating that he shall have the wholehearted co-operation and support of the Medical Society of the County of New York, in this work in New York County

The Society is now also co-operating with the New York Tuberculosis and Health Association in making a study of Venereal Disease Prevalence in New York County

Now that our dues have been raised and

our finances are on a firmer basis, we believe that "Medical Week" should be purchased outright, so that this paper finally comes under our complete control and becomes what it really should be, the official organ and bulletin of the Society Its size and scope could be enlarged and in addition to the material it has carried, it could publish short papers on questions dealing with the public health and the various economic problems of medical practice It could thus be made a really potent and beneficent factor in the medico-sociological affairs of the City If the paper is owned by the Society, the advertising could be more effectively regulated and censored than is possible under our present arrangement with the publisher

We further are of the opinion that an investigation should be made into the violation of the Dispensary Law and to what extent hospitals are giving free professional service where it is not warranted, and that means should be devised to end these abuses of charity We feel certain that such a study will also show the need for an increase in moderate priced diagnostic facilities and semi-private hospital accommodations, which, as is well known, generally require partial philanthropic support The County Society may then become instrumental in diverting some of the moneys that are being misspent on free treatment for those who do not deserve it and can well afford to pay, toward this very worthy philanthropy

We favor many other things, among which might be mentioned the official retention of the services of the ex-presidents of the Society in some form or other, so that their training and experience may be utilized for the benefit of the organization We believe this might be accomplished by the formation of an Advisory Special Committee on General and Public Relations, on which all past presidents will serve ex-officio and to which could also be appointed leaders in the profession representing the various groups, specialties, hospitals, societies, and factions The duty of this Committee would be to study all problems involving the relations of the profession to the public and to bring the result of their deliberations before the Society via the Comitia for action

We favor the devising of some method whereby the County Societies of the five counties of Greater New York may work in closer harmony and co-operation, as they have recently done in the Diphtheria Prevention Campaign of the Department of Health, and in the Venereal Disease Prevalence Study that is now being made with the aid of the New York Tuberculosis and Health Association These Societies that are so closely linked geographically and politically, surely have similar ideals In many instances they also have almost identical problems If, instead of each County Society working independently, the combined weight of their united forces were brought to bear on these mutual problems, the chances of solving them satisfactorily would be greatly increased and the joint effort of the five County Societies would then exert a really vital influence on the medical and economic questions arising in the Greater City

We believe that the greatest encouragement should be given to the dissemination of reliable medical information to the public as the most rational way of combating cults and quackery This information should be given *in popular form and every possible medium* of publicity should be used, be it the newspaper, the magazine, the motion picture, the radio or the lecture platform We feel that much of this can be done through our Special Committee on Press and Publicity and through the recently established Medical Information Bureau of the Society and the Academy

We favor further the holding of open special meetings where all moot questions can be discussed and eventually referred to the Comitia as a reference committee for action We favor that the widest publicity be given to all these discussions, to educate not only the profession, but the public as well, as the surest means of solving the problems with which we are confronted We believe that all groups should be heard freely and all standpoints considered impartially We welcome constructive criticism but feel that every effort should be made to prevent petty political squabbling or obstructive parliamentary heckling

Finally, we shall pledge our unqualified support to any movement in the interest of the public health and of the general welfare of the community We are convinced that in the long run such a movement will always react toward improving both the social and economic status of the physician in that community, just as contrarywise, we feel that any movement which is inimicable to the profession is harmful to the public Much more vital than this, however, is the fact that, after all, prevention of disease and the cure of the patient is the basic ideal and ultimate aim of our calling, and therefore the primary responsibility of the County Society

With this responsibility of the organized medical profession always uppermost in our minds, I appeal to all the members for their whole-hearted assistance and sincere co-operation in carrying out this program of real progress—irrespective of the faction to which they may belong

SCIATICA A SYMPTOM IN RAPIDLY FATAL SARCOMA OF THE PELVIS

By C BURNS CRAIG M D, NEW YORK, N Y

THE following group of cases, which were observed during the past year, indicate the importance of considering the possibility of malignancy in the bones of the pelvis as the cause of sciatica in obstinate cases

Sciatica, due to involvement of the sciatic nerve or the lumbosacral plexus or its roots, by malignancy primarily in the uterus or adnexa is comparatively frequent in advanced cases Such a possibility is eliminated in the cases to be described, as they were all males And the prostate gland was negative in each case In view of the *x*-ray findings in the pelvic bones one is justified in designating them, as the primary site of the malignant process

Case I (A-13827-H) F H, a married man, 31 years of age, by occupation a confectioner, was admitted to the Neurological Institute November 26, 1926, complaining of pain in the right hip and right lower extremity

In the early part of August, 1926, the patient developed a slight pain in the upper part of the right hip anteriorly This disappeared after a few days but returned after two weeks with renewed intensity The pain continued intermittently He consulted various physicians and finally came to operation for infected ilium Oct 24 The pain at that time was very severe and the ilium was so tender that he could not stand even the slightest touch Following the operation patient not only failed to get relief but immediately became worse On coming out of the anaesthetic he noticed that he now had pain in the spine, in the lower region, and in the sacrum His recovery was surgically uneventful, the incision healed well after some drainage. The patient was told that an abscess had been found evidently involving the iliac periosteum

After a few weeks, the pain diminished in the hip and began in the right thigh and calf Severe shooting pains down the entire extremity developed Pain also seemed to go from the anterior to the posterior aspect of the thigh During all this time the patient was able to get about with considerable limping due to the pain rather than to any weakness

On admission, the patient had considerable pain in the right hip and buttocks radiating down the thigh, and in the lower vertebrae. There were no sphincteric disturbances and the genito-urinary history was entirely negative The patient did not believe he had muscular weakness He had recently experienced some numbness over the anterior aspect of the thigh Coughing and straining or sneezing did not exacerbate the pain in the hip or spine but did cause some discomfort in the right lower quadrant near the operative site

The patient had sustained no injury nor had he had any infectious disease since pertussis in childhood The family history was negative.

On examination, the patient appeared to be a well developed and well nourished male, except for a certain pallor of the skin, lying in obvious discomfort He was able to stand and walk, favoring the right side more than the left There was distinct atrophy of the right thigh and some general loss of weight There was severe pain and spasm in the right thigh and weakness in the posterior thigh muscles The reflexes in the upper extremities were active and equal The right patellar and Achilles jerks were slightly diminished as compared with the left. The upper abdominals were equal, the right lower being diminished and the cremasteric absent Plantar flexion was obtained on the left and a doubtful Babinski on the right, probably defensive activity

The cranial nerves were entirely negative

The heart, lungs and abdomen were negative except for induration in the right iliac area Rectal examination was negative

During several examinations, levels of sensory disorder were found At first a level at the tenth thoracic dermatome was found, below which all forms of sensation were diminished The level of this sensory disorder ascended gradually until it reached the upper thoracic segments Following lumbar puncture it disappeared and did not recur

Sensory examination of the two lower extremities showed no disparity

The laboratory reports were as follows The blood showed a hemoglobin of 65-70 per cent, R B C 2,800,000, W B C 8,000, neutrophiles 74 per cent, small lymphocytes 25 per cent, large mononuclears 1 per cent and transitionals 1 per cent The spinal fluid showed normal pressure, clear color, no cells and a one plus globulin The Wassermann was negative, the colloidal gold curve negative and the manometric study showed an almost complete block There was 37 mgs of protein

X-ray examination of the skull on November 29, 1926, showed the calvarium to be normal in outline and thickness The diploic channels were quite clearly visible Calcification in the pineal gland and a small deposit of calcium in the posterior commissure were present There was evidence of increased pressure The sella was of rather small capacity, clearly outlined and showed no evidence of atrophy Petro-clinoid bridging was in the process of formation on the left side. The frontal sinuses were practically absent. The basal angle was apparently normal There was no evidence of intracranial pathology It is, however, not infrequent to find the pineal gland as well calcified in a patient of this age

X-ray examination of the spine showed the cervical region to be comparatively normal No evidence of bony pathology was to be seen The cricothyroid cartilages were partly calcified The thoracic spines showed a right scoliosis but no evidence of angulation and very little evidence of compensatory twisting The intervertebral discs were even in thickness The lumbar vertebrae showed no definite variation from the normal except the spinous processes of the 5th lumbar vertebra was somewhat elongated and apparently extended into the space produced by a bifid 1st sacral vertebra The sacro-iliac joints were clear The pelvis showed some evidence suggesting bone absorption in the region of the anterior superior spine of the ilium on the right side which osteomyelitis might well have caused Elongated processes of the 5th lumbar and 1st sacral vertebræ were noted The bones of the legs showed no definite evidence of abnormality or pathology The bones of the right foot showed the outlines to be good, the terminal phalanges of the 3rd, 4th, and 5th toes had a tendency toward hammer formation The terminal phalanx of the 3rd toe of the left foot appeared to have suffered trauma The joint spaces all appeared clear

The finding of importance was the area of absorption in the right ilium suggestive of osteomyelitis



X-RAY PRINTS—LEGENDS

CASE I November 29, 1926 The right ilium in the region of the anterior superior spine presents a fan-shaped area of absorption. This porous appearance suggests osteomyelitis, but proved to be early malignancy The dark streak across the ilium is, of course, artifact in the film Other films taken at the same time showed the left ilium to be quite normal

During the patient's stay in the hospital the pain in the hips and down the sciatic distribution was intolerable Nothing, not even large doses of morphine, sufficed to give any considerable relief The patient was removed from the hospital by his family on December 20th, 1926

He was soon admitted to Bellevue Hospital, where x-rays taken December 30th, 1926, showed striated areas of absorption throughout the right side of the pelvis He was removed from Bellevue and died early in January of 1927

The cause of the sciatic symptoms—atrophy, muscle-spasm, reflex disorder, and intolerable pain, were due, obviously, to sarcoma of the bones of the right side of the pelvis The extraordinary feature was the rapidity with which the malignancy in the bone progressed In October the ilium was operated upon for osteomyelitis Possibly this procedure hastened the process In November the x-ray picture was still considered that of osteomyelitis By the last of December the bone showed a markedly degenerated state of malignancy, and the patient was dead within a month

Case 2 (A-2676-H) B P, a married man, aged 50 years, by occupation a salesman, was admitted to the Neurological Institute October 27th, 1925, complaining of pain in the left thigh and leg and pain in the right shoulder

In December, 1924, the patient suddenly experienced a sharp pain in the left calf About one week later a sharp pain developed in the region of the right scapula The pain was continuous up to April, 1925, and was confined to the left lower extremity and the right shoulder except for one occasion during April when he had a sharp attack of pain in the right leg While crossing the street he found himself unable to take another step and he had to be taken home Following this the pain increased in the outer three toes of the left foot and calf, thigh and buttocks on the left side The pain was described as similar to that of a "constantly aching tooth" The patient experienced no tenderness at that time anywhere in the bones The pain had been constantly present so that sleep had been disturbed and he had lost fifteen pounds in weight during the past year

About October 1st, 1925, the patient was admitted to a hospital After having received a few injections in the gluteal region he was operated upon and was told that the left sciatic nerve had been stretched While in the hospital the patient had a cystoscopic examination and was told that his bladder was normal The patient experienced no relief from the nerve stretching and came into the Neurological Institute for the same symptoms which he began to have in December of 1924 Aside from a hemorrhoidectomy in 1907, the patient had enjoyed good health

At the time of admission the patient was sleeping poorly because of the pain, he had no appetite and had lost fourteen pounds in weight Recent

weight was one hundred and twenty-four pounds The bowels were constipated There were no bladder symptoms The family history was negative

On examination the patient showed general emaciation, particularly in the lower extremities and the pallor of chronic illness When he walked he limped slightly on the left foot The station on either foot was secure

There was marked general wasting of the muscles, especially in the lower extremities, but no focal atrophy Marked tenderness over the entire left gluteal region was present The skin on either side of the site of the operation was extremely tender There was also marked tenderness over the spine of the scapula on the right The general muscular power was somewhat reduced throughout the muscle groups but there was no focal weakness The flexors and extensors of the feet were fairly strong and there was no inequality of the two sides

On two or three occasions fibrillary twitchings have been noted bilaterally in the gluteal muscles Otherwise there were no abnormal involuntary movements

The deep reflexes were reduced in the upper extremities but symmetrical The suprapatellar and patellar reflexes were normally active and equal The right Achilles jerk was active, the left absent The superficial abdominal reflexes were present and equal The cremasterics were absent Bilateral plantar flexion was present There were no pathological reflexes

The Kernig sign was present on each side, the left being more marked than the right Flexion of the neck and thighs, combined, caused severe pain in the left lower extremity

The sensory examination was normal for diffuse, localized and discriminatory tactile impressions and also for temperature, vibratory and muscle tendon sensibilities Pain was appreciated everywhere as pain but at times on the outer side of the lower third of the left leg and over the side of the dorsum of the foot there was a slight hypalgesia

The cranial nerves were all normal

The skin revealed no naevi or other abnormalities Most of the teeth had been extracted The heart, lungs and abdomen were entirely negative Rectal examination was likewise negative

There was some irregularity of the cranial bones in the occipital region There was no tenderness of the skull About the middle of the spine of the scapula was a dense nodular infiltration of marked tenderness This mass was not connected with the skin at any point.

The mental status was entirely normal

The laboratory findings showed the following The blood count showed a hemoglobin of 70%, red blood cells 3,700,000, white blood cells 10,000, neutrophiles 67%, small lymphocytes 18%, large mononuclears 2%, and transitionals 3% The blood Wassermann was negative The morphology showed a slight anisocytosis The blood chemistry showed 32 1 mgs of urea, 15 mgs of urea nitrogen and 176% sugar The urine examination was negative

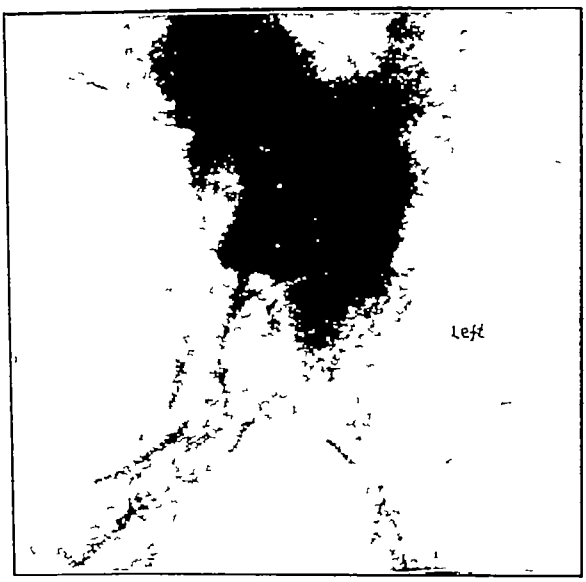
Examination by X-ray of the lumbo-sacral vertebrae showed them normal in outline and in good alignment The right side of the sacrum and sacro-iliac joints appeared normal The left side of the sacrum about the anterior inferior spine of the left iliac bone showed a distinct atrophy and bone absorption There was also bone atrophy about the left acetabulum These changes were those of malignancy There was very little, if any, evidence of bone production

The patient got steadily worse He lost weight slowly and the pain and weakness in the left lower extremity increased He died January 22, 1926

Obviously the pain in the sciatic distribution, nine months before admission to the hospital, was due to the malignancy which was even then present in the pelvis

Case 3 (A-9993-H D P, aged 30 years, a single man, by occupation a laundry worker, was admitted to the Neurological Institute July 15th, 1926 complaining of pain and weakness in the left hip, thigh and leg

About eight months prior to admission the patient first noticed slight pain in the left groin and



CASE III—PLATE 1 August 24, 1926 A slight degree of atrophy is evident in the bones forming the left hip joint, particularly just opposite the acetabulum

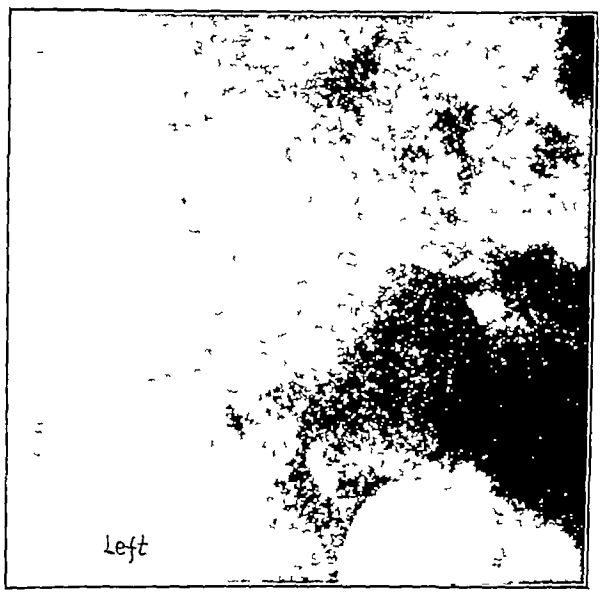
hip joint Reduced strength and difficulty in movement of the left leg soon followed The pain radiated down the back of the leg During the three weeks prior to admission the condition had been much worse and the patient was unable to raise the leg when in bed The pain often kept him awake at night and he felt better sitting than

lying The patient had noticed a decrease in his libido He had lost fifteen pounds in weight in the past three months His appetite was poor and sleep difficult

Aside from diphtheria and scarlet fever in childhood he had been well The bowels were regular and urination was normal The family history was entirely negative

The patient was slightly anemic and underweight at the time of admission. There was a slight wasting of the left thigh and leg, the patient stood with most of his weight on the right leg and tended to lean to the right There was a paresis of the left leg and thigh with a slow movement at the knee joints He stood poorly on the toes, only fairly on the heels In walking on a straight line he moved to the left He walked backwards normally The finger to nose and finger to finger tests were normally performed, the finger to thumb test was slowly performed, especially on the left The skilled acts were performed fairly accurately but slowly The speech was normal There was a moderate coarse tremor of the eyelids

The deep reflexes in the upper extremities were active and equal, in the lower extremities the suprapatellar and patellar and Achilles jerks were slightly increased The superficial reflexes were reduced on the left



CASE III—PLATE 3 November 10, 1926, showing wide-spread destructive process in the bones of the left side of the pelvis and in the femur, obviously malignant (Film reversed in printing)

The muscle power was reduced in the left thigh and leg All the muscles of the two thighs and left leg were soft and flabby and reduced in size

There was a very slight diminution to pain sensation on the left side from the crest of the ilium up to about the 7th thoracic dermatome The 6th thoracic spine was tender Tactile acuity, localization and discrimination, as well as temperature, vibratory and muscle tendon sensibilities were all normal

The examination of the eyes showed the pupils to be unequal, the right measuring 4 mm and the left 3 mm in diameter They were round in shape and central in position, the reaction to light, accommodation and to convergence was normal



CASE III—PLATE 2 October 8, 1926 Showing the surgical displacement of the great trochanter to produce a fixed joint. The joint was considered tuberculous (Film reversed in printing)

There was no diplopia or nystagmus The palpebral fissures were equal

The masseter seemed weaker on the left than on the right The rest of the cranial nerves were entirely normal

The systemic examination was entirely negative except that the patient had had pyorrhea and the nails showed a tendency to concave curvature Rectal examination of the prostate was negative

The laboratory findings were as follows The blood count showed a hemoglobin of 75%, red blood cells 4,000,000, white blood cells 5,500, neutrophiles 55%, small lymphocytes 44% and transitionals 1% The blood Wassermann was negative The spinal fluid showed a normal pressure, clear color and no cells or globulin excess, the colloidal gold curve was negative, there was 16 mgs of protein and the spinal fouid Wassermann was negative with a negative manometric study The urine examination was negative except for moderate white blood cells and epithelial cells

X-ray examination July 16, 1926, of the sacroiliac joints and lumbar vertebrae showed the vertebrae to be comparatively normal except that the 5th lumbar which was partly sacralized on both

sides, more so on the left where it had entered into the sacro-iliac joint and produced a true lumbo-sacro-iliac joint The sacralization on the right side was not as complete The left sacroiliac joint was somewhat cloudy as compared with the right. This was thought to be a low grade arthritis possibly accentuated by the abnormal joint on this side mentioned above

X-ray examination August 16, 1926, showed the cervical and thoracic vertebrae negative The hip joint spaces were clear and the articulating surfaces smooth There was slight evidence of atrophy in the bones forming the left hip but by no means a marked condition No atrophy in the femur Otherwise the findings were as previously reported

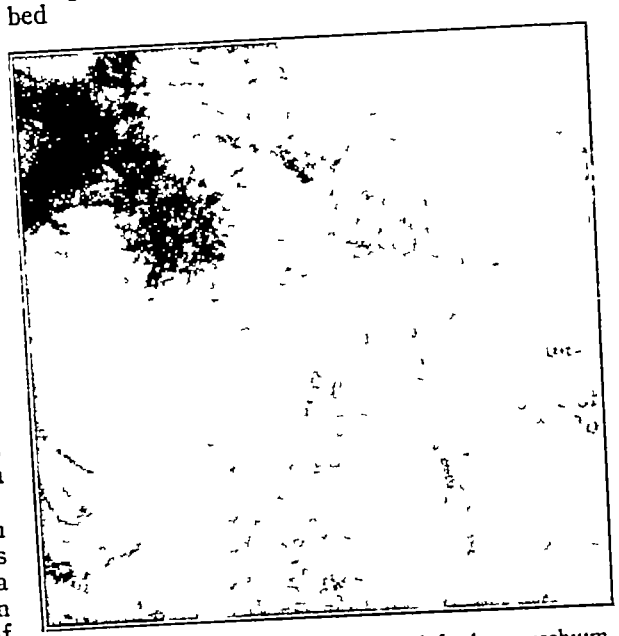
A tentative diagnosis of early tuberculosis of the left hip joint was made

The patient was transferred to the Hospital for Ruptured and Crippled August 21, 1926, where the diagnosis of tuberculosis of the left hip was confirmed and he was subjected to a fixation operation on August 27, 1926 This gave no relief from pain, which was constant After six weeks the plaster-cast was removed *X*-ray examination showed little if any change in the bone disease The patient complained incessantly of pain, which only morphine would, in a measure, relieve His temperature rose gradually He developed a slight cough Three months after the operation *r*-ray examination showed an extreme state of destruction of the acetabulum and the ilium with central dislocation of the head of the femur In the chest were areas of metastases The patient continued in great pain dying December 7, 1926

The course of the disease in this case, at least, that portion of the course manifesting pain, had run about fourteen months Repeated *r*-ray examination of the hip-joint and pelvis revealed such uncertain changes, that led in conjunction with the chronicity of the disease to the erroneous diagnosis of tuberculosis Not until within a month of the fatal termination was the true character of the bone changes certain Possibly as in the second case the malignant degeneration was hastened by surgical procedure

Case 4 (B-24-H) M S, a married man, 36 years of age, Polish, by occupation a cap-maker, was admitted to the Neurological Institute January 3, 1927, complaining of dull constant aching pain in the back of the thigh, radiating down the left thigh and leg with occasional paroxysms of darting or boring pain since June 1926

About six months prior to admission the patient commenced to have a dull aching pain in the left hip, localized in the sacroiliac region This pain was more or less constant Two months later, August, 1926, the pain radiated down the left thigh and in October began to radiate into the leg Occasionally the patient would experience darting or boring pain from above downward along the course of the sciatic nerve Any movement of the leg or pressure caused aggravation of the pain in the hip The patient kept the hip and knee flexed in order to alleviate the pain He was most comfortable when lying on the abdomen Rainy damp weather accentuated the pain The patient had spent the last four months in bed



CASE IV—January 5, 1927 The left ilium, ischium, pubis and head of the femur are riddled with a destructive malignant process The normal osseous architecture has been destroyed and there is no evidence of reparative process

The patient had the nose operated upon sometime in 1925 He has had measles and pneumonia in 1907 The patient gives a suspicious history of lues in 1925 The family history was negative except for the fact that his wife has had no pregnancies during the twelve years that they have been married

On examination, the patient presented an expression of pain and cachectic pallor was present There was evidence of general loss of weight

There was considerable atrophy in the left lower extremity including the calf, biceps, quadriceps and lower gluteal muscles Deep in the upper, left gluteal region, above the great trochanter and below the crest of the ilium, was a tumor mass the size of a base ball It was immovably attached to the deep structure and not attached to the skin. There was some muscle spasm on palpation, though the mass was not particularly tender The left sacro-iliac joint was exquisitely tender The sciatic nerve from the notch to the popliteal space and the external popliteal branch were very tender The strength of the atrophic muscles of the left lower extremity was greatly reduced

Because of the pain the gait and equilibratory tests could not be made The deep reflexes as

* The author is indebted to Dr L. C. Wagner for the surgical history of Case III

well as the superficial were all present The left knee jerks and the ankle jerks were very prompt, but not as vigorous on the left as those on the right The sensory examination was entirely normal The cranial nerves were likewise normal There was a small mole over the right sacroiliac joint and an enlarged inguinal node on the left side Rectal examination of the prostate revealed it normal in contour and consistency, and the seminal vessels were negative There was resistance on the left side of the rectum, greater on the right than on the left There was sacroiliac tenderness on the left There was no hip joint spasm Patrick test was positive Lassague's sign was positive on the left

The laboratory examinations showed the following the blood count showed a hemoglobin of 80%, color index 9, red blood cells 4,400,000, white blood cells 12,000, neutrophiles 68%, small lymphocytes 30%, large mononuclears 1% and eosinophiles 1% The blood Wassermann was negative. Urine examination showed the color to be clear amber, acid reaction, specific gravity of 1030, no albumin or sugar, indicanuodide reaction, a few leucocytes were present and mucus threads.

X-ray examination of the teeth showed evidence of pyorrhea in the incisor region but nothing to indicate an abscess

X-ray examination of the pelvis and lumbar vertebrae showed the vertebrae to be comparatively normal in outline and in good alignment The 1st sacral vertebra was bifid The lower sacral spines were bifid The left acetabulum, the ramus of the pubis, the iliac bone and the head of the femur were all involved in a destructive process which had practically riddled the bone There was no evidence of reparative change The radiating destruction of the bone structure and the amount of destruction indicated sarcomatosis

For six months this patient had been going about searching for relief The possibility of the malignant character of the disease causing this patient's sciatic pain was not appreciated Not only were no *x*-rays made, but the deep seated mass in the left gluteal was undetected The determination of malignancy six months prior might have enhanced the possibility of relief or improvement by radiation or lead therapy

He was transferred to St Luke's Hospital for treatment on January 10th, 1927, and discharged from there March 15th, 1927 The date of death which occurred not long afterward could not be learned

General loss of weight	Yes	Yes	Yes	Yes
Pain in sciatic distribution	Yes	Yes	Yes	Yes
Spasm in hip muscles	Yes	Yes	No	Yes
Atrophy	Thigh	No	Thigh & leg	Thigh & leg
Weakness of muscles supplied by sciatic	Yes	No	Yes	Yes
Neural and muscular tenderness in sciatic distribution	Yes	No	Yes	Yes
Achilles jerk	Dim	No	Incr	Dim.
Plantar response	Dim	Good	Good	Good
Sensory disorder in sciatic distribution	No	Very Slight	No	No

Possibly the surgical stretching of the sciatic in the second case altered the findings

While, from so few cases, no wide conclusions are justified, there is a distinct similarity in the symptoms In each case the *x*-ray finding of decalcified areas in the pelvic bones or cloudiness about the hip joint was of the highest importance. In the early period, these changes were of doubtful interpretation, suggesting osteomyelitis or arthritis But once the malignant process overcame a certain point of resistance the destruction was rapid and extensive

Sciatica being only a symptom, the pathology is, in the vast majority of cases in the bones or joints of the pelvis or in the viscera within the pelvis Rarely the pathological process is in the spine

In cases such as the above where no pathology shows in the first *x*-ray and the sciatic pain is severe and persistent, repetition of the *x*-ray examination is advisable

Even in non-malignant cases, sacroiliac arthritis, sometimes shows up in later *x*-ray films which was not apparent at the time of the early *x*-ray examination

The striking feature of this small group of cases was the fulminating type of the malignancy It was fatal in five months in one case, nine months in another, and eleven months in two cases, from the date of the first symptom

EDITORIAL

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Next Annual Meeting in Utica, June 3-6, 1929

For list of officers of County Medical Societies, see this issue, advertising page xxxvi

COME TO THE ANNUAL MEETING

This will be the last issue of the Journal to reach the members of the Medical Society of the State of New York before the annual meeting on June third in Utica. The details for the meeting have been announced in the Journal and sent by mail to every member The programs are of practical value and the schedules convenient

The officers and committeemen have completed their share of the arrangements, and it is now the duty of the members to contribute their presence to the success of the meeting

Make your hotel reservations early Bring your automobile in order that you may visit the numerous places of historic and scenic interest in the vicinity of Utica

THE OPPORTUNITY OF THE STATE MEDICAL SOCIETY

What activity of the Medical Society of the State of New York is in the greatest need of development? In another form the question may be stated What is the greatest opportunity of the Society? The answer will be found through a consideration of the comparative state of development of the several lines of work which the Society conducts

The Medical Society of the State of New York is composed of 12,000 members who constitute 75 per cent of the physicians of the State It represents the medical profession of the State, for very few physicians not belonging to it are affiliated with any other medical society It is the official medical organization of the State

The State Society benefits its members directly along four lines

1 Defense against law suits for alleged malpractice

2 Its semi-monthly Journal

3 Its courses of medical instruction

4 Economic improvements, for "the laborer is worthy of his hire"

All these lines of work are well organized, and are carried on in a routine way with satisfaction to the members However, the personal benefits which a doctor receives is not the reason why he joins his state and county medical societies Doctors are independent individualists and ask little for themselves When they meet in their societies, they say little about what they can get out of medicine or the medical society, but a great deal about what they can give to the people who need their services The compelling reason why doctors support medical societies is that they may promote the practice of scientific medicine To this principle they have dedicated their lives, not as sacrificial martyrs, but as vigorous self-supporting citizens who contribute their peculiar abilities to the common welfare as also do the bankers, the merchants, the preachers, the carpenters and the fishermen

The greatest work of medical societies in early times, as now, is that of spreading a knowledge of diagnosis and treatment, among its members It is the scientific program that draws doctors to the meetings, with sociability as an attractive by-product Members come to the meetings in order to learn how to practice medicine Social enjoyment is valued principally for the inspiration that comes with medical congeniality and opportunities to exchange medical ideas The spread of scientific knowledge among physicians of the state and county medical societies is done with efficiency and by methods which have stood the test of time Progress in scientific programs will lie in their extension rather than any great changes in their development and evolution

The Medical Society of New York has hitherto confined its efforts to preparing physicians to practice curative medicine Its greatest opportunity for development now consists in preparing the people to accept the ministrations of scientific physicians in all lines of medicine which they can offer The people, as individuals, seek medical aid when they are sick, but they are slow in taking steps for preventing sickness The causes of ill health are not only personal and individual, but they are also communal and social, and the only way they can be controlled is by community action

It is also true that individual physicians cannot control community action. That must come from a collective action of doctors through their medical societies

The people have developed a considerable degree of community action in health matters, just as they have in roads, the police, the control of crime, and other civic matters, and they are ready to go further as soon as their medical advisors will lead them Official boards of health and lay health associations have tried experiments along every conceivable line for bringing health service to all the people, even to attempting to set up the machinery by which the state should provide a complete system of medical service for the people The doctors have seen state medicine and health centers proposed by officials and repudiated by the people themselves Doctors have also seen "demonstrations" conducted by lay health organizations started independently of the people's support because of their millions of endowment, and have read the records of their successes as told by their promoters, while their failures were minimized Doctors have been pessimistic regarding health schemes imposed on the people by health departments and lay agencies coming into a community from the outside, and their criticisms have sometimes been erroneously interpreted as opposition to public health work generally What the doctors have objected to has been the paternalistic health systems dropped upon a community without the previous development of a local demand and desire for the services

Whatever plan of public health work is adopted, it is the family doctor who must carry the burden of giving all forms of health service to all the people The local physicians know what is practical and what is objectionable An individual doctor, seeing only a small part of the field of public health work, may oppose it The collective experience of the doctors of a community is necessary for judging the efficiency and value of any public health plan That collective action is available through the county medical society

The leadership of a county medical society in all forms of public health work is the basis of the plan of action developed by the Medical Society of the State of New York through its

Committee on Public Relations This Committee recognizes the need of official departments of health and lay organizations, especially in preparing the people to adopt health measures It also recognizes the necessity that committees of the county medical society should assume the leadership in the practice of public health and civic medicine It insists on the principle that outside agencies, both official and voluntary, shall submit their plans to the county medical society and modify them to suit the doctors, before they announce them to the public Any opposition which the doctors may have had better be expressed to the representatives of lay organizations behind closed doors, rather than openly proclaimed in the newspapers If a fight is carried on openly, the advantage lies with the lay organizations with their money, their prestige, and their political experience

There is abundant evidence to show that physicians are willing and anxious to discharge their civic duties and to give the officers of their county societies the authority to speak for them, and to enter into working agreements with other health organizations

Physicians will also approve and support their officers and committees in carrying out the agreements into which they enter The Suffolk County Medical Society, for example, has been the originator and promoter of all public health plans and developments in the county, beginning in 1912 It produced the Tuberculosis Sanitorium in 1916 and established a County Department of Health last Fall The Saratoga Medical Society has devised a plan for carrying on school medical inspections described on page 104 of the January 15th issue of this JOURNAL The Tioga Medical Society has secured the establishment of a system of public health nursing These outstanding examples of public health work, accomplished by the initiative of the doctors is proof that the doctors in all the other counties will assume the leadership in public health work if only they themselves are properly led and instructed by the central committee of the state medical society

The basis of medical leadership in public health work is that the members of the medical society shall discover their own needs, and shall start a campaign to meet them without waiting for an outside organization to force the doctors into action The seven county public health surveys which have already been published form a most excellent beginning of the efforts of doctors to diagnose the public health conditions in their own communities The Committee on Public Relations has demonstrated that county medical societies will respond when the State Society leaders assist them with advice and counsel, but keep themselves in the background when local publicity work is to be carried on or conferences with local officials are to be held Developing the work of the public relations committee in every county society is the greatest opportunity of the Medical Society of the State of New York

The results that may be expected from the assertion of medical leadership by the doctors are far greater than the accomplishment of specific objects such as a local nursing service

When the doctors assert themselves, the people and public officials will show them a respect which is often lacking while physicians do nothing of a civic nature Gone will be the days when legislators will charge the doctors with supporting bills for the sake of their own profit When a county medical society takes a definite stand on a civic matter, its members will command a respectful hearing in their own right as experts in the field of public health, and when the society succeeds in accomplishing one object, it can accomplish others with ease

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FEATURES OF THE ANNUAL MEETING

That meeting of the Medical Society of the State of New York is successful which leaves pleasant memories and a desire to go to the next one A physician will remember an outstanding scientific address, a debate on an important policy, and an inspiring review of a general subject illustrated with lantern slides, but the memory of the scientific events will merge with that of similar features of other meetings, for the individual items lose their identity in one's general fund of medical knowledge

A memory that is still clearer will be that of medical friends, new and old, whom the visiting doctor meets in the corridors and dining rooms Social conversations, with the exchange of ideas, endow the practice of scientific medicine with a personal interest and inspiration as the physician discovers that other doctors also experience his fears, his aspirations, and his ideals Friendships made at meetings of the State Society are among the most valuable and enduring that the doctor forms

The most vivid memories of all that a doctor carries away from a meeting of the State Society are likely to be those of the locality where the meeting is held —the City itself and its hotels which make the doctor feel at home, the theatres where he may find relaxation and recreation, the museums where he may learn the historic part which people of the vicinity took in the development of the city and the nation, and the accessible suburbs which allure the doctors to make pilgrimages to shrines of history and beauty The urge to visit places of fame is present

in every person, and the memory of the trips will be a vivid incentive to learn more about the events associated with the places

The meeting of the State Society to be held in Utica beginning on June 3, will be characterized with the personal touch which is associated with the smaller cities The members of the Oneida County Medical Society feel a personal responsibility for the comfort and pleasure of their professional brethren and wives, and are exerting every effort to provide the entertainment features of the annual meeting What other City than Utica could produce a group of players and musicians dominated by medical men! The afterdinner entertainment to be given on Wednesday evening is an example of the interest which the physicians of Oneida County are taking to entertain the visiting doctors

The physicians of Oneida County will also be ready to explain the historic points in the vicinity of Utica Some of the most stirring events of Revolutionary times occurred within Oneida County Utica sprung up around Fort Schuyler which guarded the fords of the Mohawk at the foot of Genesee Street Rome was built on the site of Fort Stanwix, on whose ramparts the present flag of the United States was first displayed in battle Nine miles west of Utica is the battle ground of Oriskany where General Nicholas Herkimer with his Valley militia stopped the progress of the British who were besieging Fort Stanwix and turned them back from their plan to meet Burgoyne at Saratoga Fifteen miles east of Utica is Herkimer, the site of Fort Dayton where General Herkimer assembled his army before the Battle of Oriskany, and nine miles further east is the General's home, now a Museum Nine miles southwest of Utica is Hamilton College, founded in 1794, by Samuel Kirkland who in Revolutionary times had held the Oneida Indians true to the colonists Trips to all these and other historic points may be made with the advice and assistance of the Local Committee

It is the earnest intention of the Committee on Arrangements to satisfy the visiting doctors scientifically, socially and culturally

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LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Diphtheria —The attitude of doctors toward diphtheria nine years after the discovery of antitoxin is shown by an article in this JOURNAL for May, 1904, written by Dr J R Sturtevant of Theresa, Jefferson County, and read before the New York State Medical Association on October 20, 1903 The Doctor said

"I have repeatedly seen several families in the same neighborhood afflicted in turn when the source could not be traced to any common cause other than that of communication There is undoubtedly one source of contagion which occasionally is noticed in the country and which seldom, if ever, obtains in the towns I refer to the contraction of the disease from infected poultry

"Some time in May, 1885, the doctor was called in the night to see two children who were suffering from the disease There were no other cases in that neighborhood The servant girl had been sent home ill the week before, and her physician had pronounced the case diphtheria In casting about for the cause it was learned from a neighbor that the family who had lived in the house during the previous winter had kept hens over the summer kitchen

"I think I have had abundant reason to believe that the open cesspools which are so often seen at the doors of the farm houses are fruitful sources of diphtheritic contagion, and it is surely the duty of every physician, whether he be the health officer or not, to warn people against carelessness in this regard Filth in many forms, which is common to both city and country, is fruitful of diphtheritic consequences

"I am not a believer in the general necessity of very large doses of antitoxin Fifteen hundred units of the concentrated has, in my hands, seldom failed, and without repeating the dose I am of the opinion that the higher doses are of more utility to the treasury of the manufacturers than to the patients Very virulent cases may now and then require the larger doses"

Dr J J Walsh, in the discussion, said

"Perhaps the most interesting mystery in pathology was as to the origin of the pathogenic bacilli, their habitat and their life history outside of the human body Certain it was that a good many of the domestic animals did carry certain of these bacilli This was well known to be true of the cat

"This question seemed to be worthy of a good deal of more serious study He was pleased to know that country practitioners at the present time were so impressed with the value of diphtheria anti-toxin that they carried it in their medicine cases as they formerly did calomel"

Dr W B Ulrich, of Chester, Pa, said

"It seemed very doubtful if diphtheria could arise from decaying animal matter, when for years and years before 1859 diphtheria was an unknown disease He wished, in conclusion, to urge the merits of *ad libitum* doses of chlorate of potash and the tincture of the chloride of iron in diphtheria"

Dr E D Ferguson of Troy, N Y, said

"He had given 2,000, 3,000, 4,000 and 5,000 units, and although it might be said that this was very expensive, it was certainly much cheaper than a funeral"

MEDICAL PROGRESS

Tannic Acid Treatment of Burns—Fenwick Beekman, writing in the *Archives of Surgery*, March, 1929, xviii, 3, reports the end-results in a series of 434 cases of second and third degree burns treated at Bellevue Hospital In a group of 114 cases in which tannic acid was used the mortality was 14 9 per cent, as compared with 27.8 per cent in a group of 320 similar cases treated by other methods During the first twenty-four hours, the percentage of deaths was about the same in the two groups As death at this time is usually due to shock, it is evident that the tannic acid treatment will not affect the outcome Apparently toxemia develops rapidly after the inception of a burn, and in the majority of patients who die from it the fatality results within seventy-two hours If the absorption of toxins is prevented immediately, many of these deaths can be avoided Apparently the tannic acid treatment does this, thereby reducing the number of deaths in this period by three-fourths, and by two-thirds in the period of time between the end of the first and tenth days In the period following that of the toxemia, the death rate in the two groups is the same The tannic acid treatment produced more rapid healing in the second degree burns In the third degree burns the granulation tissue of the wound was in the most suitable condition for skin grafting immediately after separation of the tanned eschar, thereby promoting early healing and lessening of the formation of scar tissue There was less pain with the tannic acid treatment than with the methods formerly used The average hospital stay was increased six days by the tannic acid treatment This is probably due to the fact that patients with severe burns lived who otherwise would have died. The tannic acid treatment employed was similar to that described by Davidson, except that a 5 per cent solution was used and was applied to burns of the face, instead of the tannic acid ointment, without injury to the eyes Particular attention should be paid to the administration of fluids (5 per cent dextrose) by hypodermoclysis, as well as by mouth and rectum A patient should take at least one liter of fluid for every 25 pounds of body weight Opiates should be used sparingly, as they lessen secretions

Pathogenesis of Cardiac Insufficiency—H Schwarz sums up his study of this subject as follows there is a disturbance of the economics of the patient with progressive cardiac failure due primarily to lack of oxygen which lack is responsible for a severe disturbance of metabolism We may therefore almost rank heart disease in general among the anomalies of nutrition The lack of oxygen generates an acidosis, which in its turn further damages the circulation and contributes secondarily to an increase in the metabolic rate Naturally it is not claimed that this mechanism explains the whole of cardiac failure, for it is present alike in decompensation and where the compensation is still good That the work of the circulation is really augmented in these cases well appears from the fact that digitalis is known to diminish this work of the circulation even in the sound individual How shall we explain the shortage of oxygen? The seat of this phenomenon is in the capillary circulation but the exact process is unknown. It probably stands in some relation to the edema and there may be only an anomaly of diffusion or some actual injury to these vessels Further study will be directed to this phase of the problem The fact that the circulation in these cases is overactive is naturally in contradiction with the teachings of today and for many years past The author lays emphasis on the action of digitalis mentioned above and also on the minute-volume of the heart which is one of the best criteria of the work of the latter But in these cases of cardiac insufficiency socalled the minute-volume of the heart is diminished although in theory, perhaps, it should be increased Digitalis, which tends to reduce the minute-volume, nevertheless is our treatment for these cases The author gives credit especially to Americans for pointing out that digitalis really lowers the activity of the circulation—*Klinische Wochenschrift*, February 26, 1929

Bronchial Asthma in Childhood—M Pehu and A Mestrallet contribute a monographic study of this ailment In the summing up of the article the authors say that bronchial asthma may appear at the beginning of the end of the first half year of life, but habitually it develops between the ages of 2 and 12 Toward adolescence it becomes attenuated and little by little it ceases altogether We often note that an asthma which begins in childhood is outlived by maturity It appears to belong to the group of anaphylactic diseases but, at least in France, the specific antigen can be isolated only in a limited number of cases The symptomatology is not that of the clean-cut adult type, the cardinal signs consisting of

a respiratory embarrassment, which is more or less pronounced, and of an emphysematous respiratory rhythm, which often disappears after the attack When the dyspnea is intense we do not see any cyanosis of the extremities The modality, duration, and frequency of the attacks are very variable There are no lesions and absolutely no association with tuberculosis The subtitle of the paper shows that the authors limit themselves to etiology, symptomatology, and evolution, which explains the absence of any allusion to treatment The authors show that two affections known as spasmodic coryza and spasmodic cough may give rise to the syndrome of asthma, but this association is seen only in a small minority of cases According to some statistics given elsewhere it appears that the majority of children with spasmodic cough also have bronchial asthma Gradually the state of spasmodic cough develops into the latter Hay fever seems to have only a remote relation to bronchial asthma The antigens which cause hay fever do not as a rule affect children with true bronchial asthma The authors do not approve of the scarification tests made in the United States to detect the unknown antigens, and assert that public opinion would not sanction this practice in France—*Journal de médecine de Lyon,* Feb 20, 1929

Evolution of Buccodental Hygiene and Prophylaxis—During recent years the principles of buccodental hygiene and prophylaxis have been based solely on the idea of buccal polymicrobism and caries from external causes, and have been applied indiscriminately to all individuals Julien Tellier believes the time has come to modify this collective hygiene and to replace it with individual medical rules of hygiene based on a closer and more adequate knowledge of the special character of the tissues and organs of the gingivodental region It has by no means been proved that the clean tooth never develops caries This condition may be due to external or to internal causes, or to their combined action Internal causes prepare the way for caries The calcium metabolism of the tissues of the teeth is related to the calcium metabolism of the rest of the organism It is well known that dental sepsis may manifest itself in a great variety of disorders, such as septic gastritis, endocarditis, nephritis, neuritis, arthritis, septicemia, etc. The same is true of the varied pathological conditions described under the name of alveolodental pyorrhea In this domain we can arrive at accurate results only when, knowing the nature of the normal tissues of the gingivodental region, their normal anatomy, their embrogeny, their histology, we can proceed to the examination of the mechanisms which assure, under normal conditions, the functioning of these tissue, and to the examination of their means of resistance (actions of pressure, mastication, biting on the maxillary bones and alveolar processes, on the chemical composition of the teeth and on the quality of the periodontium) The prophylaxis of malocclusions and malpositions and their consequences is also an important chapter in buccodental hygiene Maxillofacial malformations, accompanied by glossoptosis and followed by functional disorders of the organs of respiration and of circulation form the beginning of many local and general maladies that a well understood hygiene could prevent. With the new conception of buccodental prophylaxis as being individual and medical, stomatology should study its problems by physiological, anatomicoclinical, and experimental methods of research such as are used in general medicine—*Medical Journal and Record,* March 20, 1929, cxxix, 6

Clinical Aspect of the Status Thymicolymphaticus—Professor Feer takes up this timeworn subject in a fashion which is a little "different," based on his 30 years of experience in hospitals for children The earliest descriptions were those common to the constitutional state known as lymphatism The special phenomenon known as thymus death, originally associated with enlarged thymus was later and without warrant attributed to this lymphatism, and the basic state became known as status thymicolymphaticus Eventually it was shown that socalled thymus death could not be brought into association with this status, save as a coincidence The author discusses the numerous possibilities and naturally arrives at the conclusion that in place of a status thymicolymphaticus we should think of a status endocrinicus, in which the true anomaly involves an extra-large thymus, and hypoplasia of the adrenals and gonads This insufficiency of the adrenals may be the key of the situation and there seems some sort of association between the status thymicolymphaticus and Addison's disease, myasthenia gravis, and Graves' disease, in all of which we may find an enlarged thymus Sudden death is known to follow operation in Graves' disease, especially when there is a large thymus It appears that the hyperplasia of the thymus and lymphnodes compensates in some manner for endocrine insufficiency, and that this hyperplasia has nothing to do with the causation of mysterious sudden deaths, or at most is only an indicator Many children with this status survive accidents of all kinds, while certain forms of sudden death, as that from spasm of the glottis, have falsely been ascribed to other

causes The child which dies with this accident is not strangled but dies of heart failure, and other forms of cardiac death may belong in the same group Stress is laid on the fact that these children are often hearty feeders and can easily be overfed, and that such overfeeding is very bad for them, aggravating the basic state They should avoid espeecially eggs and milk —*Schweizerische medizinische Wochenschrift,* February 16, 1929

Traumatic Facial Paralysis and Its Surgical Treatment by Free Transplantation of Fascia Lata—After showing that nerve anastomosis and muscular plastic operations for correcting the deformity caused by facial paralysis are not cosmetically very successful, Hermann Fischer describes a method of fascia lata transplantation which gave gratifying success in the case of a young girl who had had complete facial paralysis since infancy A fascial strip, 20 cm in length, was excised from the fascia lata. A small incision was then made through the skin over the zygoma and with a properly curved aneurysm needle the strip of fascia was looped around it One end of the strip, armed with a long straight needle, was pushed along subcutaneously toward the angle of the mouth until it reached a point on the upper lip, about 1 cm above the commissure of the lips The cheek was then everted by an assistant, the mucous membrane was painted with iodine, the needle passed through the mucous membrane to a point 1 cm below the commissure At this point the needle was passed through the musculature of the cheek under the skin and made to reappear in the small incision over the zygoma The loop of fascia, which now took in the insertions of the musculus zygomaticus and the musculus risorius at their points of insertion at the angle of the mouth, was pulled taut until the angle of the mouth on the paralyzed side was on a level with that of the normal side. The two ends of the fascia were knotted together and fastened with a few chromic gut sutures to the masseteric fascia A slight dimpling of the skin which appeared below the lower lip when the fascial strip was placed was rectified by pushing a Cooper's scissors through the small incision in the mucous membrane of the cheek and freeing the skin subcutaneously The small wound in the mucous membrane of the cheek and that over the zygoma were closed with interrupted sutures of silkworm gut—*Annals of Surgery,* March, 1929, lxxxix, 3

Tinnitus Aurium.—J Helsmoortel, Jr, of Antwerp, contributes an essay on this subject He points out that this symptom belongs only in part to otology for it may have to do with other fields of practice. The term tinnitus does not express the entire range of subjective noises in the ear which may include a great variety, including auditory hallucinations, various bruits connected with the circulation, and sounds which can be produced artificially It is necessary to restrict the field to certain groups at the expense of others Some of the local conditions which give rise to them are known to all and are easily corrected, notably accumulation of wax in the external ear The association of subjective noises with slight deafness is seen in colds in the head The author does not mention the additional ringing from the use of quinine in such cases, but elsewhere speaks of the role of the abuse of drugs as a cause, and mentions quinine, aspirin, and the salicylates as examples After a purely otological discussion of the noises in severe affections of the ear, such as Meniere's disease, he takes up the extra-otic causes, viz, hypertension where tinnitus is often an early symptom, and various diseases of local organs such as the stomach and kidneys, but he omits any reference to neurasthenia which is one of the familiar causes of unmotivated tinnitus The tinnitus which appears in gestation, Bright's disease, gastric disturbance, and the like may sometimes be explained by the lighting up of some latent ear trouble, by repeated vomiting, by acute anemia, etc The noises disappear when the disease in question has been for the time checked It will probably be best in the future to cease regarding tinnitus as an entity associated with the labyrinth There are many kinds of noise and many causal factors which should be isolated and grouped in the interest of better diagnosis and treatment—*Le Bulletin Medical,* Jan 23-26, 1929

An Anti-Fat Diet—Dr F Salzmann of Bad Kissingen has evolved a new diet for reducing, in the belief that while such diets abound there is room for others which embody new principles Certain food articles for example have a special quality of giving satiety which is quite independent of ordinary factors, or in other words, cannot be explained Thus lamb chops seem to be superior to other meats, even to other cuts of lamb, in this respect In this connection we may bear in mind that many people dislike lamb, which may have some relationship to this quick satiety Another food article which is very filling for the bulk used is pineapple which should be eaten raw or if canned in sugar-free forms The monotony of a strict diet, the suffering from underfeeding, must be met in a proper fashion In a period of a week or 10 days the patient may eat what he likes and as much as he likes for 2 days, although he must take but little sugar and fat Two days more are set apart for a fruit-vegetable

diet, with no meat and with two of a possible 5 meals limited to zwieback and tea or coffee The rest of the period—3 to 5 days—is given up to meals of which the chief (at noon) consists of lamb chops and pineapple The others, 3 or 4 in number, comprise only such simple foods as zwieback, apples, etc All bread save the zwieback is forbidden as are cereals and bananas All of the meals are prepared as far as possible without salt, 3 gms daily being the maximum Paraguay tea is substituted for ordinary tea and coffee if the latter cause insomnia or nervousness This may be taken freely and is believed to slow up digestion when it is too rapid Various accessories are permitted, as the use of thyroxin, diuretics, laxative waters, massage, etc Active exercise, as mountain climbing, is permissible if desired, but is not necessary, it increases the appetite, which is a disadvantage The patients are weighed daily and are found to lose most on the lamb-pineapple days Although the author has tested this diet for only about a year, his results have been so good that he wishes the experience of others —*Munchener medizinische Wochenschrift,* February 22, 1929

The Present Position of Lead Therapy in Malignant Disease—W. Blair Bell reports that of a series of 566 cancer cases, which were treated with Lewis' metallic lead or Heilbron's colloidal lead, 359 died before the treatment was completed Of 303 patients who received more than one-half of the minimum treatment advised, 65, or 21 5 per cent, showed successful results There is, furthermore, reason to believe that 40 per cent of the "too recent" cases will terminate favorably Some of these patients were treated by lead alone, others by lead and *x*-ray or lead and radium Bell lays special emphasis on the fact that while the *x*-rays, radium, and lead may each produce a beneficial effect when used separately, an aggregate effect is secured when these agencies are applied within a short time of each other It is unreasonable to think that for lead therapy in this disease all that is required is to pump lead into the patient's veins Again, the scientifically minded inquirer will not demand that a new method of treatment for cancer operating on the worst and most advanced types of the disease shall give better initial statistical results than those obtainable with other long established and standardized forms of treatment acting on early and selected cases In view of the many variable factors involved, no statistical survey at the present time could be more than suggestive When a practitioner inexperienced in the method employed fails in 25, 50, or even 100 cases, to secure a single completely satisfactory result, as easily happens with a new method of treatment, it must be remembered that negative evidence of that sort can never be weighed in the balance with that which is positive. The lead treatment is contraindicated in malignant disease of the liver and kidneys, in severe myocardial insufficiency, and in serious anemia. —*British Medical Journal,* March 9, 1929, 1, 3557

Nonsurgical Goiter—In an endeavor to clarify the existing confusion with regard to goiter, Israel Brams classifies goiters as (1) surgical or neoplastic (adenomata, fibrous and calcareous goiters, and combinations of these) and (2) nonsurgical (simple hypertrophy, colloid goiter, puberty hyperplasia, and exophthalmic goiter or Graves' disease) He does not accept the view that adenoma and Graves' disease are identical, and deplores the abuse of thyroidectomy in the above mentioned nonsurgical goiters In fully 90 per cent of cases of Graves' disease there is a history of psychic trauma Since this disease enters through the nervous system, chiefly the mental mechanism, it is through this pathway that treatment is largely to be instituted. In simple hypertrophy and colloid goiter iodine should not be employed The logical treatment consists in the elimination of all discoverable causes, including the correction of physical nad mental flaws in life's habits, and the administration of thyroid substance *under careful guidance* Radiotherapy is almost as strongly contraindicated as thyroidectomy The static wave, as advised by William Benham Snow, is frequently a valuable asset in expediting the return of the thyroid to normal size In puberty hyperplasia both iodine and thyroid extract are contraindicated If there are symptoms of neuro-endocrine instability the treatment should follow that advocated for Graves' disease, in which the guiding principles are as follows (1) An earnest attempt to ferret out and remove all discoverable etiological factors, whether intrinsic or extrinsic (2) Rest in bed, with a respite of at least three hours morning and afternoon, in the average case (3) A diet of nonflesh quality and of ample quantity, commonly twice as much food as is taken under normal conditions (4) Drugs may be employed only after careful individualization The quinine salts, corpus luteum, posterior pituitary, suprarenal cortex, arsenic, and luminal have their field of usefulness Thyroid extract, suprarenal medulla, the opiates, the iodides, and digitalis should not be given (5) Electricity is a good supplementary treatment, the Snow method of static wave applications being of signal use, but careful individualization must be exercised (6) Psychotherapy in Graves' disease is of the utmost important —*Physical Therapeutics,* March, 1929, xlvii, 3

LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

THE LAW PROGRESSES

Those outside the legal profession have been heard frequently to complain that the law is fixed and immovable and does not possess that flexibility which permits it to conform to existing conditions of modern life Changes in our law must necessarily proceed cautiously, so that the rights of those who have acted in reliance upon existing laws, shall not be adversely affected But the law does change, and is changing all the time In our own State, the Court of Appeals, under the able leadership of that splendid jurist Chief Justice Benjamin N Cardozo, is by its decisions giving constant proof that the Courts are seeking to conform legal procedure and legal principles to the mores of the times

A striking instance of legal reform is found in the new law in relation to decedents' estates, commonly known as the Fearon-Jenks Decedents' Estates Bill, which Governor Roosevelt signed a few weeks ago In commenting editorially upon this bill, the *New York Law Journal* said in part

"In this state for a full century the law of decedents' estates wholly failed to keep step with the vast changes in the social life of the people It particularly ignored the altered condition of women Surrogate Foley, to whom is chiefly due the enactment of the Fearon-Jenks Decedents' Estate bill, which Governor Roosevelt signed last week, has correctly characterized the new law as 'the greatest reform in the law of property in this state within the last hundred years' As chairman of the state commission to investigate defects in the laws of estates, which drafted the new legislation, he, together with his colleagues on the commission, has performed a most valuable public service The surrogate himself recently outlined, comprehensively, the main advantages of the new law, as follows

'The Fearon-Jenks bill is particularly advantageous' he said, 'to the thousands of our citizens who die leaving small estates, especially when the estate includes real property in the nature of a home It is a new charter of rights for women and gives increased protection to dependents It confines the distribution of an estate to nearer and more dependent relatives, simplifies the practice and does away with the expensive proceedings now necessary for the sale of the real property of an estate It gives statutory protection to a surviving spouse and prevents the disinheritance of a wife or husband by an unjust testator'"

It is not possible, within the confines of this article, to discuss every change which this law makes in the present law in relation to decedents' estates, nor to analyze the entire bill We shall simply attempt to point out the main changes which the bill makes in the present law, because we believe that these changes are of general interest.

Wherever the word "intestacy" is used in this article, it has reference to the effect on the property, real or personal, of a person who dies without making a will

Wherever the word "election" is used, it refers to the right of a surviving spouse, under the new law, to waive whatever provisions have been made for them by virtue of any will, and to take in lieu thereof in accordance with the terms and provisions of the new act

Abolishment of Dower and Curtesy

On and after August 31st, 1930, dower is abolished and curtesy is abolished This means, of course, that on and after August 31st, 1930, there will be no necessity for a wife joining in a deed or a mortgage upon her husband's real estate in the State of New York, unless he was seized of the said real estate prior to September 1st, 1930, and during said marriage A widow of a man dying subsequent to August 31st, 1930 will not be entitled to claim dower in any lands owned by him during the marriage, except that her inchoate dower rights existing prior to September 1st, 1930, are preserved if she prefers to assert them rather than to take the share in fee given by the new section 83 of Decedents' Estates Law Because of the latter exception she must join in deeds and mortgages where the husband was seized of the real property prior to September 1st, 1930, and during their marriage

Right of Election to Take Against the Will

A surviving spouse who is not granted by the will of the deceased spouse executed after August 31st, 1930, the share to which he or she would be entitled in intestacy, or who is not provided for in said will by the creation of a trust to the extent of such intestate share with the income thereof payable to him or her during life, may file in the Surrogate's Court, where the Letters Testamentary were issued, within six months from the date of the issuance thereof, an elec-

tion to take outright the intestate share, as if no will existed The time within which to make this election may be extended for an additional six months by an order of the Surrogate The will remains valid as to the balance of its provisions

A husband or wife during the lifetime of either, may waive the right of election to take against a particular will and testament by an instrument in writing, subscribed and acknowledged, and each may waive such right as against any and all wills and testaments of the other, by a settlement agreement executed either before or after marriage

In cases where the will does provide for the surviving spouse, there is an unlimited right of election where the intestate share of the surviving spouse does not exceed $2,500 The same, of course, is in lieu of the provisions in the will

In cases where the will does provide for the surviving spouse, and the intestate share exceeds $2,500, there is a limited right of election as follows

(a) where the intestate share is over $2,500 and the testator has created a trust in an amount equal or greater than the intestate share with income payable to the surviving spouse for life The right is to elect to take the sum of $2,500 absolutely, which sum shall be deducted from the principal of the trust fund,

(b) where the will contains an absolute legacy or devise, whether general or specific, to the surviving spouse in an amount less than the sum of $2,500, and also a provision in trust, the right is to take not more than $2,500 inclusive of the legacy or devise,

(c) where the aggregate of the provisions under the will is less than the intestate share, the right is to take the difference

The right of election hereinbefore set forth is not available to

(a) a spouse against whom and in whose favor a final decree or judgment of divorce recognized as valid by laws of this state has been rendered,

(b) a spouse against whom a final decree or judgment of separation recognized as valid by the laws of this state has been rendered,

(c) a spouse who has procured without the State of New York a final decree or judgment dissolving the marriage with the testator where such decree or judgment is not recognized as valid by the laws of this state,

(d) a husband who has neglected or refused to provide for his wife or who has abandoned her,

(e) a wife who has abandoned her husband

Descent and Distribution

A single and uniform system of descent and distribution has been created Real property descends and personal property passes to the same persons and in the same shares It would be impossible in a paper of this character to discuss all of these provisions, but it seems appropriate to point out that

(a) if there is a child or children, the surviving spouse takes outright one-third of the entire estate, and the child or children take the other two-thirds,

(b) if there is no child or children, the surviving spouse takes $5,000 and one-half of the residue, and the surviving parent or parents take the other half of the residue, both real and personal property,

(c) if the parents are both dead, the surviving spouse takes $10,000 and one-half of the residue, and the other half of the residue is divided among the relatives of the decedent, according to the statutes

Powers over Real Estate of Executor and Trustee

Every will shall be construed to give the executor or trustee the power to take possession, collect the rent and manage, sell, mortgage and lease all real property, unless the will expressly prohibits the same or the property is specifically devised The powers to sell, mortgage or lease, however, can only be exercised upon the order of the Surrogate made in a special proceeding, as prescribed in the Surrogate's Court Act

Similar powers over real estate are now conferred for the first time upon an administrator

The citizens of this State are indebted to Surrogate Foley of New York County, for his able leadership in bringing about the important changes made by this bill The bill was introduced in the Legislature only after an exhaustive investigation of the entire subject matter had been made by the Surrogates of this State, and by a special Legislative Commission with Surrogate Foley as chairman, and the law embodies the recommendations which they made after such investigation

We think it can be safely predicted that the law will do much to simplify the management of estates, and will justify the hopes of those whose work has resulted in its passage

NEWS NOTES

THE ANNUAL MEETING

The arrangements for the Annual Meeting of the Medical Society of the State of New York to be held on June 3-6, in Utica, have been completed, and the official programs sent to every member of the Society This JOURNAL of April fifteenth printed the scientific programs, and the issue of May first contained the annual reports of the officers and Committees

The headquarters of the State Society will be in the Hotel Utica, and the House of Delegates will convene in its ball room at 2 30 o'clock on Monday, June third A dinner for the Delegates will be held immediately after the afternoon session Tickets will be $2 50 each, and members are requested to obtain them before the meeting, by writing to the Secretary's office, at 2 East 103rd Street, New York City

The meeting of the House of Delegates will be continued through Monday evening and Tuesday morning, the election of officers being held on Tuesday morning

The general registration desk for members will be located in the Hotel Martin, and will be open on Tuesday morning The Commercial Exhibits will also be held in the Hotel Martin, beginning on Monday afternoon at 2 o'clock Following the custom of former years, a reception, luncheon, and entertainment will be given to the exhibitors on Monday evening in the Hotel Utica, where the House of Delegates will hold its sessions

The meetings of the Scientific Sections will be held in the Hotels Utica, Martin and Majestic on Wednesday and Thursday mornings General meetings of the combined sections will be held on the afternoons of Tuesday and Wednesday, in the Ball Room of the Hotel Martin. The programs of all the scientific meetings were printed on page 474 of the April fifteenth issue of this JOURNAL and copies have been mailed to every member

The formal annual meeting that is required by the Charter of the Society will be held in the English Room of the Hotel Utica The program of this meeting includes addresses by the President, Dr Harry R. Trick, and the Legal Counsel, Mr Lloyd Paul Stryker

The Annual Banquet will be held in the Ball Room of the Hotel Utica at 7 o'clock on Wednesday evening Tickets $5 00 The Committee on Arrangements, recalling the success of an after-dinner entertainment given twelve years ago when the State Society met in Utica, will put on an entertainment provided by Utica's Amateur Dramatic Organization, called The Players The President of this organization is a practicing physician, and many local doctors are active as singers, musicians and actors

The entertainment to be given will be an opera called "The Pirate's Bride," but it might also be called "The Doctors' Opera" for the words were written by a Utica physician, the songs by another local doctor, the music by a third, and the orchestra score by a fourth—a combination rarely found The Players' Orchestra, too, is composed largely of physicians and members of their families

The ladies will be entertained by a local committee of the wives of local physicians They will be taken on an automobile trip in cars provided by the doctors of Utica The route will be through the Lansingkill Gorge to Newport, where luncheon will be served, and then through the West Canada Creek Valley rich in historic associations If the day is rainy, a bridge party will be given at the Utica Consistory Building, 268 Genesee Street

Physicians attending the annual meeting will be interested in the hospitals located in Utica and its vicinity There are the five general hospitals of the city, the Utica General, opened in 1858, St Elizabeth's, 1806, St Luke's, 1867, Faxton, 1875, and the Utica Memorial The Tuberculosis Hospital of Oneida County is now being built on the Deerfield Hills, one mile north of Utica

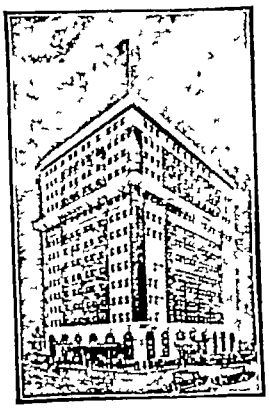
The Masonic Home and its new Soldier's and Sailor's Memorial Hospital, is located in Utica

The Utica State Hospital, within the city limits, was founded in 1843, and was the first of the State institutions for the care of mental cases It has a modern branch at Marcy, six miles west of the City Physicians will be welcomed to both institutions by Dr Richard H Hutchins, the Superintendent of both

The Hotels of Utica will provide ample accommodations for all who will attend the annual meeting The Hotels Utica, Martin, and Majestic have placed their facilities at the disposal of the physicians and have provided rooms for the meetings and the commercial exhibits These hotels are located on the principal streets of Utica The Hotel Majestic adjoints the Hotel Utica, while the Hotel Martin is two hundred yards to the east

HOTEL UTICA

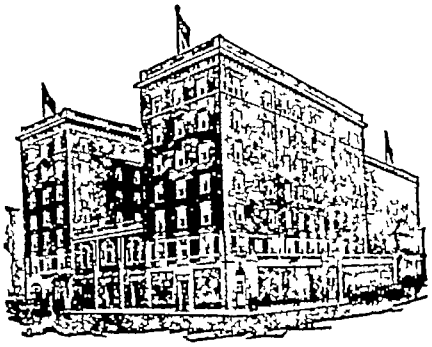
The Hotel Utica, with 350 rooms, will be the general headquarters, and will be the meeting place of the House of Delegates and some of the Scientific Sections



Hotel Utica—350 rooms Single room, $3 to $6 per day, double rooms, double bed, $5 to $8, double rooms, twin beds, $6 to $8 50

HOTEL MARTIN

The Hotel Martin, with 450 rooms, will contain the Registration Desk, the Commercial Exhibits, and some of the Scientific Sections



Hotel Martin—450 rooms With bath, single $2, double $3 50 per day, with shower, single $2 50, $3, $3 50—$2 per additional persons, with private tub, single $3, 3 50, 4, twin beds with bath, $5, $5 50, $6, and $7, parlor, bedroom and bath, $10 and $12 per day

HOTEL MAJESTIC

The Hotel Majestic with 150 rooms adjoins the Hotel Utica and is only two blocks from the Hotel Martin It will entertain one of the scientific sections, and also some of the allied organizations that meet at the same time with the State Medical Society The rooms of the Hotel will be pleasant, convenient, and satisfactory

Room rates With private bath, or shower bath, single, $2 75 to $3 50, double $4 to $5 With running water near public tubs or showers, single $2 to $2 50, double, $3 50

Suites with bath are also available, and for them proportionate rates will be charged

Those who come by automobile can park their cars on Oriskany Street, on which the Hotel Martin is situated This Street occupies the course of the old Erie Canal and is of sufficient width for long lines of parking Public garages near the hotels are also available

Everybody who comes to the Annual Meeting will be interested in the Historic Mohawk Valley, and will wish to visit some of the historic sites Information regarding points of interest may be obtained at the Registration Desk, or from the Committee on Arrangements

SCHOOL MEDICAL INSPECTORS MEETING

The following announcement has been received from Dr William A Howe, Chief, Medical Inspection Bureau, State Department of Education, Albany, N Y

"May 6,1929

"Arrangements have been completed to hold two sessions for school medical inspectors at Utica on June 3rd Both sessions will be at the Hotel Martin, one at 2 00 o'clock, the other at 6 30 The evening session will be preceded by an informal dinner No formal program will be presented It is expected that many school physicians will relate their experiences Free discussion will be encouraged from the floor All school physicians of the State are cordially invited to attend"

ANNOUNCEMENT OF THE COMMITTEE ON ARRANGEMENTS

Greetings

The City of Utica and the Medical Society of the County of Oneida once again extends to the members of the Medical Society of the State of New York the hand of friendship and of greeting

To those who visited us twelve years ago, we offer you the fellowship of old comradeship, to those who were unable to attend the last meeting, we textend a welcome that we hope will be of such cordiality that you will never again miss a Utica Meeting

Utica has much to offer to you to make your visit enjoyable You will be stimulated by a scientific program which will be quite different from anything ever held before The tendency to the emphasis of specialism at the expense of general practice will be discouraged, and there will be many meetings of general interest which all members will attend For the specialists, on the other hand, there will be section meetings as of old, but less intensive and less numerous The effort will be made to reach that happy medium between the meeting of general sessions of a generation ago and that of purely special sessions of the last decade We will serve you all regardless of your tastes, and we will make the meeting more than ever a true communion of the physicians of the State

The Beautiful Mohawk Valley

Do you love a beautiful country? Utica prides itself upon its scenery Lying at the head of the scenic Mohawk Valley with the Adirondacks almost at our door to the north, with Richfield Springs and Cooperstown with its gorgeous Otsego Lake, the Glimmer glass of Cooper's novels, to the south, and Oneida Lake to the west, with hills rising fifteen hundred feet from the river within a distance of a dozen miles, the drives about Utica are a continual joy to the nature lover

Between these high hills lie some of the most beautiful valleys in America The Boonville Gorge, West Canada Valley, Ilion and Frankfort Gorges are beauty spots of national renown and are all within an hour's run of Utica All, too, have splendid State Roads running their entire length Visiting members would do well to stay over a few days to take advantage of the opportunity of seeing these beauty spots

A Country of Historic Interest

Do you like to browse about historic spots? The vicinity of Utica fairly teems with history The home of the Oneida Indians of the Iroquois confederacy, the Sacred Stone of the Oneidas rests upon a pedestal in Forest Hill Cemetery, and the stone marker on the slope of College Hill in Clinton shows the point beyond which, according to the Treaty of Fort Stanwix, the white man was never to encroach upon the domain of the Indian

It was through the Mohawk Valley and past Utica that Lord Geoffrey Amherst marched his army during the French and Indian war, captured Montreal, and brought all Canada under the British Crown

Between Utica and Albany, along the Valley of the Mohawk, are many points of vital interest to the student of Colonial and Revolutionary History The homes at Johnstown and Fort Johnson of that truly remarkable man, Sir William Johnson, the man who had complete charge of all Indian affairs in North America for the British Crown, homes halt baronial mansions, half frontier fortresses, and now in perfect state of repair and used as historical museums, are well worthy of a stop over or a detour by any member coming from the east The old Fort Van Alstyne at Canajoharie and the ancient church at Fort Herkimer hold many historic associations

The Battle of Oriskany

The especial interest of the student of the annals of the war of Independence, however, center around the names of General Herkimer, Fort Stanwix and the Battle of Oriskany Each year as the historians delve deeper into the Revolutionary History of the Mohawk Valley, they become more and more impressed by the tremendous significance of the campaign which culminated at Oriskany upon the outcome of the Revolutionary War

When Burgoyne came down from Canada via Lake Champlain and Lake George his expedition was but a part of a threefold move to crush the American Forces, for cooperating with him were to be General Clinton's army and navy coming up the Hudson from New York, and the British troops, tories and Indians under St Leger, Sir John Johnson and the Indian Brant, who were to come from Oswego, march down the Mohawk Valley, laying waste the great wheat fields which supplied the Continental Army with bread These three armies were to meet at Albany, cut the colonies in two and end the Revolution If this manoeuvre had succeeded, the Revolution would have failed and the United States might never have existed as an independent country

St Leger with his Indians arrived before Fort Stanwix, the site of the present city of Rome, a fort built to guard the head of navigation of the Mohawk and the short carry to Fish Creek which leads to Oneida Lake, and via the Oswego River to Lake Ontario, and layed siege to it The intrepid Gansevoort and Willett held the fort against the besieging forces and it was from these ramparts in this engagement that the newly adopted flag, the Stars and Stripes, was first flown in the face of an enemy General Nicholas Herkimer gathered the militia from the valley

at his homestead just below Little Falls (now maintained as a museum), marched up the valley, crosed the Mohawk at the ford at the foot of Genesee Street in Utica, the ford at an earlier date guarded by Old Fort Schuyler, and was ambushed by the British and Indians a few miles west of here in a deep valley in the bloody battle of Oriskany The advance of the British was checked and they again retired to their camp before Fort Stanwix This was one of the fiercest and bloodiest battles of the Revolution General Herkimer, severely wounded, was propped against a tree and continued to direct the battle, winning the victory, but succumbing a few days later from his wounds at his home below Little Falls

A few days later General Benedict Arnold, at the head of an army of Continentals, came up the Mohawk, relieved the siege of Fort Stanwix, and drove St Leger back to Canada

Many historians believe that the Battle of Oriskany was really the decisive battle of the Revolutionary War, for, if Herkimer had not stopped St Leger at Oriskany, nothing could have prevented his combining with Burgoyne and Clinton and crushing the Colonies When word arrived that St Leger was defeated, Clinton returned to New York and Burgoyne was left to his fate at Saratoga The battle of Oriskany is often spoken of as the "Battle That Made Saratoga Possible"

Of Geologic Interest

Is your hobby perchance geology? You could spend months in the neighborhood of Utica and ever make new discoveries From the days of the Granville Seat to the Glacial Period nearly every geological era is represented in Oneida and Herkimer Counties Little Falls alone is a Mecca of geologists the world over, the fosils of Trenton and Holland Patent are world famous, and if you are interested in glacial kames, moraines, drumlins, scourways, channels, deltas and beaches, you can see them of every known variety wherever you look

Utica's Hospitals

Are you interested in visiting hospitals? We have many and varied, and they will all welcome you with open arms The oldest State Hospital in the State and the newest are both at Utica, for while within the dignified walls of the Utica Etate Hospital in the city linger the memories of such great psychiatrists as Amaria Brigham, John P Gray and G Alder Blumer, whereas for fifty years the American Journal of Insanity was published within its walls and many of the world's great advances in the care of the insane have been worked out here since its foundation in 1843 The new Marcy Branch, six miles west of Utica, is as far as it is finished, the very last word in modern efficiency and incorporates all that is latest in methods and equipment Both the Utica State and the Marcy Branch are under the superintendency of Dr Richard H Hutchins, who extends a cordial invitation to all members of the Society to visit the institutions while in Utica.

In our five general hospitals, the Utica General Hospital opened in 1858 and operated by the city St Elizabeth Hospital founded in 1866 by the order of St Frances and for the past ten years occupying its splendid building on upper Genesee Street, St Luke's Hospital, under the auspices of the Protestant Episcopal Church, founded in 1867 and since 1895 occupying its fine building, the gift of Mrs Frederick T Proctor, Faxton Hospital, opened in 1875, to which four years ago was added a new wing, doubling the capacity of the hospital, in which an entire department is devoted to compensation cases, and lastly the Utica Memorial Hospital, started in 1895 as the Utica Homeopathic Hospital, which changed its home to a modern building in 1917 and its name to a modern name in 1927, visitors will find much to interest them and will be cordially welcomed.

If you are a Mason, you will want to visit the New York State Masonic Home at the eastern entrance of the city and see the million dollar Soldiers and Sailors Memorial Hospital of that institution built by Masons of New York State since the World War, and the other extensive new building now under construction in that model institution

Would you like to see the last word in county Tuberculosis Hospitals? Oneida County is now building a new one hundred bed Sanitarium on the Deerfield Hills one mile north of Utica, which though not yet ready for occupancy is far enough advanced so that one may get many ideas from it on modern hospital construction

Dinner Entertainment by the Players

And lastly do you like to be amused? Think back twelve years ago to the entertainment accorded you at Utica! Do you recall that we omitted the formal dinner and gave you a "cabaret" instead? Do you remember how your sides ached at Otto Weiskotten's monologue and Hume Baldwin's impersonations? Well this year we are going this one better We are going to have a dinner to satisfy the inner man, but a dinner without a speech! The after dinner program will all be entertainment For Utica is fortunate in having "The Players," one of the most successful amateur dramatic organizations in America with over 1,300 members Its president this year is a physician How's that for luck! And many of our physicians are active as actors, singers or musicians The entire resources of this organization, professional coach, sceneries, properties and actors, will be at the disposal of our Society to make the post prandial entertainment a memorable affair It is proposed to give you the Doctors' Opera, which was received with such storms of applause by the American College of Surgeons two years ago The

real title of this is "The Pirate's Bride" but it is called the "Doctors' Opera" because the words were written by one Utica physician, the songs by a second and the music by a third while a fourth orchestrated it Reminiscent of Gilbert and Sullivan this opera is good, real music, catchy songs and sparkling lines As your nearest F A C S The Players' Orchestra, composed largely of physicians and their families will dispense sweet music This promises to be an evening of rare enjoyment and well worthy of a trip to Utica alone Remember the dinner, a dinner without a speech, but with loads of fun

The Ladies

Again let us urge you bring your wives with you We promise them a delightful time, as the committee on entertainment of the ladies is planning a most enjoyable time for all The plans have not crystalized at this writing but suggestions submitted include trips to the scenic and historical points in the neighborhood if the weather is favorable, and bridge and teas if it is not Then, too, your wives will not want to miss that dinner and the elaborate entertainment that will follow it

Arrangements for Meetings

The arrangements for the meeting in Utica include the use of three hotels which are almost adjoining The headquarters for the House of Delegates and the annual dinner will be in the Hotel Utica, the headquarters for the members and the commercial and scientific exhibits in the Hotel Martin, two hundred yards east, and the scientific sections distributed beween these two and the Hotel Majestic, next door west of the Hotel Utica While these hotels are in the heart of the city, they are conveniently situated for parking automobiles, as the Hotel Martin is located on and the other two are but a few rods from the new wide boulevard, Oriskany Street, which has replaced the old Erie Canal There are numerous public garages all about the hotels, the newly completed Ramp Garage connecting directly with the Hotel Utica

T Wood Clarke M D,
Chairman, Sub-committee on Publicity

PUBLIC RELATIONS COUNTY SURVEY NO 7—GREENE COUNTY

Greene County is one of the smaller counties of the state having a population of about 30,000 and is strictly rural, there being no cities in the county, and only one village with a population in excess of 5,000

The county is roughly divided into two parts by the Catskill Mountains, practically seven towns being in the mountain district, and seven in the river district There are no hospitals or permanent clinics in the county with the exception of a small emergency hospital in Tannersville one of the mountain towns This emergency hospital is in a building that was once a residence and is maintained by the community A nurse is in charge, but no interne or resident physician is employed Only emergency work is done there

In Catskill the largest village of the county there is a fund of approximately $50,000 which was a bequest left for the specific purpose of establishing a memorial hospital This fund is in the hands of a committee composed entirely of laymen who are inactive, and it is not known when action will be taken to increase the funds The committee proclaim that they do not wish to start the establishment of a hospital until $250,000 is available They frankly state that they have no plan to raise this amount The medical men of the county do not feel that it is their responsibility to do so, as the burden of carrying on the work after it is established will be theirs

A beautiful site overlooking the Hudson has been donated by a public spirited citizen There is ample room for the building of a small hospital on this site and plenty of room for additions as may be needed There is no doubt in the minds of many of the physicians that a small hospital of 20 to 25 beds could be erected on the site, and would be large enough for the present

Recently it has become known that a lately deceased citizen has left his residuary estate estimated at about $5,000 to the hospital committee for the use in the maintenance of the hospital when erected

What is really needed by this hospital committee is help and advice from those who are familiar with planning, erecting and equipping small hospitals and the proper way to go about raising the necessary funds

The County Medical Society is an active organization and is composed of almost 100 per cent of the physicians in the county Meetings are held regularly every quarter and attendance averages about 40 per cent Of the 28 physicians in the county 13 are Health officers and all are active in promoting Public Health work Recently they have acquired a new idea in regard to their duties as leaders in preventive medicine and public health work

The County Medical Society has sponsored the movement for the immunization of children against diphtheria and since 1925 this work has been going on actively and a large number of school and pre-school children have had injections. It is still being prosecuted vigorously

Chest clinics and orthopedic clinics are held regularly in the county several times a year, and due to the efforts of the County Medical Society,

are on a purely consultation basis, no one being admitted to the examinations without being referred by their physicians or the Health Officer Recommendations as to treatment as well as the diagnosis are given the attending physician only, and such treatments as may be indicated are given out by him In this manner the attending physician has full control of his patient, and this way has proven much more satisfactory than the old method

The principal lay organization of the county is the Greene County Tuberculosis Committee, a branch organization of the State Charities Aid Association This committee is officered by laymen, and the organized medical profession has not taken an active part in its working A county Tuberculosis nurse was employed by and paid out of funds raised by the Christmas seal sales A few years ago the Board of Supervisors agreed to pay her salary and expenses, and have done so until the present time She worked for the Tuberculosis committee and was paid by the County This continued until about January 1st, 1928, when the County Medical Society advocated and recommended the employment of two Public Health Nurses to be under the control of a committee appointed by the Board of Supervisors in accordance with the State Aid to Counties Law, and this has been done.

The activities of the County Tuberculosis Committee since the employment of the two Public Health Nurses have been confined to the helping in the anti-diphtheria campaigns and the providing of necessary food and supplies for families in which the head of the household has been sent to sanatoriums

There is a Child Welfare Committee whose activities are county wide, and supported by the county and directed by a committee appointed by the Board of Supervisors They employ a social worker and are very active No physician is officially connected with the Child Welfare Committee

School physicians are sponsoring lectures on Sex Hygiene to the High School boys and girls The lecturers are furnished by the State Department of Health, and are a high grade type of men and women

The Rotary Club of Catskill is active and interested in the boys particularly, and have provided aid and assistance to crippled boys

Parent Teachers Associations are in various towns of the County and are willing and ready to co-operate with the physicians, and frequently seek their advice

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FINAL LEGISLATIVE BULLETIN APRIL 29, 1929

The Governor's thirty-day period for signing bills has expired and we are in a position, therefore, to issue our final bulletin Of the 3417 bills submitted to the legislature this year, we found 134 of them to have some bearing upon the practice of medicine Although we were not able to send copies of the bills to the chairmen as extensively as we did in former years, nevertheless we carefully read every one of these bills, studied their amendments, conferred with the chairmen of the committees to which they were referred, and sometimes appeared before the entire committee in their interest

We are happy to report that our relations with the legislators were, without exception, most cordial Our many conversations with individual legislators frequently demonstrated to us the activity of the physicians of their districts Not a few told us of messages they had from physicians of their districts, soliciting their interest in certain particular bills We have ample reason to know that the prompt activity of the county chairmen most effectively nipped the chiropractic bud

Following is a list of the bills enacted into law, with their chapter numbers

Senate Int. No 87—Burkard—Assembly Int No 186—Gallagher, amending the Civil Practice Act by providing a subpoena requiring production of hospital records must be served at least one day before day fixed for production thereof, has become Chapter No 339

Senate Int No 121—Webb, Assembly Int. No 327—Rice, amending the Education Law by providing funds may be appropriated for assistants to director of school hygiene, such assistants to be appointed by district committee, has become Chapter No 126

Senate Int. No 182—Fearon, Assembly Int No 628—C. P Miller, amending the Workmen's Compensation Law by classifying as occupational diseases to be compensated for, injuries from radium, radium emanations or x-ray, has become Chapter No 64

Senate Int. No 204—Patrie, Assembly Int. No 317—Hutchinson, amending the County Law so as to permit contracts for maintaining in a county hospital tuberculosis patients from another county, has become Chapter No 12

Senate Int. No 323—Williams, Assembly Int. No 416—Lattin, amending the General Business Law by providing that provisions for licensing employment agencies shall not apply to incorporated alumnae associations of registered nurses, has become Chapter No 164

Senate Int No 333— Fearon, Assembly Int. No. 561—Shonk, enacting Public Welfare Law as chapter 42, Consolidated Laws, and repealing certain laws, has become Chapter No 565

Senate Int. No 370—Webb, Assembly Int. 544—Rice, relative to children with retarded mental development, has become Chapter No 258

Senate Int. No 402—Pitcher, Assembly Int. No 596—Lattin, amending the Health Law relative to duties of health officers, among other things duty of examining school children being eliminated, has become Chapter 372

Senate Int. 407—Pitcher, Assembly Int No 626—

Lattin, authorizing the establishment of sewer rents in any village which has a sewer system, including some form of sewage treatment plant, has become Chapter 225

Senate Int. No 408—Pitcher, Assembly Int. 623—Lattin, amending the Health Law relative to orders by health commissioner to protect water supplies, by striking out the word "emergency' has become Chapter No 374

Senate Int. No 410—Pitcher, Assembly No 622—Lattin, authorizing the establishment of sewer rents, has become Chapter No 678

Senate Int. No 411—Pitcher, Assembly Int. No 625—Lattin, providing that when Commissioner of Health appoints a health officer, he shall be qualified as "provided by regulation of public health council," has become Chapter No. 376

Senate Int. No. 466—Pitcher, Assembly Int. No 679—Lattin, making compulsory vaccination law apply to any city of 50,000 or more inhabitants instead of cities of first and second class, and relative to reports of physicians, has become Chapter No 140

Senate Int. No 467—Pitcher, Assembly Int. No 680—Lattin, relative to the suppression of rabies, has become Chapter No 375

Senate Int. No 554—Quinn, Assembly Int No 775—Nugent, New York Charter, empowering commissioner of water supply, gas and electricity to require any company selling water in city to determine whether it is healthful, safe and proper for consumption and whether furnished in quantity and at pressure adequate for fire protection, cross connections between such system and the city's water system to be made if commissioner finds it necessary, has become Chapter No 452.

Senate Int. No 646—Williams, amending Mental Hygiene Law relative to admission to institutions for mental defectives on certificate of physician or psychologist or on voluntary application, has become Chapter No 172

Senate Int. No 813—Wales, Assembly Int. No 1132—Whitcomb, requiring asylums, almshouses, hospitals, orphanages and schools in cities and other municipalities having central fire alarm station, to be equipped with fire alarm boxes, has become Chapter No 141

Senate Int. No 891—Brown, Assembly Int. No 784—Goodrich, providing for a psychiatric clinic at Sing Sing Prison, has become Chapter No 242.

Senate Int. No 1015—Brown, Assembly Int. No 1361—Esmond, creating temporary commission to study the mineral springs at Saratoga so as to further develop them for health purposes, has become Chapter No. 668.

Senate Int. No 1032—Downing, Assembly Int. No. 1325—Alterman, amending the State Charities Law, dividing cost on 50 per cent basis of maintaining and treating children in the state orthopedic hospital for children between state and county in which child resides, where cost has not been paid by parents or other persons, has become Chapter No 516

Senate Int. No 1105—Webb, Assembly Int. No 1473—Rice, providing for termination of medical licenses issued to citizens of a foreign country, who have failed to become a citizen of this country within ten years, instead of six years, has become Chapter No 262

Senate Int. No 1108—Webb, Assembly Int. No 1500—Rice, relative to the care and treatment of physically handicapped children, has become Chapter No 571

Senate Int. No 1122—Pitcher, Assembly Int. No 1493—Lattin, authorizing the health commissioner to issue certificates of approval covering laboratory examinations and tests as state sanitary code may require to be made therein, has become Chapter No 368

Senate Int. No 1123—Pitcher, Assembly Int. No 1472—Lattin, amending the Health Law by abolishing general health districts and providing for county health districts, has become Chapter No 371

Senate Int. No 1274—Baumes, Assembly Int No 1563—Dominick, authorizing the establishment of an office of town physician in any town containing a village, whether incorporated or not, has become Chapter No 352.

Senate Int. No 1311—Pitcher, Assembly Int. No. 1590—Lattin, relative to embalming and undertaking, has become Chapter No 370

Senate Int No. 1390—Gates, Assembly Int. No 1764—Cornaire, amending the Workmen's Compensation Law by adding certain additional diseases to list of occupational diseases for which compensation may be had, has become Chapter No 298.

Senate Int. No 1410—Gates, Assembly Int. No 1786—Cornaire, amending the Workmen's Compensation Law by providing for consecutive awards for total or partial loss or loss of use of more than one member or parts of members, has become Chapter No. 301

Senate Int. No 1520—Brown, amending the Health Law relative to the suppression of certain nuisances, has become Chapter No 373

Senate Int. No 1563—Mastick, creating a temporary commission to investigate and study so as to ascertain most practical and efficient method of providing security against old age want, and appropriating $25,000 00, has become Chapter No 664

Assembly Int. No 566—Dickey, making it a felony to sell or distribute habit forming drugs, imprisonment not to exceed ten years, has become Chapter No 377

Assembly Int. No 948—Berg, empowering the Regents to indorse certificate of rehabilitation of U S Veterans' Bureau as a license to practice any of the professions regulated by the Regents, has become Chapter No 265

In closing, may we suggest that you find occasion, at your earliest convenience, to express to your Senators and Assemblymen the appreciation of the State Society for the loyal support they have given us

HENRY L. K. SHAW,
HARRY ARANOW,
GARRETT W. TIMMERS,

Committee on Legislation, Medical Society of the State of New York

SECOND ANNUAL GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

The New York Academy of Medicine has arranged for a Second Annual Graduate Fortnight to be held during the period October 7 to 19, 1929 The subject which has been chosen is "Functional and Nervous Problems in Medicine and Surgery"

It is believed that this year's subject will attract not only the medical profession generally but also social workers and those especially interested in public welfare The field includes those functional disturbances which have been much neglected in the last thirty years in comparison with the structural disturbances of the human body

Evening sessions will be held at the Academy at which well known authorities will discuss many phases of the general subject

Afternoon special clinics and demonstrations will be presented in the following hospitals

Babies' Hospital	Montefiore Hospital
Bellevue Hospital	Mount Sinai Hospital
Fifth Avenue Hospital	Post-Graduate Hospital
Lenox Hill Hospital	Neurological Institute

New York State Psychiatric Hospital

The following is the program of the lectures to be given at the evening sessions in the Academy building

First Week

October	7	Opening addresses	Dr Livingston Farrand, President, Cornell University Mr Clifford Beers, Secretary, The National Committee for Mental Hygiene Dr Ludwig Kast, Professor of Medicine, N Y Post-Graduate Medical School
"	8	The involuntary nervous system	Dr W Langdon-Brown, Physician, St Bartholomew's Hospital, London
		Hysteria as a practical problem	Dr C Macfie Campbell, Professor of Psychiatry, Harvard University
"	9	Neuroses following accident	Dr Foster Kennedy, Professor of Neurology, Cornell University
		Post-operative emotional disorders, their prevention and management	Dr Robert B McGraw, Assistant Physician, Presbyterian Hospital
"	10	Endocrines and the vegetative system	Dr Walter Timme, Attending Physician, Neurological Institute
		General survey of visceral neuroses	Dr Leopold Lichtwitz, Professor Internal Medicine and Chief of Medical Department, Municipal Hospital, Altona, Germany
"	11	Metabolism and the vegetative nervous system	Dr Anton Julius Carlson, Professor of Physiology, University of Chicago
		Headache and migraine	Dr Frederick Tilney, Professor of Neurology, Columbia University

Second Week

October	14	The cardiac neuroses	Dr Robert H Halsey, Professor of Medicine, N Y Post-Graduate Medical School
		The vascular neuroses	Dr Israel Strauss, Attending Neurologist, Mount Sinai Hospital
"	15	Gastro-intestinal neuroses	Dr Burrill B Crohn, Associate Physician, Mount Sinai Hospital
		The surgery of the vegetative nervous system	Dr Alfred W Adson, Assistant Professor of Surgery, University of Minnesota (Mayo Clinic)
"	16	Habit and behavior problems	Dr Herman M Adler, Director, Institute for Juvenile Research, Chicago
		Neurocirculatory asthenia	Dr Marcus A Rothschild, Associate Physician, Mount Sinai Hospital

"	17	Carpenter Lecture—The function of the emotions in the production and prognosis of diseases	Dr Charles P Emerson, Professor of Medicine, Indiana University
			Dr Carl Pototzky, Director, Children's Clinic, Kaiserin Augusta Victoria Hospital, Berlin
		Insomnia and disturbances of sleep	Dr Louis Casamajor, Professor of Neurology, Columbia University
"	18	The psychoneuroses	Dr William A White, Director, St Elizabeth's Hospital, Washington
		Psychotherapy	

KINGS COUNTY

Resolution Adopted at the Regular Meeting of Medical Society of the County of Kings on March 19, 1929

"WHEREAS, Year after year bills have been introduced in the New York Legislature providing for a change in the public policy of the State with relation to birth control, either by repealing Sec. 1142 of the Penal Law which defines articles and appliances, etc, for this purpose to be obscene and providing punishment for their sale, distribution or use, or by the repeal of Sec. 170-d of the Public Health Law which forbids doctors violating the provisions of Sec 1142 of the Penal Law or abusing the privileges accorded them by Sec. 1145 of the Penal Law, and

"WHEREAS, The New York City Federation of Women's Clubs sought, by questionnaire, to secure endorsement of a birth control bill in the 1929 Legislature from members of the medical profession and boasted of a number of affirmative replies, and

"WHEREAS, It is reasonable to believe that effort will be made to secure endorsement of a birth control policy at the 1929 meeting of the Medical Society of the State of New York,

"THEREFORE BE IT RESOLVED, That the Medical Society of the County of Kings, in meeting assembled March 19th, 1929, reiterating its opposition to any change in the public policy of the State which will modify or nullify Sec. 170-d of the Public Health Law or Sec. 1142 of the Penal Law, or that will amplify the privileges contained in Sec 1145 of the Penal Law, or that will write the policy of sterilization of the sick or unfortunate citizens into the Law of the State of New York, hereby instructs its Delegates to the annual meeting of the Medical Society of the State of New York to present thereat, and work for the adoption of, the following Resolution

"RESOLVED, That the Medical Society of the State of New York, in (1929) meeting assembled, declares its opposition to the introduction or enactment of any law that will change the policy of the State of New York in the matter of birth control or sterilization or so amplify the police power of the State as to threaten the money or man-power of the State, or its physical, moral or economic security, or the safety of its citizens, or to disturb the safeguards thrown about the practice of medicine in the State of New York as contained in the Medical Practice Act

"AND BE IT FURTHER RESOLVED, That copies of this resolution, in its entirety, be sent to the NEW YORK STATE JOURNAL OF MEDICINE and to the public press with a request of this body for publication, to the Medical Society of the State of New York with the request of this body for the adoption of the contained resolution, and (by the Secretary of this Society), to be sent in December, 1929, to the Governor of this State and to the presiding officers of the Senate and the Assembly of the 1930 Legislature,

"AND BE IT FURTHER RESOLVED, That copies of this Resolution be sent to every County Medical Society in the State of New York with the request of this body that they take similar action to the end that a united front may be presented against those who may seek to make the medical profession the agency of lust and sadism through birth control and sterilization

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MEDICAL WARES

BACILLUS ACIDOPHILUS MILK

Fermentation and putrefaction take place in every human intestine. Some of the bacteria which grow in the intestine are harmful, but harmless and even beneficial kinds may also grow under variable conditions of food, peristalsis, secretion, and the general health

The predominating bacteria of the human intestine are those of the putrefactive type, including the colon group One characteristic of the colon group is the production of gas These bacteria also cause putrefactive changes in the food in the intestine, resulting in the formation of toxic substances and usually associated with the foul odors of protein decay

The kinds of changes produced by colon bacilli and other bacteria in the intestinal contents are similar to those which would occur in the same substances outside of the body The intestine is a test tube and an incubator containing an abundant supply of food and water at a temperature best suited to the growth of the living organisms The actions which take place in this natural test tube are dependent upon the conditions under which the bacteria grow An excess of meat in the diet, for example, is likely to initiate an abnormally great degree of putrefactive change, an excess of sugar or starch leads to other undesirable changes, while the slowing of peristalsis permits the bacteria to act upon the intestinal contents for an abnormally long time Abnormal bacterial action is also likely to produce inflammatory changes, and the mucus which is formed may envelop and protect the offending bacteria. The abnormal process, once started, is likely to be persistent and self-perpetuating

The changes in the intestinal contents, the factors which produce them and their clinical effects are extremely complex and difficult to recognize and identify, but the general principle of their prevention and treatment are well known. The therapeutic measures fall into four groups

1 Intestinal antisepsis
2 Catharsis
3 Diet.
4 Bacteriological control.

It was formerly thought that the gastric juice had antiseptic properties which would destroy bacteria passing through the stomach, but these properties are not present between meals or when the juice is diluted with food Cathartics speed up peristalsis, and thus help to remove putrefying substances A control of diet is always essential in the prevention or treatment of intestinal disorders caused by bacteria Every culture medium must be uniform from day to day in order that the physician may estimate the value of the several elements entering into the growth of bacteria

Many attempts have been made to discover a kind of harmless or beneficial bacteria which will grow in pure culture in the intestine to the exclusion of other bacteria Milk soured by the various forms of Bulgarian bacilli have been used for this purpose, and cultures of bacteria have been put up in tablet form or in liquids to be taken by the teaspoonful But clinical experience has demonstrated that proper bacteria must be introduced into the intestine continuously and in overwhelming numbers Extensive research has shown that acidophilus bacilli are the first to appear in the intestines of new-born children, and that in normal babies the acidophilus bacilli continue to predominate over all other forms of bacteria Experiments have shown that the same kinds of bacteria may be made to grow in the adult intestine in approximately pure culture, and that, when they grow, other kinds of bacteria are greatly lessened in amount or even disappear Clinical experiments demonstrate that intestinal toxemia ceases when the bacillus acidophilus becomes the predominant organism of the intestine

Acidophilus bacilli are sold in the form of bottled milk in which the bacteria have been grown in pure culture The milk is first sterilized by heat, and then a pure culture of the bacilli grown in milk is added. The inoculated milk is allowed to stand at body temperature for several hours while the bacteria multiply The cultured milk is then bottled and stored at a temperature of 40° F. It will then keep for days without further change occurring

Acidophilus milk is of a creamy consistency from the coagulation of casein in fine particles It contains lactic acid from the fermentation of some of its milk sugar It is therefore an ideal food, but its peculiar value is that it supplies the intestine with living bacteria in numbers far greater than can be supplied in any other way A pint of acidophilus milk will supply the body with more bacteria than will a pint bottle of tablets or a liquid culture. The overwhelming number of bacteria is one great element in the value of the milk.

The production of acidophilus milk of a reliable and uniform quality requires that a skilled bacteriologist shall supervise every stage of its production, and that a bacteriological laboratory shall be immediately available for testing the product almost hourly Acidophilus milk is a pharmaceutical product as well as a food, and it is reliable and effective in proportion to the scientific care with which it is produced

LONDON LETTER

REPORT OF MEDICAL RESEARCH COUNCIL

Each year at this time the medical profession awaits with the greatest interest the Report of the Medical Research Council This body has gradually gained for itself the position of Headquarters Staff of the forces of research of the British Empire, and its annual Report gives a faithful picture of the year's progress Speaking of radium, the Report says that the outlook has been quite transformed in the last seven years There is now a widening circle of real interest in radium therapy among surgeons It is already possible to say with confidence that any women suffering from early cancer of the neck of the womb can have the disease locally removed by a course of radium treatment as surely as by the knife, and of course with less suffering and risk It has already proved to be the best means of treating inoperable cancer of the mouth and tongue, and in the operable cases it seems that it will soon replace excision Similar confidence is rapidly gaining ground in respect to cancer of the breast and the rectum

In view of the continued mortality from puerperal sepsis to which I referred in a previous letter, the researches of Dr Burt White are of much interest and importance On examining 100 prospective mothers he found that there was a close correlation between a Dick positive result and subsequent puerperal sepsis A further 1000 cases are to be tested to decide the wisdom of rendering Dick positive subjects immune to puerperal sepsis before labor

The Medical Research Council Report on the value of ultra-violet light has caused a real flutter in the dovecot The Report states that in certain forms of surgical tuberculosis this method of treatment has real value, but, as a result of an investigation carried out under the Council's authority, it is pointed out that the ultra violet light has no greater value to healthy growing children than can be obtained much more cheaply and safely by a proper diet, and a penny-worth of cod liver oil will provide more vitamin D than three or four shillings worth of ultra violet light It may well be imagined that such a report has led to a good deal of correspondence. "Sunshine in the home" had seized upon the imagination of the man—and woman—in the street, and a mild sort of craze had arisen which, naturally, was exploited by manufacturers of sunlight lamps and the legions of quacks Advertisers implored all and sundry to instal the sunlight lamp in the bathroom and live happy ever after Children were subjected in droves to the action of the rays in the hope that they would thrive mightily and be free from all the minor ailments of juvenescence. And now—happy mothers gleefully watching their children getting beautifully brown all over are confronted with a Report, issued with all the authority of the Medical Research Council, showing that they might as well give Tommy a penny-worth of cod liver oil or put a mustard plaster on his little chest Shall we parody Horace?

Eheu, fugaces, Postume Postume
Alas that dear sunlight is lost to me, lost to me
Nobody knows what she was to me, was to me
Or all the pain she has cost to me, cost to me
Eheu, fugaces, Postume Postume

CONFERENCE ON RHEUMATISM

Last Spring I attended as a delegate a great Conference on Rheumatism held at the ancient watering-place of Bath, in Somerset Bath has been pre-eminent as a curative centre for rheumatic affections since the days of the Romans, and assuredly no better place could have been chosen for the Conference Many nations sent representatives, and to myself—a surgeon—uninitiated into the mysteries of this hydra-headed disorder, it seemed amazing that so much should be known about its cause and its protean manifestations and so little about its cure But the Conference was of great value, and arising out of the interest which it awakened, a curative centre on a large scale is to be started in London in the near future by the British Red Cross Society One of London's historic churches, the Regent's Park Chapel—built by Nash (the creator of Regent Street) has been empty for seven years and has now been acquired by the Red Cross and altered and equipped at a cost of £40,000 It is estimated that approximately 12,000 patients will be treated annually How great is the need for such a clinic is seen in the Ministry of Health Report on "Incidence of Rheumatic Diseases" It seems that nearly one-sixth of the industrial disability in the country is due to diseases classed as Rheumatic and £2,000,000 is spent yearly in sick benefit This is a real step in a national campaign against rheumatism and we may well hope that if this clinic proves successful it will be the forerunner of many similar clinics throughout the country

H W Carson, F R C S

"That college standing has the highest rating is to be explained by the fact that college standing affords a fair test of what a student has been able to do with past opportunities It is, however, a little unexpected to find book ability and health rated comparatively low Creative ability is naturally deserving of high consideration in the making of a scientist So is intellectual honesty, for in that term is included the most important of all qualifications for a true scientist, who must be able to regard facts dispassionately and objectively, regardless of what they prove or disprove, even though it be some theory of the observer or some hypothesis of common acceptance It is interesting to see that character is rated above enthusiasm and perseverance and that these in turn are rated above conduct

"The qualities scheduled in the test do not, of course, constitute genius of themselves, they are merely symptoms by which the existence of genius may sometimes be diagnosed Nor should the decimal places be too highly regarded Professor Gordon is not likely to fight for one-tenth of 1 per cent in 'book ability' He would welcome anybody who received a mark of 7 2 in this quality"

REGULATING THE SALE OF EYEGLASSES

The following editorial in the *Brooklyn Daily Eagle* of April 23, upholds the statute recently enacted requiring that eyeglasses may be sold only on the prescription of a regularly licensed physician or optician

"The general disposition of the Supreme Court to extend the 'police power' of States, so strikingly indicated in the Emergency Rent Law decision, appears again in the ruling that the State of New York has the right to regulate the sale of eyeglasses and spectacles by insisting that at the place of sale a duly qualified physician or optician shall be present and responsible for the proper sort of glasses sold in any particular case This provision (Chapter 379 of the Laws of 1928) was carried to the Federal Court of last resort, because some dealers held it to be unconstitutional

"On the whole, the sustaining of the State law is, we think, in the public interest Especially in an age when the use of glasses for the rectification of eye infirmities by even young children is common and has full medical and surgical sanction, the retail sale of glasses by dealers offering bargain prices is unquestionably dangerous Even persons of high education cannot pass on the value of a particular sort of lenses for a given case The masses are entirely at sea They need to be protected from themselves

"The human eye is a delicate thing to fool with The best doctors and the best opticians make mistakes To reduce mistakes to a minimum would seem to be a proper aim of modern legislation"

DIET AND MORALS

What the editor of the New York State Journal of Medicine says about health is seldom considered to be news, owing to quantity production, but what Henry Ford says about any phase of health attracts immediate notice—for a time. The New York Times of May 10 contains a report in which Mr Ford suggests that dieting should be taught by clergymen because of its effect on character and morals The article reads

"Some day people will learn how to eat, and there will be no more hospitals, is the declaration of Henry Ford in calling upon the clergy of America to make right eating part of their religious teaching Mr Ford's views on eating are published in an interview in the June issue of The Red Book Magazine, and are declared to be his first comments on his experiments on foods

"Mr Ford asserts that most crimes and wrongful actions are 'the result of wrong mixtures in the stomach' Illness will vanish and crime diminish, Mr Ford thinks, when people apply a knowledge of right food combinations in their daily life.

"'If people would learn to eat the things they should eat, there would be no need for hospitals,' he says 'Jails and prisons would have less to do What greater mission can the clergy have than the elimination of sickness, jails and prisons?'"

That physical states affect the mental there can be no doubt. One physician wrote a sermon on the subject, "The physical basis of spirituality," and preached it effectively from several pulpits during an anti-tuberculosis campaign But diet and tuberculosis are only two among numberless physical conditions which must be corrected before man reaches a state of perfection either physical or spiritual

THE DAILY PRESS

PREPARATION FOR RURAL PRACTICE

The *New York Times* of April 11 has the following editorial description of what the Albany Medical College is doing to provide service in rural areas

The gift of Mr Lucius N Littauer to the Albany Medical College lends another hand to the effort which that institution has been making, with the active cooperation of the Rockefeller Foundation, to "strengthen the medical defenses" of the towns and villages of Northeastern New York The particular purpose of this gift of $50,000 is to bring the Gloversville Hospital into contact with the Medical College It will make it possible for the advanced students to become familiar with the problems of medical practice in that district.

"Mr Littauer has also made provisions will give opportunity for research work to specially qualified students Thus, in all these interchanges, talented men will be discovered and developed and later brought back, so far as possible, to serve the district from which they have been drawn The gist of it is that students are kept near the communities of the type where general practitioners are most needed today With the drift toward the cities, it is estimated that a third of the towns in the United States of 1,000 inhabitants or less have no doctors

"The experiment of the Albany Medical College in the region extending from the Catskill to the Canadian border and westward from the Hudson Valley up the Mohawk to Little Falls is therefore of more than local interest. The telephone and the automobile are widening the reach of the physician and the surgeon Perhaps some day the airplane will give him still wider scope for his skill But there will always be need of doctors who know rural life, who are near to it, and who are willing to give their best to it."

POSTMORTEMS ON DOCTORS' BODIES

If physicians are to obtain autopsies on their patients, they must submit their own bodies to pathological examinations after death Now and then a physician provides for an autopsy on his own body The *New York Sun* of April 23 contains the following account of such a provision

"Because he desired that his labors in the medical field should not end with his death, the body of Dr Daniel Smith Lamb, veteran curator of the Army Medical Museum, was subjected to an autopsy today under the direction of his friend, Dr Ales Hrdlicka, curator of anthropology of the National Museum

"Dr Lamb's instructions for the post-mortem, which he hoped would reveal new secrets to his profession, suggested that Dr Hrdlicka perform the autopsy, but the noted anthropologist refused because 'Dr Lamb was too dear to me,' so Major G R Callendar of the Army Medical Corps acted

"Dr Lamb, who died at the age of 86, was curator of the Army Medical Museum for fifty-five years and instructor at Howard University since 1873 He was born in Philadelphia and took his medical degree at Georgetown University In addition to the autopsy upon the body of President Garfield he had concluded post-mortems over the bodies of Vice-President Henry Wilson and many other notables"

SYMPTOMS OF GENIUS

Physicians are frequently called upon to apply the Binet tests for the determination of the lesser degrees of development of mentality, and psychologists have devised tests for the measurement of extraordinary large mental capacities These tests have come into public notice through the choice of forty-eight students for the "School for Geniuses" recently established at Johns Hopkins University for the purpose of doing special work in chemistry The qualifications adopted as indicating the likelihood of success are as follows, based on a scale of 100, according to an editorial in the *New York Sun* of May 3, are as follows

"College standing, 15 3, creative ability, 13 7, intellectual honesty, 11 0, faculty of observation, 10 1, character, 9.2, enthusiasm, 8 9, perseverance, 8 9, conduct, 7 8, health, 7 8, book ability, 7 3"

The editorial continues

"In arranging this interesting schedule Professor Gordon studied the methods of promotion and employment of nearly seventy corporations

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OUR NEIGHBORS

ANNUAL REPORTS OF THE OHIO STATE MEDICAL ASSOCIATION

The May first issue of the *Ohio State Medical Journal* announced the annual meeting of the State Medical Association on May 7, 8, and 9, in Cleveland, and also carried the annual reports of the committees These reports are abstracted in order that the physicians of New York State may compare them with the reports of their own officers printed in the May first issue of this JOURNAL

The first report is that of the Committee on Public Policy, whose principal activity is that of legislation The report says

"This committee has not only continued to maintain contact with numerous other groups and agencies concerned with problems of public health and scientific medicine, but has endeavored to extend contacts with still more organizations and societies in any way interested in these questions It has also been active during an unusual and most strenuous session of the Ohio General Assembly in which there were introduced more fad, cult, 'special interest, and destructive bills, than ever before

"During the session of the 88th General Assembly just closed there were no less than 167 bills and resolutions which had a direct bearing on public health, medical practice, medical education and statutory regulation of various phases of those general questions Among those, of course, were the state institutions, the custody and care of mental defectives, workmen's compensation questions, and public health functions

"Never before in any one session were there so many bills introduced by cultists and anti-medical exponents Due to the calm and conscientious judgment of the majority, these measures, while difficult and annoying, were properly defeated In fact, none of the really vicious bills succeeded in 'getting by'

"Moreover, socialistic, experimental and visionary legislation, while represented by numerous bills introduced, was notable by its absence when the final enactments were recorded As one political writer said 'The big, laudable thing about the General Assembly just ended is that it has enacted a minimum, in fact a negligible amount of legislation to rob the people of Ohio of such liberty, freedom, self-determination, and independence of thought and action in their pursuit of happiness as they still possess

"This Committee feels that medical organization has rendered a genuine public service in its available, abundant, scientific and unselfish advice and information on the many problems of legislation This committee did much preliminary work For several months in advance of the legislative session, information was assembled, prospective measures were considered and policies adopted in conformity to previous pronouncements of the House of Delegates Prior to the legislative session, on authorization of Council, this committee prepared and issued, before the session began, a pamphlet setting forth the policy and attitude of the medical profession toward legislation and governmental administration, including analyses of numerous definite issues. These pamphlets were issued to each member of the Legislature as well as to the legislative committeemen and the presidents and secretaries of the component county societies"

The Committee on Economics has studied the Workmen's Compensation Law, and says

"The medical department of the commission does not adhere blindly to the medical fee schedule, but in unusual cases when essential facts are submitted allows additional fees for special treatments It has also been found that the commission does not expect physicians to write for permission to perform operations in emergencies or where the condition of the patient might be endangered by such delay Physicians, however, are expected to obtain written permission from the commission to perform 'corrective or reconstructive' operations which are not emergencies

"It is the belief of this committee that many of the problems of the physician and the commission can be eliminated by a continuance of the present policy of mutual understanding and cooperation, and we suggest that county societies invite members of the commission to address them during the coming year for the purpose of explaining some of the problems faced by the commission and of giving each physician more information as to how the cases are handled and settled"

Regarding the cost of medical care the report says

"The attention of the members of the State Association is called to articles carried in the August, 1928, issue of the Journal, pages 607 and 608, and the October, 1928, issue, pages 795 and 796, in which the program of the national committee was analyzed in detail

"The Medical Economics Committee is intensely interested in this movement to obtain reliable data on this complex and vital question and urges the members of the State Association to cooperate with the national committee whenever called upon to do so It especially recommends that Ohio physicians give their earnest support to the

(Continued on page 639—adv xvii)

(*Continued from page 636*)

study being made by the American Medical Association on the income of physicians, one of the phases of the cost of medical care survey"

The report discusses the shortage of physicians and says

"This committee is strongly opposed to any attempt to lower the educational standards of the profession in order to increase the number of physicians and is opposed to creation of subsidies and 'state salaried medical service' to 'remedy' a situation which is believed not nearly as serious as has ofttimes been painted."

Regarding free medical service the report says

"The generosity of the profession still is being abused by those who would socialize American institutions The menace of further 'state medicine' hangs over the profession and there must be no compromise The practicing physicians must continue to combat attempts to extend free service to those in a position to pay We must oppose any move on the part of the state, corporations or institutions to invade the practice of medicine Clinics, health demonstrations, etc, have much merit if properly used to educate the public on the prevention of disease However, when created with the paternalistic idea of free service for all, these movements become dangerous, not only to the rights of the practicing physician but to the public"

The Publication Committee reports

"This committee believes that the Journal is one of the mainsprings in the activity of organized medicine in Ohio, and in conclusion urges that every physician make an effort to read and study the Journal each month One of the chief objects of the Journal is to keep the members of the State Association in touch with the activities of their colleagues throughout the state During the past year numerous news items about physicians have been published as well as scores of articles about hospitals and the activities of the public health workers in Ohio and elsewhere Each month accounts of the meetings held by the component county medical societies and academies have been recorded, and advance notices on future meetings of unusual interest have been published"

The Committee on Medical Defense says

"Recognizing that a large majority of all malpractice suits are instigated by persons seeking financial gain or hoping to avoid payment for services rendered, the Ohio State Medical Association in 1916 established a medical defense plan to protect the profession as a whole by discouraging the institution of such suits by insisting that all suits filed should be fought through to the last court if necessary to protect the physician against an unwarranted and an unjust action, and by

(*Continued on page 640—adv xviii*)

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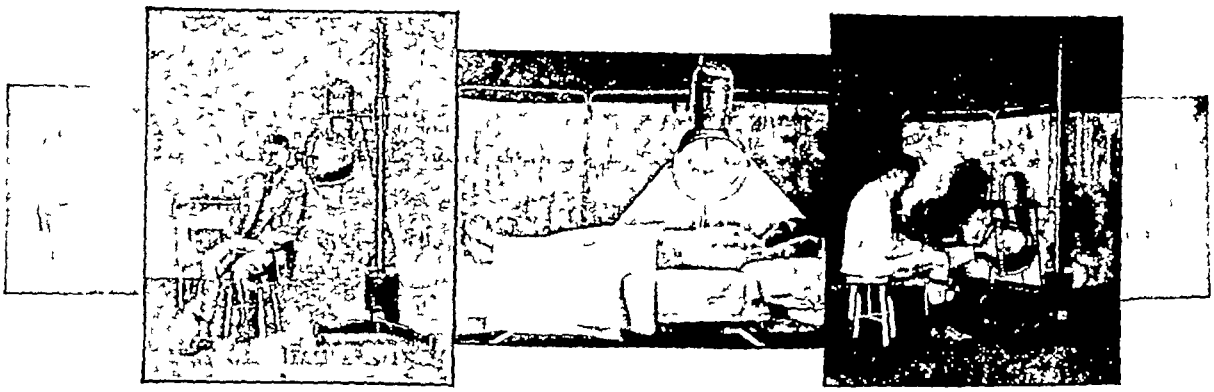


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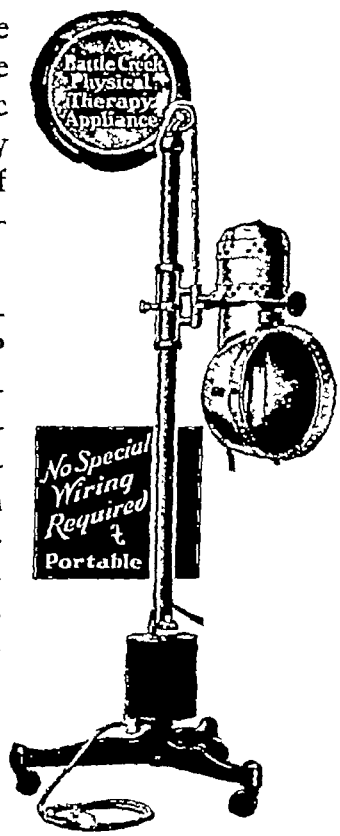
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(*Continued from page 640—adv xviii*)

The Military Committee reported that 899 Ohio physicians held commissions in the Medical Reserves, and discussed the qualifications needed for promotion

The last report is that of the Council, which says

"Council since the last annual meeting has studied many problems with a state-wide aspect and directed many activities of general interest, as reflected in the minutes of the Council meetings published from time to time in the Journal Issues containing these minutes constitute a part of this report and are as follows June, 1928, page 471, August, 1928, page 635, November, 1928, page 881, February, 1929, page 125, April, 1929, page 297"

MEDICAL LEGISLATION IN TEXAS

The April issue of the *Texas State Journal of Medicine* says editorially

"Our Legislative Program fails, at least for the present It seems difficult to place the whole blame for the failure For one thing, we, as a profession, did not work hard enough, for another, our legislation became lost in an overwhelming avalanche of projects considered of more importance by the great majority of the members of the House, many items of which aroused much intensity of feeling and much antagonism So great was the confusion and so general was the disposition to filibuster, in spots, and fits and starts, that the rather inefficient leadership of the opposition succeeded in so diverting our very good leadership that the no quorum feature of the last days of the session caught us This statement is not intended as an alibi It is an effort to put the facts of the situation in words Those who did not attend any of the sessions of the regular session of this legislature can hardly be told just what the situation was"

The editor then discusses the attitude of certain editors and legislators toward the medical profession, and reveals a state of mind which goes far to explain why physicians lack power with the lawmakers Describing several bills, the editor says

"A law was enacted requiring a three-day notice of intention to get married, before a license could be issued A layman in the legislature attached a physical examination clause, and it went through before anybody noticed it Immediately the 'medical trust' was accused of having engineered the whole affair

(*Continued on page 642—adv xx*)

Prescribing the Remedy— *and taking it . . .*

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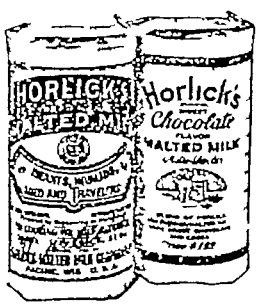


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THE ORIGINAL MALTED MILK
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(*Continued from page 639—adv xvii*)

making it possible for every member of the association to have adequate defense. The Association moreover will not contribute to the defense of any member who 'has brought on "cross complaint" by filing a suit to collect a bill within one year of termination of his services'"

A tabulation of suits and threats against members reported to the Medical Defense Committee follows

Year	*Suits*	*Threats*
1916 to 1920, inclusive	53	43
1921	18	9
1922	15	15
1923	10	10
1924	14	7
1925	13	10
1926	18	16
1927	10	9
1928	21	7
1929 (Jan to March)	3	4
Total	175	130

The Committee on Medical Education and Hospitals discussed several subjects in a general way, including interne training, postgraduate study, undergraduate medical schools, hospital nursing schools, and clinical laboratories It suggests

"Plans should be developed whereby medical students in the medical colleges of the State at the present time may receive assignments to active general practitioners in their home communities during vacation periods as a revival of and further development of a practical preceptor system"

The Committee on Auditing and Appropriations gave the financial report of the Society The Journal received $13,797 70 for advertising, and cost $17,691 10

The Committee on Periodic Health examinations discussed the examinations in a general way and said

"Naturally the members of the medical profession themselves or medical organizations as a group cannot be very aggressive in propaganda or publicity for periodic health examinations, but we can and should cooperate with official and non-official health agencies, various clubs, teachers organizations and similar groups interested in promoting public health, in emphasizing the importance of a still greater public demand for thorough diagnoses and preventive medicine from physicians"

The Committee on Mental Hygiene discussed the laws of Ohio, the building plans of hospitals for the insane, the necessity of the prevention of insanity, penal problems, and expert medical testimony

(*Continued on page 641—adv xix*)

(*Continued from page 642—adv xx*)

daughter practices chiropractic, who replied to a request for the support of an investigation into the treatment of the insane, and said

"The medical trust is the most powerful secret political organization in America They have taken away our liberty and our right to get well and stay well whether we are sick mentally or physically If we have our right mind but our physical body is all racked with disease and pain, and we go to a chiropractor and regain our health, we are lawbreakers and criminals

"Yes we need to take care of our Insane, but medicine never made an Insane man sane Remove the cause and the patient will get well The medical trust will not accept chiropractic science, because they did not start it and have not a monopoly on that mode of treatment In fact most medical men are so narrow they can't understand They don't want to understand because it ruins a lot of their theories and suppositions If you will put one Insane Hospital under chiropractic management the world will be convinced and the sick people will have a chance to get well"

JOURNAL IMPROVEMENTS

Does any medical journal fulfill the expectations of its editors and publishers? If it did, physicians would be conventionalized, and the profession, fossilized

A medical journal reflects the imperfect application of incomplete scientific knowledge, but it also reflects a continuous progress in both the theory and practice of scientific medicine Ideals are always far in advance of their practical application in medicine, as in the church and the law

The scientific department of the *Wisconsin Medical Journal* is discussed by the President of the State Society, Dr K. W Doege, in the April issue, as follows

"*The Wisconsin Medical Journal* as a scientific publication and as a medium to stimulate further medical study might be improved, and by so doing, the Journal would conform more closely to the ideals and wishes that the progressive members of the Society had in mind While its outward appearance is more elegant than formerly, its advertising pages more numerous, the personal news items longer, the reports of district and society meetings fuller and the publication itself financially self-supporting, in short, the trade interests of the profession taken care of, the scientific value of the Journal to physicians of the state could be enhanced materially

(*Continued on page 644—adv xxii*)

SPECIAL SALE

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Only $5 85 for Complete Set



Send for this new complete catalog of 1000 bargains in surgical supplies

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Supplies can best be kept in this type of attractive jars The tight fitting covers keep contents free from dust moisture, etc. Everything is in sight and easily reached—they dress up an office and add to its dignity—the labels are printed in black letters against a white background with gold borders and are recessed Jars are seven inches high by four and one half inches in diameter—any special one line label may be substituted for any of above at 25c per jar extra Extra Jars with any one line label $1 45 each

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because they are digitalis in its completeness. They are physiologically tested leaves in the form of physiologically tested pills, giving double assurance of dependability.

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Convenient, uniform, and more accurate than tincture drops.

Sample and literature upon request

DAVIES, ROSE & CO , Ltd

Pharmaceutical Manufacturers, Boston, Mass

(Continued from page 641—adv xix)

"A bill requiring sterilization of those unfortunates who may become wards of the state and who may pass on their deficiencies to their offspring, was introduced, by a doctor, it is true, but the State Medical Association had nothing to do with it As a matter of fact, the demand for this legislation came principally from two special groups of laymen, and high-class laymen at that. The medical profession is interested in the proposal, and is studying it, but it is not at this time prepared to ask for the legislation.

"Immediately that it became known that this measure had passed the House, the charge was broadcast that the medical profession was seeking to provide another way of getting easy money Of course no such thing could possibly be true.

"We asked that the Legislature give us an educational standard for the control of the most serious and dangerous occupation in our modern times, the practice of medicine, and were accused of trying to corner the market We asked that the law be made enforcible, and the charge was renewed and emphasized We even offered to tax ourselves, and were told that our effort was merely to provide a system of harassment for our people, and so forth and so on"

An editorial is quoted, extracts of which read

"Doctors used to be kind and sympathetic with their unfortunate patients in their physical infirmities, but not now with this crowd, who now propose to brand the man whose family is sick as a professional delinquent if he is not able to pay his bill to the trust doctor

"Suppose there is a long spell of sickness in the family—maybe two or three are sick and the last dollar has been spent for medicine and the trust doctor, and the sickness continues The trust doctor calls for more money which the family does not have Then the trust doctor quits and calls the unfortunate family professional delinquents

"For any set of doctors to get together and agree that anybody can't get or have a second doctor until they have paid the first one or because they may have given a mortgage, is an act of barbarism without parallel in history and it ought to bring shame to the faces of those offending

"The resolution which receives the venomous attention of this man, who, incidentally, has no reason in the world for turning the back of his hand to the medical profession, and ample reason for not doing so, was a simple statement from the physicians of Rusk County, addressed to the public, putting the public on notice that the practicing physicians of that county expected to be treated exactly as other people are treated in the matter of payment for services rendered and supplies furnished"

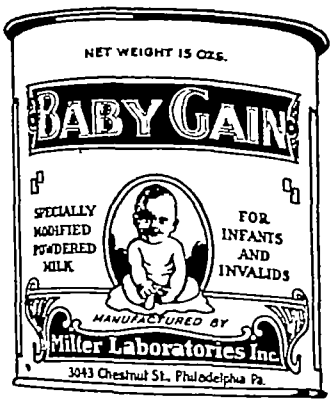
The editor also quotes a legislator whose

(Continued on page 643—adv xxi)

(Continued from page 644—advertising)

editorials, classifying original articles, reviewing other Journals and books, remaining abreast of progress so as to promptly transmit to the members dependable facts and so prepare for you each month a Journal that is of intense value to every member as well as a credit to our Society There is a vast amount of time and labor expended in editorial direction

'In addition to the editorial supervision there is a business side that must be conducted and directed ere each month's issue can be sent to a member In 1928 the total cost of the Journal was $15,103.24 From your annual dues $2 50 per year is credited to the Journal fund A total of $8,458 36 was thus received, leaving a balance of $6,644 88 to be acquired to defray all publication costs This balance is acquired through advertising sales Advertising space is not sold without effort Constant contact with advertisers must be maintained and arguments advanced to secure renewal of expiring contracts Then follows service to the advertiser which consists of securing copy each month, sending it to the printer, obtaining proof, sending the proof to the advertiser and upon its return to cause the printer to make the corrections In addition, inasmuch as the Journal accepts no advertising that is unreliable or not in conformity with the rules of the American Medical Association Council on Pharmacy and Chemistry, all such copy must be carefully read and the Council's published reports examined to ascertain if the drug or preparation has been approved We are not then through with out advertising affairs, monthly 'dummy pages' and copy instructions must be prepared for the printer so that he can make up the advertising forms allocating each ad to its specified place for which the advertiser pays Then, when the month's issue is mailed, entries of sales are made on our ledger, bills made out and remittances credited To cite these details is easy, to execute them consumes much time and labor Our advertising income in 1928 was $8,474 13 Were it not for this income the present Journal could not be sent to our members without an increase in dues of $2 50 per member"



Pure Powdered Milk from Tuberculin - Tested Cows

The Complete Infant Food

When dehydrated (powdered or dried) milk first entered the field, it was looked upon with evident suspicion The reason for this was the thought that the removal of water under heat would change the character of the vital ingredients

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In BABY GAIN, a milk powdered by the spray process, the casein is broken up and forms light, tender flakes In like manner the butterfat globules are considerably reduced in size, assuring an easy aid to digestion

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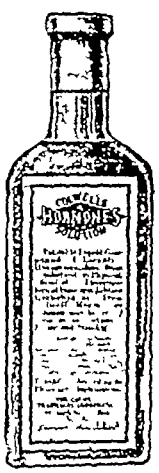
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that they acclaim it as "a specific."

Try it at our expense!

The Colwell Pharmacal Corporation
25 Church Street, New York
Manufacturers of Stable Liquid Endocrines

(*Continued from page 643—adv xxi*)

"What is the trouble? Agreeing on the symptomatology, what is the diagnosis, etiology and what the treatment? As far as I can gather, it is the aim of the managing editor to publish in the Journal the papers read at the Annual Meeting and the discussion as far as seems practicable, together with the excellent Clinics, editorials, personal and general news items, and things of interest and for the welfare of the profession. The management is in the hands of our very efficient secretary, George Crownhart, who, not being a medical man, is advised and supervised by an editorial board consisting of three of our ablest physicians of the State

"The Journal bears the earmarks of an excellent publication, as an organization journal From a scientific viewpoint and from the attitude that the Journal should stimulate and inspire its readers to further study of and continued interest in medicine as well as from the elevated forum of medicine as an art, it lacks cohesiveness, sometimes altitude, character, inspiration and humanity

"The etiology of the Journal's ailings in our opinion must be recognized as a deficiency syndrome, a lack of internal secretion and of hormones such as cannot even be furnished by the very excellent brain of our lay secretary but can only be supplied by the inspired and active brain of an enthused medical man, a man similar to Sir Samuel Garth, of whom it has been said, "No physician knew his art more, nor his trade less."

"As for the treatment of the disease afflicting our Journal, I would urge employing, as Scientific Editor-in-Chief, a physician, a paid part time responsible editor who will relieve our Secretary, George Crownhart, of duties and thoughts of necessity foreign to him The exact qualifications and duties of such an editor, as I have in mind, I shall elucidate in a future communication."

The diagnosis of the Editor of the *New York State Journal of Medicine* is that efficient practice follows closely upon ideal theory in the *Wisconsin Medical Journal* His opinion is confirmed by the length of the index of abstracts taken from the *Wisconsin Journal* during the past year

---

MAKING A STATE JOURNAL

The following account of the work required to get out the *Journal of the Michigan State Medical Society* is taken from the April issue

"All too frequently the Journal is received and read with no thought in regard to the details requisite to publish it Our efficient Editor has well enunciated the editorial policy The member is uninformed as to the amount of time given by the Editor in editing the original manuscripts, reading galley proof, then, page proofs, writing

(*Continued on page 645—xxiii*)


Following the trend of modern opinion, we have decided to change our trade name from "Pneumo-Phthysine" to
Numotizine
TRADE MARK
This will continue to be the same reliable preparation with the same formula —the only change being the spelling of the name
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THE majority of men and women who come to McGovern s Gymnasium to correct some physical condition are sent there directly by their physicians

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The Most Convenient Gym in New York

CHRISTMAS SEALS

The success of the sale of Christmas seals for anti-tuberculosis work has led other organizations to consider putting other seals on the market The April 11 issue of the *New England Journal of Medicine* contains the following announcement regarding a sale proposed by the anti cancer society

"The success of the Christmas seal sale in raising money for the prosecution of tuberculosis work led the American Society for the Control of Cancer, Inc , to consider selling seals to help finance the work of the latter organization

"Dr Kendall Emerson and Dr Williams of the National Tuberculosis Association have met the Board of the American Society for the Control of Cancer, and an agreement that the latter named society will not engage in a seal sale this year has been reached

"This is fortunate because the adoption of this method of raising money by other organizations would seriously interfere with the popularity of this appeal Since the present Christmas seal sale has been organized by the Tuberculosis Association, it is fair to leave the field to this body

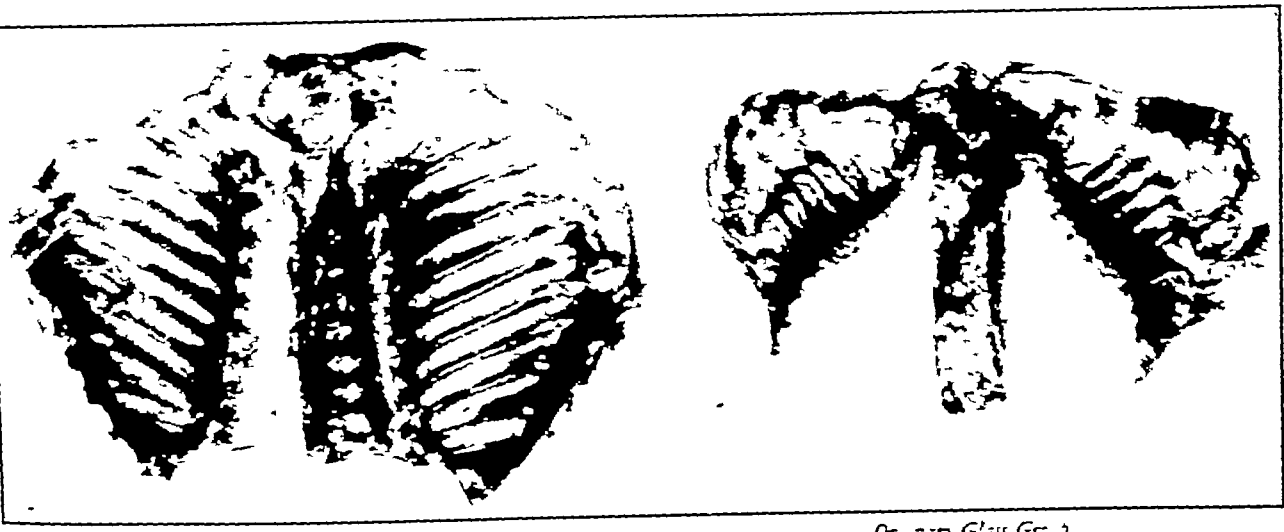
"The Society for the Control of Cancer has a very definite appeal which can become effective under some other method Although much money has been appropriated for the study of cancer, and able investigators are working on the subject, there is still opportunity for the expenditure of money in attempts to solve the mystery of the disease The money is being supplied to a great extent by foundations and local organizations and progress is being made If more money is needed, it will be forthcoming when sufficient publicity is given to the people"

MEDICAL BENEVOLENCE FUND

The Medical Society of the State of Pennsylvania in making an appeal to its members for contributions to its Benevolent Fund It has a colored insert in the April issue of the *Pennsylvania Medical Journal* quoting the by-laws which permit the officers to put into the fund not more than one dollar annually from the dues of each member It also prints the following description of the fund

"The plan above outlined was inaugurated in 1905 by an allotment of 15 cents from the annual dues of each member of the Society This allotment in the twenty-four years of the fund's history has averaged approximately 26 cents The fund approximates $56,000 In the wisdom of the Board of Trustees, only the earnings from the fund are available for distribution The demand has always absorbed the earnings, therefore the fund has grown and will continue to grow slowly

(Continued on page 648—adv xxvi)



VITA Glass Group
Here we have normal and regular arrangement of ribs as well as normal and healthy growth.

Ordinary Glass Group
Note lack of growth, distorted contours and crowded placement of ribs.

ANTI-RACHITIC EFFICIENCY OF WINTER SUNLIGHT THROUGH VITA GLASS DEMONSTRATED IN TESTS

Results of Test by Capt. William D. Fleming, U. S. Army Medical Corps, now Available in Pamphlet Form

Right hand photograph shows thoracic development of rat under ordinary glass at the end of Captain Fleming's experiment. The rachitic rosary is evident. Left hand photograph shows normal and regular arrangement of the ribs and normal ossification of rat under Vita glass, as compared to the distorted contours and crowded placement of the ribs, and the abnormalities of ossification in the other animal

A reprint from the *Military Surgeon* is now available, presenting details of this biological test of the action of winter sunlight in preventing rickets and promoting general nutrition.

The test was conducted with white rats by Captain William D Fleming of the Department of Preventive Medicine and Clinical Pathology, Army Medical School, Army Medical Center, Washington, D C.

Nature of the Experiment

Two groups of white rats of the same age were confined in cages under the same daylight for 100 consecutive winter days One group was confined under ordinary window glass, opaque to ultra-violet light The cage of the other group was glazed with Vita glass Both groups were placed on the same diet, which was unbalanced in the calcium-phosphorus ratio, and deficient in Vitamin D

Results of the Experiment

Extreme rickets was produced in the rats under ordinary glass Normal bone calcification characterized the rats under Vita glass. After 100 days the rats under Vita glass averaged 125 grams in weight, as compared to 77 grams for the rats under ordinary glass The average individual weight of the Vita glass group at the beginning of the test was 22 grams; of the group under ordinary glass, 21 grams

Conclusion

"The climate of Washington, D C, during the months of December, 1927, and January, February, and March, 1928," the report states, "afforded sufficient ultra-violet light to promote normal calcification in rats confined under a glass partially permeable to the ultra-violet light and on a diet which produced marked rickets in rats receiving no ultra-violet light under window glass, The gain in weight of the rats receiving this amount of ultra-violet light was also much greater than in those rats not receiving this portion of light The construction of a solarium glazed with a glass permeable to ultra-violet light would therefore appear practical in this locality"

You are invited to mail the accompanying coupon for a detailed report of Captain Fleming's test

Vita glass is being marketed primarily as a health prophylaxis, and not as a therapeutic agent, although it is now serving in the latter capacity in numerous well authenticated instances—particularly in the solaria of more than 200 hospitals in England and the United States.

VITA GLASS

Brings the sun indoors

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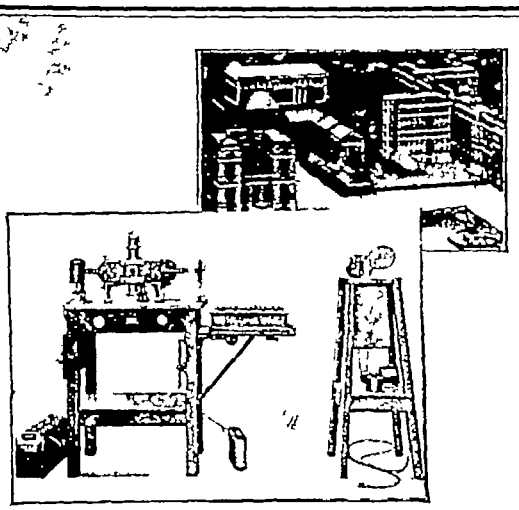
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*Address*_____

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(*Continued from page 646—adv xxiv*)

under the allotment system, unless those of our members who are financially able will contribute to the fund While it is not desirable that the benefits from this fund should be at any time looked upon as resembling the benefits operative under health, accident, or old-age insurance, the amount of money available for distribution should be sufficiently large to render real service to applicants whose income is otherwise inadequate to provide the ordinary necessities of life In the twenty-four years of its existence the fund has received contributions of but $4,440, and the Committee on Benevolence, realizing the fund's inadequacy, herewith solicits subscriptions and legacies to be added to the principal of the Fund For your convenience blanks are attached Subscriptions will be acknowledged through the columns of the *Pennsylvania Medical Journal*"

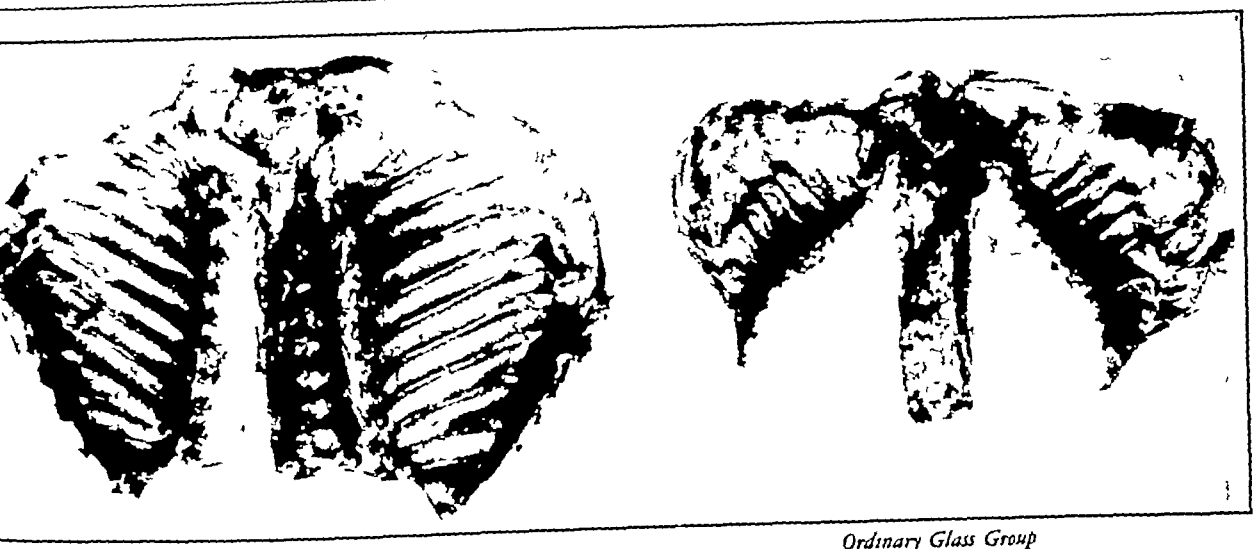
PAYMENT FOR MEDICAL SERVICES TO COUNTY EMPLOYEES

The physicians of Los Angeles, who treat County employees will receive pay for their services according to the following news item in the April issue of *California and Western Medicine*

"The county Board of Supervisors recently issued a general order that county employees should no longer be sent to the county hospital, but should be cared for by physicians in private practice, the professional services to be paid for as provided in the fee tables of the State Compensation Fund This action also establishes a precedent

"It is hoped that other counties of California which have called on non-salaried attending staff members of county hospitals, who give gratuitous service to the indigent sick and injured, to also give professional services to county employees and other non-indigent county hospital patients, will modify such rules of procedure, and observe the statutes ond ordinances having to do with county hospitals and industrial practice work

"Component county societies of the California Medical Association located in counties where the above and similar evils exist should take steps to bring such improper procedures on the part of county officials to the attention of the proper authorities so that this deplorable practice of misusing the altruistic services of medical men will come to an end in California The medical profession cannot expect others to appreciate gratuitous professional services unless the members of the profession themselves respect such services"



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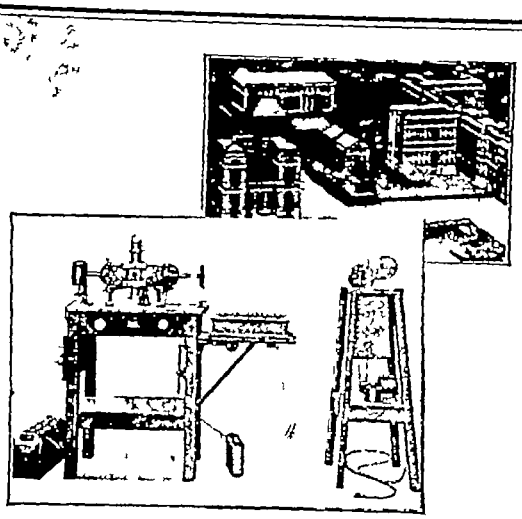
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*Address*_____

*City*_____ *State*_____



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(*Continued from page 646—adv xxiv*)

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NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 29, No 11 | NEW YORK, N Y | June 1, 1929

SMALL BENIGN TUMORS OF THE FACE*

By LAWRENCE K McCAFFERTY, M.D, and VICTOR A. LOPEZ, M.D, NEW YORK, N Y

From the Department of Dermatology, Vanderbilt Clinic, Physicians and Surgeons, Columbia University
From the Department of Pathology, Virchow Krankenhaus, Berlin, service of Professor Erwin Cristeller

THE tumors which are grouped under this classification are adenoma sebaceum multiple benign cystic epithelioma, tricho-epithelioma, syringo-cyst-adenoma and hidrocystoma

A clinical and differential description of these tumors will be dispensed with, inasmuch as this subject would comprise an article in itself It might be stated, however, that with the exception of adenoma sebaceum, the rest of these tumors are clinically almost impossible to differentiate

There is probably no single group in medicine which has received so many different names Each author in describing one of these tumors histologically, has seen fit to confer upon it a name In most cases the name fits the histologic picture But in general, we will see, that while the histologic picture differs to some extent in each one of the above tumors, the embryonic origin is singular

From an embryonic point of view, all of the above tumors are related They are all derived primarily from the ectoderm If we may diverge for just a moment in order to briefly review our embryology (1), it may help us to understand the possible origin of these tumors

"The hairs are derivatives of the epidermal layer of the ectoderm In embryos of three months, local thickenings of the epidermis appear (beginning in the region of the forehead and eyebrows) and grow obliquely into the underlying dermis in the form of solid buds—the hair germs As the epidermal bud grows deeper, its central cells become spindle-shaped and undergo keratinization to form the beginning of the hair shaft, the peripheral layers constitute the anlage of the root sheath"

"The sebaceous glands usually develop in connection with the hairs From the root sheath a solid bud of cells grows out into the dermis and becomes lobed The central cells of the mass undergo fatty degeneration and the products of degeneration pass to the surface of the skin through the space between the hair and its root sheath The more peripheral cells proliferate and give rise to new central cells which in turn are transformed into the specific secretion of the gland, the whole process being continuous"

"The sweat glands begin to develop during the fifth month as solid cylindrical growths from the deeper layers of the epidermis into the dermis Later the deeper ends of the cylinders become coiled and lumina appear The lumina do not at first open upon the surface but gradually approach it as the deeper epidermal layers replace the more superficial"

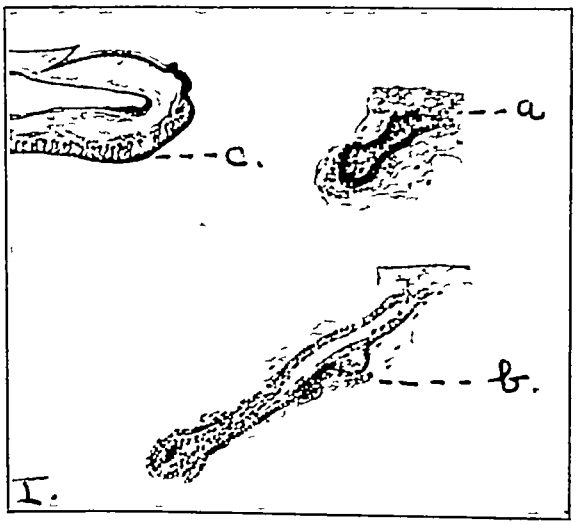


FIG 1

(a) Development of a hair from the epidermal layer of the ectoderm (b) Development of a sebaceous gland from the root sheath (c) Showing the development of the sweat glands (Cross section of terminal phalanx of finger of embryo After Bailey and Miller)

The adenomas to which we are about to refer, are, we believe, derived from the sebaceous glands Clinically and histologically, they present a distinct type. Balzer and Menetrier (2) (1885)

*Read at the Annual Meeting of the Medical Society of the State of New York, Albany N Y, May 23, 1928.

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Eli Lilly was probably the first in America to gelatin-coat pills Later he increased the speed of the process by setting a row of needles in a wooden bar and dipping a number of pills at a time In 1879 he devised the first method by which pills could be given an imperforate gelatin coating For many years Lilly pills were unique in this respect—See page x—*Adv*

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It will be seen that the new name is practically a simplified spelling of the old name of the preparation. There is no change whatever in the product, the formula or the packings

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The address of the company is Numotizine, Inc, 220 W Ontario Street, Chicago, Illinois—See page xxv—*Adv*

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If unacquainted with the fine Digitalis products of Upsher Smith, drop a line to the Upsher Smith Company, *Suite 554, Sexton Bldg*, Minneapolis, Minnesota, and request a trial package—See page xiii—*Adv*

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Vita glass has been subjected to accelerated weathering tests many times by the Bureau of Standards, Professor Stockbarger of Massachusetts Institute

number of lobules The single cells are broad, large and foamy There are several dilated blood vessels in the papillary region In the stroma of the tumor—especially in the upper papillary layer



FIG 2

Balzer type of Adenoma sebaceum which may be spoken of principally as a hyperplasia of sebaceous glands

—there is a marked round-cell infiltration There is a slight increase of fibrous tissue. Therefore, we have here both hypertrophy and hyperplasia of the sebaceous glands with enlargement of the sebaceous gland cells, dilated blood vessels in the papillary zone and a slight increase of fibrous tissue.

A histological discussion of multiple benign cystic epithelioma, tricho-epithelioma, syringo-cyst-adenoma and hidrocystoma will now be taken up The above names have been decided upon as best characterizing the histology of this group Numerous names have been suggested by many authors who have described one or the other of these conditions and it might be said here that most of the authors have presented convincing arguments for their viewpoints The names which have been suggested will be here set forth

Epithelioma Adenoides Cysticum (Brooke)
Multiple Benign Cystic Epithelioma (Fordyce)
Adenoma Sebaceum (Balzer and Menetrier)
Tricho-Epithelioma Papulosum (Jarisch)
Colloid Milium (Philippson)
Lymphangioma Tuberosum Multiplex (Kaposi)
Syringo-cystoma (Neumann)
Adenoma of the Sweat Glands (Perry)
Celluloma Epitheliale Eruptif Kystique (Quinquaud)
Hemangio—Endothelioma—Tuberosum Multiplex (Jarisch)
Endothelioma Tuberosum Multiplex Colloides (Kromayer)
Cystadenomes Epitheliaux Benins (Besnier)
Naevi Epitheliaux kystiques (Besnier)
Naevi Cystepithelomatosi Disseminati (Gassmann)
Hidra-denomes Eruptifs (Jacquet-Darier)
Epitheliomes Adenoides des Glandes Sudoripares (Jacquet-Darier)
Adenomes Sudoripares (Jacquet-Darier)
Gutartiges Epitheliom Verbunden mit Kalloider Degeneration (Philippson)

One will readily understand after reading such an imposing list of names, just how confusing this whole subject has been and still is

Jacquet[8] at the International Dermatological Congress held in Paris in 1889 proposed the name benign cystic epithlioma of the skin In 1892 Fordyce[9] described a similar case under the title of multiple benign cystic epithelioma of the skin His histologic description is so clear that it will here be quoted

"Under low magnification or with the naked eye, the derma contained a number of irregularly rounded, oval and elongated masses which

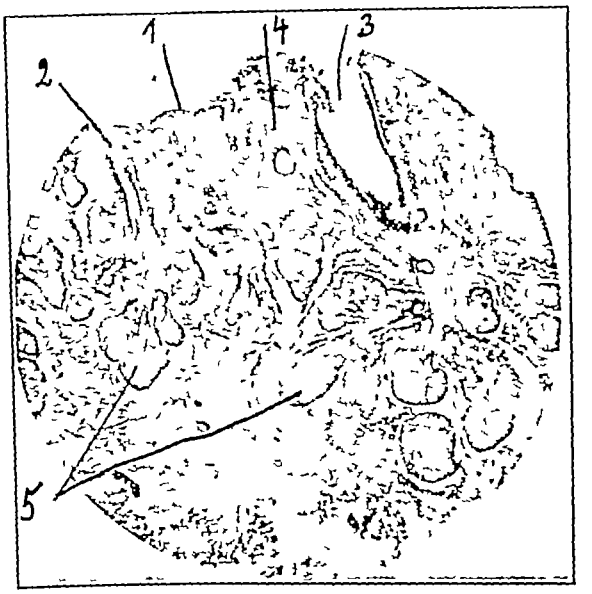


FIG 3

Pringle type of Adenoma sebaceum which may be classified as simple hypertrophy of the sebaceous gland lobules (5) and dilatation of the blood vessels (4) There is some hyperplasia also with slight increase of fibrous tissue This may be considered a mixed type (Pringle and Balzer) 1 Epidermis 2. Dilated follicular orifice 3 Gaping follicular orifice

take a deeper stain than the surrounding tissue In some sections these cell masses are quite distinct while in others they intercommunicate in the most remarkable manner The cell masses extend from beneath the epidermis to the coil

and Balzer and Grandhomme (3) (1886) were the first to describe this condition and called it adenoma sebaceum Following their descriptions there were three more cases added (1886-1887), these appeared in the form of moulages at Saint Louis Hospital Then came Pringle's (4) case which he described in 1890, which differed clinically and histologically from Balzer's But, nevertheless, it was a sebaceous gland tumor

Therefore, we have two groups (1) the Balzer type and (2) the Pringle type The Balzer type is rare, whereas the Pringle is not uncommon Balzer and Grandhomme in describing their second case, which was similar to the first, stated that the tumor was formed of epithelial lobules, which developed from the hair follicles, the cul-de-sac of the sebaceous glands or from the walls of the excretory ducts These epithelial lobules were formed of bundles of small cells with large nucelli, which were drawn and polyhedric from pressure These many cells which made up the mass of the lobule, were separated by a recticulum, in this recticular net work they saw occasionally connective tissue fibers In the anterior of the lobes were some small cysts, there were also larger cysts resulting from the dilatation of the cul-de-sac or exist of the sebaceous glands in which there were accumulated keratinized or desquamated cells All the pilosebaceous appendages were not involved in the neoplasm, some follicles were completely healthy, others contained large epithelial buds Finally they saw some cul-de-sacs of sebaceous glands in the stage of proliferation The lobules were circumscribed by connective tissue which seemed to form a capsule The sweat glands and ducts were normal

Pringle's case differed from the above description in the following manner The upper part of the papillary layer had much hypertrophic connective tissue, but was without infiltration There were many dilated vessels which gave the tumors their clinical appearance of telangiectasiae The sebaceous glands were markedly hypertrophic rather than increased in number and suggested to Pringle the appearance of rhinophyma Most of the sebaceous glands were connected with the hair follicles, aside from the glands being hypertrophic, they were otherwise normal

Pezzoli (5) in a very interesting review of this subject, cites Barlow's viewpoint, who differentiates between a simple glandular hypertrophy and a hyperplasia He believes that an increased number of sebaceous glands or a hyperplasia of the sebaceous glands which more or less simullates the construction of a gland but is somewhat different from the original tissue and which is unable to accomplish its function, should be spoken of as a real adenoma or neoplasm, whereas a hypertrophy is not a true adenoma Balzer's cases, he believes were hyperplasias of the sebaceous glands and were, therefore, real adenomas, whereas Pringle's cases were simply hypertrophic sebaceous glands with dilated vessels and not truly adenomas However, in view of the fact that most of the cases are the Pringle type and have been called adenoma sebaceum, we must adhere to this name Personally, we see no objection to this name whether the histology shows a glandular hyperplasia or a hypertrophy of the acini, as long as the principal change concerns the sebaceous glands

Hallopeau (6) gives a rather interesting classification Where the sebaceous glands are the predominating feature, he speaks of it as Balzer's adenoma sebaceum Where the blood vessels are prominent, he refers to it as the Darier-Pringle nevi telangiectasiques Where the connective tissue element is the most striking, he refers to this as Hallopeau-Leredde (7) nevi fibreux

Darier has the opinion that some of these adenomata may have a congenital origin and take their departure from a malformation of epithelial or glandular tissue with or without hypertrophy of the cells

Time and space will not permit us to review most of the reported cases of this condition. There are many excellent articles which we have had to omit but which will appear among the references We have tried to give you the two principal types of adenoma sebaceum and the most logical conclusions which have been derived from the earlier writers The authors who have followed have concurred in most instances with those of the pioneers in this subject However, there are many cases which unquestionably represent features of both the true Balzer and the true Pringle types It has occurred to us that this differentiation between the two types is not nearly so pronounced as it may seem from reading the literature

Balzer type of Adenoma sebaceum (Fig 2)

Low power The section is studded with sebaceous gland lobules which extend from just beneath the epidermis to the fat Surrounding the hair follicle which is shown in the microphotograph, are numerous lobules The cells of the lobules as well as the lobules themselves, are normal in size There is a fibrous capsule surrounding these lobules The lobules themselves are separated by thin strands of fibrous tissue. No evidence of dilated blood vessels nor infiltration was made out Therefore, the section shows a hyperplasia of the gland substance rather than hypertrophy, in addition to this, there is a fibrous tissue capsule

Mixed type of Adenoma sebaceum (Fig 3)

Low power The tumor is covered by normal, intact epidermis which is perforated by the dilated orifices of the ducts of the sebaceous glands, some of which are quite dilated and filled with horny plugs The adenoma itself consists of hypertrophic lobules as well as an increased

follicle, there was a definite proliferation of cells which suggested very strongly the possibility that these cell nests were developed from the hair appendages The round-celled infiltration was deep in the section and was localized in one area It appeared to bear no relationship to the cell nests There was a marked increase of fibroblastic tissue The coil glands were normal Sebaceous glands were conspicuously absent The blood vessels were normal The epidermis was atrophic.

The last two tumors syringo-cyst-adenoma and hidrocystoma may be considered together, in as much as both are tumors of the sweat ducts While these tumors come from the ectoderm, they are histologically distinct from adenoma sebaceum, multiple benign cystic epithelioma and tricho-epithelioma with which they have been confused at times

This condition was first examined microscopically by Darier[14] who gave it the name hidradenoma with colloid cysts Torok in 1889 called it syringo-cyst-adenoma It perhaps is the best name because it implies an adenomatous tumor of the sweat duct

Torok[15] stated that the tumor consisted of small cavities which were round or pear-shaped, having the width of a sweat gland duct. The walls of the ducts are formed of two or three rows of epithelial cells of which the outer layers consist of more or less flattened cells with well stained nuclei There was no limiting membrane seen The cells which form the wall next to the cavity are swollen and stain poorly The wall cells gradually desquamate into the lumen and cause it to become more dilated and consequently the cell wall more flattened The cavity may be entirely empty or contain a homogeneous substance In addition to the cysts there are cell strands and tail-like projections It is supposed that the cysts develop from the cell strands which is brought about by central degeneration of the cells The somewhat wider cell strands in which no lumen could be discovered have a double cell row and are occasionally so similar to the excretory ducts that one may mistake them There is also an increase in the connective tissue, especially around these small cysts.

Are these cysts developed from the normal sweat ducts or are they embryonal in origin? Torok and Unna are of the latter opinion. The coil glands are normal in appearance, situated below the tumor proper and, furthermore, they have never been shown to be connected with these cysts Therefore, we must exclude them from this picture Perhaps the most plausible theory is, that, as the sweat ducts develop for some unknown reason they never reach the lower part to form a coil gland but are abruptly stopped in their development and later produce cystic changes which in turn constitutes the tumor

Other writers have suggested a hyperplasia of the cells of the normal sweat ducts We are inclined to agree with Torok's views pertaining to the embryonic origin of the tumors We believe that there would be a definite change in the coil glands if these cysts developed in normal sweat ducts In no case was any writer able to connect these cysts with the coil glands Therefore, it is assumed that they are embryonic 'rests"

SYRINGO-CYST-ADENOMA (Figs 5 and 9)

Low power This section showed the three layers of the skin, namely the epidermis, cutis, and subcutaneous tissue The tumor proper occupies the middle of it, nearer the surface, while the deeper parts show the normal distribution of sebaceous and sweat glands One sees two different formations of adenomatous change in the tumor, narrow tubes of about the size of sweat glands and cystic dilated tubes of a syringoma character

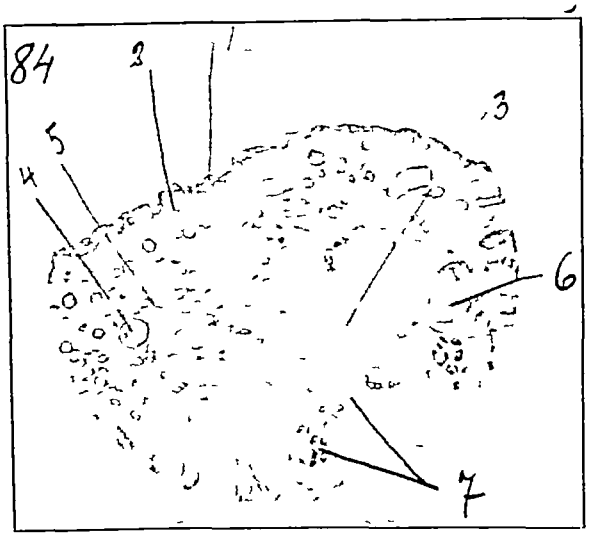


FIG. 5

Syringo-cyst-adenoma This shows the tumor in the middle of the section characterized by numerous sweat ducts and dilated sweat ducts of syringomatous character The sweat glands may be seen in the lower part of the section, there being apparently no connection regarding the origin of the sweat ducts above 1 Epidermis 2 Corium 3 Mid-cutis 4 Dilated sweat duct with debris 5 Numerous small sweat ducts which are larger than normal 6 Sebaceous gland 7 Sweat gland

High power One sees small groups of cells and strands of cells There is seen small cystic developments with a wall consisting of one or two rows of cells and sometimes more There are still larger cystic developments containing either a perfectly clear lumen or else a lumen consisting of homogeneous, granulated substance The wall is composed of a row of large, globu-

glands They consist of epithelial cells having the same appearance as the cells in the lower layers of the epidermis They are enclosed in connective tissue which has undergone thickening In some places instead of cells nests, they are made up of narrow tracts two or more cells wide, the narrower tracts resemble coil gland ducts although no distinct lumen could be seen Occasionally the cell nests show pearls, then again they are cystic containing degenerated cell detritus or else are empty Some of these cell masses resembled alveolar or gland tissue but high magnification showed them of epithelial origin In one section there was an attempt made by cell strands to form a sweat gland with a distinct lumen but it lacked an external limiting membrane"

He found a direct downgrowth and proliferation in one section from the epidermis and also from the external root sheath of the hair follicle

Just after Fordyce had written his excellent article, Brooke published a very similar case in England Brooke called his case epithelioma adenoides cysticum He traced the tumor elements to the epidermis

Jarisch described a similar case and gave it the name of tricho-epithelioma He found strands of cells coming from the hair papillae but could find no connection with the epidermis There were cell nests, strands and cysts as in Fordyce's and Brooke's[10] cases Wolters could not agree to the name Jarisch[11] gave because he felt that the cell nests were so numerous and the hair papillae so few that such an interpretation was entirely too narrow Wolters[12] is of the opinion after reviewing all of the reported cases up to that time—including White's[13] unusual case—that these tumors may develop not only from the hair papillae and neck parts of the sebaceous glands, but also from the epidermis

It is furthermore quite probable that some of these tumors develop from embryonal "cell rests" which remain inactive until puberty and then develop into the numerous cell strands and nests

After carefully reviewing the literature, there is much evidence in favor of these tumors having a manifold origin—some coming from the epidermis, others from the hair papillae and root sheath and still others possibly from embryonic "cell rests"

TRICHO-EPITHELIOMA (Fig 4)

Low power Throughout the section, extending from just beneath the epidermis almost to the fat, are numerous cell nests, strands and cystic bodies with small tail-like projections In one part of the section, in the deeper part of the dermis, is a moderate round-celled infiltration There is also an increased number of fibroblasts with an associated increase of the fibrous tissue In no place throughout the section, was there any evidence of these cell nests or strands coming from the epidermis However, in one part of the section, there was a strong suggestion that these strands were off-shoots from the hair papilla and root sheath

High power The cell nests and strands were made up of deeply stained cells which resembled the cells in the basal layer of the epidermis or

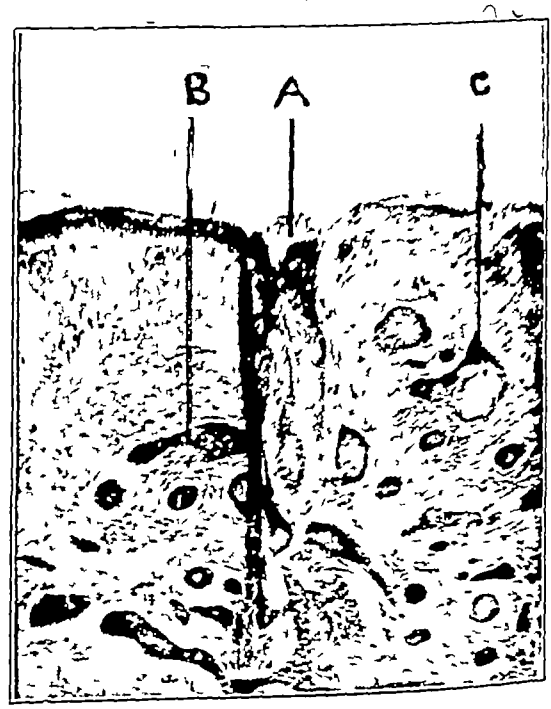


FIG 4

Tricho-epithelioma Showing cell nests coming off of the hair follicle Also shows the cystic degeneration in the centers of some of the nests Some of these nests suggest dilated sweat ducts hence the confusion with syringo-cyst-adenoma A—Hair follicle B—Cell nest coming off of the hair follicle C—Cystic degeneration in the center of the cell nest

the hair sheath Some of the strands gave the suggestion of ducts However, no lumen in these strands could be made out The cell nests which showed a cystic development, contained deeply stained cells at the periphery, but towards the center or cystic part, the cells lost their staining power—the central portion of the cyst contained fragmented, non-stainable, granulated, homogeneous masses Several of the cell nests with cystic development resembled very markedly dilated sweat gland ducts In one or two places, where the strands consisted of two or three rows of cells, there was a very suggestive lumen which would lead one to believe that these might be sweat gland ducts Occasionally, from the walls of these strands, there was a slight proliferation which suggested the possibility of the development of these nests from sweat ducts Coming out from the root sheath and papilla of the hair



FIG 7

Milium (A) This shows a milium probably formed from embryonal sebaceous cells (B) which later take on secretory activity followed by cystic development

microphotograph of Fig 7 and the clinical picture of Fig 8, it is not necessary to explain further



FIG 8

Milia—as seen around the inner aspects of both eyelids

(Figure 9)

In the foregoing, we have taken up the histologic picture of the above mentioned tumors After a careful review of the literature and a study of the various sections representing these tumors, we have arrived at the following conclusions

(1) There are two types of adenoma sebaceum—one being the Balzer type which consists of an increased number of sebaceous glands enclosed in a fibrous tissue capsule The second type is the Pringle type which is made up principally of hypertrophic sebaceous glands with an increased fibrous tissue element and dilated blood vessels

(2) Multiple benign cystic epithelioma and tricho-epithelioma resemble each other so closely histologically, that it is impossible to differentiate them Their origin may be from the epidermis or the hair papillae, or both Furthermore, a second hypothesis must be mentioned, and this is that they may be derived from embryonic "rests" or "germ buds"

(3) Syringo-cyst-adenoma is a tumor consisting of dilated sweat ducts with an associated increased fibrous tissue element They may be derived from embryonic "rests" or from a proliferation of the normal ducts It is impossible to state with any degree of accuracy which one of these two hypotheses is correct, but we favor the former view

(4) Hidrocystoma, one of the rarest of this group consists of an extreme dilatation of the sweat ducts near the coil glands and directly connected with the coil gland below and the continuation of the excretory duct above Its etiology is obscure It is possible that it may be the result of mechanical obstruction brought about by excessive hyperidrosis, as most of the reported cases occurred in persons exposed to extreme degrees of heat



FIG 9

Syringo-cyst-adenoma beneath the eyes, cannot be differentiated from multiple benign cystic epithelioma except microscopically

So many names have been suggested, and, consequently, much confusion has arisen regarding these benign tumors It is suggested that they be all placed under one classification or name such as Multiple Benign Tumors of Ectodermal Origin with a suffix indicating their special derivation

TREATMENT

While a histological study of these benign tumors is interesting and important for classification we feel that the article would be incomplete without a few words regarding their treatment

In view of the fact that these tumors are all quite superficially situated in the skin, the best and quickest method is superficial desiccation We have treated some of the above conditions by this method and the results have been excellent

A few weeks after treatment in cases which

lar cells with a granular protoplasm A limiting membrane in places bulges into the cystic cavity The outer wall consists of one or two rows of flattened cells There is a proliferation of



FIG 5 (a)

Still higher power showing cells lining the sweat ducts, detritus and proliferation from the periphery The high power here could not be confused with the high power of multiple benign cystic epithelioma There is an increased connective tissue stroma throughout

cells coming off from some of these thin strands of cells and also from the outer walls of these cystic developments, giving the impression that there was a hyperplasia existing There was no direct connection between any of these strands or cystic developments with the coil glands There was an increase of the fibroblastic elements—especially around some of the cystic developments There was a moderate inflammatory reaction The coil and sebaceous glands were normal

Hidrocystoma is a term used by Robinson[16] in describing a cystic development of the sweat duct He found the secretory portion of some of the coil glands had an enlarged lumen from dilatation of the tube and a compression of the epithelial cells against the basement membrane, the lumen was filled with liquid and a granular material Other glands showed granular contents without any enlargement of the tubes With the exception of these few with enlarged coil tubes and those ducts connected with cystic formation of the sweat glands, both the secretory and excretory portions appeared normal The larger cyst of the sweat duct showed a disappearance of its contents and the presence of several rows of epithelial cells lining the cyst wall The larger sweat duct cyst showed the excretory duct continuing its course toward the epidermis, whereas the smaller sweat duct cyst directly connected with its coil gland

The sections show that the vesicles arise from dilatations of the excretory duct of the sweat glands in the lower part of the corium

Robinson was unable to state definitely the cause of this cystic development He did not believe it due to obstruction from detached epithelium, the result of excessive hyperidrosis If so, it would occur at the narrowest portion, the epidermis, but this was not true Furthermore, hyperidrosis is common while the condition is rare

HIDROCYSTOMA (Fig 6)

Low power The section shows two extremely large cysts which occupy almost the entire section extending from just beneath the epidermis. The sweat glands are just beneath these cysts and appear normal with the exception of one or two parts of the glands being slightly dilated. There is no evidence of the sweat ducts leading from the cyst to the epidermis nor is there any direct connection seen between the coil glands and the cysts The stroma between the epidermis and the cysts is somewhat compressed There is a slight round-celled infiltration around these cystic developments Some small sebaceous glands are seen slightly compressed near the

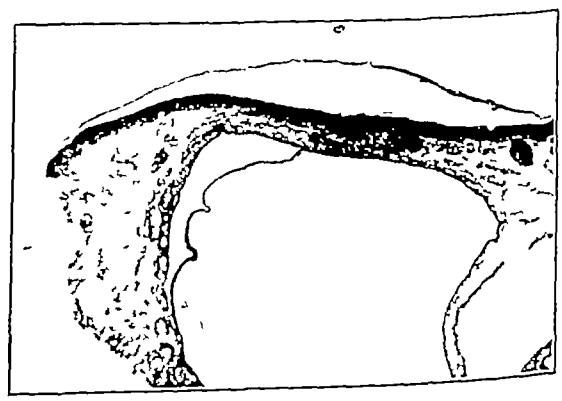


FIG 6

Hidrocystoma (A) showing the cystic dilatation of the sweat ducts, (B) the sweat gland may be seen at the lowest part of section (C) Some of these coils are dilated due to cystic dilatation of the ducts

cysts There is a slight dilation of the blood vessels at the sides of these cysts A few hair follicles are seen The epidermis is normal

High power The larger cyst has a definite wall which consists of two rows of cells which are quite compressed The smaller cyst has a wall in which the two rows of cells are easily seen These cells are normal in appearance and show no flattening from pressure. The coil glands, especially below the smaller cyst show a little more dilation than was seen by low power The contents of the cyst are fragmented cells which take a homogeneous stain (Mihum Figures 7 and 8)

This is such a common condition that a description other than which appears beneath the

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CONGESTIVE heart failure, that is, myocardial insufficiency with edema, is perhaps the most serious complication of hyperthyroidism The idea prevails in the literature that the thyroid secretion in such cases is a specific poison to the heart muscle and the diagnosis of "thyroid myocarditis" or "thyroid heart" appears on many a clinical history And yet one is often impressed by the absence of symptoms and signs of congestive failure in what appear to be the sickest cases The degree of intoxication alone will not explain the development of myocardial insufficiency in these patients

The alternative explanation regards the major effect of hyperthyroidism upon the heart as essentially that of an increased metabolic rate upon a muscular organ This effect becomes peculiarly significant, when, upon that muscular organ, falls no small part of the burden of maintaining an adequate oxygen supply to the entire organism, whose rate of oxygen consumption is also considerably raised The overload thrown upon the myocardium under such circumstances finds no true parallel in exercise, even of hours duration, for in hyperthyroidism the increased demand for oxygen persists, day and night.

Studies of the metabolism of the myocardium have shown it to differ only quantitatively from that of other muscles Its oxygen consumption rises in proportion to the work it performs Signs of failure may presumably develop when the amount of work thrown upon the heart, in proportion to its oxygen supply, exceeds or approaches the limits of its own metabolism These limits are fundamental factors in the cardiac reserve

Under the conditions of hyperthyroidism the capability of the heart to maintain an efficient circulation depends upon three factors—

(1) Duration of symptoms, most important being the increased Basal Metabolic Rate

(2) Age of patient.

(3) Pre-existent or co-existent organic cardiac disease

The present report is based upon 86 cases admitted to the Johns Hopkins Hospital between September, 1925-March, 1928 All patients were carefully studied and prepared for operation upon the medical wards, and such as showed any signs of failure were returned for post-operative observation The diagnosis of organic heart disease was made only when the characteristic physical signs were present after the subsidence of the symptoms of hyperthyroidism following surgical treatment

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If now we divide the cases in this series into two groups, under and over 40 years of age, the occurrence of failure assumes an interesting significance as shown in Table II

TABLE II

CONGESTIVE FAILURE WITH HYPERTHYROIDISM UNDER AND OVER 40

	Under 40		Over 40	
	Exophthalmic Goiter	Adenoma	Exophthalmic Goiter	Adenoma
Cases	49	5	19	13
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were clinically syringo-cyst-adenoma—we were unable to observe where the lesions had been Our result in a case of adenoma sebaceum was quite satisfactory, but not as satisfactory as in syringo-cyst-adenoma, as the former are more deeply situated

We have purposely avoided mentioning our results in multiple benign cystic epithelioma because clinically these cases are indistinguishable from syringo-cyst-adenoma, but since our results have been excellent in syringo-cyst-adenoma we would naturally assume that the results in multiple benign cystic epithelioma would be equally as good if we resorted to the microscope in these cases to clinch our diagnosis

The same may be said of tricho-epithelioma, but these cases are extremely rare

We have had no experience in treating cases of hidrocystoma but judging from the microphotographs as well as from the clinical picture we believe that desiccation is the best and only method for a permanent and satisfactory result

Incision of a milium with a cataract knife and expulsion of the contents by a comedone extractor will give excellent results in practically every case

Adenoma sebaceum—multiple benign cystic epithelioma — tricho-epithelioma and syringo-cyst-adenoma do not respond readily to Roentgen rays, either filtered or unfiltered A few cases of adenoma sebaceum have been shown for the purpose of demonstrating satisfactory results by means of Roentgen rays While these tumors were unquestionably smaller yet the number of treatments necessary to produce a satisfactory result might be offset by injury to the normal skin

It might be summarized by saying that the above mentioned benign tumors are not readily affected by Roentgen rays, therefore, the best results will be secured by means of desiccation but it must be done very superficially with an extremely fine spark

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present one individual is forced by dyspnoea on exertion and edema of the ankles to limit her activities

Above 40 the proportion of cases of failure increase sharply Thus among 19 cases of exophthalmic goiter over 40, seven suffered with heart failure and of 13 adenomatous goiters with hyperthyroidism, all but three were similarly afflicted It is scarcely logical to assume as perfect a reaction to protracted strain in the heart of the fifth or sixth decade as may have been the case with the same organ twenty years earlier Hyperthyroidism occurring at this age finds the heart often beginning, if you will to show the effects of wear and tear by a diminished cardiac reserve And if, as in ten of our cases, it appears in the sixth or early seventh decade, when arteriosclerotic heart disease is a not uncommon finding, it would be rather remarkable if evidence of myocardial insufficiency were lacking Gorham has already pointed out the significance of hyperthyroidism as a contributing cause of cardiac failure in older individuals In this series all of 10 cases over 50 showed cardiac failure of some degree Eight of these had diffuse arteriosclerosis and two angina pectoris

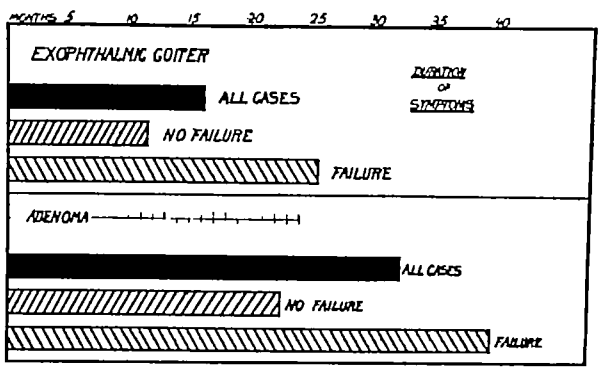


Chart 1 Duration of Symptoms in Cases with and without Failure

TABLE III

ARRHYTHMIAS WITH HYPERTHYROIDISM

Auricular Extrasystoles	1
A-V Block	1
Auricular Fibrillation (Transient)	4
Auricular Fibrillation	10

In Table III is shown the occurrence of cardiac irregularities in this series Transient auricular fibrillation is a not uncommon finding in other series of hyperthyroidism and usually disappears following surgical treatment In this group of cases it was not always associated with failure Established auricular fibrillation occurred, however, in ten cases, all with myocardial insufficiency and nine showing signs of organic cardiac disease after subsidence of symptoms Eight cases reverted to normal rhythm either before or after operation In the remaining two reversion followed the administration of quinidine The mechanism of the production of auricular fibrillation in hyperthyroidism is still obscure but the truth is that once it becomes established, and unless its rate be controlled with digitalis, it presents another and serious handicap to an already overburdened circulation

TREATMENT

A word as to therapy If the heart failure be treated as such, and at the same time the usual agencies be employed to reduce the degree of hyperthyroidism these patients may be prepared satisfactorily for operation Under rest, sedatives, moderate but not extreme limitation of fluids, and digitalis in adequate doses, the signs of myocardial insufficiency can be made to disappear, provided that the patients receive at the same time sufficient amounts of lugol's solution However, a high calorie diet, which is so advisable in hyperthyroidism without congestive heart failure, is not well tolerated in these cases until after the subsidence of symptoms of myocardial insufficiency Usually such arrhythmias as are present disappear following operation Auricular fibrillation, if established may, however, persist after the metabolic rate has fallen to normal In these cases normal sinus rhythm may be restored with quinidine.

SUMMARY

In a series of carefully studied cases of hyperthyroidism congestive heart failure occurred in 26 per cent. Under 40 years of age myocardial insufficiency with hyperthyroidism is far less common than in the later years Moreover when it appears in younger individuals cardiac decompensation is almost invariably associated with preexistent rheumatic or, more rarely, syphilitic heart disease

In the decades above 40 the greater frequency of failure as a complication of hyperthyroidism is associated with three factors

1 The greater incidence of so-called adenomatous goiter, characterized by exacerbations and remission over a period of years,

2 The natural diminution of the cardiac reserve which takes place with the years beyond forty plus the occasional coincidence of rheumatic or hypertensive cardiac disease with hyperthyroidism at this age, and,

3 The coexistence in many patients of fifty and over of arteriosclerotic heart disease

THE DIAGNOSIS AND TREATMENT OF NON-PARALYTIC STRABISMUS*

By CONRAD BERENS, M.D., RAY R. LOSEY, M.D., and ELIZABETH K. STARK, A.M.,
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IN SPITE of the extensive bibliography on the treatment of strabismus many of our intelligent physicians are not well informed in regard to the principles involved, and since it is their duty to instruct the lay public, it seems worth while to present this subject again.

Etiology. The exact cause of strabismus cannot always be determined. There is no doubt, however, that many cases are caused by errors of refraction, particularly marked hypermetropia or far-sight, in which the strain to accommodate often causes convergent strabismus or "crossed eyes." In uncorrected myopia, divergent strabismus or "wall eye" is usually seen owing to the fact that the eyes at rest are focused for near objects, thus abolishing the necessity for accommodation and hence relaxing convergence. Muscular anomalies may be the cause of strabismus and, in some cases, there may exist faulty development of the central nervous mechanism which controls binocular vision and the fusion faculty. By fusion is meant the complicated cerebral coordination which acts to keep both eyes focused on the same point so that we normally see one instead of two objects. If this faculty is fully developed early in life, usually before the seventh year, the ability to judge depth and distance is much more accurate. For this reason as well as for psychological considerations and cosmetic results, it is advisable to cure strabismus as early as possible.

Types—Symptoms and Diagnosis

1. *Congenital Strabismus.* One occasionally observes convergent strabismus in the newborn, but this is the exception rather than the rule. In most instances convergent strabismus is due to injury of the oculomotor nerves or their nuclei, to traumatism, or to inflammation of the extrinsic muscles themselves.

2. *Intermittent or Periodic Strabismus.* In the early stages of the development of strabismus patients are frequently brought to the ophthalmologist because of the occasional turning of an eye, most commonly noticed after close work or when the child is tired. The deviation of the eye may also be apparent when the patient is fixating a near object. Since these are usually the most favorable cases for treatment with glasses and orthoptic exercises, operation may frequently be avoided if the proper treatment can be instituted early.

3. *Constant Strabismus.* Actual constant deviation of the eye is usually noticed between two and five years of age. Cosse[1] has tabulated the ages at which strabismus appears as follows: Before 1 year of age, 28.73 per cent., from 1 to 5 years of age, 61.59 per cent., and of the remainder all except 1 per cent. appear between 5 and 10 years of age. Before the squint becomes permanent the eyes may turn alternately. However, the eye with poorer vision or greater refractive error, usually remains permanently deviated and even though it fixates a small object when the other eye is covered, it immediately reverts to the deviating position when the dominant eye is uncovered.

4. *Alternating strabismus* may be constant or periodic. It is that type of squint wherein the patient fixates now with one eye, then with the other, vision usually remaining good in both eyes.

5. *Vertical strabismus,* constant or periodic, of one or both eyes is more frequently encountered than one would suppose from a study of the literature. For this reason, in addition to measuring the squint by means of a perimeter or one of the many other methods which do not insure accurate fixation, the deviation should be measured by the screen and parallax test and by placing a red glass over one eye and holding prisms base out, in convergent strabismus, and base in, in divergent strabismus, until the images are brought into the same vertical plane. When this has been accomplished we frequently note that one image is higher than the other, then by placing square prisms over the other prism base up or down as indicated, the amount of vertical deviation may be measured by the prism which superimposes the lights. This vertical deviation is often the result of spasm of an inferior oblique which may be secondary to paresis of the superior rectus of the other eye even though in many instances it is impossible to find evidences of paresis.

Treatment

1. *Non-Surgical Treatment and Orthoptic Training.* In the non-surgical treatment of strabismus four important points are to be considered: the correction of errors of refraction, the improvement of the vision of the eye which tends to deviate, and, if possible, the establishment of binocular simultaneous macular perception (simultaneous use of the eyes) with rapid and accurate stereoscopic vision (ability to judge depth and distance). The treatment to be undertaken depends largely on the age of the patient. It is frequently stated that in adults the only course to take is to operate immediately and hope for a good cosmetic result. One should determine first whether the patient can fuse the dissimilar images made by a red glass held over one eye, after the images have been approximated by means of prisms, if he can, good results even in an adult, may occasionally be obtained by exercises. If the exercises are understood before the operation, it may be possible in some instances to obtain binoc-

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N. Y., May 23, 1928.

ular single vision, and in adults possibly slight appreciation of depth, often the exercises afford an initial means whereby the eyes may be maintained in better position One should also pay particular attention to vertical deviations which should be corrected by appropriate prisms and exercises, or by operation

As the wearing of proper lenses often markedly reduces the degree of deviation, accurate determination of the error of refraction and the prescribing of proper correcting lenses is the first step in the treatment of strabismus Children one year old and even younger can be fitted satisfactorily with spectacles, although it is frequently stated in text books that lenses should not be prescribed for children until they are three or four years of age

In squint, since the two eyes cannot fix an object simultaneously, the image seen by the deviating eye is ignored or suppressed in order to avoid the resultant diplopia (double vision) which is unpleasant In most instances vision is poorer in the eye which turns and because of constant suppression, it tends to become worse as time goes on This partial blindness due to disuse is known as amblyopia ex anopsia Measures should therefore be taken as early as possible to force the use of the deviating eye either by cycloplegia or by occlusion of the fixing eye A weak solution of atropin (⅛ to ¼ per cent, one drop in the right or left eye at night) is usually prescribed as a cycloplegic, this should be discontinued as soon as the non-fixing eye begins to fixate If the original deviating eye dominates after the master eye has been released from atropin, it may be necessary to use atropin in this eye, alternating the drops as one eye or the other dominates fixation In true alternating squint with voluntary fixation in either eye a cycloplegic is occasionally used in both eyes In occlusion it is preferable, if possible, to give glasses and obscure the vision of the fixating eye for a few hours each day in order to force the use of the non-fixating eye The patient is instructed to study a test chart and small test type during this period Young children who cannot read may be trained with small toys, other small objects, or with pictures The following are the exercises which we have found useful for amblyopic eyes

Exercises for Amblyopic Eye

Procure from your optician a Snellen Chart (number—letter—illiterate) and a card with Jaeger reading type

Cover the right (left) eye with a patch, or if glasses are worn, paste a piece of thick paper over the right (left) lens Keep this eye covered two hours a day for two weeks and then report to us Practise using the uncovered eye by reading the finest print on the Jaeger test card, and the smallest test letters possible on the Snellen card at a distance of 20 feet Do this times a day for minutes If the patient cannot read, work with small toys and other objects, and pictures, and encourage drawing on a blackboard

Stereoscopic and prism exercises are invaluable training in the simultaneous use of the eyes The stereoscope is fitted in front of the lenses with small springs or clips to hold square prisms, and Kroll, Wells, or Hamblin charts are prescribed When the charts are observed correctly through the stereoscope, the two halves combine to make one complete picture, word, or phrase If the two halves of the charts remain separate throughout the range of the sliding carrier, then prisms base out, in convergent, and base in, in divergent strabismus, are placed in the clips on the front of the stereoscope The patient is instructed to use the weakest prism necessary to combine the charts and to try from day to day to use weaker prisms until the charts can be fused without prisms When this has been accomplished, he is instructed to use the prisms in the direction opposite to that originally prescribed and to increase their strength as rapidly as possible. If there is a vertical deviation and the two halves of the charts are not on the same level, then prisms base up or down are placed in front of either eye until the two parts are superimposed or side by side In the latter case it is necessary to use prisms base out or in as well in order to fuse the charts

Kroll charts, satisfactory for children as young as three years, may be used in any order As the pictures are fairly large and of bright colors, older children and adults suffering from marked amblyopia ex anopsia can often fuse these charts when, with Wells charts, they completely suppress the image of the poorer eye

Wells charts are prescribed for children old enough to read and for adults In this set, there are eight series of charts lettered from A to I (the *D* series is now omitted) As the *C* series is usually found to be the easiest to fuse, patients are instructed to begin with this series but to work with the *A* charts at the same time The *E* series is designed to produce the effect of depth or distance As the ability to discriminate depth or distance is usually late in developing and often is not manifest until fusion exercises have been continued over a long period of time, it is necessary for most patients to go on to the *F* and *G* series after the *C* and *A* series are easily fused and to go back to the *E* charts from time to time to determine whether they have a third dimension In the *H* and *I* series the distance between the centers of the two halves of the charts varies from 2 5 cm to 11 cm Divergent cases work toward the lower numbers, convergent cases toward the higher numbers B-1 is first inserted in the stereoscope to determine with which card of the series to begin This is given by the number of the dot directly below the arrow

Hamblin charts afford a means of obtaining variety and stimulating interest in children who soon become bored with the limited assortment of Wells charts They are furnished in two series of 134 charts each, arranged in thirteen sets of increasing difficulty, one series is designed for convergent cases (convergent series), the other for divergent cases (divergent series) They are used according to very specific directions supplied with them In general, their principle is similar to the *H* and *I* series of the Wells charts The distance between the two halves of the charts varies, and is decreased in the divergent, and increased in the convergent series The Worth illuminated amblyoscope is also useful in training children to fuse

Patients with convergent strabismus (crossed eyes) who can appreciate diplopia, i e , who can see two lights (a red and a white light) when a red glass is held over one eye are given the following exercises to increase the range of fusion and to strengthen the external recti muscles Children under five years of age can rarely do this exercise satisfactorily and cases of marked amblyopia ex anopsia must often persist in the amblyopic exercises for some time before the two lights can be seen

Diverging Exercises by Recession with Prism and Red Glass

Procure from your optician a set of square prisms, numbers 1, 2, 3, 4, 5 and 10 diopters and a red glass the same size as prisms

Place a lighted candle, or preferably a small flashlight, or a ½ inch opening on a black card before an electric light bulb on a level with the eyes If distance lenses have been prescribed, wear them

Approach the light from a distance of ten feet, holding the red glass before one eye, preferably before the one with poor vision or the one which is used less Two lights, one red and one white, are usually seen, the red one on the same side as the red glass—walk backwards or forwards until the lights are as close together as possible If one light is above the other, tilt the head slightly to the right or left and endeavor to make the red and white lights come together into one reddish white light If the lights cannot be fused place square prisms base up or down before either eye until the lights are on the same level

When the lights do come together, walk slowly away from the light trying to hold the lights together as one reddish white light as long as possible. When the lights separate repeat the procedure and continue the exercise until the lights have been brought together and have separated — times When this exercise has become easy and you are able to walk back 25 feet from the light, holding the red and white images together place the No 1Δ square prism with its thick end (base) toward the nose. If the lights can be brought together with this prism, proceed to the next stronger and increase the strength of the prism held before the eye until you have reached the strongest one you can use and still hold the two lights together Then repeat the exercise times times a day, increasing the strength of the prism whenever possible

If the patient has divergent strabismus (wall eye) the following directions are given for converging exercises with prisms and a red glass in order to increase the strength of the internal recti muscles

Converging Exercises with Light and Red Glass

Procure from your optician a set of square prisms, numbers 1, 2, 3, 4 5, 10Δ and three 20Δ prisms, with a red glass of the same size Also procure a small flashlight or use a lighted candle Hold the red glass over one eye and observe the light on a level with your eyes Walk toward or away from the light until the red light seen with one eye, and the white light seen with the other can be brought together to form one reddish white light As soon as this can be done, walk towards *the light until it is impossible to keep the lights* from separating Now go back and come forward again, trying to approach as close as possible to the light before doubling occurs Repeat this approach times times a day

If at a distance the lights cannot be brought together, then place the weakest prism with its thick end (base) toward the nose If this does not bring the lights together use the next stronger prism, increasing the strength until that one is found which does permit them to be brought together Now walk up to the light until two lights are again seen Walk back and then forward, repeating this procedure times at each exercise, decreasing the strength of the prism as rapidly as possible If one light is so far above the other that the lights cannot be fused by tilting the head to the right or left, hold square prisms base up or down before either or both eyes until the lights are on the same level

As soon as the lights can be held together without using a prism, try turning the prism around, and starting with a 1Δ prism (thick end toward the temple) increase the strength of the prism in this position as rapidly as possible This exercise may be repeated 10 to 100 times, two or three times a day according to the degree of strain or fatigue produced

These exercises are particularly useful before and after operation Most satisfactory results are obtained when they are combined with regular practice periods at the office The following exercises are prescribed to strengthen abduction (the power to turn either eye outward)

Abducting Exercises for Esophoria (Crossed Eyes)

1 Hold the head still, cover the left eye, and with the right eye look fixedly at a small light

or white headed pin while moving the pin to the right as far as the eye can follow it Repeat exercise times times a day Duplicate the procedure covering the right eye and moving the pin or light to the left

2 Mark several small cards with one, two or three stars, dots, dashes, crosses or other symbols Mix the cards, pick one up and without looking at it, hold it on a level with the eyes about 14 inches to the side of the right (left) ear Holding the face straight forward, turn the right (left) eye outward and try to recognize the symbols as they are gradually carried forward Repeat the exercise with the other eye Do this times a day

When binocular simultaneous macular perception (the simultaneous use of the eyes) has been obtained, the following exercise directions are given starting with prism base in, in convergent, and base out in divergent, strabismus When wide amplitude of fusion (when the eye can fuse lights separated by prisms) has been obtained in this manner, both diverging and converging exercises are used

Directions for Prism Exercises

(a) Prism Exercise for Distance—Procure from your optician 1, 2, 3, 5, 10, 20, 20, 20Δ square prisms and a square piece of red glass, the size of a prism Hold the weakest one (lowest number) thick end, or base in (out) before either eye and the red glass before the other eye, *both eyes open* Place a lighted candle or black dot one inch in diameter on a white paper on a level with the eyes ten or preferably twenty feet away (While using a red glass always use a light) Close the eyes, open them, and if two images are seen, try to make the two images appear as one Use the next higher prism in the same manner until the strongest prism has been found through which flame or dot appears single Stronger prisms are obtained by placing additional prisms base in (out) before the other eye, or by holding the bases of the prisms together over the same eye Exercises should be done for distance while wearing distance lenses and exercises for ten inches while wearing distance lenses or reading lenses if prescribed Repeat the exercise times a day, times at each exercise, times base in (out) before the right eye and times base in (out) before the left eye, with strongest prism which permits binocular single vision

(b) Prism Exercise for Near—(1) Repeat exercise (a) with candle or black dot on white card 1/16 inch in diameter, ten inches from the eyes, twenty times at each exercise

The following exercise is given to improve converging power and is particularly useful if the near point of convergence is remote (The near point of convergence is the closest point to the eyes in which the eyes can simultaneously fixate a small object)

Converging Exercises

Bring a small white headed pin or 1/16 inch black dot on a white card slowly up to the eyes until doubling occurs, then hold pin or dot at arm's length again and repeat the exercise Do this 15 times times a day

The following exercise is given to increase the power of accommodation (Accommodation is the automatic adjustment of the eye for seeing at different distances)

Exercises for Accommodation

Hold fine print 14 inches from the eyes Carry the print up to the right eye and left eye separately and then to both eyes, until blurring occurs Repeat each procedure times at each exercise period Exercise times a day

N B—Do not exercise if overtired, and stop exercises if eyes pain or feel strained Apply hot water to the eyes followed by cold after exercising

Results of Non-surgical Treatment—Certain cases of strabismus will be cured by carefully correcting the refractive error and persisting in the exercises Some patients may be cured without treatment, this is particularly true of those in whom the squint appears about the age of three or four years, and disappears toward the age of six or seven years The growth of the individual and the development of the face seem to aid in correcting strabismus Although it is possible that some patients are cured spontaneously, it is true that this is so rarely the case that nature unaided should never be relied upon to preserve the important function of binocular vision Squint appearing in the first or second year may be caused by a nerve lesion, a tumor, or an ocular disease, but unfortunately through ignorance many such patients are not referred to ophthalmologists before vision is lost

We take issue with some authors who say that the ophthalmologist should not insist upon operation for older patients who have strabismus since it is done only for cosmetic effect Older patients will occasionally obtain useful binocular vision and in some instances fairly accurate stereoscopic vision, provided proper exercises are instituted before and after operation To allow a patient to go through life with one eye completely turned results in a large area of the brain not being used to its full capacity and the marked impairment of the ability rapidly and accurately to judge distance In addition to this, not only with regard to girls and young women, but likewise among boys and young men, we must take into account the unfavorable mental and emotional condition produced by the consciousness of their defect Relief from the embarrassment caused by the remarks of others and the strain due to suppressing impressions from the non-fixing eye permits them to concentrate

on essentials with the result that many patients, after squint has been properly corrected, advance rapidly in their studies and become more normal in their outlook Their improved appearance is of benefit not only to themselves but likewise to those with whom they are closely associated

Surgical Treatment—There are two fundamental procedures in the surgical treatment of strabismus One is the decreasing of the action of a muscle by tenotomy or one of its modifications, the other is the increasing of the action of a muscle by resection, advancement, or tucking It is advisable to strengthen muscular action whenever possible and we perform resection or tucking in preference to advancement When muscular action is to be decreased retroplacement is performed, or in rare instances a partial tenotomy, but practically never a complete tenotomy, except of the inferior oblique In selecting the operation suitable for a given condition stress is laid upon the relation between convergence and divergence, the absolute and relative near point of convergence, the decreased or increased action of the individual muscle before operation, and the appearance of the muscle at operation Retroplacement is usually performed if the patient has good converging power or marked spasm of the internal recti Retroplacement (cutting the muscle free and suturing it to the eyeball a certain number of millimeters from the original insertion) is also indicated if, after exercising the external recti by abducting exercises, there is no limitation of external rotation as studied with the perimeter and the field of monocular fixation or with the tropometer If, on the other hand, poor converging power and limited adduction are found after appropriate exercises, and there is no spasm of the internal recti, a modified Reese[2] resection operation is frequently performed

If there is a marked upward deviation of one or both eyes due to spasm of the inferior oblique we usually perform a tenotomy or myectomy of the inferior oblique or obliques An incision is made (as suggested by Boyer[3] in 1842) through the inferior nasal third of the lower conjunctival fornix, exposing this area by traction on sutures placed through the tarsal conjunctiva and through the conjunctiva in the inferior nasal quadrant immediately adjacent to the cornea If the incision is made directly towards the orbital margin and a tenotomy hook passed from the temporal side up and in nasally, then drawn forward, the inferior oblique muscle may be exposed and tenotomized or resected as the operator prefers It is a question whether greater effect is obtained by myectomy or by tenotomy of the inferior oblique

The technic used in performing the resection operation is two mattress sutures of No 5 twisted paraffined silk in the muscle and muscle stump, then through the conjunctiva, tying the sutures between the cornea and the stump and closing the wound in the conjunctiva with a continuous running suture starting and ending in the caruncle No reason is evident for advancing a muscle, as the muscle adheres to the old insertion and the muscle fibres anterior to this point atrophy, and therefore can have no effect in increasing the rotation of the eyeball In performing tenotomy, one of the forms of the lengthening operation has been done for years, but since Jameson[4] published his recession operation with scleral fixation and referred to Curdy's recession with advancement, a technic suggested by one of us (C B)[5] has been used This operation, which uses the muscle stump as well as the episcleral tissue for fixation, is similar to Agatston's[7] operation and is named retroplacement The technic can best be visualized by referring to Figure 1

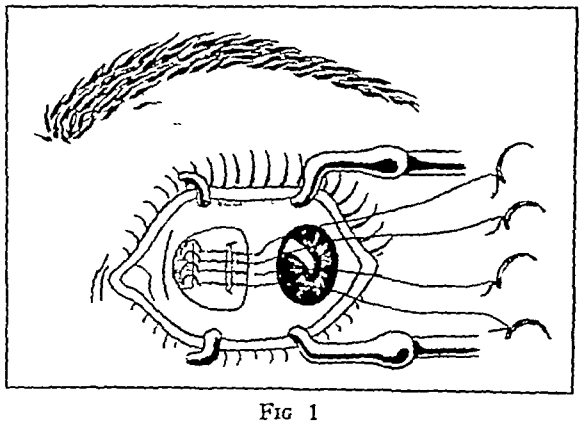


FIG 1

The exact distance of proposed retroplacement of the muscle has been measured from its point of attachment and the sutures have been passed through the episcleral tissue at this point, then through the muscle stump and conjunctiva The conjunctiva is then closed by a running suture

Results with retroplacement have been so good that we seldom perform resection unless the converging power is weak or adduction is limited

Summary of Results of Retroplacement Operation

Office Patients, 36, Clinic Patients,* 18, Total Number, 54

	Office Patients		*Clinic Patients*	
	No	*Per Cent*	*No*	*Per Cent*
Exercised after operation	30	83⅓	2	11
With one amblyopic eye (vision 20/70 or less)	14	39	4	22
With binocular simultaneous macular perception	18	50	2	11
With stereoscopic vision	13	36	0	0

* The majority of the clinic patients were from the service of Doctor Berens at the New York Eye and Ear Infirmary but several of them were operated on through the courtesy of Doctor George H Bell

Combined Results of Clinic and Office Cases

		No	Per Cent
Cosmetic Results	Good	46	85
	Not improved or overcorrected	4	7.5
	Partially corrected	4	7 5
Exercised after operation		32	60
With binocular simultaneous macular perception		20	37
With stereoscopic vision		12	22
Amblyopic		22	41
General average of prism dioptres correction per mm of recession			4 8△
General average of prism dioptres correction by resection and recession			4 6△

Conclusions

1 Lenses may and should be worn, if needed, as soon as strabismus is noticed and retinoscopy can be performed

2 There is no definite time when operation should be performed, in some cases, it should be done as soon as other forms of treatment prove ineffective If the use of atropin does not improve the deviation, particularly if the position of an eye practically precludes its use, operation should be performed even in children two or three years of age

3 If orthoptic exercises are given before and after operation and proper attention is paid to vertical deviations, many patients, even young adults, may obtain binocular simultaneous macular perception, and some of these may acquire fairly accurate depth perception We believe that obtaining binocular single vision and amplitude of fusion are important factors in maintaining the eyes in proper position and that efforts should be made to this end

4 Every patient who develops squint should be immediately examined under a cycloplegic by an ophthalmologist as one cannot be sure of the cause, it may be a disease of the central nervous system secondarily affecting the eyes, a congenital anomaly, or even a tumor or inflammatory disease of the eye

5 Early treatment improves the prognosis in regard to the retention of useful vision in the deviating eye and favors the development of stereoscopic vision

6 The recession operation has given more encouraging results than any other single operative procedure used as it affords an accurate method of limiting the action of the overacting muscles

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TREATMENT OF ACNE VULGARIS WITH CALCIUM*

(*Preliminary Report*)

By DAVID BLOOM, M D, NEW YORK, N Y

From the New York University Medical College, Department of Dermatology and Syphilology (service of Dr Howard Fox), and Mount Sinai Hospital, Department of Dermatology and Syphilology (service of Dr Hermann Goldenberg)

IT seems to me that we cannot be perfectly satisfied with the present treatment of acne vulgaris It is true that the Roentgen ray is an excellent remedy from a practical point of view But it is not quite satisfactory theoretically if we analyze its action The way the rays act, namely, by means of quieting sebaceous gland activity, is not compatible with an ideal treatment of a disease like acne Acne is not merely a local disease but a systemic, metabolic or endocrine disorder produced by the critical change of the organism at puberty, a period of life in which the needs of the body become modified in regard to substances delivered by the endocrine glands and a disturbance in the functions or in the balance of the glands is likely to take place The hyperfunction of the sebaceous glands with the hyperkeratosis of the follicles and the resulting comedones, papules and

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 23rd, 1928

pustules in which the skin disturbance of acne manifests itself, form only symptoms of a disease The rays affect these symptoms but do not affect the underlying condition of the organism

We ought therefore to investigate other remedies for acne which might have an influence on the forces behind this disturbance the endocrines, the autonomic nervous system or the general metabolism in the body I shall disregard here the treatment of acne by gland extracts which were tried by some with success [1] The purpose of this paper is to report observations on the effect of calcium in acne This drug, which is one of the most important inorganic substances influencing cellular activity and which seems to be intimately connected with the physiological function of the autonomic nervous system, has been used for many years in numerous diseases, especially in systemic troubles and in those in which the autonomic nervous system was believed to be at fault It was taken up frequently with enthusiasm and abandoned with disappointment Of the many findings reported in literature regarding the action of calcium I shall mention only a few which seem to have relation to the present topic, giving us some theoretical basis for the use of calcium in acne

From the animal experiments carried out by Chiari and Januschke and reported in 1911,[2] it follows that calcium seems to influence favorably, or to prevent altogether, inflammatory conditions This is probably due in part to the ability of calcium to increase phagocytosis and to lessen the permeability of the smallest blood and lymph-vessels to plasma and blood corpuscles [3]

There is evidence, based on extensive studies, which favors the importance of calcium in its relation to the autonomic nervous system The equilibrium between calcium and potassium ions around and in the cell, without which the cell would not function normally, is established by the autonomic nervous system But it is also true that the action of the autonomic nervous system is dependent upon the ions themselves For an increase in the potassium ions produces the effect of vagus stimulation, increase in calcium ions the effect of stimulation of the sympathetic nerve [4]

Considering the generally accepted correlation between the endocrine glands and the autonomic nervous system, it seems, from the above, that there is some theoretical justification for testing calcium in acne

The finding of Levin-Kahn[5] and others, that the calcium content of the blood in acne is not decreased does not contraindicate theoretically the use of calcium It is nevertheless possible that there is a disturbance in the ion content or ion equilibrium in the cells, without the calcium content of the blood showing it The calcium metabolism of the body seems to be of too complicated a nature to be measured by the calcium content of the blood alone Bio-chemistry cannot yet furnish an exact explanation of the condition of the calcium ions in the living cell and of their relation to other ions Thus a perfect theoretical justification for trying calcium medication in acne is not yet possible

But even disregarding the above, it is justifiable to investigate the effect of calcium in acne, in order to confirm or deny the findings of Dr Sirota He reported[6] in 1927, the results of his treatment of acne vulgaris with calcium, not mentioning however the number of cases treated After 20 intravenous injections of 5 cc of a 10 per cent solution of calcium chloride, administered every third day, he was able to clear up every case of acne

In my own tests I also used a 10 per cent calcium chloride solution which was sterilized by boiling and administered intravenously In the first cases treated 5 cc were given every third day Soon the amount was increased to 10 cc every second day The intravenous injection must be given slowly, the patient should preferably be lying down, especially during the first few injections when he is not yet accustomed to the peculiar heat sensation produced by calcium chloride, and is liable to faint As soon as the patient complains of a sensation of heat in the face, the injection must be stopped until the heat sensation, which spreads from the face to the body and lasts about 30 seconds, disappears The injection is then resumed Great care should be exercised not to infiltrate the skin or the hypoderm, as even slight infiltration is very painful, and may incapacitate the patient for some time. There is also danger of necrosis when tissue is infiltrated Most of my patients received about 20 injections but I am now giving more than 20 in order to see if better results may be obtained in every case by prolonged administration of the drug

Summary

Thirteen patients were treated, 7 males and 6 females The age ranged from 16 to 30 years The type of eruption varied from mild acne with a moderate amount of comedones, papules and pustules to a severe indurated and pustular acne The duration of the eruption ranged from 8 months to 8 years, an average of 3 years and 5 months From 6 to 21 injections were given, an average of 17 injections Nine patients received treatment twice a week, four three times a week In one patient treatment was begun with 2 cc and gradually increased to 5 cc Four patients received 5 cc. at each injection In 8 cases treatment was begun with 5 or 6 cc and increased to 10 cc The result of the treatment in one marked case of pustular acne was 90 per cent improvement in the face eruption, less improvement in the acne of the back This case cleared up perfectly after 12 injections, but a few lesions reappeared later on Four patients responded with

Combined Results of Clinic and Office Cases

		No	Per Cent
Cosmetic Results	Good	46	85
	Not improved or overcorrected	4	7 5
	Partially corrected	4	7 5
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With binocular simultaneous macular perception		20	37
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Conclusions

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CLINICAL APPLICATION OF THE FEMALE SEX HORMONE TEST*

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INTRODUCTORY

IN the human female as in all the higher vertebrates there is a sex cycle In the anthropoids, of which the human female is the highest in the scale, the infertile or abortive sex cycle culminates in menstruation, the fertile sex cycle in labor

The mechanism of the sex cycle is a complicated one, for the details of which, in this short paper, it is necessary to refer the reader to our other articles (1, 2, 3) In briefest abstract, three different but correlated and concordant mechanisms must be kept in view

The basic and activating force, in the adult, is the ovary, in which during the infertile cycle, the primordial follicle matures, ruptures (ovulation) and forms the corpus luteum This, after a brief period of physiological activity, regresses and disappears through the medium of a scar, the corpus albicans In the fertile cycle also, the follicle matures, ovulation takes place, but for as yet undetermined reasons, the corpus luteum persists during pregnancy In addition, the placenta subsequently forms and continues the secretion of the female sex hormone previously supplied by the ovary, the compound action of which endocrine organs we designate as "the gestational gland" (2)

Under the direct influence of the ovary (and in the fertile cycle of its successor, the placenta) the tubular system of the female undergoes cyclical changes The tubular system which reacts to the hormonal influence includes the vagina, uterus, fallopian tubes and additionally, the breasts As a result of ovarian influence, the endometrial lining of the uterus, when menstruation is impending, is divisible into a thick, glandular, so-called functional layer and an unchanged basal layer If, as happens during the abortive cycle, impregnation fails to occur, as soon as the corpus luteum becomes physiologically inactive (approximately from 10 to 14 days after ovulation), this functional layer is cast off piece-meal and the menstrual bleeding takes place

In the fertile cycle, on the other hand, impregnation having occurred, the premenstrual preparation of the uterine mucous membrane continues as in the abortive cycle, but because of the impregnation the corpus luteum continuing to remain active, the uterine endometrium continues its decidual change, imbedding of the ovum in the endometrial decidua occurs, and pregnancy is well under way The chorion-epithelium from the earliest stage on, secrets the active substance, which later on is secreted in huge amount by the fully formed placenta throughout pregnancy, thus maintaining the decidual reaction of the endometrium and producing the tremendous hyperplasia of the uterine and vaginal musculature occurring during pregnancy, as well as accounting for the breast changes necessary for nutrition of the newborn

And finally we come to the cycle which interests us most in the present connection, namely the blood cycle, which we have discovered and described in the human female (8) and which also occurs in the lower animals (9)

From the time that menstruation has begun, until about 10 days before the next menstrual cycle, very little female sex hormone, as the active substance responsible for feminineness is termed, can be found in the circulating blood From then on a rapid increase in concentration can be noted until the onset of menstruation. With the onset of the bleeding, the hormone rapidly disappears from the circulating blood but during the first few hours is noted in great concentration in the menstrual blood (5 times that in the circulating blood) Until recently we were, however, at a loss to account for the rapid disappearance of the hormone from the circulation as the small amount of blood shed in menstruation did not appear to account for this Investigators have now demonstrated the presence of the hormone in large amount in the urine (10, 11) Premenstrually the renal threshold for the hormone is greatly lowered as is shown by as yet unpublished results of studies which are engaging our attention at the present time

In the fertile cycle, the hormone found in the circulating blood accumulates as in the infertile cycle toward the time of expected menstruation But, nidation having taken place, there is a sudden diminution of the blood hormone level which we cannot at present explain Not until the sixth and one-half week or seventh week of gestation do we again find a demonstrable amount of the hormone in the circulating blood and from then on until labor a high level is maintained throughout pregnancy Another strange phenomenon is the fact that during pregnancy huge, in fact astound-

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Loeb (4) has shown that the influence of the corpus luteum is necessary for sensitizing the endometrial mucosa so as to enable it form the maternal part of the placenta

Papanicolaou (5), Parkes (6), and also Weichert (7) have described corpus luteum extracts which postpone the estrual cycle.

Consequently there are two factions, the one claiming that the follicle, corpus luteum and placenta secrete a single hormone, the other believing that the corpus luteum does not secrete the female sex hormone but only an inhibitory substance, and that there are at least two distinct genital hormones

	Name	Age	Sex	Severity and Type of Acne	Location	Duration (Years)	Total No of Injections	No of Injections Weekly	No of cc at Each Injection	Result in Percent of Improvement	Remarks
1	G D	16	F	Moderate, papulo-pustular	Face	3	13	2	2–5	50	Improvement started after 7 injections
2	R.J	16½	M	Marked, papulo pustular	Face and back	2½	13	2	5	50	Improvement started after 5 injections
3	F.S	16	M	Marked, papulo pustular	Face	1	10	2	5–10	50	Improvement started after 4 injections
4	B.A	19	M	Very severe pustular indurated	Face	2	6	2	5	35	Improvement started after 2 injections
5	F.M	20	F	Moderate indurated pustular	Face	5	21	2	5	60	
6	J.H	21	F	Moderate indurated pustular	Face	3	18	2	5	75	
7	W T	24	F	Marked indurated pustular	Face and trunk	4	20	2	5–10	50	
8	A.E	30	F	Severe pustular	Face and trunk	6	20	2	5–10	90	Face cleared perfectly after 12 injections. Slight recurrence later
9	S.M	19	M	Very severe indurated pustular	Face and neck	2½	20	3	6–10	75	Improvement started after 2 injections
10	M.J	18	M	Marked indurated pustular	Face	8 mths	20	3	6–10	75	Patient receiving more treatment. Continues to improve
11	McK M	16	F	Moderate papulo pustular	Face	3	20	3	5–10	75	
12	H.P	25	M	Moderate papulo pustular	Back	8	9	2	5–10	50	
13	K.J	19	M	Severe papulo pustular	Face	4	20	3	5–10	35	

a 75 per cent improvement, three of them after 20 injections and one after 18 Two of those had a marked indurated and pustular acne One responded with a 60 per cent improvement after 21 injections, 5 with a 50 per cent improvement after 10 to 13 injections One responded with 35 per cent improvement after 6 injections but another after 20 injections

The improvement consisted in diminution of the size and depth of the lesions, decrease in number of lesions and diminution in the oiliness of the skin No other treatment was given except washing with hot water and soap, and in some cases applications of hot wet towels In one patient Iron and Arsenic was administered

Conclusions

The results of the above observations, in 13 cases, do not correspond to the excellent results of Sirota, who reports cures in all patients treated But the disappearance of almost all papules and pustules in some of my cases, and marked improvement in many of them, diminution of the oiliness of the skin and even disappearance of comedones after a series of 20 injections or less, is striking enough and worth further investigation

Because of the small number of cases, and the inadequate period of treatment and observation, I am perfectly aware of the preliminary nature of this report More cases will be studied and prolonged observations made, checked up by photographs taken before and after treatment, in order that scientific data may be gathered as to the undoubtedly favorable effect of calcium in acne

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Further observation confirmed our diagnosis of pregnancy

When a 3 or 3+ is obtained, the question naturally arises whether the positiveness of the reaction signifies impending menstruation or beginning pregnancy Under these conditions the clinical findings, especially the size of the uterus must be taken into account If menstruation is impending, the bleeding should begin within at most 5 days of the time the blood has been taken A 4, on the other hand, almost invariably signifies pregnancy, although on one or two occasions, marked hyperactivity of the ovaries, usually accompanied by physical and psychical symptoms of "tension," has given a 4 (as shown in case 1151 further on)

"Pregnancy? Fibroids?"

No 1485, 42 years, IV para, had regular menses Denied the possibility of pregnancy Her uterus was enlarged by two fibroids each the size of an orange.
Last menstruation—9-29-27
Blood taken—11-22-27 = 4
Diagnosis 7 weeks pregnancy, confirmed by subsequent observation
(No 1373 is almost identical with the above)

"Pregnancy vs Fibroids"

No 1614 Blood sent to us from another hospital Obstetrical service said fibroids, gynecological service made diagnosis of pregnancy, was bleeding
Blood received—2-24-28 = 4
Diagnosis of pregnancy made
Informed she has carried through (5-10-28)
"Obesity Impending menopause? Spotting"
No 1581, 39 years, IX para, has been regular 28 days, severe flushes, sweats, dizziness, staining continuously Huge abdomen defying examination
Last regular period—10-25-27
Blood taken—1-25-28 = 3+
Blood taken—3-29-28 = 3+
Diagnosis of pregnancy made on 1-25-28
(Case No 1497, weight 218 lbs, diagnosis was made in 8th week)

3 Varia Diagnoses in Pregnancy Including Death of Fetus

No 1320, *"Missed Abortion"*
O para, regular 28 day cycle
Last menstruation—8-16-26
Examined and found pregnant—10-11-26
Re-examined, uterus size 10 weeks 2-23-27
Blood taken 3-9-27 = 0
Diagnosis of dead fetus, missed abortion
Uterus emptied 4-4-27
(Case No 1232 identical with history of 7 months, fetus size of 3 months)
No 1469, "Threatened abortion, fetus alive or dead?"
Staining since 10-9-27
Last menstruation 8-30-27
Blood taken 11-4-27 = 0
Diagnosis of dead fetus and complete detachment
Passed fetus and placenta spontaneously 11-5-27

No 1403, "Retained Placenta?"
Patient delivered at home of dead fetus at term on 5-9-27 History of placenta not coming away Blood taken 5-26-27 = 3 This confirmed the history Manual removal of entire placenta 17 days post partum

In patients with absolute and permanent contra-indications to bearing children, we have in the last few years, induced abortion by means of *x*-ray exposure (14) At times it is important to be sure that the fetus is dead as the products may be retained a number of weeks after the death of the fetus, the entire products being then expelled without febrile reaction "en masse," resembling a "missed abortion"

No 1370, "Hyperthyroidism, *x*-ray Abortion Is the fetus dead?"
36 years, III para, basal metabolism +26
Last menstruation—2-27-27
Blood taken—4-23-27 = 4
x-ray given—4-26-27
Blood taken—5-4-27 = 3+
Blood taken—5-25-27 = 0
Showing that eight days after the treatment the pregnancy reaction still existed but that thirty days later death of fetus and detachment of the placenta had occurred

No 1108 contrasts with the above
"Spinal Cord Tumor Recently Removed, Paraplegia, Pregnancy" Helpless, 4 months pregnant, *x*-ray abortion attempted though it was realized that with the extreme obesity and advanced gestation the attempt might prove futile
x-ray given—2-18-26
Blood taken—4-19-26 = 2½+
Diagnosis of continuation of pregnancy
This was confirmed when uterus was emptied per vaginam

4 Miscellaneous Diagnoses

A few more striking instances have been selected to show the usefulness of the reaction in general diagnosis We desire to emphasize that the laboratory findings are recorded solely by number without our knowledge of the clinical data. For the final interpretation, however, blood readings, clinical data and physical examination may have to be co-related

No 1455—"Obesity, Amenorrhea, Pregnancy?"
25 years; I para, always regular, weighs 239 lbs
Last menstruation—4-4-27

ing, amounts of hormone are excreted daily through the kidneys and bowel (11) the amounts reaching as high as a thousand mouse units in the urine and up to six thousand mouse units in the feces *

The Blood Test

In order to make plain what is to follow, it is necessary to give you a summary of the method employed for determining the presence of the hormone

For the sake of brevity, we shall confine our description entirely to our blood test (12) (1) 40 c c of blood are abstracted from an arm vein and (2) at once injected into anhydrous sodium sulphate spread out in a petri dish By intimately mixing with this dehydrating powder the blood dries rapidly (3) Two extractions of the dried powder are made with ether in a separating funnel, the ethereal extracts being poured off from the sludge (4) The ether is rapidly driven off by means of an electric fan (5) The resultant dry powder is taken up sterilely in 2 c c of sterile water and injected in three divided doses into a castrated mouse (castration performed at least two weeks before) (6) After 24, 36 and 48 hours, vaginal spreads are taken from the injected mouse

Readings are taken of these spreads, a negative spread consisting mainly of leucocytes = 0, a slight reaction in which the leucocytes are greatly diminished and many nucleated epithelial cells are found is called =2, a threshold reaction shows itself by the absence of leucocytes and presence of nucleated epithelial cells, = 3, while a strong reaction documents itself by a smear consisting solely of non-nucleated squamous cells, = 4

Using this reaction, we have examined the blood of over 600 normal and diseased women Today we shall limit our description to a small number of cases, selected for the purpose of illustrating the value of our reaction as an aid to diagnosis, prognosis and therapy

Illustrative Cases

1 Evaluation of Amenorrheas

Primary amenorrheas (never menstruated) may be due to malformations such as absence of tubular tract (vagina, uterus) to subnormal ovarian action (subthreshold) which conceivably may be stimulated to normal, or to absence of ovarian action (no cycle) The prognosis will, of course, depend on the underlying cause

Secondary amenorrheas, irrespective of their length of duration, on analysis may show absence of cycle, subthreshold cycle, or, as in the last case of this group, impending menstruation

No 1608—"Primary Amenorrhea—Sex?"
25 years, S , never menstruated No vagina or uterus, typically feminine in body and psyche

Blood taken
2-18-28 = 3
6 days later = 0
5 " " = 0 This shows a 33
7 " " = 0 day cycle
8 " " = 0
7 " " = 3

No 1406—Primary Amenorrhea
26 years, S , never menstruated, virilism, hirsutes, large hands and feet
Blood studied 12 weeks, subthreshold, irregular cycle (2+)
Prognosis doubtful

No 1615—"Primary Amenorrhea"
26 years, M , never menstruated, eunuchoid, hirsutes
Blood studied 3-12-28 to 4-22-28 = 0
No cycle, prognosis very poor

No 1258—"Menopause? Pregnancy? Amenorrhea?"
43 years, VI para, uterus moderate in size
Last menstruation 10-3-26
Blood taken 12-4-26 = 3
Menstruated 12-5-26
In this case the test might have mislead, being interpreted as an early pregnancy, but in conjunction with a normal sized uterus we predicted impending menstruation We have encountered a number of similar cases

2 The Diagnosis of Pregnancy

As mentioned previously, the hormone level in the circulation immediately after conception and until the seventh week of pregnancy is low (= 0), but then rapidly rises to 3, 3+ or to 4, remaining high until the onset of labor

By means of our test we have been able to diagnosticate pregnancy in the presence of irregular bleeding, complicating uterine tumors, obscuring obesity and other confusing conditions

In case No 1394, irregular menses and hyperthyroidism were present
"Irregular menses" every 2-3 months, 29 years, II para
Last menstruation—3-28-27
Blood taken—5-13-27 = 0
Blood taken—5-27-27 = 4
Showing absence of positive reaction at six and one-half weeks, becoming positive before the eighth week This patient aborted at the sixth month

No 1496, 27 years, I para—menstruation every 6-8 weeks, said that she could not be pregnant
Last menstruation—9-29-27
Blood taken—12-5-27 = 3

* From 4-8 M U = 1 Rat U A rat unit is the amount of active substance required to produce a full estrous spread in a castrated rat weighing 140 gms, (†20 gms) (13)

Further observation confirmed our diagnosis of pregnancy

When a 3 or 3+ is obtained, the question naturally arises whether the positiveness of the reaction signifies impending menstruation or beginning pregnancy. Under these conditions the clinical findings, especially the size of the uterus must be taken into account. If menstruation is impending, the bleeding should begin within at most 5 days of the time the blood has been taken A 4, on the other hand, almost invariably signifies pregnancy, although on one or two occasions, marked hyperactivity of the ovaries, usually accompanied by physical and psychical symptoms of "tension," has given a 4 (as shown in case 1151 further on)

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8 " "	= 0	
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THE TREATMENT OF MALIGNANT LESIONS OF THE EYELIDS*

By WILLIAM L. BENEDICT, M.D. and MARY KNIGHT-ASBURY, M.D.
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MALIGNANT lesions of the eyelids are usually situated along the margin of the lid or near the inner canthus. The growths may be primary and single or multiple, or they may be extensions of lesions originating in the skin of the side of the nose or the cheek. It is not uncommon to find that a lesion in the margin of the lid, and one or more of the face, develop at about the same time, they may be of the same or of different types but of epithelial origin. Multiple lesions are usually of low-grade malignancy, grow slowly and yield to treatment more satisfactorily than the solitary and usually more malignant lesions.

The skin of the lids, the conjunctiva, the cornea, and the lining membrane of the various glands of the lids are derived from epiblast. The malignant lesions of the lids are usually epitheliomas arising from the epiblast and may be divided into those starting in surface epithelium, or in glandular epithelium, or they may be congenitally sequestered epidermic masses, moles or nevi. On the margin of the lid and at the inner canthus the rodent ulcers appear first as nodules beneath the surface where they may remain for months or years with little change in size and without a tendency to break down. They may also begin as foul ulcers that progress slowly in all directions, showing a crusted surface which bleeds easily when the crust is removed. There is more inflammatory reaction associated with them than with squamous-cell epitheliomas and extensive fibrosis of the base may limit growth downward, and at the same time obstruct any natural or artificial efforts at cure.

Other types of epithelioma grow with greater or less rapidity and show various grades of malignancy. According to Broders, "Epithelioma graded 1 is one in which differentiation or self-control ranges from almost 100 to 75 per cent, and undifferentiation from almost nothing to 25 per cent, epithelioma graded 2 is one in which differentiation or self-control ranges from 75 to 50 per cent, and undifferentiation from 25 to 50 per cent, epithelioma graded 3 is one in which differentiation or self-control ranges from 50 to 25 per cent, and undifferentiation from 50 to 75 per cent, and epithelioma graded 4 is one in which differentiation or self-control ranges from 25 per cent to practically nothing, and undifferentiation from 75 to 100 per cent. Squamous-cell epithelioma control themselves by differentiating into keratin which in circumscribed masses are called pearly bodies, and into cells which, if they do not contain keratin, have differentiated beyond their ability to reproduce, such as the large flat squamous cells. Basal-cell epitheliomas control themselves by producing cells similar to the normal basal cells of the skin, and melano-epitheliomas by producing melanin, which is a product of the epithelial cells and indicates an attempt at self-control."

New and Benedict stated "Our experience with the use of radium in diseases of the eye has been confined to two groups of cases, first, those which are treated with radium alone, and second, those in which the radium is employed in addition to surgery. The malignant cases are selected on a basis of the character of growth, chronicity and extent of involvement of the tissues. The degree of malignancy will be determined by the type of cell most abundant, and by the site of and direction in which the tumor extends. Basal-cell epithelioma of the lids without involvement of the tarsus or bone may be entirely removed by radium treatment."

Since the publication of this statement we have employed radium in the treatment of small basal-cell tumors with uniform success. Many such tumors, however, have fibrous bases that offer resistance to radium and often the depth of penetration of the tumor cells cannot be estimated. The results of radium treatment in these cases are not so favorable. Ewing, in speaking of rodent ulcer, said "In advancing lesions, long slender strands of tumor cells may be traced for some distance through the lymphatics, and eventually connecting with what may appear to be multiple foci of origin. This histologic feature explains the persistent recurrence of these tumors after apparently thorough extirpation." In some of our cases cancer cells were found in the deeper tissues that were exposed during the course of plastic operation although the surface had healed and there was no external evidence of their existence. Recurrences after several months or years led to the employment of larger doses of radium in some cases and in others the lesion was removed with a margin of apparently healthy tissue and radium applied afterward. The uncertainty of destroying all the cancer cells by radium is an argument against the practice of covering the area from which an epithelioma has been excised with a flap of healthy skin and then irradiating it

*Read at the Annual Meeting of the Medical Society of the State of New York at Albany, N. Y., May 23, 1928.

Feels she is pregnant
Blood taken—10-17-27 = 0
Blood taken—10-24-27 = 0
Blood taken—10-31-27 = 0
Diagnosis of Pseudocyesis
Reduced to 198 lbs with dieting and thyroid extract
Blood taken—1-9-28 = 2+
Menstruated—1-15-28

No 1644, "Pseudocyesis"
26 years, O para, regular q 30 days, treated as pregnant for five months by family physician, "feels life"
Last menstruation—8-31-27
Blood taken—4-2-28 = 0
Most difficult to convince patient of non-pregnant state

No 1381, "Ectopic Pregnancy?"
28 years, O para, 28 day cycle, missed one period, spotted, had cramps and then profuse vaginal bleeding, still bleeding
Last period—3-16-27
Blood taken—5-2-27 = 3
Diagnosis of pregnancy
Operative findings ruptured ectopic gestation

No 1402, "Does the Ovarian Cycle Persist after Hysterectomy?"
34 years, 21-28 day cycle, operated 4-4-27, hysterectomy, one ovary left in situ
Blood examined weekly between 5-25-27 and 7-12-27 with +3 on 6-7-27 and 2+ on 6-28-27, showing 21 day cycle

No 1651, "Normal or Abnormal Uterine Bleeding"
62 years, IV para, 28 day cycle but now less regular and more profuse Claims to have had 50 r-ray and one radium treatment outside of hospital Exercise and excitement produce bleeding
Blood taken—4-17-28 = 3
The bleeding is of ovarian origin in spite of age of patient and the various radiotherapeutic measures

No 1151, "Hypersecretion of Female Sex Hormone with Hemorrhage and Excessive Molimina"
34 years, II para, 21-28 day cycle, increasing bleeding and acute premenstrual nervous phenomena aproaching to mania
40 c c. blood taken 5-19-26 = 4
30 c c blood taken 9-28-26 = 3
20 c c blood taken 9-28-26 = 0
These last bloods taken 2 days before period showed a mouse unit to 30 c c instead of the regular amount, 40 c c
r-ray treatment given 10-15-26
30 c c blood taken 2 days before period, 12-4-26 = 0
Menses have remained scant No further symptoms of undue tension have developed in the last two years

Lack of time and space prevents the recording of additional illustrative cases No attempt will here be made to apply our method to the interpretation and evaluation of puberty and climacteric bleeding nor to prognosis in cases of sterility in which no obstructive obstacles (mechanical or chemical) exist It is true, however, that the reaction sheds much light upon many of these obscure and puzzling condition and enables us to prognosticate with greater certainty and to treat functional derangements especially, more rationally than heretofore

From the cases instanced above, it must be apparent that in obscure conditions the diagnosis, particularly of pregnancy, of death of fetus, or even the recognition of ectopic gestation may be facilitated by means of our test The seriousness and importance of a given case of amenorrhea is regularly illuminated by means of our test, enabling the physician to prognosticate, and therefore to plan out effective therapy if such is possible. Judging by the number of laboratories in different parts of this country and foreign countries which have taken up the test, we may soon expect reports from other sources giving additional data which we hope will confirm the value of the test

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squamous-cell epithelioma, graded 3, one was a squamous-cell epithelioma, graded 2, one was a basal-cell epithelioma with associated enlarged cervical lymph nodes for two and a half years before operation In one case tumor cells were found later in tissue removed in the course of plastic repair, but there was no external evidence of recurrence If local cures are considered, the known recurrence in this group is reduced to six Excision of the lesion followed by radium was carried out in five cases that showed recurrence following the use of radium and roentgen ray and have remained well

Excision by knife or cautery was performed in twenty-nine cases without clinical recurrence as far as is known In one case basal cells were found in tissue removed in the course of plastic repair but there was no clinical evidence of its presence. Twenty-two of this group were basal-cell epitheliomas, three squamous-cell epitheliomas (one graded 2, one graded 3, and one graded 4), and four unclassified

Surgical diathermy was primarily used in twenty-five cases There were four known recurrences In two of these the lesions were extensive and treatment by radium and roentgen ray had been given In two, previous treatment had not been given In six cases diathermy was followed by deep roentgen-ray treatment, without recurrence, and in two diathermy was followed by radium, without recurrence In seven cases exenteration of the orbit was carried out because of extensive involvement. In four there has not been recurrence of the tumor In three cases radium was applied following exenteration Two of the growths were basal-cell epitheliomas and two were unclassified Two patients died of metastasis following exenteration One had a squamous-cell epithelioma, graded 3, and the other a squamous-cell epithelioma, graded 4 A questionable recurrence of squamous-cell epithelioma, graded 3, was reported by letter two months after operation, but could not be verified Roentgen rays alone were used in five cases, but in four of these the outcome is not known In one case recurrence had not occurred after eleven months

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DIABETES MELLITUS IN CHILDREN*

By HENRY RAWLE GEYELIN, M D, and THOMAS T MACKIE, M D, NEW YORK, N Y

DIABETES MELLITUS occurring in children and adolescents presents a problem which differs in some important respects from that encountered in adults This depends upon an essential difference in severity, and upon the particular age group, in which both structural growth and physiological function are still in the formative stage

The importance of the hereditary factor is uncertain in diabetes developing in later life The conditions are even more obscure, however, with respect to the mode of origin and the frequency of familial juvenile cases In these younger individuals acute infections such as scarletina, typhoid fever, and epidemic parotitis are occasionally followed by severe and rapidly progressing diabetes In Norway a rise in the death rate from grave diabetes among the younger age groups has been shown to follow three or four years after successive epidemics of mumps

Fundamentally there are but two types, severe and mild An essentially mild case may show all the signs of severe disease for considerable periods of time, and yet, as the result of proper treatment, regain its original status and retain it until death from other causes Conversely, the intrinsically severe form may exhibit periods of comparative quiescence, but the original and fundamental quality never disappears permanently The so-called inherent progressive characteristic is significant of this latter type In it the onset is commonly acute, and, in the absence of Insulin, is followed by a progressive and rapid downward course with fatal outcome despite extreme dietary restriction This form is more common in children and young adults, and is more frequently complicated by acidosis than is the milder type of disease

The pre-insulin course in the majority of the juvenile diabetics may be described as follows Whether above or below normal weight at the time of onset, progressive loss of weight and strength occurs due to the restriction of the diet and to the loss of food resulting from the glycosuria It is exceptional to have growth in height continue at normal rates even in moderate diabetes, and it decreases or ceases altogether as the disease progresses The occurrence of considerable amounts of sugar in the urine with relatively little elevation of the blood sugar level is common As this is controlled, however, the symptoms disappear and ability to utilize food returns to a varying degree initiating a period of quiescence

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y May 23, 1928.

through the flap Cells may be buried and they may continue to grow unsuspected until a large deep-seated tumor has developed Although muscle is rarely invaded, bone is not a barrier to the progress of the disease and the tumor may slowly grow inward without external signs Radium is also regularly employed as a placebo in cases of inoperable carcinoma of the orbit Just conclusions with regard to the use of radium may not be reached if its action in all cases in which it is employed is included in a general consideration of the treatment of carcinoma The conditions under which it is used must be considered with regard to the dosage and probable depth of effective penetration The malignancy of the tumors must also be taken into account

Although there is very little difference in the malignancy of rodent ulcers, there is considerable difference in the malignancy of squamous-cell epitheliomas The more highly differentiated the cells the less are they affected by irradiation Epitheliomas of low-grade malignancy probably become more malignant by the use of small doses of radium, inefficient roentgen-ray treatment, and irritation with chemicals, such as hydrochloric and nitric acid, silver nitrate and arsenic paste Basal-cell epitheliomas may be changed to squamous-cell epitheliomas by continued irritation, or in rare cases without any known external irritation, and squamous-cell epitheliomas often take on more malignant characteristics with each successive recurrence after extirpation or irradiation It seems apparent, therefore, that all epitheliomas of the lids should be considered as potentially of high-grade malignancy and every effort should be made to remove them completely at the first treatment

Roentgen rays are effective in certain superficial tumors of low-grade malignancy, but this form of treatment has been inferior to radium in most cases of epithelioma of the lids and is now seldom employed alone It has been found that heat is a very effective agent in the destruction of epithelioma cells and we have used the actual cautery following excision of large malignant lesions, such as exenteration of the orbit, and the galvanocautery to remove smaller tumors Surgical diathermy has been used in a number of small lesions on the margin of the lid, with less deformity than would have resulted from excision, and the end-result has been satisfactory The contraction of the scar, which is smooth, tends to make the margin of the lid even, with but little loss of tissue in cases in which a rather large coloboma would have resulted from excision Immediate repair after excision is not regarded with favor, the deformity therefore may lead to disastrous results from lack of protection to the globe

We have found the most effective method of eradicating malignant lesions of the lids to be excision followed by radium, by surgical diathermy or by fulguration In many of the cases some form of ineffective irradiation or operation has been given previously In a few cases there is recurrence after an apparent cure of several months The type of treatment has varied with the introduction of new methods of treatment or with increased facilities for the use of older methods The fact that the pathologist has found proliferating epithelial cells deep in the tissues of apparently healed lesions has led us to make some changes in methods of treatment

From 1918 to 1927 inclusive 251 patients were treated for rodent ulcer or epithelioma of the lids by various methods Many of these patients did not return after the first treatment and there has not been an opportunity to learn of the result. Others have had carcinoma develop elsewhere in the body, or some other disease of a serious nature has developed It has been impossible to get reports from all Patients who have been treated more recently and believed to be cured may have recurrences later Others had lesions so far advanced as to preclude any reasonable expectancy of cure Of this group, however, there were 107 considered cured at the close of 1927 Many of the smaller tumors were removed by diathermy or radium without excision, and tissue was not taken for pathologic examination The classification of the tumors of those considered cured is as follows unclassified, forty-four, basal-cell epithelioma, forty-seven, basal-cell and squamous-cell epithelioma, graded 1, six, basal-cell and squamous-cell epithelioma, graded 2, one, squamous-cell epithelioma, graded 2, four, squamous-cell epithelioma, not graded, four, and squamous-cell epithelioma, graded 3, one

Ninety-eight of this group of 251 cases of epithelioma were treated by radium Most of the lesions were basal-cell epithelioma but several were mixed epithelioma, a few extensive inoperable epitheliomas are included There were twenty-seven known recurrences in this group, in twelve the lesion was advanced and the outlook hopeless at the first examination In five the lesion was not classified, three of these were basal-cell epitheliomas, two squamous-cell epitheliomas, graded 2, and two squamous-cell epitheliomas, graded 3 Exenteration of the orbit was performed later in four cases since the progress of the growth was not retarded by radium Of these four cases three were basal-cell epitheliomas and one was squamous-cell epithelioma, graded 2

Eighty-seven patients were treated by excision of the lesion followed by treatment with radium. There were eleven reported recurrences Two of the patients were cured by subsequent treatment, one of the growths was a basal-cell epithelioma and the other a squamous-cell epithelioma, graded 2 One questionable recurrence was reported by letter, a squamous-cell lesion, graded 2 In four cases local recurrence did not occur but metastasis developed Two of the recurrent growths were

tein equilibrium as shown by a positive nitrogen balance This was the era of high fat, low carborydrate diets

As this system was observed, undesirable effects came to light Not infrequently the continuous elevation of the blood fats and blood cholesterol above normal limits were found to be associated with a gradual reduction of the sugar tolerance These findings now are regarded not only as of prognostic importance, but as indications for alteration in the type of treatment prescribed The belief has grown, moreover, that these abnormalities in the blood may play a role in the incidence of vascular complications later in life Joslin has recently stated his belief that a diet containing at least one hundred grams of carbohydrate instituted soon after the onset of diabetes may prevent the development of premature arteriosclerosis

Supplementing these clinical observations, experimental work has demonstrated that diets high in acid-forming and low in base-forming ash, when fed to animals, diminish the effect of Insulin injections and increase the resistance to the development of hypoglycemia Similarly, the administration of a high fat and low carbohydrate ratio renders animals less susceptible to the effects of Insulin than those fed on normal diets

Acting on these indications, a change in the type of dietary prescribed was instituted several years ago in a series of diabetic children The fat content was reduced and the carbohydrate materially increased It was soon found that this previously radical procedure was associated with surprisingly little increase in the Insulin requirements immediately after the change, and in many cases there followed not only a decreasing demand for Insulin, but a definite, and apparently permanent, increase in the carbohydrate tolerance

More recently these findings have been confirmed by Sansum who, for a period of nearly three years, has been using diets containing not less than two parts of carbohydrate for each part of fat. He found no reduction of tolerance which could be directly attributed to the diet, and further a more rapid rate of improvement than any previous regime had afforded Ladd, investigating the relation of food intake to the best growth in the series of diabetic children at the Presbyterian Hospital, found that this objective was attained by a diet containing the requisite number of calories, protein in amounts sufficient to ensure a positive nitrogen balance, and a ratio of three to four grams of carbohydrate for each gram of fat

The second essential of adequate treatment, the maintenance of a sugar-free urine and a blood sugar level within normal limits, requires the use of Insulin Reviewing the results in the treatment of ninety-five diabetic children in the Toronto Hospital for Sick Children, Boyd found that only fifteen per cent were able to take an adequate diet without Insulin and in none of these did the initial tolerance exceed 100 grams of carbohydrate daily Three-fourths of the remaining eighty-five per cent could not be kept sugar-free on their basal diets alone

In the normal human every supply of carbohydrate seems to induce an excessive liberation of Insulin It has been shown that the urine of healthy individuals taking a carbohydrate-rich diet contains from 25 to 60 clinical units In diabetics, however, this response fails and the excretion diminishes pari passu with the severity of the case

Combined studies of the blood and of the respiratory quotient indicate that in mild diabetes immediate oxidation of glucose may be responsible for the lowering of the blood sugar In the more severe cases, however, associated with a low respiratory quotient in the fasting state and an inability to store glucose, the initial effect of Insulin is to enable storage of carbohydrate or its conversion into glycogen Definite evidence of increased oxidation appears later Its action seems to be intimately linked up with the water metabolism Joslin and others have observed that dessication of the tissues is an important factor in rendering diabetic children especially prone to dangerous reactions and experimental work on dogs has shown that the type of reaction is greatly influenced by the water reserve of the organism

The problem of Insulin administration is frequently more difficult than encountered in an adult Children as a group react more rapidly and more profoundly In mild cases when the diet is so arranged that the greater portion of the carbohydrate allowance is given at the morning and evening meals two doses a day given one-half to three-quarters of an hour before breakfast and supper respectively may be sufficient to cope with the overload of the pancreas In the more severe cases, however, three injections a day may be required, and in maximally severe diabetes one at midnight as well may be necessary to prevent the spilling of sugar during the latter part of the night.

The size of the individual dose necessarily must depend upon the amount of sugar excreted, the time at which this occurs, and the distribution of the carbohydrate between the three meals During the stage of adjustment this implies the collection of the entire twenty-four hour urine output and the quantitative determination of the contained glucose A convenient method is that of collecting sep-

which permits increase of the diet, often to a normal level Growth in height may continue and some or all of the weight lost may be regained This phase of marked improvement, or apparent arrest, continues for a variable length of time, seldom, however, persisting more than a few months before the glycosuria recurs The return of active symptoms is due to inevitable loss of tolerance, and is always hastened and aggravated by excessive food intake

More by implication than by direct evidence, a diffuse disturbance of the endocrine system is suggested in which the alteration of pancreatic function is but one, although inevitably, the most striking feature Formerly diabetes was considered purely as a disturbance of the ability to store and to utilize carbohydrate As knowledge increased this view has been amplified to the concept which is held today that the disease, fundamentally, is based upon a widespread disturbance in the body metabolic processes There results not only a diminished capacity to burn glucose and to transform it into glycogen, but an intolerance for caloric intake above a definite level irrespective of the form in which the energy is supplied Accompanying this is a disturbed metabolism of fats which is most obvious, of course, in acidosis, but which is present even in the absence of this complication The lipemia and the elevated level of blood cholesterol in uncontrolled cases, the incidence of marked arteriosclerosis, and the development of Xanthoma diabeticum, all of which are not infrequently encountered in adult diabetics, indicate the results of this deficiency

While excess weight for height, excess height alone, or both, are said by some to be present at the time of onset of the disease, others, using different standards, have not found these phenomena of frequent occurrence Ossification in advance of the chronological age is often encountered in children with diabetes of recent onset, but it is delayed in those whose disease is of long standing Bone atrophy occurs in some cases before the ninth year, but has not been demonstrated after that age In the psychic field there are no criteria of sufficient accuracy to judge minor variations in development Although these are suggested by the lack of concentration and the flagging of interest found in certain children during the active acute stage before adequate treatment has been begun, they are probably to be regarded as the expression of undernutrition and increased fatiguability rather than evidence of a deep-seated retardation of intelligence

Prior to the discovery of Insulin, attention was focused upon the effort, frequently unavailing, to maintain life In recent years this goal has been achieved The ideal to be striven for in the modern treatment comprises not only the termination of glycosuria and the maintenance of a normal blood sugar level, but a diet sufficient to permit and to stimulate normal growth and development, and to supply the requisite calories for average physical activity

Manifestly, before the use of Insulin, these objectives could be attained in part only The continuous undernutrition and periods of starvation resulted in marked stunting of growth The retarded menstruation in adolescent girls, and the infrequency of pregnancy in women are the functional expressions of the same factors While we now have the means and the knowledge to supply food in adequate amounts, meanwhile controlling the disease, the problem with children resolves itself into two questions of prime importance What should be the allowance of total calories per day in a given case and in what type of diet should they be prescribed?

These fundamental questions imply a knowledge of the particular requirements of children, and how these may be met without producing a state of overnutrition which may jeopardize the individual's tolerance or expose him to an undue danger from accidents Yet growth in height and increase in body weight must be accepted as of equal importance with the maintenance of a sugar free urine and a normal level of blood sugar

Strangely enough, however, there are no completely satisfactory standards of height and weight for age In a detailed study of bodily development, Ladd concluded that the optimum weight for the diabetic child is probably the normal, average weight for height as given in Bardeen's tables, plus or minus 12 per cent The use of the height-weight-index growth curves permits, in addition, not only comparison with the standard at any age, but also affords valuable information about the rate of growth, as shown by the tendency of the curve to deviate from, approach, or remain parallel with the normal

While tables of the caloric and protein requirements at different ages for normal children are available, it is not certain that these figures are ideal or even essential for the diabetic Those of Holt and Fales are probably the most satisfactory The optimum ration for the diabetic, however, appears to be somewhat lower than their figures, averaging about two-thirds the amounts recommended

Before the modern philosophy reached its present development we considered largely or only the limitations of the individual in the metabolism of carbohydrate, and the necessary restrictions of the caloric intake At this period the dietary was planned to supply energy largely in the form of fat Necessarily the ketogenic ratio demanded respect, and equally important was the maintenance of pro-

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PUBLIC HEALTH WORK BY COUNTY MEDICAL SOCIETIES*

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A QUARTER of a century ago Ellen Key described the present century as the century of the child Since then the era has been called by numerous writers the age of public health. Probably both of these generalizations are about equally true. They both refer to different aspects of a mental attitude characteristic of modern thought. This attitude has expressed itself in the various altruistic movements of our time, not the least important of which are the desires for race improvement and health betterment

While the public health movement had its origin in the modern altruistic outlook, it has rapidly become distinctly egoistic in its application. The people want better health not only for their neighbors, but for themselves and for their children The movement has of course followed the spread of popular knowledge about recently discovered facts as to the causation of disease The spread of this knowledge has been due to two main causes to publication in the daily press and magazines and to the efforts of numerous welfare organizations and lay health workers The thirst of the people for health knowledge stimulates more publication on health subjects in the daily press and the entry of more lay workers into the field of preventive medicine These in turn increase the demand by the people for health betterment. The circle of cause and effect is complete

Such is the situation, then, as the doctor sees it There is an ever growing demand by the laity for a knowledge of disease prevention and the prolongation of life, and a consequent effort to supply the demands by an ever increasing number of lay health enthusiasts What can the doctor, as represented by the county medical society, do in this situation? At first glance it might almost seem that the medical society did not need to do anything—that health knowledge is being supplied and disease prevention accomplished without the aid of organized medicine But a very little study convinces one that medical supervision is essential to secure the best results both in the spread of health knowledge and in its practical application in disease prevention

Scientific truth is constantly growing What yesterday was accepted as truth, today may be only exploded theory In the rapid progress of medical science, the lay health worker is always a lap behind in his teaching It is difficult enough for the highly trained medical man to keep abreast of the new things in science and to apply them in his work It is impossible for the partially trained lay worker For example, we find most lay nutritionists still teaching the paramount importance of milk in the diet of all growing children, whereas the pediatrist tells us that an excess of milk or other liquid food after the child begins to stand erect, predisposes to pot belly and a weak hollow back Similarly the fetish of a standard weight, to which every individual of a given age, height and sex must conform, is liable to do harm if too devoutly worshipped Nothing in medicine can be done by rule, invariably and as a routine Yet this is what the nurse so often does when she finds a child five or six pounds underweight and prescribes a quart or more of milk a day Such a nurse is practicing medicine, and is doing it without a license The county medical societies would be doing a very important service if they would take a decided stand against lay health workers prescribing any form of treatment In the long run this would protect the lay worker, for it would often obviate the necessity for the doctor to tell the patient that the treatment given was inappropriate

The foregoing is not said in any spirit of unfriendly criticism of the lay health workers I have the greatest admiration for them and sympathy with their ideals and their enthusiasms

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arately the night urine from supper to breakfast, that voided between breakfast and lunch, and that from lunch to supper, with separate analyses

Complications—Not infrequently reference is found in the literature to cases which are refractory to Insulin, in that the blood sugar fails to respond and glycosuria continues Although it is doubtful if a condition of true Insulin resistance occurs, aside from that encountered in severe cases of acidosis, it is not uncommon to see a patient who has been progressing smoothly, begin to show traces of sugar in the urine and despite this have occasional or daily hypoglycemic reactions On questioning one usually finds that the injections have been given in a narrowly restricted area and that the subcutaneous tissues are thickened and indurated to an extent which induces irregular, delayed, and insufficient absorption The utilization of other regions is accompanied by prompt readjustment It is important, therefore, to ensure constant shifting of the sites of injection

Hypoglycemia—The symptoms resulting from overdosage appear, as a rule, within a comparatively short time When the onset is sudden and follows rapidly upon the injection they are usually severe with profound weakness, sweating, acceleration of the pulse, mental confusion, and finally unconsciousness, associated with muscular twitching, progressing to generalized epileptiform convulsions and an extreme lowering of body temperature The less intense and more common form, however, does not pass beyond the stage of weakness diaphorosis, pallor or flushing of the face, and tremor

Occasionally a clinical picture is encountered which, properly, may be spoken of as chronic hypoglycemia This condition is well illustrated by a boy of 15 years of age, who suddenly developed a marked personality change After a week of inattention and unusual lack of interest at school he took part in a game of basketball, and after supper, while out with some of his friends, he suddenly lost consciousness At that time he presented a characteristic picture of Insulin shock and recovered promptly after the intravenous injection of glucose He had no recollection of anything that had occurred that day after leaving for school in the morning Rearrangement of the Insulin dosage eliminated further difficulty

When hypoglycemia has progressed to the point where the individual is uncooperative, semi-conscious, and unable to swallow, the administration of four to eight minims of adrenalin by hypodermic will often produce a temporary alleviation sufficient to permit the ingestion of the required sugar In severe cases, however, it is necessary to give it by vein

Acidosis—Acidosis is by far the most important complication and the most fatal The omission of Insulin, perhaps only for a day, or the onset of an acute infection, especially if it is associated with vomiting, may lead rapidly to a serious or desperate situation One of the few didactic statements which may be made in medicine properly enters here, under no circumstances should the juvenile diabetic fail to receive at least a portion of the usual daily carbohydrate and a corresponding amount of Insulin Even very mild cases at times develop a rapid and serious acidosis when deprived of these essentials

Prognosis—The ultimate prognosis of the diabetic child who is ideally treated from the outset remains a moot point. It is still too early in the study of the natural history of the disease under Insulin control to determine to what extent growth, rest of the functionally exhausted island cells of the pancreas, and regeneration of acinar tissue, may alter the course of the diabetes in later life However, it is probably safe to say that the ultimate severity will be diminished While there are rare reports in the literature of complete cure, or arrest, of the disease which seem authentic, it is probable that in almost all instances benign glycosuria, or the characteristic but temporary restoration of tolerance in the early stage have led to erroneous conclusions However, with an adequate diet and proper amounts of Insulin, the diabetic child may look forward to a relatively normal life

Conclusions

1 Diabetes in childhood presents a more difficult problem than that encountered in adults because of the greater severity of the disease and because of the necessity for providing a diet sufficient for adequate growth and development

2 The lack of completely satisfactory standards of height and weight for age, and the lack of knowledge as to what constitutes the ideal caloric intake at the various ages makes treatment more uncertain than it should be The Bardeen tables appear to be the most satisfactory in meeting the first requirement, and the Holt Fales standards as modified by Ladd the second

3 The use of a diet containing sufficient protein to maintain a positive nitrogen balance, and three to four grams of carbohydrate for each gram of fat improves the tolerance, does not increase and at times even reduces the Insulin requirements, and is associated with the most normal rate of growth

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Medical Education will be glad to give assistance along any of these lines

Of about equal importance with graduate education is the promotion of the annual physical examination of the apparently well For some strange reason the average doctor fails to urge the desirability of this procedure upon his clientele I suspect it is because he does not wish to appear to hunt for patients but wishes them to seek him out He fears the charge of commercialism Perhaps the too sensitive skins of our brethren might be protected by a printed card hung in the waiting room containing some such paraphrase of the motto of the State Department of Health as the following

"Health and longevity are purchaseable An annual physical examination may disclose a beginning weakness, the overcoming of which will lengthen the span of life"

I would suggest that the editor of our JOURNAL invite the submission of slogans or mottoes of this sort for publication from time to time, and the best be selected and printed on a suitable card and sent to each member for display in his office Such a mute half-appeal would at least be a fulfilment of our obligation to our patients Another way of attacking this problem is for the county society to secure the examination blanks from the American Medical Association and have the members examine each other Judicious and widespread publication of this impresses the laity with the belief that the doctors believe in their own medicine and practice what they preach

These are some of the things that every county society should do There are many others that will be more appropriate in certain counties On Long Island we are having special problems in the shell fish industry, water supply and sewage disposal Other counties will have different problems that are more pressing For example, the entry of tularemia into our state may make desirable laws against the importation by game associations of live rabbits until they have been quarantined and proven free from this disease The county societies could most appropriately take the lead in a campaign to have such laws enacted

I have purposely omitted the question of county health departments, because there may conceivably be some difference of opinion as to their desirability in certain sections The Suffolk County Medical Society, after careful study, has become convinced that such problems as have just been mentioned together with the milk supply can be best dealt with by a larger unit than those of the towns and villages It has recently laid the matter formally before the Board of Supervisors and advocated the establishment of a County Board of Health No opposition has thus far developed and it is confidently expected that such a board will begin to function as soon as the new appropriations are available

In conclusion, I would say to the county societies, "Assume the leadership in public health and civic medicine" To do so is your right by reason of training and experience It is a right accorded you by custom and common consent. It is expected of you, and only when you fail in your duty to lead, do lay organizations step in and take the reins

DISCUSSION

Dr Young I would like to know the exact method used by the Suffolk County doctors in advising and directing the lay health organizations

Dr Turrell The method which is used in Suffolk County is that of the cooperation of the County Medical Society in the work of all the lay health organizations It was not very long before the lay leaders turned to the doctors for information on technical points, and the next step was to make doctors themselves the leaders and executives in the organizations This has happened in the Suffolk County Tuberculosis and Public Health Association

Dr MacElroy How can the doctors finance their public health works?

Dr Turrell The doctors of Suffolk County have found that they need to expend only a small amount of money except in the publication of the Monthly News Letter of the County Society This publication was originally started by the doctors for their own information, but it was gradually sent to an increasing number of other persons who asked for it, until finally the Tuberculosis and Public Health Association arranged to purchase 1,000 copies of each issue to send to a selected list of laymen who are interested in public health work But the News Letter is issued and controlled entirely by the Medical Society Local dues of five dollars per member are sufficient to carry on all the work of the County Society

They are all enthusiasts or are directed by enthusiasts Enthusiasm is an admirable and highly desirable trait in anyone, and it is almost indispensable to successful teaching But it is characterized by a dominance of the emotional over the reasoning factors involved in any action The enthusiasm of the lay worker therefore, unchecked by the sober judgment of the doctor, based on broader training and experience, is very apt to go to extremes This is one of the reasons why, in the past, the lay health workers have tended to pauperize the less sturdily independent members of a community Seeing only the desirability of perfect health, they frequently overlook the moral and economic factors involved in all social problems With these thoughts in mind, one is not so astonished at the constantly increasing number of modern mothers who are over concerned about the bodily health of their children, while apparently entirely oblivious of their moral and spiritual needs

In order to have their proper influence upon the solution of public health problems, the doctors as represented by the county societies must assume the leadership in civic medicine They cannot influence the march of events by merely hanging on to the tail board of the band wagon Not every doctor can specialize in public health But just as the profession of a district recognizes the leadership of certain men in general surgery, others in eye, ear and throat diseases and the other specialties, so the members of the county societies should recognize the leadership of those in their society who are experts in preventive medicine They should give them a place in their programs, listen to their advice, adopt their suggestions in whole or in part, and back them up in the carrying out of the plans If we adopt the simile of Dr Frank Overton that the process of supplying public health is like a great manufacturing business, with the physicians as the producers, the boards of health as the advisory technicians and scientists, and the lay organizations and workers as the salesmen, the stock holders as organized in the county medical society must select the board of directors and executive officers of the business from the best qualified men available and be guided by their judgment and endorse their actions at the annual meetings In the county from which I come, we are fortunate in having two outstanding leaders in civic medicine and the rest of us have supported them to the limit In consequence "there is not a single organized lay health effort in the county that is not dominated both in program and administration by medical men, and none not directed by the County Medical Society"

If other counties will do likewise there will be no need for me to consider in detail what a county medical society can do for public health However I must inflict upon you a brief presentation of some of the most important public health activities in which a county society can engage, partly because that is the subject assigned me and partly because there are left a few more minutes of the allotted time for this paper

One of the activities of preventive medicine most productive of good results is the anti-tuberculosis work Unfortunately all too many doctors are not interested in treating tuberculosis It is true that pills and tablets have little influence on the disease, but I know of nothing more gratifying than to see a tired and overworked tubercular mother gradually return to health and strength under proper hygienic management. Aside from the general effect of the interest of the doctor, the leadership of the county society in this preventive work produces earlier diagnosis of those who are actually sick and also discovers the incipient and symptomless cases among the contacts Just as in any other communicable disease, a complete epidemiological study involves the discovery of the source of infection and an investigation as to possible secondary cases in the family or among other contacts Concretely, the county medical society should see that places are secured on the boards of directors of the Tuberculosis and Public Health Associations and the Tuberculosis Sanatoriums for doctors with personality and influence If the right men are found, the good results in the reduction of the death rate will be unfailing

The next activity to which I would invite your interest has to do with hospitals If there are no hospitals in the county, a survey of the county by a committee and a wide publication of its report showing the need will often produce surprising results If the number of hospital beds in the county is adequate for the population, a survey of the hospitals by the committee with a comparison of equipments, laboratory facilities, completeness and accessibility of records, staff-meetings, etc., after the general plan of the American College of Surgeons, cannot help but stimulate each hospital to improve the particular feature in which it may be behind another

It is the unquestionable duty of every doctor to keep himself informed of the new things in medicine This is often a very difficult thing for a busy practitioner, especially if he lives in a rural district removed from the larger centres where he might meet and discuss his problems with his confreres To meet this need every county society should each year institute some form of graduate medical education The method will vary with the situation in each county The most practical is probably a course or courses of lectures in various branches by experienced teachers as outlined in the report of the Committee on Public Health and Medical Education In exceptional cases it may be possible to have intensive courses of a week or more at some medical centre as has been done in Brooklyn for a number of years In other cases it may be desirable to combine the graduate education with the hospital staff meetings The chairman of the committee on Public Health and

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SURVEYS OF A PROFESSION

Personality, or the expression of one's self, is based on the three fundamental elements of morals, intellect, and physical conditions

The first conscious idea implanted in the mind of an infant is obedience—a moral quality, and next comes the general concept of good and bad A comprehension of right and wrong begins while the child is only a year or two old, and soon becomes the dominant idea that controls his conscious acts It develops to almost its full power while the child is yet of tender age, and remains throughout life as a fundamental characteristic of the individual

The first conscious expression of sustained intellectual qualities come when a child is three or four years old, for that is the age when it comprehends the directions of a parent or teacher, and applies its mind to the solution of a problem such as searching through a picture book to find a particular illustration Intellectual capacity increases for a decade or two, but as a matter of fact, after the age of the middle teens the mind grows in content rather than capacity The ability to carry on sustained reasoning, consciously directed, is the peculiar characteristic of an intelligent human being throughout life

Conscious care for one's physical condition comes much later than moral or intellectual efforts A child obeys the dictates of its instincts such as hunger and fatigue, but he is usually well along towards his teens before he gives much conscious thought to the care of his body Even when he reaches the higher grades of the secondary schools and can reason along the lines of mathematics and history, the strong appeal for the care of his body is not health, but is strength and beauty as expressed in popular heroes of aviation and the ballfield Universities which lead in courses of physical instruction promote hygienic text books in which the appeal is to pride and the imitation of athletic prowess of physical beauty and grace The direct appeal to health and efficiency is never of compelling influence like that of right and wrong Few persons, young or old, give the conscious attention to bodily health that they do to their morals or their intellect Among the three sides of his nature, the moral, the mental, and the physical, a person gives the least thought to the physical,—until he loses his health, and then he makes frantic efforts to regain it

Man's three natures are served by three great organizations,—his morals by the church, his intellect by school, and his physical nature by the medical profession The minister of the gospel, the school-teacher, and the physician each must do his part in the making of a perfect man

The church, as it exists in New York State, has a noble history extending back through two thousand years of influence over the moral conduct of the people The best minds on earth have devoted their lives to the promotion of moral perfection among men and women, and yet only now and then does the church produce the saintly character of which martyrs or missionaries are made But the church still has a deep and lasting influence on morals and character, and the need of its influence today is greater than ever before

The school also has an ancient history Its needs and power have always been recognized, and today they are considered so fundamental that the law requires every child to attend school regularly Yet with all the efforts of teachers, few persons attain to mental superiority The work of the teacher is never ended, nor do grown men pass beyond the need of further mental training

The modern profession of medicine is scarcely a century old, and there has not yet been time to develop practical standards by which to judge the effects of the practice of medicine The church holds up the ideal that every man is a possible saint, and the newspapers are full of advertisements offering to teach every man how to make efficient use of the nine-tenths of his brain which is now dormant, but men generally do not blame the church or its ministers, and the schools and their teachers for the comparatively low standards of morals and intelligence shown by average persons People do not expect ministers to make people good, or teachers to make them intelligent, for goodness and intelligence come by individual effort

The limitations of the response of the people to ministers and school-teachers have been determined after centuries of effort put forth along every conceivable line and by all the power of governments The modern practice of medicine does not extend back further than a lifetime, and in its preventive forms it has existed scarcely a decade, and yet the medical profession is expected to approach its ideals far more closely than the church and the school have done after centuries of effort Physicians are subjected to questionnaires, investigations, and surveys in which ideal standards are used as measurements, with the result of yielding low marks for efficiency The medical standard used in the survey is that the facilities of scientific medicine of the very highest type shall be available to every citizen, in abundant measure, at all times Suppose a questionnaire similar to the one submitted to the doctors of Steuben County printed on

EDITORIAL

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For list of officers of County Medical Societies, see the issue of May 15, advertising page xxxvi.

THE MEDICAL NEW YEAR

This issue of the JOURNAL will reach the members of the Medical Society of the State of New York while the annual meeting is in progress and plans are being laid for the coming year While the names of the officers will change, yet it is an auspicious peculiarity of the Medical Society of the State of New York that office-holding is an introduction of the member to broader fields of usefulness It is an inoculation with the spirit of service, and an initiation into the mysteries of the practice of medicine by medical societies The strength of the Medical Society of the State of New York lies in its past officers, who are willing and anxious to continue the work which they began in their terms of service and carry it to full fruition

MEDICAL PROGRESS

The Etiology of Influenza—Professor M Neisser gives a series of 20 postulates on our knowledge of the etiology of influenza which are chiefly negative—that is, few or none of the possible causal elements can be upheld as universal causal factors He, like most Germans, still clings to the belief that the Pfeiffer bacillus is a true causal factor and not a mere complicator, and calls attention to positive sero-diagnoses and successful vaccination as reported by a small number of investigators During latent periods this organism lurks in a virulent state in the cavities of tuberculosis and in bronchiectases It is not impossible that large epidemics and pandemics can originate from these foci The disease may or may not be communicable from person to person, but from its mode of diffusion along travel and trade routes it evidently is contagious in pandemics and possibly under other circumstances, but the author does not believe in the occurence of waves of contagion Instead we have first small single foci which spread slowly until the rapid multiplication gives the illusion of a single large wave We may visualize this spread by comparison with a plague of vermin, where the always present foci, under certain conditions as warfare, become generalized into a mass manifestation But the author does not claim that Pfeiffer's bacillus is the sole cause of influenza, other organisms, as *B pneumosintes*, may be accused He is silent on epidemics attributed to pneumococci and other familiar pathogens. The weather conditions he believes to exert an influence which is not a mere coincidence The contagious theory seems weakened by the numerous failures to communicate the disease by experiment, even when the organisms should be virulent At present most pathologists believe that the disease, especially in its deadly form, is due to a symbiosis of two or more organisms, which have not been satisfactorily isolated—*Deutsche medizinische Wochenschrift*, March 1, 1929

Nephrectomy for the Pyonephrosis of Nurslings—H Widenhorn refers to the accumulated literature of pyonephrosis and suppurations of the urinary tract in general due chiefly to the recent developments of endoscopy in the very young In former times the diagnosis was often limited to cystitis, while now we have an entire series of pathological suppurative conditions It is true, however, that autopsy often showed the true seat of the mischief, although this could be regarded as due to an ascending infection The case quoted was in a female nursling 8 months of age with a pyuria which did not respond to disinfectants or to an autovaccine The patient being referred to the surgical clinic, the cystoscope showed the pus to come from the right kidney while palpation revealed the latter to be large and tender A diagnosis of pyonephrosis led to nephrectomy with prompt recovery A pyelitis had evidently resulted in a dilatation of the kidney pelvis and compression and infection of the kidney The diagnosis of these cases is relatively simple as palpation, a renal insufficiency color test, and cystoscopy give harmonious finds In regard to surgical relief the pediatrist has been educated to believe that the nursling cannot lose blood, for even the slightest loss may be prejudicial The experience in the surgical clinic serves to outweigh this view, for the author has found that from 1900 to date five successful interventions are on record, including the present one No failures are mentioned, although in operations to save life some mortality should be evident Children above the nursling age are not mentioned In regard to diagnosis, ureteral catheterization and pyelography do not seem necessary Female children can readily be cystoscoped after the age of 5 months, but in the case of boys some urologists make the limit 3 years Of the five cases mentioned two were in male nurslings aged 6 and 7 months In the others the sex was female—*Klinische Wochenschrift*, March 5 1929

Thrombosis and the Endothelial Reaction—It has become a fixed belief that thrombosis does not take place in the presence of healthy endothelium as Professor A Dietrich reminds us There must be loss of this, a roughening or other change, to favor the deposit of blood platelets, leucocytes, fibrin, etc But in spontaneous thrombosis, so called, it is impossible to demonstrate any alteration and we have to invoke secondary factors, such as slowing of the blood stream and stasis The cumulation of the results of experiment and the possibility of enzyme action of unknown nature leads us to the dictum that thrombosis in general results from some disturbance of the equilibrium between endothelium and the circulating blood, for the view that some alteration in the endothelium is the dominant factor is much too narrow From analogy there should be always a readiness for thrombi to form, a sort of positive phase, even if the act itself is not forthcoming If often happens that when in theory thrombosis should occur it is very rare.

page 703, should be sent to the ministers and school-teachers of Steuben County It would read somewhat as follows

How many parents have you instructed in the moral and intellectual care of their infants?

How many parents bring their babies to you regularly for examination and advice?

How many bring their children of from three to five years of age?

How many children have you immunized against immoral influences?

The ministers and school teachers would probably reply that they are unable to answer these details, for they can go only as far as the people will permit them to go A minister is always ready to give advice to those who seek him, but he cannot force his services upon anyone The school teacher puts forth every effort to teach the children who come to school, but he cannot compel the pupils to learn or the parents to encourage the children to get an education In a similar way the doctor may reply that he gives his best efforts to those who seek his services, but that the responsibility for health rests upon the people to respond to the doctor, as well as upon the doctor to appeal to the people

Man's three natures, moral, intellectual, and physical, are mutually interdependent, and efficiency in any one promotes the efficiency of the other two People will respond to the doctor's suggestions in direct proportion to their intelligence and moral conscience There is a great physical element in spirituality, and on the other hand moral conscience and intelligence will lead to the upbuilding of the physical body as the temple of the soul The medical profession is coordinate with the church and the school, and the physician will rate as high as the minister and the teacher when the three are judged by the same standards

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Continuing the Journal—Twenty-five years ago when the amalgamation of the two State Societies was being considered, the continuance of the Journal of the Association was discussed Physicians of to-day will be interested to see how fully have been the realization of the aspirations and expectations set forth in the following editorial in this JOURNAL of June, 1904

"The question as to whether or not the present publications of the Association should be continued by the amalgamated society after January 1st is at present a frequent topic of conversation in medical circles

"Those favoring the continuance urge the necessity of a journal as a medium of intercommunication between the officers and members, otherwise unobtainable, and call attention to the stimulating effect that the regular publication of their work in their own journal has upon the component county associations, to the benefit which might be derived in time to out-of-town members from the establishing of a circulating library, based on the books received for review, to the necessity of the control by medical organizations of medical advertising columns, and that in common fairness, as the work of the profession is the foundation of medical journalism, the profit derived from such sources should be used for the benefit of the members of the profession.

"Those objecting to the continuance of these publications, put forward the argument to the extra labor and expense involved in editing and publishing them But these objections seem to have little or no weight, when carefully considered

"The experience of those in charge of the publications of the Association, during the past few years, serves to show that with the enlarged membership of the amalgamated society, and the resulting increase in the circulation of the publications, that the income derived from the sale to non-members and from legitimate advertising would prove not only sufficient to cover the expense involved in the work, but would soon become a source of decided revenue of the Society The value of an organization to its members must ultimately be judged by what it does for them, for has it not been written, 'that by their works ye shall know them'?"

tempt to avert aspiration pneumonia failed The third patient was operated on during the war, but control was impossible and she disappeared from view The authors quote an opinion to the effect that the rapid loss of weight in these patients is one part of a vicious circle and an indication for establishing a fistula It is possible that the same resource may prove of value in myasthenia gravis —*Deutsche medizinische Wochenschrift,* February 15, 1929

Immediate Enucleation for the Treatment of Quinsy—After having performed more than 7,000 tonsillectomies by various methods, since 1915, R. A R Wallace still considers that for speed and sureness finger dissection cannot be excelled While watching the course of cases of quinsy, he has been convinced that the disease is in reality a septic cellulitis, which results in abscess formation only when Nature is winning the battle It is an attempt to get rid of an infected foreign body, and we should remove it to hasten cure and prevent future invalidism Acting on this presumption, Wallace has performed over 120 of these operations, and has regretted none. He has extended the operation, and now often removes the opposite tonsil and the post-nasal adenoid tissue as well, but only when sepsis is being successfully combated Usually it is not possible to operate until the third, fourth, or fifth day of the disease Before the operation heat should be used in every form to aid the defensive forces of the system In order to hasten the period of epithelialization, much of the anterior pillar may be left. The formation of pus, or, if pus is not formed, the accumulation of cellular jelly makes dissection easier The anesthetic employed is ethyl chloride sprayed slowly onto a Skinner mask well wrapped in Turkish towelling, or, for longer work, atropine and choloroform If secondary hemorhage, threatens, the Collins pile forceps pushed well home over the spot, clamped and jerked away, causes elastic recoil and intravascular clotting in the coiled up arteries This method never fails in the hemorrhage which sometimes follows the use of a too sharp guillotine In bleeders hemoplastic serum can be injected either before (if one has warning) or afterward when one is caught unaware, actually under the tonsil bed, beginning above the palate and traveling down in the edema caused by the serum This method stops oozing practically instantly —*British Medical Journal,* February 16, 1929, i 3554

Precordial Thoracectomy in Enlargement of the Heart.—R Giroux states that but 15 cases of this intervention are on record, with results not at all encouraging In the case reported the patient was a boy of 18, in the service of Vaquez, with a history of rheumatic endocarditis followed by hypertrophy There was especially insufficiency of the right heart with orthopnea The röntgen exploration showed dilatation of the entire heart and the liver was much enlarged Treatment consisted of ouabaine and digitalis alternated, but the improvement obtained was short-lived Thoracectomy was carried out by dividing the 3d-6th costal cartilages, and resecting the cartilages and some of the corresponding bony ribs The window formed in the thorax was 10 cm by 12 cm The symptoms of cardiac stasis soon subsided although radioscopy four months later showed that the heart shadow was but little smaller than before The great improvement in the function of the heart has persisted for a year or more Tuffier's patient similarly operated on survived 17 years but the author does not cite any other observations These two cases, however, show what can be done with the right selection of cases So far as can be said at present we should think of this intervention whenever digitalis and strophanthus give no relief In operating we wish the thoracic wall to stay supple and hence must not try to resect within the periosteum, for regeneration should be avoided In regard to the functional benefit in the presence of a persistent large shadow, this is probably in part due to unburdening the liver Certainly the pain, dyspnea, palpitation, oliguria, etc, are promptly and permanently relieved, although a crisis of dyspnea in this patient, due probbaly to accidental pneumothorax, must be mentioned In selecting cases for this intervention we must never operate if there is any active infection of the endo- or myocardium —*Le Bulletin medical,* February 20-23, 1929

Paroxysmal Slow Pulse with Syncopal Attacks Without Disturbance of Conduction in His's Bundle—E Géraudel sums up this case as follows Slowing of the pulse and the results of cerebral ischemia may be seen in the absence of all auriculo-ventricular blocking The sinus arrhythmia liberates ventricular automatism just as does a break in the conduction of His's bundle The results of examination of the pulse and of auscultation show an irregularity of rhythm of the ventricle which should rouse suspicions as to the legitimacy of the diagnosis of Stokes-Adams syndrome, and electrocardiography will then confirm or refute this possibility Here we may see in association supernumerary ventricular systoles and automatic systoles, which coincidence proves that there is no interference in the functioning of the ventriculonector In such a case there will be no retrograde auricular contractions, and this negative evidence speaks in favor of some difficulty of conduction The ventricular complexes have a different form, but this difference is not due to the difference in the two types of systole mentioned above The form differs according as the auricular contraction precedes or follows the ventricular contraction, but this does not explain the entire difference in the form of the complex The patient was a woman of 72 years and the original diagnosis of Stokes-Adams syndrome

This we see in exhausting fevers with circulatory weakness, although in such cases we do see this develop as a sequel after apparent recovery The author sums up what he regards as an amplification of our knowledge of thrombosis as follows In all spontaneous thrombosis without any demonstrable alteration in the endothelium, we should assume the existence of an alteration in the ability to react which normally subsists between the vascular wall and the blood The enhanced reactivity is of the nature of a sensibilization and supplies the readiness to form the thrombus The next factor is a change in the absorptive faculty and behind this such factors as slowing of the circulation, plug formation in the capillaries (compare the formation of renal casts), and other favoring factors — *Munchener medizinische Wochenschrift,* February 15, 1929

The Association Between Leucoplakia and Squamous-Cell Carcinoma in the Upper Urinary Tract.—Most authors, in discussing leucoplakia of the urinary tract, have stressed its importance as a forerunner of carcinoma, and those dealing with carcinoma have almost universally ascribed its development to a preceding leucoplakia Nevertheless, their actual association in one individual is limited to only a few cases It is upon the actual association of these two conditions that F S Patch has focussed his attention Collating the various reviews of reported cases of leucoplakia, and adding two of his own, he has found 123 cases of this condition and 152 cases of carcinoma involving the kidneys, ureter, and bladder Cases of carcinoma of the bladder were the most numerous, totaling 110 A study of the records of these cases revealed the simultaneous occurrence of leucoplakia and carcinoma in 13 cases, which are described as fully as the records permit In Patch's case there was an almost universal leucoplakia of the upper urinary tract, associated with squamous-cell carcinoma of the bladder and one kidney Microphotographs of sections removed during an exploratory operation showed acute and chronic cystitis, leucoplakia, precancerous lesions, and squamous-cell carcinoma The tumor-bearing areas showed both leucoplakia and squamous-cell carcinoma, rich in pearl formation, extending into and destroying the kidney and bladder tissues —*New England Journal of Medicine,* February 28, 1929, cc, 9

Certain Applications of Malaria in General Paralysis—A Marie refers to the pioneer work of Wagner-Jauregg and the cumulative testimony which now makes it a duty to treat paresis by this method Personally, since 1923, he has treated over 200 cases of the latter in men and 15 in women Of the 200 men 123 could be followed up and of 44 discharged 6 have since relapsed One of this number was again discharged cured while 2 died and 3 are stabilized in relapse. Of the series of 15 women 7 were discharged in remission while the others are unimproved or dead Elsewhere the author claims 36 cures or persistent remissions of which number 18 are perfectly adjusted to their environment The percentage of remissions, irrespective of the ultimate outcome, is nearly fifty in both sexes This figure agrees with the results obtained by various others, these running from 40 to 50 per cent. In regard to external evidence of recovery the author has 9 patients with negative Wassermann after 3 years and 7 more recent cases in which the seroreaction was attenuated He discusses artificial malaria and its peculiarities, and says that, while a few patients suffer from enlarged spleen or other untoward manifestations, the great majority respond readily to average doses of quinine In regard to malarial treatment of ordinary cerebral syphilis and secondary syphilis the author seems to have had no personal experience In regard to non-syphilitic cerebral diseases he has begun to test the method in post-encephalitic "parkinsonians" and in dements and epileptics under his asylum care, but thus far it is much too soon to publish results It is of course highly important that the Wassermann test be made in all such cases But only a minority of asylum patients give positive reactions, save of course those suffering from paresis Even in cerebral syphilis most of the patients give a negative seroreaction —*Bulletin de l'Académie de Médecine,* February 5, 1929

Gastric Fistula in the Treatment of Progressive Bulbar Paralysis—M Seige and O Harzbecker write briefly on this subject Treatment of this affection is at present without comfort, for the local motor paralyses cannot be arrested and the patient can hardly survive for more than three years, the shortening of life bearing a close relationship to interference with nutrition and also aspiration pneumonia As a rule the higher cerebral functions are not disturbed so that the sufferings of the patient are enhanced greatly Since feeding with the sound is a recognized procedure for occasional use it is but a step to the placing of a gastric fistula which should prolong life in two directions—the maintenance of nutrition and prevention of aspiration pneumonia The technique is important and catgut should never be used, for we do not wish the sutures to be absorbed by any contact with the gastric juice The patient should be nourished with milk, eggs, wine, concentrated foods, etc, and may chew morsels which are to go later into the tunnel, thus securing at once some predigestion and the pleasure of tasting the foods Thus far the authors have treated three cases in this manner The first was in a woman of 67 and in 5 months after the fistula was made she regained 13 pounds of the weight lost She still lives after 3 years and recently was shown to a local medical society Another patient was operated on too late and the at-

LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

THE CRIMINAL LAW IN RELATION TO CONTRACEPTION AND PRIVILEGED COMMUNICATIONS

The object of this editorial is to discuss two questions about which counsel has constantly been consulted by various members of the medical profession The first is When may a physician lawfully give advice and prescribe for contraception? The second Does the statute, which provides that communications made to a physician by a patient are privileged, apply to a criminal action as well as to a civil action? Its application to a civil action has been discussed in a previous editorial (New York State Journal of Medicine, March 1, 1929), and the reasons for the adoption of the statute by the legislature have also been set forth in that editorial

Section 1142 of the Penal Law of this State makes it a crime to sell, give away or exhibit, or to advertise for sale or distribution, any article or drug for the prevention of conception or for causing unlawful abortion, or to give information as to when and where such article or drug can be obtained The Penal Law makes an exception with respect to the use of such instrument by a physician, for it provides in Section 1145 that an article or instrument used or applied by physicians lawfully practicing or by their direction or prescription, for the cure or prevention of disease *is not an article of indecent or immoral* nature or use within this article, the supplying of such articles to such physicians, or by their direction or prescription, is not an offense under this article

Thus, in the Byrne case[1], the court held that under Section 1145 of the Penal Law, a physician would be justified in prescribing the prohibited article or drugs if, in his opinion, the health or condition of the patient required it

In the Sanger case[2], the Court of Appeals held that physicians were excepted by Section 1145 of the Penal Law, from Section 1142 of the Penal Law The Court of Appeals said "This exception in behalf of physicians does not permit advertisements regarding such matters, nor promiscuous advice to patients irrespective of their condition, but it is broad enough to protect the physician who in good faith gives such help or advice to a married person to cure or prevent disease" The court then quoted with approval the definition of disease as given in Webster's International Dictionary It said "'Disease' is defined to be 'an alteration in the state of the body, or some of its organs, interrupting or disturbing the performance of the vital functions, or causing or threatening pain or sickness, illness, sickness, disorder * * *'"

Thus, under these decisions, a physician who in good faith gives advice or prescribes and treats a patient for contraception, is not guilty of violating Section 1142 of the Penal Law if in his opinion the health or condition of the patient required it

The statute relating to communications made by a patient to his physician is set forth in Section 352 of the Civil Practice Act, which reads 'A person duly authorized to practice physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, *and which was necessary to* enable him to act in that capacity, unless, where the patient is a child under the age of sixteen, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician or nurses may be required to testify fully in relation thereto upon any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry"

The statute, therefore, expressly provides that where a patient, a child under the age of sixteen, has been the victim or subject of a crime, the physician may testify fully in relation thereto in any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry, irrespective of whether or not the patient waives the statute

In People v Pierson[3], the defendant was indicted for causing the death by poison of one Withey Upon the trial of the action, the physician who prescribed for and treated the victim of the crime was called as a witness, and he was asked to state the condition which he found The court permitted the testimony of the physician to be given, holding that the statute relating to privileged communications did not render the physician incompetent, as the statute had *no application* to the case, holding that the statute was not designed to protect a murderer, and also upon the further ground that it would be extremely difficult, if not impossible, in most cases of murder by poisoning to convict the murderer if the testimony of the physician who examined or treated the victim of the crime was not available

In People v Silney[4], the defendant was in-

was changed with the progress of the case The patient has been under observation about six months and is at present in good condition with a pulse of 64 to 72 (it was originally 32) She has been free from the syncopal attacks for weeks (these were formerly associated with the crises of pseudo-heart block) The crises seem to have been present since the age of 28 No treatment is mentioned and apparently the causes of the attacks are quite obscure —*Archives des maladies du coeur,* March, 1929

Experimental Psychopathology — E Joël and F Fränkel, who have for some years been investigating the psychic phenomena due to drug action (pharmaco-psychology), make one of their reports with special reference to the action of cocaine and cannabis indica Dextrococaine is known to differ notably in its action from laevococaine, our common cocaine, being much less toxic and also free from action on the psyche Having made tests on animals, the authors tested dextrococaine on themselves and obtained the same striking differences Various explanations may be made as to why two isomers should show such differences, but the one which harmonizes best with the facts is that of the difference in the receptors, that is the two drugs make use of two different sets of brain receptors The authors have done further work on cannabis indica with especial reference to an antagonism or synergism between it and cocaine Intravenous cocaine is able to abolish the psychic effects of cannabis for the time being, but as the action of cocaine is more fugacious, those of cannabis reappear while the subject is still under cocaine influence with the production of composite pictures of various kinds In regard to the occurrence of a true cocaine addiction, the possibility of which has often been denied, the authors have modified their original views and are now inclined to disbelieve in its existence This conclusion can be reached satisfactorily only through self-experimentation Systematic increase of dose results always at first in the same threshold of activity and duration of action, although with a tolerance to the increase of dosage Later, however, the tolerance abates Under continuous use certain phenomena may develop which, however, do not speak in favor of true tolerance —*Klinische Wochenschrift,* March 19, 1929

Injurious Effects of Irradiated Food Substances —Ph Bamberger of the Greifswald University Pediatric Clinic has checked up the results of Hess of New York in this direction with his personal experience, and while he also notes some of these ill effects he does not, like Hess, attribute them to overaction or hypervitaminosis but rather to some admixture or decomposition The substance used was irradiated ergosterol and Hess found only two cases of injury in 22 children, the symptoms supervening late (25 days) and consisting of loss of weight, rise of temperature, vomiting, somnolence, and albumin and casts in the urine Bamberger, on the other hand, saw 10 of 11 children develop symptoms, some quite early (five days), the symptoms comprising loss of weight in six out of 10, vomiting at times persistent, somnolence, and signs of renal irritation Temperature rise was not noted Hess based his claims of hypervitaminosis on a too precipitate cure of the rachitic symptoms and an excessive calcification which involved the epiphyses, but Bamberger obtained no evidence whatever of this outcome His serum analyses also showed a difference between the action of ergosterol and that of concentrated cod-liver oil In both there is an increase in the serum calcium and phosphorus, but with the oil this is compensated by a decrease in the sodium and chlorine, while in the case of ergosterol the two last named elements are also increased Bamberger believes that this behavior may stand in some relationship to the renal damage No evidence is adduced to show that foreign admixture or decomposition is responsible for the other symptoms —*Deutsche medizinische Wochenschrift,* March 8, 1929

Carbuncle of the Kidney —Thomas D Moore presents the detailed findings in 31 cases of carbuncle of the kidney which he has collected from the German and American literature, and adds two cases of his own He thinks this unusual condition is often overlooked because of its usual association with perinephritic abscess, and because of the difficulties of definite diagnosis Of the 33 cases, 12 were in women and 21 in men Pathologically, a renal carbuncle closely resembles one of the skin The chief clinical features of the disease are (1) The history of a recent suppurative lesion such as a furuncle or carbuncle, (2) dull pain in the region of the affected kidney, associated with tenderness in the costovertebral angle, fever and sweats, and sometimes rigors, (3) the laboratory findings usually include a practically negative uranalysis, moderate leucocytosis, and a positive culture of *Staphylococcus aureus* from the affected kidney, the function of which may be moderately diminished Cases in which the carbuncle occupies the upper pole of the kidney may give practically no localized symptoms The onset of the renal symptoms usually occurs from one to six weeks following the initial infectious lesion Surgical intervention is generally indicated, nephrectomy being the operation of choice In cases complicated by perinephritic abscess preliminary drainage is desirable prior to nephrectomy Both of the author's patients recovered, one following nephrectomy, the other after intravenous chemotherapy (20 c c of 1 per cent mercurochrome) This case he believes to be unique, as he can find no other one in the literature which did not require surgical treatment —*Southern Medical Journal,* April, 1929, xxii, 4

the doctor first saw him he found a double suppurative otitis media of about four weeks duration The doctor treated the patient on three successive days, examination being made of both ears, perforations in the drum membrane were of moderate size, situated in the posterior superior quadrant with a fair amount of pus coming out The hearing of both ears was impaired About two days later the doctor advised the patient that a mastoid operation might be necessary on the right ear as it was becoming worse However, treatment was continued for about two weeks, the treatment consisting of the making of an incision by means of the otoscope in an attempt to drain the pus from the right ear The doctor then performed a simple mastoid on the right side and was assisted by a physician who administered the anaesthesia, an assistant surgeon and a registered trained nurse Because of the inability of the patient to pay the hospital expenses the operation was performed at the patient's home. Prior to the operation the customary and usual antiseptic precautions and preparations were done by the doctor, his assistants and the nurse In performing the mastoidectomy a classical incision was made in the mastoid bone It was found to be thick and dense When the doctor came upon the cavity he found a large quantity of pus The doctor feeling that the lateral sinus was probably exposed, used great care on account of the danger of puncturing the same He did find the lateral sinus exposed for a distance of three-quarters of an inch by a half inch A peri-sinus abscess existed After cleaning out the sinus thoroughly he went into the region of the facial nerve and remarked to the anaesthetist and his assistant that he would have to use very great care on account of the danger of the facial nerve being exposed. The doctor asked the anaesthetist to watch the face while he was using the curette in that region While thus using the curette the doctor noticed a slight twitch and immediately desisted from further curetting The operation was finished in about one hour and ten minutes The operative field was dressed and bandaged and the patient put to bed The defendant doctor remained until the patient had come out of the anaesthesia, at which time there were no signs of a facial paralysis He saw the patient again the evening of the day of the operation, about eight hours after the operation, examined him and found no evidence of facial paralysis On the following day the condition was quite satisfactory, the patient remarked that he felt better, but to the doctor it was questionable whether or not there was any sign of a facial paralysis The doctor did an outside dressing, but did not remove the packing On the following day the patient had a marked but not complete facial paralysis of the right side The dressing and packing were removed and the wound redressed The mastoid region was abnormally diseased, the infection which had existed for some time had caused a marked necrosis of the mastoid bone The doctor continued to see the patient at frequent intervals of every other day or so for about two weeks, at which time the mastoid wound had healed, but the facial paralysis was still quite marked The doctor advised the patient to have facial massage and that later the patient should have electrical treatment This was the last time that the doctor saw the patient, although the patient had been directed to return

The plaintiff's attorney examined the defendant before trial and gave every evidence that he intended to prosecute his case, but after the case had been sent from the general calendar to a part for trial and before the trial commenced, he discontinued the action, thus terminating it in the doctor's favor

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HUSBAND'S CLAIM FOR LOSS OF SERVICES CLAIMED TO BE DUE TO DEFENDANT'S NEGLIGENCE IN TREATMENT OF WIFE

In this case the husband brought an action against the defendant for the loss of services of his wife, claiming that the defendant performed an operation upon his wife in such a negligent manner as to cause her severe injuries A significant fact in this case was that although the complaint charged injuries to the wife she brought no independent action against the doctor

The doctor was called to see the wife of the plaintiff at her home and on examination she appeared to have an inflamed appendix or ovary He advised the application of an ice bag and then left, the patient saying that she would call him if she needed him About a week later he was again called and on that occasion made a careful vaginal examination and found the right tube inflamed. He advised her to remain in bed and use the ice bag She told him not to come again unless he was called He was never called in again The doctor never operated on the woman, but some time thereafter her husband called on him saying that he did not treat his wife properly and demanded the doctor to pay his some money The doctor put him out of his office and shortly after that this suit was begun

When the case was about to be called for trial, the plaintiff's attorney discontinued the action

dicted for murder A physician, who had been sent by the District Attorney to ascertain and report as to the sanity of the defendant, was permitted to testify to the admissions made to him by the defendant, the court holding that the statute prohibiting the disclosure by a physician of information acquired while attending a patient in a professional capacity, had no application, in that the relation of physician and patient did not exist between the physician sent by the prosecuting attorney and the prisoner, since he was not acting as a professional adviser of the defendant.

In People v Murphy[5], the defendant was indicted upon the ground that he aided in committing the crime of abortion The evidence on the part of the prosecution tended to show that the defendant arranged with one, Dr S , to perform an operation to procure an abortion, and took the female to the office of said doctor where the operation was performed After the discovery of the commission of the crime, the District Attorney sent a physician to attend the girl, he called upon her, made an examination of her person, and prescribed for her Upon the trial, the Court of Appeals held that Section 352 of the Civil Practice Act, relating to privileged communications, applied to criminal actions, that the relationship of physician and patient in this case was established, and that the communications which the female had made to the physician, and those things which he had learned from his examination, were privileged, and that therefore, the physician was incompetent to testify to those communications and to those facts which he found upon examination of the patient

The court in the Murphy case distinguished the Pierson case by saying "* * * in that decision the statute was construed, and we held it did not cover a case where it was invoked solely for the protection of a criminal and not at all for the benefit of the patient, and where the latter was dead so that an express waiver of the privilege had become impossible The present is a different case Here the patient was living, and the disclosure which tended to convict the prisoner inevitably tended to convict her of a crime, or cast discredit and disgrace upon her"

It, therefore, follows from these decisions that where the victim of a crime is treated by a physician and is living and has not waived Section 352 of the Civil Practice Act, the physician treating or advising such victim is prohibited by Section 352 from testifying to the communications made by the victim to him, which enabled him to act in his capacity as a physician, and to such findings which his observation and examination of the patient disclosed The records which a physician makes in connection with his treatment of the patient are likewise privileged

A physician, therefore, is prohibited by Section 352 from testifying to the communications made by any patient to him which enable him to act in his capacity as a physician, and is also prohibited from testifying as to such findings which his observation and examination of the patient disclose, unless there is a waiver of this section

The courts, in issuing warrants for the seizure of the records of a physician who is charged with committing an unlawful act, should limit the seizure to those records which relate to the case of the complaining witness, and should not permit records relating to other patients to be seized

If warrants are to be issued indiscriminately permitting the seizure of the records of physicians, irrespective of whether they relate to the case of the complaining witness or not, it would open the door to the disclosure of secrets revealed when consulting a physician, and would destroy the confidence between the physician and his patient, and would thus tend to prevent the advantages and benefits which flow from the relationship of physician and patient. If the privilege could be destroyed at the mere whim of the police, the patient, upon consulting a physician, would not disclose secrets which he would ordinarily disclose, and it would therefore, perhaps prevent the physician from properly prescribing for the patient

1 People v Byrne, 99 Misc. 1
2 Peo v Sanger, 222 N Y 192
3 79 N Y 424
4 137 N Y 570
5 101 N Y 126

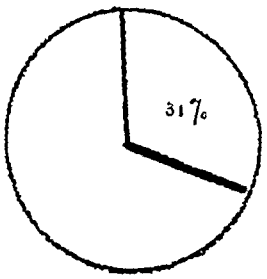
OTITIS MEDIA—CLAIMED NEGLIGENCE IN MASTOID OPERATION

In this case the patient charged that he employed the defendant physician to cure him of a disease of his right ear, and that in the treatment thereof the defendant advised him that it was necessary to perform a mastoid operation, that the plaintiff relying upon the defendant's advice consented to the operation, but that the defendant conducted himself in such a negligent manner, that the plaintiff was caused to suffer great physical injuries Damages were prayed for in the sum of $50,000

The plaintiff was a middle-aged man and when

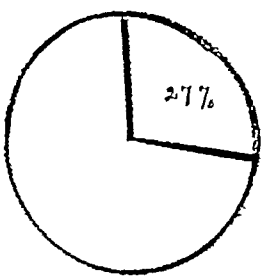
UTICA VISITING NURSE AND CHILD HEALTH ASSOCIATION

Expenditures and Earnings



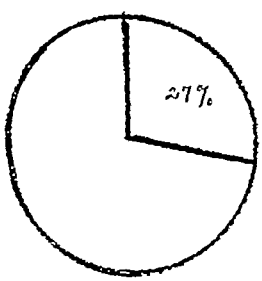
1926

Expenditures	$28 008 10
Earnings	8 858.21
	31%



1927

Expenditures	$33,111 45
Earnings	9,082 75
	27%

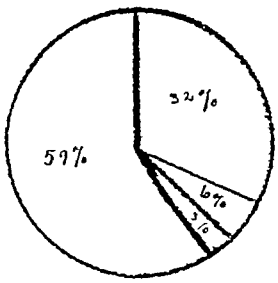


1928

Expenditures	$41,515 11
Earnings	11,086.20
	27%

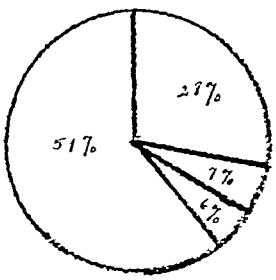
Bedside Care Visits

Visits Paid in Full, Visits Paid in Part, Visits Free



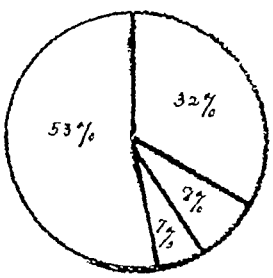
1926

Total Bedside Care Visits	17,652
Paid by Insurance Companies	10,429—59%
Paid in full by Patients	1,025— 6%
Paid in part by patients	513— 3%
Free	5,685—32%



1927

Total Bedside Care Visits	19,282
Paid by Insurance Companies	11,182—59%
Paid in full by Patients	1,338— 7%
Paid in part by Patients	1,069— 6%
Free	5,831—28%



1928

Total Bedside Care Visits	23,854
Paid by Insurance Companies	12,617—53%
Paid in full by Patients	1,667— 7%
Paid in part by Patients	1,912— 8%
Free	7,658—32%

uates of last year if carried out, would mean that only 6,000 of the 20,000 nurses would work every day

The 137 schools in our state are graduating more nurses than can be employed This situation is manifestly unfair to the nurse and furnishes no help for the economic problem of the patient or the physician Among the many ways suggested to reduce the number of graduates, is that of raising the standards of admission to schools of nursing, so as to require a minimum of four years of high school, or the equivalent. Your committee believes that this suggestion is fundamentally sound and recommends its adoption as a preliminary step toward desirable modification of training in the nursing schools

Nearly every one completes a high school course in these days, when there is so great emphasis on educational requirement for nearly every occupation, and the physician is best served by nurses whose education guarantees a fair degree of intelligence

Your committee heartily approves of the visiting nursing service as a real relief economically to many patients and believes that as it becomes better known there will concurrently grow an increasing employment of part-time nursing in every field

Your committee again recommends extension of the visiting nursing service wherever possible

The accompanying illustrative diagrams are furnished through Dr Sloan of our committee, and serve as part of a progress report.

Description of Diagrams

The accompanying diagrams give a comparison of the work of the Utica Visiting Nurse and Child Health Association since it was formed three years ago While many consider the circle or pie diagram less accurate than many of the other forms of graphs or diagrams, still since this is not a detailed analysis of the work, it will no doubt serve our purpose

Of the four diagrams, the first represents the Expenditures and Earnings for the years 1926, 1927 and 1928 While our earnings have shown a steady increase since 1926, still our expenditures have increased considerably due to the need of larger office quarters and added equipment, and we find our

NEWS NOTES

REPORT OF THE FIRST DISTRICT BRANCH

To the House of Delegates

Gentlemen

The activities of the First District Branch Society began with a dinner given by the President to the members of the Executive Committee at the Cornell Club during June for the purpose of arranging a tentative program for the October meeting of the Society

The resignation of Dr Ralph O Clock as Secretary was received and accepted with sincere regret Dr I J Landsman, of The Bronx, was appointed Acting Secretary for the remainder of the year

After a considerable discussion a suitable program was arranged and decision made to hold the annual meeting at the Briarcliff Lodge, Briarcliff Manor, on Thursday, October 18, 1928

The regular annual meeting held in October at Briarcliff Lodge was fairly well attended considering the location of the meeting At the Executive Session the following officers were elected for two years

President, George B Stanwix, M D, Yonkers, First Vice-President, John D Kline, M D, Nyack, Second Vice-President, G K. Deyo, M D, Poughkeepsie, Secretary, I J Landsman, M D, New York, Treasurer, John C Howell, M D, Newburgh

Luncheon was served after the Executive Session At the Scientific Session in the afternoon, addresses were made by the President, Dr Harry Trick, Dr James E Sadlier, and Dr John A Card on affairs of the Society

The following scientific program illustrated by lantern slides was presented

"Diagnosis of Œsophageal Lesions," by Pol Coryllos, M D, New York

"Painful Scars and Their Treatment," by Frederic W Bancroft, M D, New York

"Diagnosis and Treatment of Infections of the Hand," by Henry W Cave, M D, New York

"Serum Treatment of Pneumonia," by Henry T Chickering, M D, New York

"Oxygen Treatment in Pneumonia," by Alvin L Barach, M D, New York

On account of the length of the program the merited and well earned discussion which followed was postponed until the end of the session

The meeting adjourned at about 6 o'clock.

Respectfully submitted,

EDWARD R CUNNIFFE, *President*

April 15, 1929

REPORT OF COMMITTEE ON NURSING AND NURSING EDUCATION

To the House of Delegates—

Gentlemen

Your committee has continued an active study of nursing problems during the year, seeking new viewpoints of the economic, social and scientific phases of nursing service as affecting the patient, the physician and the nurse

Members of the committee have appeared before the Board of Regents and before its committee on higher education, presenting suggestions for modification of requirements for education of nurses curriculum The Assistant Commissioner of Education, Dr James Sullivan, has also met with us and your committee reports that all of these contacts were most cordial and promise results of constructive value

The patient, the physician and the nurse are all in economic difficulty The patient is unable to pay for the kind and amount of nursing he thinks he needs, there is little left for the physician after hospital and nursing charges are paid, and the nurse works only eight months of the year

Twenty thousand nurses graduated last year As the average physician employed only one or one and a half nurses each day, the proportion of new nurses to the new 4,000 medical grad-

53% of their entire time on duty in the homes of the patients

Your committee has asked for data concerning demand and supply of practical nurses or attendants of lesser educational equipment than the registered trained nurse, and believes that there are such people whose services would supply a great need, at fees within the means of the average patient. At present they are working without any supervision or control by any agency which correlates their services, or directs them toward regular employment.

Your committee believes that central, official registries could furnish several classes of nursing at graduated fees and with proper character supervision, to supply widely differing demands from patients

A review of the year of 1928 by the Household Nursing Association of Boston, Massachusetts, furnishes food for thought and positive evidence that there is relief for patients in moderate circumstances, if the proper machinery can be erected The report states

1 "Our object is to train women to give nursing care to people who are not seriously ill The year's training begins at the school on Newbury Street, where the pupils spend six weeks learning how to cook for the invalid and family and doing practice work in the house supervised by a teacher

2 Pupils go to hospitals affiliated with us for the remainder of the year and learn to do bedside nursing under the direct supervision of teachers

3 When the year of training is finished we send them out on private duty and they are supervised by registered nurses in our employ for six months before the diploma is given

Entered the school in 1928	121
Graduated in 1928	86
In schools and hospitals Jan 1st	105

Training School for Nursery Maids

4 The object of the nursery maid school is to train girls to care for well children in private families Like the attendant nurses' course, the training begins in the school on Newbury Street, where the pupils spend four weeks studying cooking for children and child hygiene and doing practice work in the house

Entered the school in 1928	33
Graduated in 1928	22
In the school at present	9

Registry

5 The object of the registry is to place the graduates of the school on cases within their ability to undertake and to be responsible for the service they give their patients

The largest number of cases filled by the registry in 1928 was for the care of grippe, colds and convalescent pneumonia, 352, the next largest for post-natal cases, 336, the next for the care of children, 235 Convalescent surgical, 206, care of old people, 170, shock and paralysis, 136, cardiac, 115, mental and nervous, 115 The balance of the cases were for the care of convalescent medical, rheumatism, carcinoma and chronic invalids

Number of cases filled in 1928	2,289
Number of cases unable to fill	679
Attendant nurses working on registry January 1st	277
Attendant nurses doing their six months' supervised work	50
Supervising visits made in 1928	1,667

Maternity Service

6 The object of the maternity service is to furnish nursing care at confinements for people of moderate means who prefer to stay at home rather than go to a hospital Two registered nurses are on call day and night and remain on the case from six to twenty-four hours as necessary Our attendant nurses are in great demand for the after-care of mother and baby

For a year and a half we have taken night calls for the Brookline Friendly Society We were very glad of the opportunity which came in September to send one of our maternity nurses every morning to the Brookline Friendly Society for visiting nursing

Cases covered in 1928 (47 of these were for the Brookline Society)	195
Operations covered	12
Hourly Nursing Visits made	43
Supervising Visits made	141

Your committee is observing with great interest the work of the Committee on the Cost of Medical Care, and the Committee on the Grading of Nursing Schools, believing that from the large amount of data gathered by these agencies, deductions will be possible which will help us to better understand nursing problems, and show the way to a constructive program for an improved service for the sick

Respectfully submitted,

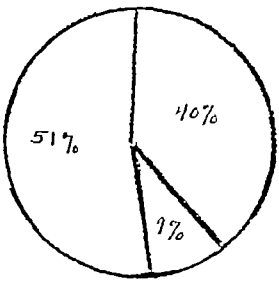
NATHAN B VAN ETTEN, *Chairman*

April 15, 1929

UTICA VISITING NURSE AND CHILD HEALTH ASSOCIATION

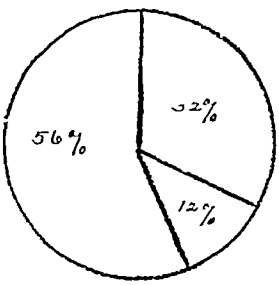
Total Visits

Bedside Care Visits, Advisory Visits, Miscellaneous Visits



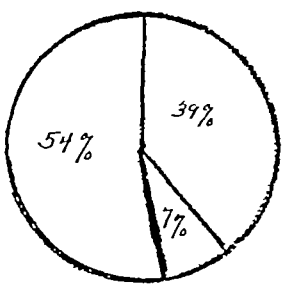
1926

Total Visits 43,757
Bedside Care Visits 17,652—40%
Advisory Visits 21,626—51%
Miscellaneous Visits 4,479— 9%



1927

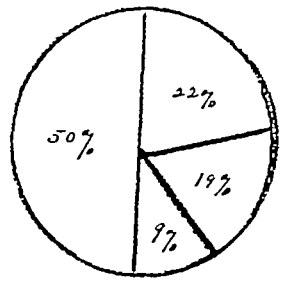
Total Visits 59,451
Bedside Care Visits 19,281—32%
Advisory Visits 33,612—56%
Miscellaneous Visits 6,558—12%



1928

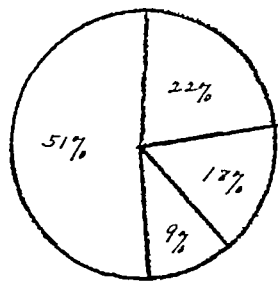
Total Visits 62,121
Bedside Care Visits 23,854—39%
Advisory Visits 32,211—54%
Miscellaneous Visits 4,056— 7%

Time of Nurses On Duty



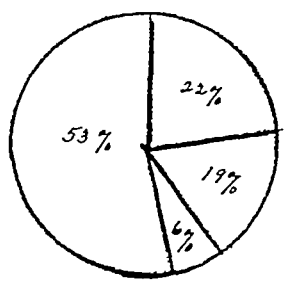
1926

Time in home 50%
Time in travel 22%
Time in office 19%
Time in Child Health Stations 9%



1927

Time in home 51%
Time in travel 22%
Time in office 18%
Time in Child Health Stations 9%



1928

Time in home 53%
Time in travel 22%
Time in office 19%
Time in Child Health Stations 6%

earnings have been only 27% of our expenditures the past two years as compared with 31% in 1926 We also need to keep in mind when comparing our expenditures with our earnings that we are carrying, not only the Bedside Care Service, but the Infant, Preschool and Prenatal work, with four Child Health Stations This naturally makes our earnings seem smaller in proportion than those of many organizations doing only the Bedside Care service

The second diagram shows the comparison of Bedside Care visits paid in full by the Metropolitan and John Hancock Life Insurance Companies and by Patients, the visits paid in part by Patients, and the visits made free. The variance in our proportions for these three years is partly due to the large increase in our total Bedside Care visits which has been about 6,000 in number since 1926 There has been a gradual increase in our fees from Patients especially the Patients who are unable to pay for the full cost of the visit. There has also been a considerable increase in the free visits, but this is not surprising when we consider the industrial conditions of Utica We feel confident that as the service becomes better known throughout the city that more patients who are able to pay the full cost per visit will use the service

The third diagram shows what percent of our total visits were Bedside Care, Advisory and Miscellaneous Our Advisory visits include the instructive visits to Infants, Preschool and Prenatal cases It is often felt that the Advisory or Welfare work is quite neglected when the Bedside Care service is added, but our number of Advisory visits has increased over 10,000 since 1926 when we took over the Bedside care work

The fourth diagram is an analysis of the nurses' hours on duty The organization has not as yet been able to furnish any cars for transportation and our street car service is rather inadequate, nevertheless, we are pleased to find that during 1928 the nurses have spent

53% of their entire time on duty in the homes of the patients

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Entered the school in 1928	121
Graduated in 1928	86
In schools and hospitals Jan 1st	105

Training School for Nursery Maids

4 The object of the nursery maid school is to train girls to care for well children in private families Like the attendant nurses' course, the training begins in the school on Newbury Street, where the pupils spend four weeks studying cooking for children and child hygiene and doing practice work in the house

Entered the school in 1928	33
Graduated in 1928	22
In the school at present	9

Registry

5 The object of the registry is to place the graduates of the school on cases within their ability to undertake and to be responsible for the service they give their patients

The largest number of cases filled by the registry in 1928 was for the care of grippe, colds and convalescent pneumonia, 352, the next largest for post-natal cases, 336, the next for the care of children, 235 Convalescent surgical, 206, care of old people, 170, shock and paralysis, 136, cardiac, 115, mental and nervous, 115 The balance of the cases were for the care of convalescent medical, rheumatism, carcinoma and chronic invalids

Number of cases filled in 1928	2,289
Number of cases unable to fill	679
Attendant nurses working on registry January 1st	277
Attendant nurses doing their six months' supervised work	50
Supervising visits made in 1928	1,667

Maternity Service

6 The object of the maternity service is to furnish nursing care at confinements for people of moderate means who prefer to stay at home rather than go to a hospital Two registered nurses are on call day and night and remain on the case from six to twenty-four hours as necessary Our attendant nurses are in great demand for the after-care of mother and baby

For a year and a half we have taken night calls for the Brookline Friendly Society We were very glad of the opportunity which came in September to send one of our maternity nurses every morning to the Brookline Friendly Society for visiting nursing

Cases covered in 1928 (47 of these were for the Brookline Society)	195
Operations covered . .	12
Hourly Nursing Visits made	43
Supervising Visits made	141

Your committee is observing with great interest the work of the Committee on the Cost of Medical Care, and the Committee on the Grading of Nursing Schools, believing that from the large amount of data gathered by these agencies, deductions will be possible which will help us to better understand nursing problems, and show the way to a constructive program for an improved service for the sick

Respectfully submitted,

NATHAN B VAN ETTEN, *Chairman*

April 15, 1929

REPORT OF THE COMMITTEE ON THE PREVENTION OF DIPHTHERIA BY THE USE OF TOXIN-ANTITOXIN

To the House of Delegates

Gentlemen

Your committee reports frequent conferences with County Medical Societies, the State and local Health Departments, the Department of Education, the Metropolitan Life Insurance Company and the State Committee on Tuberculosis and Public Health While the numerical goal of 1,250,000 immunizations set for the three years 1926, '27 and '29 was not reached, the immunizations of over 500,000 children in this period had a remarkable influence in reducing the case rate and death rate in some sections of the State and has inspired local health departments and influential lay and medical organizations to increased activities which promise a control of diphtheria hitherto believed impossible

Although it is inevitable that physicians must carry on the work after active campaigns have ended, the education of the public which has been so vital to the results already accomplished must be continued indefinitely if the same or better control is to be maintained

In many counties practising physicians through the stimulating influence of local committees have carried on effective campaigns and it is worthy of note that in the City of New York where there has been very active official stimulation, more than forty-five per cent of the completed immunizations have been done by private physicians

The press of the whole country is contributing wide publicity and many news clippings show that the presence of a single case of diphtheria in a town is considered important news

Without regard to limits of specialization physicians must accept their responsibility and perform or direct immunizations as a community obligation

The parental obligation will be obvious if they shall have been sufficiently educated through the wide dissemination of information by lay and official organizations Local opinion will condemn them for a death from diphtheria or for contacts which shall spread the disease

There are still many deaths caused by neglectful or ignorant delay in consulting physicians until it is too late for the curative effect from antitoxin, but we may be confident that public health education will reduce this number

Dr Matthias Nicoll, Jr, State Commissioner of Health, says "Incidence and mortality from diphtheria in New York State have now reached the lowest point in the history of the State, largely as a result of the anti-diphtheria campaign Were it not for the excessive number of cases coming from the cities of New York and Buffalo, the figures would be very much more impressive The present campaign in Buffalo promises to bring good results, while that conducted by Health Commissioner Wynne in New York City is making splendid progress Intensive campaigns for the eradication of diphtheria have been and will be conducive to good results It cannot be doubted that their value will be on a diminishing scale as they will arouse less and less local interest as the number of cases of diphtheria continue to decline, with the result that people lose their fear of the disease This phenomenon is familiar in the case of smallpox, and the difficulty of enforcing the vaccination law It is therefore imperative that the medical profession should be brought to a realization of their obligations —each doctor to his own patients—in bringing about the immunization of young children under his care

"If we analyze carefully the task which we have before us in the eradication of diphtheria, the problem is not quite as difficult as it would seem to be Briefly stated, it is only necessary by public health education and the stimulation of public and professional opinion to 'mop up,' as it were, by the immunization of the children of the State who are now susceptible to diphtheria When that has been done year after year, it will be necessary only to keep up with the annual birth rate, so that the number of children to be protected, while very large, is by no means appalling With the co-operation of the medical profession, the State and local health officials and the non-official agencies, there can be no question but that the goal which we are seeking in the campaign to eradicate diphtheria from the State can, within a reasonable time, be reached"

Cardinal Hayes writes in a pastoral letter "It has been demonstrated time and time again that any community that makes up its mind to save its children from diphtheria can do so The procedure is simply that of bringing home to our fathers and mothers continuously and repeatedly through every channel of information the fact that their children may be safely and without harm immunized against diphtheria by a physician in his private office, or at a public clinic As an opportunity for public health service, diphtheria prevention is now ranking in the very fore-front of social progress We have the high authority and responsibility of the New York City Health Department under its able Commissioner, Dr Shirley W Wynne, for the initiation of thorough co-operative community action for the eradication

of diphtheria When a procedure such as diphtheria immunization is recommended and approved by our National, State and City health authorities and officials, as well as by the scientific opinion of the world, would it not be shortsighted and reactionary not to gladly accept this life-saving treatment for helpless innocent children?"

Dr Shirley W Wynne, Commissioner of Health, City of New York, says "For some time those interested in public health in New York have felt that the morbidity and mortality from diphtheria constituted a reproach to the city With our scientific knowledge for the prevention of this disease, it seemed that our death rate, twice as high as that for the rest of the State, exclusive of New York City, was too great a tribute exacted by the indifference and innocent ignorance of parents In the City of New York last year, 642 children died and 10,776 were stricken with diphtheria If there was an assembly hall large enough to hold 17,000 children and those responsible for such criminal waste of innocent lives would be made to answer summarily for such negligence, 642 of them were killed and 10,776 were stricken, it would constitute one of New York's greatest tragedies And yet, just that has happened in a more subtle, less tragic way right here in New York with all of its doctors, health officials and social organizations Had we applied the scientific knowledge and resources at our command, not one of these children need have died—not one need have suffered

"In order to successfully combat diphtheria in New York it is necessary for us to immunize every child that reaches its first birthday There are, each year, in New York 125 000 babies who reach that first birthday This new yearly population alone is equivalent to the whole population of Salt Lake City Early in the campaign some guiding policies were established They were

"That insofar as is consistent with the public health, the work of immunizing children should be done by private physicians

"That vigorous steps be taken and facilities established to immunize all children who come from families where there are no family physicians

"That as a Health Department we would carry on an educational campaign directing people to private doctors to overcome the ethical prohibition against a doctor beckoning to practice

"If it was found after a fair test that the medical profession as such was not able to control diphtheria by its own industry and ingenuity the Health Department would have to take such measures as it found necessary to wipe out this preventable disease Every piece of literature, every spoken address, advises first that the public go to the family physician for treatment

"All projects of the campaign are co-operative projects in which the County Medical Societies share Our plans to enlist the co-operation of the private physician appear to be highly gratifying, for while we have given 5,746 children at our special immunization stations, a complete course of three injections, the amount of Toxin-antitoxin supplied by the Department of Health and by the commercial laboratories indicates that private physicians have completely immunized about 4,500 children during the past four weeks In other words, over 40 per cent of all the children immunized since January 1st have been immunized by private physicians These figures are an effective answer to those who have objected to the activities of health officials as encroaching on the legitimate economic domain of the private physician"

Publicity Through the State Poster Contest

Over 500 diphtheria prevention posters were prepared by students in 85 high schools of the State, outside of New York City, as the result of a poster contest initiated by the State Committee with the co-operation of the State Department of Education Of these posters, 145 were submitted for state judging at Saratoga Springs in June, from which first, second and third prize winners and ten honorable mentions were selected Approximately $1,000 in prizes were secured by the State Committee from various business and welfare organizations, the most outstanding being a $350 scholarship at the School of Fine Arts, Syracuse University, presented by the State Outdoor Advertising Association The prize winner, a Buffalo girl, is now studying at the University Health statuettes, presented by the Metropolitan Life Insurance Company, were awarded to the schools participating in the contest

The value of this contact with the schools may be judged by the following

The winning poster has been selected for outdoor display and the State Outdoor Advertising Association has contributed $25,000 in space for this showing

Sixty of the posters are suitable for exhibit purposes and have been shown at several meetings, including women's clubs, hospitals, teachers' groups, business organizations, State Conference of Social Work, etc

The contest cleared the way for more effective co-operation in the campaign on the part of the State and Local Departments of Education

Dr Edward S Godfrey, Jr, Director Division of Communicable Diseases, State Department of Health, says

"Not only has the cyclical rise in the up-state

New York diphtheria curve been limited as to height, but it has been materially abbreviated as to duration Such cyclical increases have come in the last two to five years It seems fair to assume that this curtailment is the result of the direct attack upon diphtheria deaths and that we may shortly expect to see the number reduced below the deaths from measles or scarlet fever There are indications too that never again will New York State communities view with equanimity what in the past may have been regarded as a moderate and perhaps an inevitable prevalence Even a relatively slight increase now in diphtheria will induce a response by the public, the medical profession and the public health authorities that will promptly end it"

Health News of March 11, 1929, publishes a "No Diphtheria" Honor Roll for 1928

"A new low record for diphtheria was established in New York State, exclusive of New York City, during 1928—only 2,898 cases being reported as compared with 3,914 cases for the previous year and 4,971 cases for the preceding five-year average

"The number of deaths was likewise the smallest in up-state history, numbering but 221, as compared with 264 for 1927 and 335 for the preceding five-year average

"The case rate was 52 and the death rate 3 9 per 100,000 population Out of the 57 up-state counties 22 went through the year without a single diphtheria death as well as 30 of the 64 cities and villages of 10,000 population

No Diphtheria Cases or Deaths for 1928

"Cities which had neither a case nor a death from diphtheria during the year 1928 Cortland, Dunkirk, Geneva, Gloversville, Johnstown, Newburgh, Oneida, Sherrill and Tonawanda

"Counties which had neither a case nor a death from diphtheria during the year 1928 Cortland, Hamilton, Schoharie and Schuyler

"Cities. Twenty-eight cities passed through the year 1928 without having a death from diphtheria Batavia, Beacon, Canandaigua, Corning, Cortland, Dunkirk, Geneva, Glens Falls, Gloversville, Hornell, Hudson, Jamestown, Johnstown, Kingston, Little Falls, Long Beach, Newburgh, Norwich, Olean, Oneida, Plattsburg, Port Jervis, Rensselaer, Salamanca, Saratoga Springs, Sherrill, Tonawanda and Watertown

"Villages over 10,000 population Eight incorporated villages with populations over 10,000 reported no deaths from diphtheria for 1928 Freeport, Hempstead, Herkimer, Ilion, Johnson City, Mamaroneck, Peekskill and Port Chester

"Counties Twenty-two counties were without a death from diphtheria during the year 1928 Chautauqua, Columbia, Cortland, Delaware, Essex, Franklin, Genesee, Greene, Hamilton, Herkimer, Livingston, Ontario, Orleans, Putnam, Schoharie, Schuyler, Seneca, Tioga, Warren, Washington, Wayne and Wyoming"

Statistical Report on 1928 Campaign Morbidity and Mortality Statistics

A decline in morbidity and mortality below that of 1927 and 1926 (the lowest in the history of the State) is indicated by the following statistics for 1928

Table A Diphtheria cases and deaths in New York State, outside of New York City, compared for the years 1926 and 1927 and 1928 (State Department of Health data)

	Cases			*Deaths*		
	1928	1927	1926	1928	1927	1926
Jan	389	442	362	25	25	19
Feb	352	332	276	24	23	19
March	301	338	345	29	20	28
April	257	308	317	24	20	19
May	242	373	292	16	20	25
June	234	369	287	20	27	19
July	199	233	287	16	18	19
Aug	148	199	218	6	14	18
Sept	108	225	174	14	16	9
Oct	203	292	295	11	17	20
Nov	224	410	423	21	27	24
Dec	241	404	426	15	36	31
Totals	2898	3925	3647	221	263	250

Table B Comparison of diphtheria cases and death rates for New York City and New York State, for the six-year period 1923-1927 inclusive

	Our Campaign Territory State Outside of New York City		New York City	
	Case Rate	Death Rate	Case Rate	Death Rate
1923	145 8	9 4	134	9 6
1924	113 2	7 1	158	12.2
1925	82 5	6 4	154	11 3
1926	67 6	4 7	118 7	8 1
1927	71.2	4 8	226.2	12 0
1928	52 0	3 9	179	10 7

TABLE C DIPHTHERIA RATES COMPARED*

	Case Rate	Death Rate	New Jersey Case	New Jersey Death	Massachusetts Case	Massachusetts Death	Pennsylvania Case	Pennsylvania Death
1923	145 8	9 4	180	14	223 2	14 3	173 7	15 4
1924	113 2	7 1	127	9	177 6	10 0	131 1	11 2
1925	82 5	6 4	118.	9	108 2	7 7	107 4	10 2
1926	87 6	4 7	112.	9	81 0	5 1	87 8	8.3
1927	71 2	4 8	159	11	111 9	6 0	102 1	8.6

*Rates for each state are based on the estimated population for each year

These official statistics and quoted statements are included in this report to illustrate the progress of the campaign, the sentiment regarding the necessity of educating the

general public in the importance of consulting their physicians for the prevention of diphtheria, and the fact that most physicians appreciate their responsibility and are highly co-operative

Your committee recommends a hearty endorsement and continued support of Anti-Diphtheria work by the Medical Society of the State of New York

Respectfully submitted,
NATHAN B VAN ETTEN, *Chairman*

April 15, 1929

REPORT OF THE COMMITTEE ON ARRANGEMENTS

To the House of Delegates

Gentlemen

The Committee on Arrangements for the 123rd Annual Meeting of the Medical Society of the State of New York submits the following report

Arrangements have been completed with the Hotel Utica, Hotel Martin and the Hotel Majestic for caring for the guests at the meeting and for providing rooms for the Scientific Sessions The House of Delegates will meet in the Hotel Utica, reservations for 150 have already been made Arrangements have been made for the dinner for the House of Delegates to be held at the Hotel Utica on Monday, June the 3rd The Scientific Sessions have been divided among the three hotels The sections on Pediatrics, Eye, Ear, Nose and Throat and Dermatology will be provided space in the Hotel Utica Sections on Surgery, Gynecology, Obstetrics and Neurology will be taken care of at the Hotel Martin The section on Public Health will be provided space in the Hotel Majestic. The general Sessions to which all sections are expected to send their members will be held in the Ballroom of the Hotel Martin on Tuesday, June 4th, and on Wednesday, June 5th. The registration for Delegates will be held at the Hotel Utica and the general registration for members at the Hotel Martin

The Garage accommodations are ample The Rampe garage on Oriskany Street connects with the Hotel Utica directly The Hotel Martin garage is located about one block from the hotel These two garages will care for about 400 cars Other smaller garages will take care of the remainder Scientific Exhibits have been assigned to two rooms at the Hotel Martin These rooms are adjoining the rooms in which the Commercial Exhibits will be shown, also at the Hotel Martin Your committee has taken the liberty of referring the Women's Medical Society, the Bacteriologists Society and the School physicians to the Hotel Martin for Monday, June 3rd, so that the exhibitors may have the advantage of being in contact with those groups It is planned to have the Annual Meeting of the State Society on Tuesday evening, June 4th, at which time your President, Dr Trick, will speak, together with Mr Lloyd Paul Stryker, Counsel for the State Society On Wednesday evening a banquet has been planned which will feature no speakers, but instead a musical entertainment, "The Doctor's Opera," which is being put on by Utica physicians The Committee in charge of the entertainment for the ladies has arranged an automobile trip to be followed by an evening at one of the local theaters In the event of rain, a card party will be held at the Consistory Building instead of the automobile trip

Your committee has planned to have one member of the committee responsible to the Chairman of each section so that any details or matters of arrangements may be taken up without leaving the room in which the section is held

The hotels are co-operating with our committee and are very anxious to give the best service possible We hope to entertain at least 1,200 members of the Society

In conclusion may I thank personally Dr Joseph S Lawrence, the Executive Officer of the State Society, Dr James N Vander Veer, who was Chairman of the Committee on Arrangements for last year, Dr Daniel S Dougherty, Secretary of the State Society, and Dr Arthur J Bedell, Chairman of the Committee on Scientific Work, for many valuable suggestions and courtesies to the committee

Respectfully submitted,
HYZER W JONES, *Chairman*

April 15, 1929

New York diphtheria curve been limited as to height, but it has been materially abbreviated as to duration Such cyclical increases have come in the last two to five years It seems fair to assume that this curtailment is the result of the direct attack upon diphtheria deaths and that we may shortly expect to see the number reduced below the deaths from measles or scarlet fever There are indications too that never again will New York State communities view with equanimity what in the past may have been regarded as a moderate and perhaps an inevitable prevalence Even a relatively slight increase now in diphtheria will induce a response by the public, the medical profession and the public health authorities that will promptly end it"

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Statistical Report on 1928 Campaign

Morbidity and Mortality Statistics

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*Rates for each state are based on the estimated population for each year

These official statistics and quoted statements are included in this report to illustrate the progress of the campaign, the sentiment regarding the necessity of educating the

since there is to be a meeting of the Steuben County Medical Society in Corning on May 15th that Drs Sadlier, Card, Lawrence, Trick, and Ross attend it for the purpose of ascertaining any facts to be learned about the survey

Dr Hambrook moved that the Public Relations Committee of the State Medical Society advise that Dr J S Lawrence, the Executive Officer of the State Medical Society, be its representative in matters pertaining to the survey being made by Dr Freeman in Steuben County This motion was seconded, and carried

W H Ross, *Secretary*

PUBLIC RELATIONS SURVEY IN STEUBEN COUNTY

In accordance with the instructions of the Committee on Public Relations, Drs Trick, Sadlier, Ross and Lawrence attended a meeting of the Steuben County Medical Society in the Baron Steuben Hotel, Corning, N Y, on May 15, 1929, in order to advise with Dr Allen Freeman and the physicians of Steuben County regarding the survey which Dr Freeman is conducting in order to find out what the individual doctors of Steuben County are now doing in Public Health work

Dr Freeman addressing the meeting said

"Public health of the future will become effective along the line of the relation of the doctor to the individual patient The relation of the family physician to the patient is the ideal public health contact. That includes the care of the mother, supervision of infants and the school child, industrial hygiene, and life extension work We now have a conception of what is sound public health—that it is continuous medical service from the prenatal period to death—but we do not know the exact method The problem is worthy of our very best attention, and the solution will be along lines developed by the medical profession We cannot do any of the things by theory, but by practical experience as a guide. Health projects must be directed by medical opinion, and then the machinery for carrying them out will come from the various health agencies"

Dr Freeman has personally interviewed all of the health officers, has sized up the voluntary agencies, and will interview the practicing physicians other than health officers by a questionnaire, which is as follows

The Individual Physician

Name Birth Place Age
Residence Area served
Practice General Specializes in
Education Preliminary, College, Medical, Degrees
Hospital interneship . E
Appointments Hospital, Insurance, Army, Lodge, Company

Activities in Preventive Medicine, 1928

Immunizations	Under 6	6 to 20	Adult	Total
Typhoid vaccinations				
Diphtheria T A T				
Smallpox				

Maternal Hygiene

Prenatal care given cases, average months
Deliveries In Home Hospital
Wassermanns on pregnant women No
Treated, No

Infant Hygiene

No infants under 2 years under your care
No brought regularly for examination and advice
Approx. No children 3-5 years under your care
No of these brought regularly for examination

School Hygiene

No children referred to you by school physicians
No of these in your opinion needing treatment
No of these treated by you personally
No of these treated under your direction

Tuberculosis

No cases tuberculosis under your care
No diagnosed 1928 Early
Mod Adv Adv
No treated at home
No sent to sanatorium
No family contacts examined
No cases found in these contacts

Venereal Disease

No cases treated last year Syphilis
Gonorrhea
No cases discharged as cured Syphilis
Gonorrhea
Family contacts of these examined
Sources of infection found

Periodic Examination

No periodic examinations adults last year
No with important correctible conditions .

Remarks and Comments

Dr Sadlier spoke of the interest of the medical profession in the Steuben County survey, and of the value of the Public Relations Committee of the State Society in establishing proper relationships to health agencies He commended the survey and Dr Freeman, and referred to the State Society surveys in several counties He called attention to the danger in the survey if

PUBLIC RELATIONS COMMITTEE

A meeting of the Public Relations Committee of the Medical Society of the State of New York was held at the Biltmore Hotel, New York City, on Friday, May 10, 1929

There were present Committeemen Sadlier, Johnson, Hambrook, and Ross There were also present by invitation, Dr Harry R Trick, President of the Medical Society of the State of New York, Dr J N Vander Veer, President-elect, Dr John A Card, Speaker of the House of Delegates, Dr Thomas P Farmer, Chairman of the Committee on Public Health and Medical Education, Dr J S Lawrence, Executive Officer, and Dr Frank Overton, Executive Editor

The Committeemen reported on the progress of the Public Health Surveys in the counties of their several districts, Dr Sadlier having secured two surveys, Dr Hambrook, one, Dr Mitchell, one, and Dr Ross, three

The delay in obtaining a greater number of surveys seems to be due largely to a lack of medical leaders in the counties, who would take the trouble to obtain the detailed information and summarize the findings in a report Several committeemen expressed the need of a field worker to assist the local doctors to start the survey, for they felt that the physicians would carry on the work with credit once the survey was started

The Committee then discussed the fee schedule for crippled children which was published on page 171 of the February 1 issue of this JOURNAL Dr Sadlier stated that, of course, this schedule could not be operated until adopted by the House of Delegates He said that only five doctors have been paid for work on indigent children in the State, but that a large number of doctors in the State were doing the work gratuitously An Oswego doctor had expressed himself as opposed to the establishment of a schedule of fees The representatives of the State Departments of Health and of Education have been making some use of this schedule Dr Sadlier has interviewed them and told them that they should not use it until the House of Delegates act upon it A doctor of New York City has registered an opposition to the fee schedule,—not to the schedule itself, but to the general principle involved,—and thought that we should not have any fee schedule These two physicians were the only ones that had expressed opposition to the fee schedule

The consensus of opinion of the Committeemen was that a supplementary report should be made to the House of Delegates requesting that its Committee on Public Health appoint an advisory committee to work with the Departments of Health and Education regarding the administration of the laws relating to the medical treatment and the compensation for medical treatment of the rehabilitation of crippled children, or that the Public Relations Committee be so authorized to act in this capacity It was also suggested that the report should include the following statement 'The State Commissioner of Health, Dr Matthias Nicoll, Jr, said that the Association of County Judges had discussed this matter at their last meeting and had asked me if we couldn't get in some uniform basis of these fees" It was on this basis and my other statements that the committee met and went ahead

Dr Sadlier then announced that the medical survey of Steuben County had been started by Dr Allen Freeman, Professor of Public Health at the Johns Hopkins University, the object being to ascertain the amount of public health work that the doctors of Steuben County had done during the past year or two

There was considerable discussion regarding the identity of the organization that had employed Dr Freeman and sent him into Steuben County It was developed that he was paid by the Milbank Fund which was subsidizing the County Health Department of Cattaraugus County a few miles west from Steuben County, and that he was directed by the State Charities Aid Association which is the operating agent for the Cattaraugus County Administration

The question also arises regarding the extent to which the Milbank and the State Charities Aid Association had observed the eight points of the relations of the doctors to lay organizations, which had been adopted on March 9, 1928, and printed on page 1433 of the December 1, 1928, issue of this JOURNAL, in connection with a report of a meeting of the Public Relations Committee on November 9, 1928 The specific paragraphs whose observation was questioned were No 2 reading, "Laymen must at all times look to the medical men for guidance and leadership", and No 7 reading, "Before any innovations are put into effect by a demonstration or other agency, they should be thoroughly studied and discussed by the Medical Society"

Overlooking the extent and degree to which the operating agent had consulted the physicians of Steuben County and the officers of the State Medical Society, the committee recognized the presence of Dr Freeman in Steuben County as a fact, and expressed the view that it should take steps to ascertain the scope of the survey, and to advise with Dr Freeman on the one hand, and the physicians of Steuben County on the other It was brought out that the Steuben County Medical Society had called a meeting of its Comitia Minora and then changed it to a special meeting of the Society, at which fourteen of its eighty or ninety members were present Later in the same day the physicians met with fifty or sixty laymen and lay representatives of various health agencies in Steuben County although there was uncertainty as to who called the joint meeting It was decided without opposition that

DUTCHESS-PUTNAM SOCIETY

A regular meeting of the Dutchess-Putnam Medical Society was held Wednesday, May 8, 1929, at St Francis Hospital, Poughkeepsie, N Y, and was called to order by the President, Dr C Knight Deyo, at 4 15 P M

Dr J. E Sadlier offered a resolution taking due recognition of the death of Dr D H MacKenzie

Dr John A Card, reporting for the special committee on the protection of water supplies (see this JOURNAL, April 1, 1929, page 413), presented the following resolution which was adopted

WHEREAS, The Hudson River and its main tributary, the Mohawk River, has for many years been a common sewer for the cities and villages along its banks, thereby causing these same bodies of water to be polluted to an extreme degree, and

WHEREAS, These same bodies of water furnish a source of fresh water supply which is inexhaustible and not affected by droughts or diminished rainfall and

WHEREAS, Almost all the cities and villages along these streams are compelled to obtain their water supply from upland sources or resort to expensive purification systems to care for these polluted waters, and

WHEREAS, It has been known that for at least fifteen years past the State Department of Health has refused permission for any increase in the number of trunk line sewers to be emptied into the Hudson River, and

WHEREAS, The so-called upland supplies are also contaminated to a greater or less extent, requiring filtration, purification and chlorination before becoming safe for drinking purposes

Therefore Be It Resolved, That it is the sense of the Dutchess-Putnam Medical Society that the state government through its Department of Health should institute measures looking toward the elimination of sewage disposal into the main waterways of the state,

Be It Further Resolved, That the Dutchess-Putnam Medical Society insist that the pollution of the Hudson and Mohawk Rivers is unnecessary and inimical to the public health of the citizens adjacent thereto,

Be It Further Resolved, that the Dutchess-Putnam Medical Society petition the House of Delegates of the Medical Society of the State of New York to approve the aforesaid resolutions and invest its President with power to appoint a committee whose duty it shall be to confer with the proper state officials and in all ways endeavor to get such action as will lead to an elimination of the pollution of waterways of the state

JOHN A CARD, M D,
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There were addresses by the officers and past officers of the Medical Society of the State of New York Dr Harry R Trick, President, Dr George M Fisher of Utica, Past President, Dr James N Vander Veer, of Albany, President Elect, and Dr D S Dougherty, Secretary

Dr Orrin S Wightman presented movies of Syphilis of the Circulatory System There was discussion by Drs Vander Veer, Fisher, and Sobel.

A vote of thanks was extended to the State Officials and to St. Francis Hospital for the entertainment The meeting adjourned at 6 00 P M

Members present Drs J H Cotter, Wightman, J N Vander Veer, Patterson, Furlong, Toomey, Rivenburgh, Peckham, Boyce, Sobel, C J McCambridge, Gosse, Sadlier, Card, Williams, Dougherty, Trick, Borst, C E Lane, Cavanaugh, J I Cotter, Krieger, Cadwell, Conklin, Bulkeley, Palliser, Deyo, Carpenter, Littner, Locker, Appel, Benson, Fisher, Leonidoff, Burns, Rowe, Howard, Thomson, Dingman, Miss Carter, Drs Max Simon, E Gordon MacKenzie, Stoller, F H Crispell, von Tiling, Grover, Cheney, Bull, Israel

A reception and dinner was given the State Officials by Dr John A Card in the evening

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GREENE COUNTY

Dr W M Rapp, Secretary of the Public Relations Committee of the Greene County Medical Society, has called attention to an incorrect statement appearing in Public Relations County Survey No 7,—Greene County, printed on Page 627 of the May 15th issue of this JOURNAL The residuary legacy to the proposed hospital will amount to $50,000 instead of $5,000 as stated The hospital thus has $100,000 already in sight

wrongly done, and hoped that justice would be done to medical men

Dr Ross spoke of the interest of organized medicine in public health, and said that the representation of the medical profession must be through organized medicine instead of the individual doctor, if we are going to establish the position of the medical profession in public health The mere fact that several representatives of the County Medical Society were here today showed the interest of organized medicine in the study that was going on in Steuben County, and also in the effect that it will have in developing the relationship of the medical profession to the public health program as now developing He said that there are just two things in public health permanently on the card, first, public health must be directed by those who are medically trained, and second, all other health agencies were supplementary and necessary for education of the public and the distribution of the products of any public health program

Dr Trick said that the attempted solutions of all public health programs rest with the medical profession When the State licenses a doctor it gives him a trust to solve the public health programs He is responsible for it The American plan is to meet the problems in public health as they arise, instead of the English plan of laying out a program long in advance He commended the survey, if when it is done, its lessons will be carried out

Dr Leon Keysor of Hornell said "Medicine has changed and the process has been going on for many years Medicine must organize in its own ranks a committee to work with the agencies The public health needs of a county should be carried out by the County Society The Medical Society should direct this themselves Steuben County is doing a good deal of public health work, and the laboratory system is excellent, with its management from within the Medical Society

Dr J A Conway, District Health Officer, said "The survey shows thus far that the doctors of Steuben are doing a good deal of public health work A county health unit has great value, and Steuben should form one It is already equipped to do it, and is already doing many things in line with it Health work in Steuben County is good, but voluntary agencies could be in closer touch with doctors"

Dr Mathewson of Bath, Superintendent of the Tuberculosis Hospital, a retired physician, said that so long as we had to have a survey, it was good that Dr Freeman should do it He said that if this survey will help the modern medical utopia that we are going to have, he was glad that it was going on

Dr Barron, Health Officer of Addison spoke on the comparative morbidity and mortality of contagious diseases, compared with those of "booze"

Dr Hutton of Corning said that he had not been in entire accord with the idea of the survey, but now he believed that he was converted He said, "We have a great many health agencies working individually in this county If we can unite them, it will be of a great deal of benefit I am in favor of that, if this survey will help to bring it about"

The visiting committee of the State Society were unable to obtain an authoritative statement regarding the use to which Dr Freeman's survey would be put The Doctor will submit his report to the State Medical Society at the same time that he sends it to the State Charities Aid Association

W H Ross, *Secretary*

SPECIAL TRAIN TO THE A M A MEETING

The attention of the doctors in New York State is called to the special train to Portland, Oregon, for the benefit of those who expect to attend the meeting of the American Medical Association beginning July 8th

The train offers an opportunity for doctors to enjoy a month's outing with their wives and families It is run by the New York Central Railroad over a route indicated on page 410 of the April 1st issue of this JOURNAL It will leave the Grand Central Railroad Station New York City, on Sunday, June 30th, but will stop at the larger cities through the state The itinerary will last until July 24th, and stops will be made at the Glacier National Park, the Yellowstone National Park, Salt Lake City, and the Denver and Rocky Mountain National Park

The New York Central Railroad has prepared a special folder giving full details of the trip A copy of this folder may be obtained by writing to Mr J S McAndrew, City Passenger Agent, New York Central Railroad Room 1261, 466 Lexington Avenue, New York, N Y

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BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on April 17, 1929, was called to order at 9 p m , the President, Dr Aranow, in the Chair

The following candidates were elected to membership Louis Joseph Cassano, Sidney Grossman, Irving L Latter, Jack Levine, Hyman Millman, David N Roginsky, Max J Shulman, Manlio Terragni

Dr Magid submitted the Report of the Committee on Medical Economics This Report will be referred to the Comitia Minora for consideration and report

The Report of the Comitia Minora urging the Society to recommend to the Welfare Council of the City of New York the establishment of a Central Investigating Bureau to avoid duplication and waste of money and effort in treating patients who visit various Dispensaries for the same complaint, was then considered It was moved and carried that the recommendation be approved

The Secretary presented the following Resolutions, similar to those which have been approved by the Medical Society of the County of New York

WHEREAS, Periodic health examination is now recognized by the medical profession as playing an important role in the maintenance of public health, and

WHEREAS, The Bronx County Medical Society believes that such examinations are best carried out under the guidance of the family physician,

THEREFORE, BE IT RESOLVED, That the Bronx County Medical Society invite the other County Societies of the City to join it in the organization of a "Health Examination Week" to take place in October

That the Commissioner of Health be asked to help organize a "Health Examination Week,"

That the public be informed from time to time through the press and other agencies of publicity of the purposes and details of such health examinations, and

That the Chairman appoint a Committee of seven who shall help to bring this plan into effect

Following a discussion it was moved and carried that these Resolutions be adopted

Several Amendments to the By-Laws were proposed

It was announced that the proposed Amendments will be printed in the May issue of the BULLETIN and acted upon at the May meeting

The following Resolutions were introduced

WHEREAS, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Pando Y Kamenoff, M D

RESOLVED, That the Bronx County Medical Society record the sense of its loss in the death of Dr Kamenoff and that a minute thereof be placed on the records of the Society, and be it

FURTHER RESOLVED, That a copy of these Resolutions be transmitted to the family of our departed member

WHEREAS, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Solomon S Spitzer, M D

RESOLVED, That the Bronx County Medical Society record the sense of its loss in the death of Dr Spitzer and that a minute thereof be placed on the records of the Society, and be it

FURTHER RESOLVED, That a copy of these Resolutions be transmitted to the family of our departed member

The above Resolutions were carried by a rising vote

The Scientific Program then proceeded as follows

Papers

1 Etiology and Treatment of Eczema, Samuel Feldman

2 Prognosis of Hypertensive Cardiovascular Disease, William W Herrick

I J LANDSMAN, M D , *Secretary*

WASHINGTON COUNTY

The semi-annual Meeting of the Medical Society of the County of Washington was held at Great Meadow Prison May 14, 1929, at 4 P M Members present Drs Bennett, LaGrange, Paris, Banker, Heath, Tillotson, Borrowman, Vickers Leonard, Prescott, Hulsebosch, Munson, Park, Pashley, Bailey

Drs Ring and Pashley were duly elected to membership

Dr Vickers was made a committee to confer with the directors of the Mary McCleland Hospital as to storage of the State Society Transactions presented by Dr Banker to the County Society, also to have power to have bound volumes of the State JOURNAL at the expense of the Society

Treasurer reported $149 06 in the treasury available for the Society The Secretary was instructed to communicate with Dr Farmer regarding a course of lectures to be held in October on internal medicine, one-half of them at the Mary McCleland Hospital and the other half in Hudson Falls

The President appointed Dr W A Leonard as alternate for Dr M A Rogers delegate to the Medical Society of the State of New York

Dr Paris read some clippings from the Glens Falls *Times* regarding Dr Bankers completing his fifty years in the practice of medicine, and then offered the following resolution

WHEREAS, Our efficient Secretary has completed fifty years in the practice of medicine

Resolved, That the Treasurer be authorized to purchase a professional book, instrument, or other suitable memento of the occasion, and present the same to Dr Banker as a souvenir from this society

Dr Munson offered an amendment, that Dr Banker be consulted, that a committee be appointed, and suggested that a memorial be printed and framed, instead of what Dr Paris had proposed This was approved by the society and Dr Banker The President appointed Drs Paris, Pashley and Munson as a committee to carry out this design

Dr Borrowman read a paper presenting a case of exopthalmic goiter, which was very interesting and instructive

The society then adjourned, and the members were permitted to inspect the prison, after which dinner was served in the officers' mess room Evening session, 7 30

Motion by Dr Munson, that the thanks of the society be extended to the Warden and Commissioner R F C Kiebe for their courtesy extended, and also for the excellent dinner provided.

Dr Hulsebosch read a paper on "The Place of Drops in Refraction of the Eye" Many questions were asked and much discussion provoked

The Vice-President gave his address on the subject, "Medical Work Among the Prisoners of Great Meadow Prison"

Dr Bailey gave a paper on "Brain Tumors, Their Symptoms and Localization" Discussion by Dr Hulsebosch

Dr Davis Baker discussed the subject of "Appendicitis"

S J BANKER, *Secretary*

QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held at Eagle Palace, Jamaica, on April 30, 1929, the president, Dr W J Lavelle in the chair

Dr A L Volts reported for the Board of Trustees Discussion by Drs H C Courten and J M Dobbins

The following were elected to active membership upon nomination by the Censors

Vincent J Amato, M D, Astoria, Sherman W Bates, M.D, Richmond Hill, and Benjamin F Glasser, M D, Jackson Heights

Dr F G Riley reported for the Legislative Committee, Dr Joseph Baum for Membership Committee, and the Secretary Dr E E Smith for the Comitia Minora and the Publicity Committee Dr James M Dobbins, Chairman of the Special Committee reported on the progress of the Diphtheria Campaign

Scientific Session

(a) Paper "Diagnosis of Heart Disease," by Joseph H Bainton, M D Discussion by Charles Shookhoff, M.D, E F Kalina, M D, and G A Distler

(b) Motion Picture "Consequences"

Shown through the courtesy of the Queensboro Tuberculosis and Health Association

Collation Attendance 75

E E SMITH, *Secretary*

WYOMING COUNTY

The Spring meeting of the Wyoming County Medical Society was held at the Hotel Gridley, April 23, 1929 Following a chicken dinner the meeting was called to order by President Skiff

A motion was made by Dr Thomson that the Society approve the coming State Pre-School Consultations, and that President Skiff appoint a committee to carry out the details of the consultations, including himself (President Skiff) as chairman of the committee Carried Dr Skiff appointed Drs M J Wilson and W J French

President Skiff appointed Drs L M Andrews, W J French and L H Humphrey to send an expression of sympathy to the relatives of Dr J E Slaught

Dr A S Dean of the State Department of Health spoke on the county child health consultations which will be held in Warsaw, May 10th, for babies and children of pre-school age All physicians of the County are invited to attend Application for examination of children are made to Miss Sutherland, the county nurse One purpose of the pre-school consultations is to promote periodic health examinations

Dr Harry R Trick, President of the New York State Medical Society, spoke on "The State Medical Society," dwelling principally on the several ways in which the State Medical Society was of assistance to the County Societies

Dr James E King, Professor of Gynecology, University of Buffalo, spoke on "Some Experiences with Radium" The capabilities of the use of radium in gynecological conditions were clearly presented Several fine lantern slide illustrations were used

Nineteen members and eight guests were present.

HENRY S MARTIN, *Secretary*

MEDICAL WARES

CONTAINERS OF MEDICAL SUPPLIES

The keeping qualities of medical supplies, especially drugs, are of equal importance with their original composition The doctor buying a supply of drugs rightfully expects that they will retain their strength and freshness for months or years The standards of permanency are that the articles shall not deteriorate with age, nor go to pieces with handling, nor be damaged by moisture, dryness or temperature All these conditions are affected by the package in which the articles are shipped The container is of equal importance with the article itself

Doctors take it for granted that manufacturers will supply their products in containers which will preserve their contents under all ordinary conditions Physicians often subject their products to extremes of rough usage Explorers especially must carry supplies that will stay reliable during months of keeping and transportation Physicians in rural districts often put the keeping qualities of their supplies to tests quite as severe as those of travelers in desert land and on the sea

One of the first principles in the preservation of drugs is that dry articles nearly always are more stable than liquids Dry substances are not liable to leakage and breakage nearly so frequently as those in liquid form

Tablets are more stable than powders, largely because they present a surface of minimum area exposed to the air But the manufacturers often find difficulty in adjusting the hardness and consistency of the tablets to the requirements of easy solubility and stability of composition

It is impossible to put up some drugs in dry form, but it is nearly always possible to choose those drugs which can be preserved dry Neither a doctor practising medicine in a rural district, nor an explorer, is compelled to use articles whose transportation and preservation are difficult Both can nearly always find satisfactory drugs in solid form

The packages in which tablets and other supplies are put are also of great importance While it is sometimes said that a container often costs more than what is put into it, yet a physician, either at home or on a long journey, wishes to be assured of the permanency of his supplies, and is willing to pay larger prices for the sake of having the articles in small, reliable packages, each of which may be used up soon after it is opened The ideal package will contain only a single dose of medicine or an article in just a sufficient amount for one application

Moisture is one of the greatest causes of deterioration of supplies, especially drugs Nearly all substances absorb water from the atmosphere, and so they deteriorate rapidly in humid air Special care must therefore be taken with drugs and supplies intended to be kept in moist climates, as those of the tropics

A standard means of protection is that the containers shall be heavy glass bottles whose stoppers are of cork heavily coated with a flexible wax Ground glass stoppers would be best except that they are likely to stick fast so that they cannot be withdrawn Screw caps of metal are sometimes used, but they may corrode so that they may not be removed whole Waxed cork is a reliable material under practically all conditions

Tablets are likely to be worn down by the jarring of the containers It is therefore necessary that the neck of the bottle be packed tightly with absorbent cotton or strips of waxed paper

Small packages of drugs or dressings are put up in such a way that they will stand rough handling The standard form of package consists of an outer carton of pasteboard designed so that it may be opened easily and widely Inside the carton is a shell of corrugated paper, and the container itself is wrapped with a circular of directions which also acts as a further protection There is a special reason for each detail of this standard form of container The directions are especially valuable, for they refresh the mind of the expert doctor who is busy with other details, and they enable expert assistants to prepare the materials for use

The rural doctor, the explorer, and the physician far from a base of supplies each depends on tablets and dressings which are in small packages ready for use Some medical supply houses make a specialty of putting up medical supplies in forms which will insure both permanency and readiness for use These companies will prepare lists of articles suitable for specified conditions, such as those of locality, climate, and temperature A polar expedition would shun liquids as much as possible, while an expedition to the tropics would require supplies prepared under rigid conditions for excluding moisture Manufacturers supply kits of a great variety of forms and sizes suited to all manner of needs of individual doctors and of expeditions

THE DAILY PRESS

THE MEDITERRANEAN FRUIT FLY

The methods of medical epidemiology are applied to the protection of plants against parasites and communicable diseases The newspapers have frequently carried protests about quarantines against infected plants on the ground of the economic loss involved when only a small percentage of a product is involved But the State of Florida, threatened with the loss of citrus fruits valued at $25,000,000 annually, appealed to the National government for protection against the Mediterranean fruit fly, and Congress responded with an appropriation of $4,500,000 The New York *Times* of May 1 commenting editorially on the appropriation says

"Isolation was the protection of the United States while this fly was ravaging not only the countries bordering on the Mediterranean but Tunis, Algeria, South Africa, Brazil and Australasia The vigilance of our inspectors accounted in part for the immunity the United States enjoyed But at last Florida, which produced citrus fruits worth $33,000,000 last year, has been invaded Four counties with an area of forty square miles are infected While the greatest menace is to citrus fruits, the Mediterranean fly feeds on and lays its eggs in other fruits and many vegetables

"The method of dealing with the Mediterranean fly is to starve it out After inspection has shown what fruits and vegetables are harboring it, they must be destroyed Rigid quarantine should save the rest of a crop

"Dr Wilmon Newell, Plant Commissioner of Florida, makes it plain that fruit trees will not be destroyed in any district It is sufficient to deal with growing fruit, but there must be a clean sweep of that

"One natural enemy is known, a wasp-like insect that has been introduced into Hawaii Texas is familiar with the Mexican fruit fly, which, it has been said, is 'an enemy more to be dreaded than insurgents and bandits' California sends an entomologist into Mexico every year to study fly pests"

INDIVIDUALISM IN PUBLIC HEALTH

America is supposed to be the land of individualistic freedom, where every man may indulge in his own personal liberty to any extent short of specific law breaking But England is also noted for individualism as is illustrated by the following editorial on vaccination from the New York *Times* of May 17

"The outbreak of smallpox in England has revived proposals there to make vaccination compulsory One newspaper, arguing that something should be done, sorrowfully admitted that Great Britain remains the last refuge, as it were, of smallpox in the civilized world

"Naturally, the Anti-Vaccination League at once took up arms At a meeting in London speeches were made denouncing the movement for vaccination as a mere mercenary scheme One lady bluntly asserted that 'there is no doubt that the doctors have worked up this scare,' and there were references to the 'great money-making firms who sell vaccine' This evoked cries of 'Shame!' which emboldened the speaker to go on and assert that 'the Golden Calf is behind the whole of this miserable business'

"The fine old extreme of English individualism was seen, however, in the round defiance of any effort by the authorities to stamp out disease by interfering with personal convictions on the subject of health 'Can there be,' exclaimed one lady, 'a worse kind of tyranny than absolutely to claim rights over other people's bodies?'

"This goes beyond the mere matter of vaccination If a government inspector should tell this protester that the food she was eating was infected, she probably would wave her dish-cloth at him and tell him to go off about his own business Then there is the matter of 'drains' and other questions relating to public sanitation If an Englishwoman in her castle refuses to be vaccinated, why should she not also refuse to be disinfected?"

CALCIUM IN THE BLOOD

Ultra-violet rays, cod liver oil, vitamin D, and Blood Calcium are facts whose coordination and interrelation came with their application to the condition popularly called rickets Popular knowledge of these technical relations was aroused by reports of the administration of one of the newer calcium salts to the King of England during his recent attack of empyema. The New York *Herald-Tribune* of May 7 recognizes the public health value of newspaper articles when it says editorially

"Like the curative use of ultra-violet rays, calcium remedies can thank that monarch's illness for public reputation which probably would not have come for years without that unintentional kingly aid Time was when the mineral substance chiefly talked about as necessary for the human body was iron, an element supposed essential to ample blood Nowadays others have joined the list, for example, the iodine now believed essential to the chemical factory in the thyroid gland That calcium is among these necessities is no news to biologists"

For the extension of this knowledge among the people physicians are grateful to the daily press

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MIND AND DISEASE

Dr Cadman, in the New York *Tribune* of May 20, gives the following answer to the Christian Science idea that all disease is the result of mental error

"When cattle contract the 'foot and mouth disease' or your dog gets the rabies, what sinful thinking produced these maladies? You will perhaps insist that you are referring to human diseases As a matter of sober fact, disease and decay in the human body are natural products incidental to the perishable nature of man's physical organism Everything is more or less affected by them Plants are blighted by pestilences peculiar to the vegetable kingdom, and animals likewise perish from afflictions peculiar to their kind Birth, life, decay and death constitute the physical program of all visible life and everything animate has its share in it

"You say that disease will ultimately recede and vanish Then it must be a reality, just as health is a reality It takes something, not nothing, to thus dwindle and disappear Yet you would have us believe that evil is non-existent and disease or aught else detrimental mere mental fictions Experience and medical science contradict these postulates But they confirm the wisdom of not unduly dwelling on life's morbid phases It is measurably true that the less we think about disease the less we shall be troubled by it

"Although your somewhat airy philosophy does not explain the profound mysteries of evil or of physical disease and death, it stimulates that faith in the supremacy of the spiritual element which is one of humanity's largest assets It is also a valuable aid to the medical profession, especially in the treatment of patients having supersensitive temperaments The diverting of their minds from introspection and from dwelling upon their physical condition frequently results in the 'cure' of a disease which they sincerely believed they had, but which never actually existed organically"

HARNESSING SEWER GAS

The New York *Times* of May 20 has the following editorial comment on putting sewer gas to use

"In Charlotte, N C, is a power plant driven by energy obtained from the town's own sewage gas The periodical *Power* assures us that every American municipality is watching an experiment which is already so successful that sewage must be regarded as something more than a nuisance

The gas that Charlotte supplies to the engines of its power plant is generated by bacteria as they convert sewage into an odorless sludge Two months are required by the bacteria to do their work. In the process large quantities of gas rich in ethane are evolved and carefully collected

Originally the gas was used to heat water, which was passed through coils in the sludge and which enabled the bacteria to thrive in a luxurious warmth Responding to this attention, they produced more gas than the town could use for their benefit. The surplus is used in generating power, and thus an example is set to every city of America"

When someone finally harnesses sewer gas to heat houses and drive engines, the problem of sewage disposal will be solved There is no inherent reason to prevent this being done

BOOKS RECEIVED

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A section from this column will be made for review, as dictated by their merits or in the interests of our readers.

THYROXINE. By EDWARD C. KENDALL, M.S., Ph.D., D.Sc. Octavo of 265 pages, illustrated. New York, The Chemical Catalog Company, Inc., 1929. Cloth, $5.50. (American Chemical Society Monograph Series.)

TEXTBOOK OF CLINICAL NEUROLOGY. For Students and Practitioners. By M. NEUSTAEDTER, M.D. Octavo of 602 pages, illustrated. Philadelphia, F. A. Davis Company, 1929. Cloth, $6.00.

SPINAL ANESTHESIA (SUBARACHNOID RADICULAR CONDUCTION BLOCK). Principles and Technique. By CHARLES H. EVANS, M.D. Octavo of 203 pages, illustrated. New York, Paul B. Hoeber, Inc., 1929. Cloth, $5.50.

PROCEEDINGS OF THE TWENTY-SECOND ANNUAL CONVENTION OF THE ASSOCIATION OF LIFE INSURANCE PRESIDENTS. New York, N. Y., December 13 and 14, 1928. Octavo of 280 pages. Paper.

DIABETES AND ITS TREATMENT. By FREDERICK M. ALLEN, M.D. 24mo of 98 pages. New York and London, Funk & Wagnalls Company, 1928. Flexible leather, thirty cents. (The National Health Series—Edited by the National Health Council.)

CARE OF THE MOUTH AND TEETH. By HARVEY J. BURKHART, D.D.S., LL.D. 24mo of 45 pages, illustrated. New York and London, Funk & Wagnalls Company, 1928. Flexible leather, thirty cents. (The National Health Series—Edited by the National Health Council.)

WHAT EVERY ONE SHOULD KNOW ABOUT EYES. By F. PARK LEWIS, M.D., F.A.C.S. 24mo of 70 pages, illustrated. New York and London, Funk & Wagnalls Company, 1928. Flexible leather, thirty cents. (The National Health Series—Edited by the National Health Council.)

ANGINA PECTORIS. By HARLOW BROOKS, M.D. 16mo of 164 pages. New York and London, Harper & Brothers, 1929. Flexible leather, $2.50. (Harper's Medical Monographs.)

GETTING READY TO BE A MOTHER. A Little Book of Information and Advice for the Young Woman Who is Looking Forward to Motherhood. By CAROLYN CONANT VAN BLARCOM, R.N. Second Edition, revised. 12mo of 286 pages, illustrated. New York, The Macmillan Company, 1929. Cloth, $1.75.

NEUROSURGERY. Principles, Diagnosis and Treatment. By WILLIAM SHARPE, M.D., and NORMAN SHARPE, M.D. Octavo of 762 pages, illustrated. Philadelphia and London, J. B. Lippincott Company, 1928. Cloth, $11.00.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Under the Direction of Major General M. W. IRELAND. Volume IV. Activities Concerning Mobilization Camps and Ports of Embarkation. By Maj. ALBERT S. BOWEN, M.C. Quarto of 494 pages. Washington, Government Printing Office, 1928.

THE DIAGNOSIS AND TREATMENT OF TROPICAL DISEASES. A Compendium of Tropical and Other Exotic Diseases. By E. R. STITT, A.B., Ph.G., M.D. Fifth Edition, revised. Octavo of 918 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, $9.00.

RECENT ADVANCES IN OBSTETRICS AND GYNAECOLOGY. By ALECK W. BOURNE, B.A., M.B., B.Ch. Second Edition. 12mo of 382 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1928. Cloth, $3.50.

HANDBOOK OF PHYSIOLOGY. By W. D. HALLIBURTON, M.D., and R. J. S. McDOWALL, M.B., D.Sc., F.R.C.P. Eighteenth Edition. Octavo of 902 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, $4.75.

PRACTICAL CLINICAL LABORATORY DIAGNOSIS. A Thoroughly Illustrated Laboratory Guide Including the Interpretation of Laboratory Findings Designed for the Use of Students and Practitioners of Medicine. By CHARLES C. BASS, M.D., and FOSTER M. JOHNS, M.D. Third Edition, revised. Octavo of 197 pages, illustrated. Baltimore, The Williams & Wilkins Company, 1929. Cloth, $7.50.

AIDS TO PSYCHOLOGY. By JOHN H. EWEN, M.R.C.S., Eng., L.R.C.P. Lond. 16mo of 166 pages. New York, William Wood & Company, 1929. Cloth, $1.50.

THE CHILD OF CIRCUMSTANCE. The Mystery of the Unborn. By ALBERT WILSON, M.D. Octavo of 420 pages, illustrated. New York, William Wood & Company, 1929. Cloth, $6.00.

HANDBOOK OF BACTERIOLOGY FOR STUDENTS AND PRACTITIONERS OF MEDICINE. By JOSEPH W. BIGGER, M.D. Second Edition. 12mo of 452 pages, illustrated. New York, William Wood & Company, 1929. Cloth, $5.00.

MANSON'S TROPICAL DISEASES. A Manual of the Diseases of Warm Climates. Edited by PHILIP H. MANSON-BAHR, D.S.O., M.A., M.D. Ninth Edition, revised. Octavo of 921 pages, illustrated. New York, William Wood & Company, 1929. Cloth, $11.00.

AN INDEX OF SYMPTOMATOLOGY. By various writers. Edited by H. Letheby Tidy, M.A., M.D. Large octavo of 710 pages. New York, William Wood & Company, 1929. Cloth, $12.00.

SURGERY IN THE TROPICS. By SIR FRANK POWELL CONNOR, D.S.O., F.R.C.S. Octavo of 293 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, $3.50.

ANTE-NATAL CARE. A Practical Handbook of Ante-Natal Care and of the Abnormalities Associated with Pregnancy. By W. F. T. HAULTAIN, O.B.E., M.C., M.B., and E. CHALMERS FAHMY, M.B., F.R.C.S.E. 12mo of 113 pages. New York, William Wood & Company, 1929. Cloth, $2.25.

HANDBOOK OF ANAESTHETICS. By J. STUART ROSS, M.B., Ch.B., and H. P. FAIRLIE, M.D. Third Edition. 12mo of 339 pages, illustrated. New York, William Wood & Company, 1929. Cloth, $3.25.

GLEANINGS FROM GENERAL PRACTICE. By DAVID TINDAL, M.D. 12mo of 209 pages. New York, William Wood & Company, 1929. Cloth, $2.50.

BOOK REVIEWS

LIPIODOL IN THE DIAGNOSIS OF THORACIC DISEASE. By F G CHANDLER, M A, M D, and W BURTON WOOD, M A., M D Octavo of 133 pages, illustrated New York, Oxford University Press, 1928 Cloth, $3 50 (Oxford Medical Publications)

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The book is beautifully illustrated, the reproduction of the skiagrams being particularly successful A word of commendation must also be extended to the publisher, The Oxford University Press

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C. A. G

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"Chemistry in Medicine" is not a technical book, it is a non-technical record of the achievements of mankind up to the present time in his struggle to maintain health in a frequently hostile setting The intelligent layman as well as the medical man will find this book interesting and stimulating An acquaintance with its contents is essential to an understanding of modern life and civilization—it may be recommended to non-scientific friends as a book of general cultural interest and value. A glossary of about 200 technical words is appended for the use of the general reader

The price is ridiculously low because "all of the authors of the chapters as well as all of the editors have contributed their services gratuitously" and because it is published without profit by the Chemical Foundation

M J SHEAR

INTERNATIONAL CLINICS. Edited by Henry W Cattell, A.M, M D Thirty-eighth Series, Volume III Octavo of 310 pages, with illustrations Philadelphia and London, J B Lippincott Company, 1928.

Endocrinology is well presented in this issue by Sajous Alcohol and Life Duration are discussed ably by Raymond Pearl, who also, writing as a biologist, has something of moment to say about cancer Extra-pleural thoracoplasty is dealt with by Bettman Sir Humphry Rolleston elucidates the subject of abnormal blood-pressures. As usual, this volume of International Clinics gives physician and surgeon alike much of interest and value.

J

FINAL REPORT OF THE LEAGUE OF NATIONS INTERNATIONAL COMMISSION ON HUMAN TRYPANOSOMIASIS Octavo of 392 pages, illustrated Geneva, League of Nations—Health Organization, 1928 Paper, $5 00

This report on trypanosomiasis in Africa will be the source of much valuable information to all students of the disease, whether medical or sociologic

The volume contains seven chapters devoted to a most careful detailed investigation of the etiology, pathological anatomy, serology, and epidemiology of this disease, with the final number containing the general recommendations for the control of sleeping sickness in African dependencies.

The contributors to the International Commission s investigation and publication are Professor F K. Kleine, Dr H Lyndhurst Duke, Dr G Lavier, Dr M M Prates, Major M Peruzzi, and Dr L Van Hoof Each of these prominent investigators has given much of fundamental and original value. The observations and experiments of Dr H Lyndhurst Duke on the Bionomics of the Trypanosome appear to the reviewer to merit special praise

The League of Nations is to be congratulated on the publication of such a Report as this one, and it is to be hoped that the excellent policy of appointing International Commissions for the investigation of disease will continue. No step promising more in the saving of human lives could well be taken.

JOSEPH C. REGAN

CHILD HEALTH AND CHARACTER. By ELIZABETH M SLOAN CHESSER, M.D 16mo of 204 pages New York, Oxford University Press, 1927 Cloth, $1.30

Some parts of this book have appeared in articles published in the lay press, including *The Glasgow Herald, Ladies' Home World* and *The Nursery World* The volume is small which is an advantage in the reading of it, and the material is sensibly and simply arranged. The text is a happy combination of physical and mental preventive care Adolescence and the relation of diet and sunlight to health constitute a considerable portion of the book.

WM HENRY DONNELLY

REGIONAL ANESTHESIA. Its Technic and Clinical Applications By GASTON LABAT, M D Second Edition, revised Large octavo of 567 pages, with 367 illustrations Philadelphia and London, W B Saunders Company, 1928. Cloth, $7.50

An excellent monograph by a most able author This edition, containing many more illustrations than the previous one, covers all the problems of local regional and spinal block. The form of presentation is concise, precise and attractive. The book should induce many a surgeon to abandon general narcosis in favor of the much safer and more physiological regional analgesia. The completeness of the text places the book in the reference class

GEO WEBB.

EUROPEAN CLINICS Editorial Staff of European Clinics. 1927 DR. WILLIAM LINTZ, Brooklyn, N Y, Editor-in-Chief Octavo of 347 pages, illustrated Philadelphia and London, J B *Lippincott* Company, 1928.

The volume of some 350 pages represent lectures in the various branches of medicine delivered by the clinicians of Great Britain, Norway, Sweden, Denmark, Germany and France.

A review of the lectures given by the learned lecturers would indeed be beyond the scope of the ordinary book review It is however interesting to note that Tillisch of Norway gives a detailed report on the use of sanochrisin and considers its use as a valuable aid in the treatment of *tuberculosis* Dr Lyon of London in his discussion of diabetes mellitus emphasizes the non-progressive nature of the disease and makes some very interesting observations. Sir Crisp English makes some very interesting reports on the frequency of gall stones in the well fed underworked group and relative freedom from symptoms of the great majority of these people. About 20 per cent of those over the age of 20 have or are going to have stones. He considers the risk of carcinoma of the gall bladder in stone cases scarcely enough to warrant operation and remarks that those of the profession developing stones take this viewpoint. In conclusion he urges that there be no hard and fast rule in our attitude to gall-stones Stones are very *common*, often give very little trouble, their owners are far from being ideal subjects for major surgery, so that each case must have separate consideration. If stones give rise to serious or repeated trouble, and are a definite handicap they should be dealt with and cholecystectomy is the operation of choice.

Many of the clinics are of great interest and well worth reading It is a good opportunity of keeping in contact with conservative medicine.

H M FEINBLATT

THE CORONER AND THE MEDICAL EXAMINER. By OSCAR T SCHULTZ and E M MORGAN Octavo of 101 pages Washington, D C., The National Research Council of the National Academy of Sciences, 1928 Paper, $1.50 (Forms Bulletin of the National Research Council—Number 64)

The salient features of Bulletin No 64 of the National Research Council, entitled "Coroner and Medical Examiner," are excellently summarized and commented on in the Table of Recommendations Every one of these recommendations is sound and to the point. A suggestion as to the change in title of the "Office of The Medical Examiner" may be of some use inasmuch as the term "Medical Examiner" covers such a range in medical activity as to cause some confusion and detract from the importance of the office—"Bureau of Forensic Medicine" might be a better title.

The most important point to be stressed, in the mind of the reviewer is the proper co-ordination of the various items properly coming under the jurisdiction of this office. This is referred to in Paragraph 4 of the recommendations

The monumental work of Charles Norris, Chief Medical Examiner of the City of New York, and his organization, although it has not yet attained the ideal, may serve as a pattern for such an office throughout the country

The complete jurisdiction and control of the cases, so as to prevent the destruction of evidence by the police and others usually through ignorance, so that no evidence is lost or covered up, is important. The importance of this point is so great as to emphasize the pressing necessity of complete authority and a very close co-ordination of all departments concerned.

M E MARTEN

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OUR NEIGHBORS

ANNUAL REPORTS

State Medical Societies generally are confronted with the problem of securing the annual reports of officers and committeemen in time for their early publication in the State Journals New Jersey, whose annual meeting is to be held June 12-15, in Atlantic City, has the problem according to the following note in the May issue of the Journal of the Medical Society of New Jersey

"At a meeting of the House of Delegates, June 11, 1927, the following resolution was adopted 'That the report of the Board of Trustees and the reports of committees which are to be acted on in the sessions of the House of Delegates, be printed in The Journal a month before the meeting in order that the delegates may be acquainted with the business that is to come before them'

"In compliance therewith, the Editor requested the officers and chairmen of standing committees to submit their reports before April 20, for publication in the May Journal The following reports include all received up to April 28"

The full report of the Committee on Insurance is as follows

Health and Accident

Number of members insured by the Health and Accident Policy	435
Number of members having claims paid	54
These claims were for amounts from $25 to $775 Total	$8,123

Automobile

Number of policies in force	84
Number of claims paid	25

These claims were for fire, theft, liability, property damage and collision, and varied from $7 60 to $1,225 Total $4,046 60

First dividends returnable to automobile policy holders (for liability and property damage) were payable December 31, and for the months of December, January, February and March have amounted to $333 81

Respectfully submitted

Frank W Pinneo, Chairman
J Finley Bell
Austin H Coleman
James S Green
Ralph K Hollinshed
Fred J Quigley
Clarence W Way
Ephraim R Mulford, President
J Bennett Morrison, Rec Sec'y
Elias J Marsh, Treasurer

Committee

The report of the editor calls attention to the several departments of the State Journal, as follows

'During the past four years we have gradually added and developed special departments which the Editor considered of value to readers either in the sense of entertainment or of post-graduate study These departments and the reasons for instituting them are as follows

"Ethics because there is unquestionably a need for maintenance of ethical conduct, and because the modern medical student does not seem to be so well instructed in ethical principles as was his predecessor of former times

"Economics because too little attention has been paid by the average physician to the business side of his profession, and this seemed to be the best means of attracting his attention to economic problems

"Esthetics because the busy physician, immersed in scientific and humanitarian problems and overwhelmed by the constant and insistent demands of his own profession, gives too little thought to those arts and sciences with which he should be familiar and from which he might gain some relaxation

"Collateral Reading introduced quite recently for much the same reasons as given in reference to Esthetics, and to offer reading suggestions to the physician who is too busy to keep pace with such semi-professional literature as his own patients are devouring

"The Woman's Auxiliary because that young organization needs something in the nature of a directing influence to guide its forces into harmony with those of the state society

"Lighthouse Observations because we believed that a thoughtful review of recent litarature on some particular subject each month would be preferable to abstracts selected at random and without any cohesion among those chosen

"In Lighter Vein because we hoped you would not lose sight of the fact that life itself is, at best, a joke

"We have not mentioned editorials, current events, communications, or county society reports because they are standard parts of every society journal and call for no special comment, unless it be to say that in your Journal the county society reports surpass in scientific value those of any other medical journal in this country"

"The only new suggestion the Editor has to offer, and upon this also he would like an expression of opinion, is the publication monthly of at least one editorial on scientific medicine, prefer-

(Continued on page 716—adv xvi)

"In all infectious diseases, in all chronic anaemic and asthenic conditions, the mineral content of the Organism becomes impaired"

(Prof ALBERT ROBIN of PARIS)

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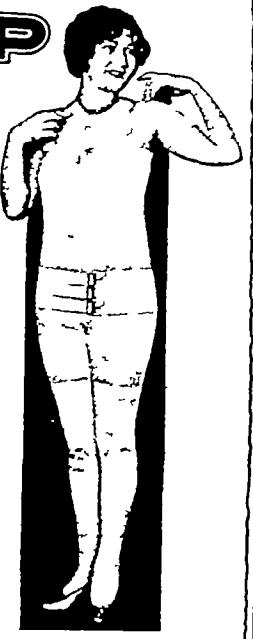
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(*Continued from page 714*)

ably signed articles by members of the society We have been using editorial space mainly for the business and economic affairs of the society In the April issue, we used as a signed editorial a communication on education in obstetrics written by Dr Cosgrove That gave us the notion of publishing a similar editorial monthly and we should like to know what you think of the suggestion"

Regarding broadcasting the editor reported "Radio broadcasting from Station WPG, Atlantic City, was resumed for the third consecutive year, and in the period between December 7, 1928, and April 26, 1929, our disease prevention program was put on every Friday evening at 8 30 —a total of 21 radio talks The topics presented were

Prevention of Diphtheria
Colds in the Head
Prevent the Spread of Influenza
Prevent Complications of Influenza
Present Status of Influenza Epidemic
The Clean Mouth
The Cancer Problem
Prevention of Cancer
Periodic Health Examinations
Keeping Your Teeth Clean
Nasal Sinus Disease
Weaning the Infant
Prevention of Diabetes
Prevention of Diphtheria
Prevention of Heart Disease
Is Tuberculosis Curable?
Nervous Children
Fate of the Fat
Use and Abuse of Sun Baths
Prevention of Deformities

"It has been our custom to mimeograph these talks and distribute them in advance to the newspapers of the state with a release date coinciding with the time of radio delivery Efforts have been made to ascertain what proportion of those 140 newspapers actually published this material in whole or in part, but in those efforts we have not met with much success We have received positive evidence of publication in 15 only of the 140 to whom copy was regularly sent Although there is no means of ascertaining how much benefit either the society or the public has derived from this procedure, we are inclined to doubt the advisability of its continuance in view of the fact that we have so many other demands upon the funds of the society"

Regarding Public Relations the editor reports "Public Relations Reference to the Board of Education leads us to say that the public relations of the state medical society are in excellent condition The State Board of Health, State Board of Medical Examiners, Board of Educa-

(*Continued on page 718—adv xviii*)

KNOX SPARKLING GELATINE IS VALUABLE IN THE DIETS OF INFANTS AND CHILDREN

WE HAVE published a booklet, "Value of Edible Gelatine in Infant and Child Feeding" It contains many valuable suggestions on the proportions and method of preparation for gelatine used in infant feeding, giving specific instances of results achieved with infants and growing children

Knox Gelatine added to the milk formula largely prevents the formation of hard curds, and so helps to correct regurgitation and vomiting It is more readily digested and absorbed Dr Downey, in his research work at Mellon Institute, determined that the addition of gelatine to the milk mixture materially increases its available nourishment

Another important use of Knox Sparkling Gelatine is in the diabetic diet. Here it serves as a carrier of concentrated foods, adds to the protein content, and gives the patient a feeling of satiety when the meal is over Dietitians use it to increase the variety of the liquid and soft diets of convalescents and invalids

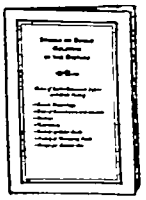
Back of the manufacture of Knox Sparkling Gelatine is 41 years of experience. From raw material to the finished package every process is under constant chemical and scientific control Knox Sparkling Gelatine is a pure protein, unbleached, unflavored, free from sugar

QUALITY WITH ECONOMY

Knox Sparkling Gelatine is the highest quality for health It is a protein in its purest form, particularly suitable where carbohydrates and acids must be avoided When you purchase Knox Gelatine you not only get quality, but economy, for each package makes four different desserts or salads of six generous servings each.

Further Booklets Available

Recognized dietitians have prepared these additional booklets which explain the uses of Knox Sparkling Gelatine in various illnesses They offer a number of delicious and appetizing recipes which lend variety to the prescribed diets Data on interesting scientific tests is also available Simply check the coupon below and mail it to us



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Please send me, without obligation or expense, the booklets which I have marked Also register my name for future reports on clinical gelatine tests as they are issued

- ☐ Diet in the Treatment of Diabetes
- ☐ Reducing Diet
- ☐ Varying the Monotony of Liquid and Soft Diets
- ☐ Recipes for Anemia
- ☐ Value of Edible Gelatine in Infant and Child Feeding

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You too will find it equally effective for the ailments indicated above

Write for information and a sample

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Sole Distributors, U S.A., Canada, Mexico

(*Continued from page 716—adv xvi*)

tion, Board of State Aid and Charities, State Tuberculosis League, State Hospital Association, State Bar Association, all are working with us on the most pleasant terms In so far as we are aware, there is no discord at any point, even the lay organizations engaged in public health work showing a willingness to confer with us upon any points where conflict might be anticipated We would like again to advise county societies that have not yet named a public relations committee to do so at the earliest convenient moment, as that is a means of insurance against trouble"

NOTIFICATIONS OF PATIENTS

The March issue of the *Wisconsin Medical Journal,* advertising page xxxiii, carries a full page announcement that two forms of notification may be purchased, in pads of 50 blanks for 25c, from the State Medical Society, 119 East Washington Avenue, Madison, Wisconsin The first form reads

X-RAY FILMS ADVISED

Dr advises his patient, M , that it is necessary, to a proper diagnosis of the case, that x-ray pictures be made, and that, unless x-ray pictures are made, it will not be possible for the physician to be certain of his diagnosis, and he will also, of course, not be held responsible for any consequences of a failure to have x-ray pictures made

Delivery to the patient and
at o'clock M 19
In the presence of

M D

The second form is similar to the first and is a notice to a patient that the doctor will not be responsible for the consequences of the patient's leaving the hospital

HOSPITAL STAY ADVISED

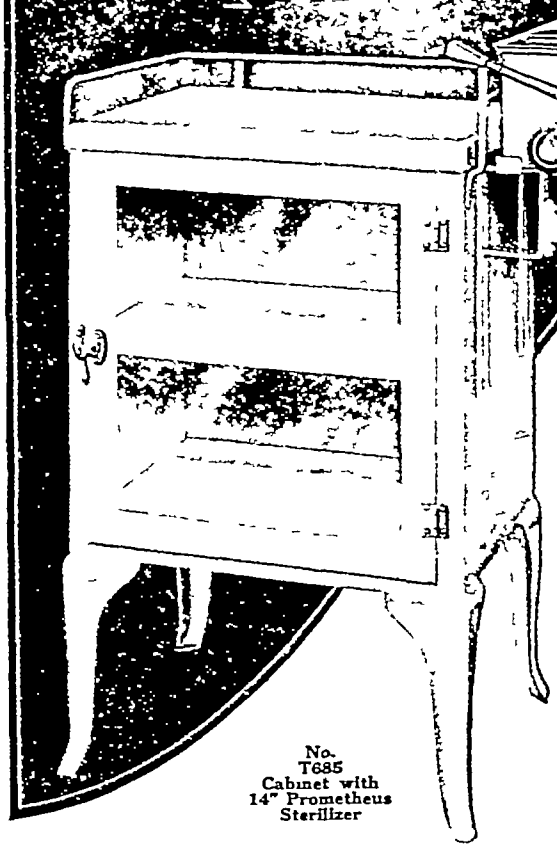
M

You are advised that if you leave Hospital at this time, you do it against the advice of the doctor, and so, of course, neither the hospital, its physicians nor your physician will be held responsible for the consequences of your leaving at this time

Delivered to the patient and
at o'clock M 19
In the presence of

M D

THIS COMPLETE STERILIZER EQUIPMENT ONLY $57.50



No. T685 Cabinet with 14" Prometheus Sterilizer

Here Doctor!!

is just exactly the Sterilizer equipment that you have been looking for because it has full office efficiency in both the cabinet and the sterilizer This beautifully finished cabinet with a French glass door swinging instrument tray and a regular New Quick Boil Prometheus Sterilizer will add efficiency to your work and dignity to your office.

This new design cabinet possesses the utmost that can be secured in grace and stability It is an equipment that you will be proud of Remember you do not get a make shift sterilizer but a regular NEW QUICK BOIL PROMETHEUS

YOU SAVE $15 50

The price of the cabinet alone is $35 00 The Sterilizer alone is $38 00 so when you buy the combination for $57.50 you save $15 50

DESCRIPTION

The cabinet is 16"x20"x31" high. It is made of heavy steel construction throughout and is finished in a hard baked durable and lasting white enamel. The top is removable and is of baked porcelain with rounded corners A graceful guard rail at top protects the bottles and etc. from slipping off Instrument Tray swings forward for use and out of the way under the sterilizer when not in use. The tray is of hard baked porcelain All trimmings are highly nickel plated. Commodious storage compartment is 18" high with white enamel steel shelf Door closes snugly to protect from dust. Gracefully finished legs are rounded at bottom to protect floors.

For the doctor who wishes drawer space in which to store instruments and etc., we have designed the same cabinet except with a drawer at the top as illustrated below This cabinet is identical with the No T685 except that it has the drawer which is 14"x15"x4"

STERILIZERS We quote below varying prices for these cabinets equipped with various types of Prometheus and Castle Sterilizers The Prometheus is a standard New Quick Boil Sterilizer with three sterilizing speeds indicating switch asbestos lining and complete positive cut off The Castle is a regular full automatic control sterilizer of the latest type.

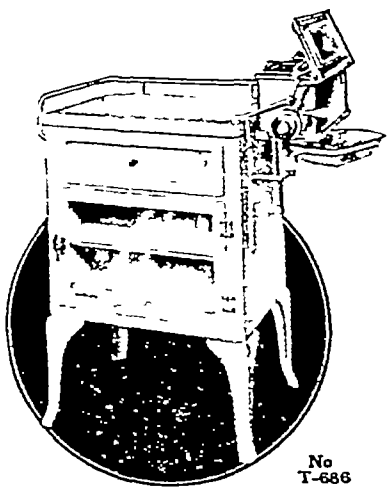
TERMS

We guarantee that you will be pleased with this equipment. If not thoroughly satisfied, you may return it and every penny will be refunded. It must please you—you are the sole judge. If you pay cash, you may deduct 5% from the prices If preferred, you may send 25% cash with order and pay balance in 6 equal monthly payments or we will ship on regular open account.

PRICES

No T685 Cabinet with 14" Prometheus Sterilizer	$57 50
No T685 Cabinet with 17" Prometheus Sterilizer	61 50
No. T685 Cabinet with 13" Castle Sterilizer	66.50
No T685 Cabinet with 16" Castle Sterilizer	70 50
No T685 Cabinet without sterilizer but with sterilizer holder attached	35 00

For cabinet No T686 with drawer add $4 00 to the above price.
Any above sterilizers chromium plated, add $10 00 extra



No T-686



DOCTOR! Send for this new complete catalog of 1000 bargains in surgical supplies of all kinds

ORDER TODAY DIRECT FROM

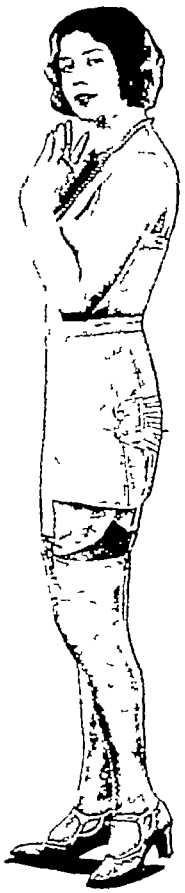
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Supporting Corset

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The Pomeroy is ideal for this purpose, for it is so designed that the uplift is given by the corset itself with no need for additional belt or other contrivances The intersecting laces give an extra upward and backward lift which further helps the muscles of the abdomen to give the necessary support



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SURGICAL APPLIANCES
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AND
ROGERS BLDG (Fordham Rd. at Webster Ave.) NEW YORK
BROOKLYN SPRINGFIELD DETROIT
NEWARK BOSTON CHICAGO
WILKES BARRE

METHODS OF POST-GRADUATE EDUCATION

The University of Kansas offers extension courses in medicine as it does in other departments of learning Commenting on postgraduate medical courses the May *Journal of the Kansas Medical Society* says

"The development and adequate instruction in medicine for postgraduates is much more difficult and complex than in the more academic fields The problems arising from such courses are far more difficult to surmount than those involving undergraduate medical instruction. The students are much more critical, the amount of clinical material needed is much more extensive and varied, and complications both economic and professional are very apt to arise and lead to adverse criticism of the work done

"This attempt of universities to enter into postgraduate medical instruction is largely in the experimental state and mistakes are apt to occur Various types of courses are offered Some schools give a graded, carefully supervised course of one to three years, adaptable to only a chosen few, who are usually specialists Such a course is manifestly impractical for the great bulk of practitioners

"Other schools offer circuit courses which bring the instructors directly to the home of the doctor and relieve him of the necessity of leaving his patients while he is getting this instruction In Kansas this was carried out recently in one specialty and in less than a year's time almost twenty-five per cent of the practitioners of the state had enrolled in this course with almost universal enthusiasm over the results obtained The trouble with this system is the scarcity of real, genuine clinical teachers, who have the inclination and can afford to sacrifice their own practice to give this instruction. For this reason further courses of this type had to be at least temporarily discontinued

"Short intensive courses in various specialties have been offered in the medical school with varying success Such courses are given by men of unquestioned professional standing and of exceptional teaching ability These courses have also given general satisfaction but reach relatively few physicians Here again suitable instructors are scarce

"Another method that has been used is a week of intensive clinics given in the medical school during the vacation period This has certain advantages but manifestly is suitable only to a relatively small number of physicians The opening of the facilities of the school to a relatively small number of practitioners who attend the clinics and classes of the undergraduate students has been tried, and one man in particular, after being here a month, could not say enough about the

(Continued on page 722—adv xxii)

A STATE MEDICAL LIBRARY

A bill for the establishment of a State Medical Library has been introduced in the California Legislature Concerning it the May issue of *California and Western Medicine* says

"This bill, which if enacted, could in years to come be made to be of untold service to the medical profession of California, is having a somewhat tardy progress Just why, is as yet not altogether plain It is a measure to which the California Medical Association, through its officers, has committed itself The California Board of Medical Examiners cannot well use, and what is quite as important, the state department of finance will not allocate to the examining board a budget permitting the utilization of all the monies in the reserve fund of the California Board of Medical Examiners These monies coming from doctors, must not and shall not be diverted into the general state fund for upkeep of roads, prisons, and so on, without vigorous objection and indignation from the medical profession On that point there need be no doubt

"As this is written, the latest proposal to jeopardize the measure comes from obscure sources It is probably an expression of the well-known procedure of smothering a bill by means of amendments In this instance, it comes forth as a naive proposition to divide the $100,000 between two of the medical schools of California for their libraries, because then the books and journals would be made more available to a larger number of student readers!

"This proposed state medical library can amply serve the medical institutions of California, but such service will be best performed through faculty library committees in touch with the state librarian's office, and with equal recognition of every medical school in the state

"In similar manner this proposed state medical library can serve hospital staffs and county medical societies of California by supplying chart and other exhibits and special literature for programs which could be arranged in advance. If a systematic and rotating so-called postgraduate course of lectures such as was promoted by the American Medical Association several years ago, were outlined in connection with the extension lecture work of the California Medical Association, it is quite understandable how a traveling set of excellent charts and so on, could be of very great service in adding to the interest and value

(*Continued on page 724—adv xxiv*)

Summer Problem No. 1—CONSTIPATION



AGAROL is the original mineral oil—agar agar emulsion with phenolphthalein and has these special advantages.
Perfectly homogenized and stable· pleasant taste without artificial flavoring, freedom from sugar alkalies and alcohol no contraindications· no oil leakage· no griping or pain no nausea or gastric disturbances not habit forming.

The greater loss of water from the body in hot weather due to perspiration is seldom replaced Some habits do not change with the season Constipation is the inevitable result Chronic cases become aggravated.

The cathartic habit is easily established, unless you prescribe

AGAROL

the original mineral oil and agar-agar emulsion with phenolphthalein It is not heating, it is palatable, and no alkali, alcohol or sugar is present to interfere with digestion.

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SARATOGA SULPHUR BATHS

Recommended by eminent physicians in the treatment of rheumatism, gout, neuritis, lumbago, sciatica, nervous disorders and skin diseases

Eureka Park Lake Avenue

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BARROW MANOR

New York's Most Attractive Suburban Convalescent Home

A Private Home for Convalescents Semi-invalids and Elderly People

Mental Patients Not Accepted

Quiet, Restful, Exclusive, Accessible

Medical Service	Diets
Exclusive Services of Nurse	Laboratory Analysis
Semi-Private and Private Accommodations	Alpine Sun Lamp
	Physio-Therapy
	Massage
	Colonic Irrigations

Physicians are invited to supervise in care of their patients

Henry J Barrow, M D, *Medical Director* — Violet C Smith, *Superintendent*

No 1 Broadway, Dobbs Ferry, N Y — Telephone Dobbs Ferry 2274

Inspection invited
Information upon Request

(*Continued from page 720—adv xx*)

value of the experience he acquired while mixing with the other students

"Some postgraduate instruction is being offered by the medical profession itself, either under the auspices of the state medical society or some other recognized medical organization Whether such courses are better adapted to the general practitioner and have advantages over those offered by the extension divisions and medical schools of the country remains to be seen."

THE WASHOE COUNTY SOCIETY, NEVADA

The May issue of *California and Western Medicine* describes a meeting of the Washoe County Medical Society, Nevada, as follows

"The regular April meeting of the Washoe County Medical Society was held at the home of Doctor Morrison on the evening of April 9 About thirty members and visiting physicians were present The scientific papers arranged as a symposium on the main topic of 'Better Obstetrics' Five papers were presented

"The paper on 'Is the Present Increase of Cesarean Sections Justified?' by Doctor Da Costa was interesting in the particular parallel by citing the birth statistics of the city of Pasadena for the year 1924 as given in the *American Journal of Obstetrics and Gynecology,* December, 1924, by Doctor Hibben, with the birth record of the entire state of Nevada for 1928 Pasadena had in 1924 a birth record of 1414 cases, with about 70,000 population In this number there were thirty one Cesarean sections done, with a mortality of one death Of the total of the 1414 cases in Pasadena there were 862 cases delivered in the hospital The remainder in their homes In Nevada, for 1928, there were 1309 births Of this number for 1928 there were seventy-two births in the St Mary's Hospital in Reno with ten Cesarean sections The number of deaths following Cesarean sections in Reno could not be ascertained, but the deaths for childbirth in all cases in Nevada were recorded as six The population of Pasadena in 1924 and Nevada in 1928 was about equal The essayist was very positive in declaring that ten Cesarean sections in seventy-two hospitalized births in Reno was, in his opinion, an unusual percentage, and indicated a catering to the spectacular and the commercial

"It was interesting to note that, in point of attendance, one physician came a distance of about 350 miles Another about 300 miles Another nearly 100 miles One doctor drove over a 6250-foot pass at night Two others, 60 miles When one considers that at the time there was a severe spell of snowy weather, it shows an interest in medical affairs Let the eastern brothers who might consider ten miles a good drive, consider these distances"

(Continued from page 724—adv xxiv)

medical organizations—national, state, and county societies— is a little like citizenship in a country

"The organization gives him a more stable position in society than he would have solely as an individual It increases the dignity of the profession It helps to maintain the standards of professional ethics and acts as a stabilizing influence to prevent the loss of professional equilibrium

"It upholds standards of education, and has had a vital influence in the education of most of the physicians in practice today

"It helps to prevent unfair competition, to eliminate unfair practices, and provides a clearing house through which the common problems of all physicians may be considered and judged

"It provides a means through which the public and the profession can be brought together, and helps to bring about a better understanding of medical problems and the medical man's point of view on the part of the general public which forms the doctor's clientele

"It protects the profession from unjust criticism, provides the machinery for investigation of differences, both individual and general, and acts as the advocate for each and every member in a way which that member can fully appreciate only if he gets close enough to the inside workings of the organization to see the wheels go round

"Organized medicine helps to adjudge the value of new discoveries It provides the machinery for testing out the truth of claim made by their originators, and so saves the individual physician from the necessity of personal experimentation

"Organized medicine helps to distribute instructions as to the proper method of application In this way the greatest number of individual physicians have the good of the discovery with the least work and risk And this sifting of the wheat from the chaff applies to nearly every one of the modern methods of diagnosis and therapy Yet so unobtrusively is the work done that the average physician is scarcely aware of this service of his organization

"Another most important aspect of the associated work is in cooperating with the government If it chooses to exert its influence, the medical organization can prevent or secure the legislation it will In Pennsylvania, at least the organization is consulted by those administrative and executive branches of the State Government which have to do with matters in which the medical profession is interested."

SALT LAKE COUNTY SOCIETY, UTAH

The question of medical publicity in the newspapers came up in the meeting of the Salt Lake County Medical Society, Utah according to the May issue of *California and Western Medicine* which says

(Continued on page 726—adv xxvi)

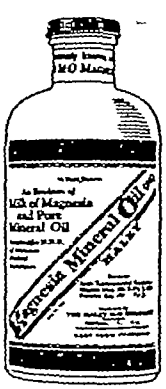
"SYNERGISM
is utilized to secure the summation of the desirable effects of several drugs"

. . . SOLLMAN

Magnesia-Mineral Oil (25)
HALEY

Accepted for N. N. R. of the American Medical Association
formerly Haley's M-O Magnesia Oil

is a uniform, permanent, unflavored emulsion of Milk of Magnesia and Mineral Oil, which exerts LUBRICANT, LAXATIVE and ANTACID action



FORMULA
Each Tablespoonful Contains
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Adapted for use in Intestinal Stasis, Autointoxication, Obstipation, Colitis, Hemorrhoids, Pre- or Post-Operation, Pregnancy, Maternity, Infancy, Childhood, Old Age As an antacid mouth wash.

Generous sample and literature on request

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BABY TALCUM

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Junior Size	10c
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SAMPLES to Hospitals, Dispensaries, Physicians or Nurses, upon request.

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THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia It should be remembered because it symbolizes unvarying excellence and uniformity in quality

Supplied in 4 oz, 12 oz, and 3 pt Botles

THE CHAS. H. PHILLIPS CHEMICAL CO.
New York and London

(*Continued from page 723—adv xxiii*)

of hospital staff and component society scientific meetings But, above all else, this proposed state medical library, as one of the activities of California, would make it possible for every physician to call upon it without any hesitancy whatever to aid him in getting a better grasp on any literature or subject in which he was interested The arguments for this state medical library are all in its favor The bill should and will go on to passage unless narrow or similar vision and activity complicate the situation, and in such event, the readers of this JOURNAL will be told the facts"

BENEFITS OF THE COUNTY MEDICAL SOCIETY

An excellent statement of the benefits of a County Medical Society is that contained in an editorial in the May issue of the *Pennsylvania Medical Journal*, which says

"For the man who lives perhaps in a remote section of the country far from the centers of population where most of the meetings are held and who can seldom attend a meeting, it is not so easy to advance concrete reasons why he should retain his membership He is not apt to have a malpractice case in which he needs the assistance of the medical defense fund He is not likely to come to want, and require help from the Medical Benevolence Fund It is difficult for him to attend meetings, so he does not secure the fellowship for which he craves nor the postgraduate value of scientific instruction It seems to him that he is not getting the worth of his money, and perhaps he is not in the tangible things on which he can put his hand, but there are other standards by which he should judge the value of his membership

"First of all, there is the sense of belonging That alone is worth a great deal

"Membership in the organization is an endorsement that may mean more than the individual member realizes For example, there is an insurance inspector who regularly visits the Journal office to look up the records of physicians who have applied for insurance Membership is one point in the applicant's favor

"Again, when the doctor travels, his membership card will gain him acceptance with other doctors and their organizations which would be much harder to obtain without that passport.

"It helps to obtain membership in other organizations of business and professional people The medical profession is represented in all the service clubs—the Rotary, the Kiwanis, the Lions—all the multiplicity of lay organizations in which membership is greatly prized by many people.

"Membership in the American network of

(*Continued on page 725—adv xxv*)

(*Continued from page 726—adv xxvi*)

r hand the medical profession must continue row more and more dependent upon the medi- school Scientific medicine is developing so dly and along such widely diverging lines that individual effort will suffice to keep in touch ı the outposts of advanced knowledge In as in other states it will devolve upon the lical schools to serve as supply stations or ring houses, where the results of clinical and oratory research will be assembled, classified arranged for practical application The serv- of a medical school has only begun with the ning of students and in the future that will only an incidental part of its function"

THE RINGWORM PROBLEM

t is somewhat surprising to doctors of New rk State to read an editorial in the May issue the *Journal of the Missouri State Medical sociation* on the widespread infection with gworm which seems to prevail in the middle st. The *Journal* says

'Dermatologists throughout the country are are of an enormous increase in the number of es of fungus infections coming to their atten- ı Many claim that almost one-fourth of their ictice, especially in the summer months, con- s of the various types of ringworm, especially t type due to the Epidermophyton Ringworm the hands and feet, which paraded in the past der such homely names as eczema, chafe, and itch, is now one of the commonest, most im- rtant and obstinate conditions in dermatologi- practice At the present time clinicians and oratory workers in our large medical centers e engaged in finding a successful physical, emical, or biological cure for these minor but distressing conditions

"Attention is also called to the importance of early diagnosis in favus, a serious fungus infec- tion caused by the Achorion schöenleinii This disease causes permanent atrophy and alopecia It has been very stubborn to treatment in the past, but with *x*-ray epilation the prognosis is more optimistic. Fortunately, the disease is rare in this part of the country The ordinary types of ringworm seen in children are always with us and are easily cured by parasitical treatment

"The large increase in the number of cases of ringworm infection is not only due to more accu- racy in clinical and laboratory diagnosis, but to the fact that lately the public has taken a greater interest in recreational facilities, bringing them in closer contact in gymnasiums, swimming pools, and recreational centers, all important sources of infection."



Stimula
in the Summer

Like a sensible man this summer you are going to take plenty of outdoor exercise for your health's sake Golf, swimming, hiking, a fishing trip, or whatever activity suits you best

But the less active days of winter are going to tell on your muscles, and you can anticipate the aches and pains when you bring them into play

Now here's a little product that will help that—Stimula—an ingenious analgesic balm with an Irish moss base Absorbed in a jiffy and when it sinks in, it helps relieve aching muscles

Stimula contains camphor, capsicum, menthol, and methyl-salicylate, and the Irish moss base makes it different and more effective

May we send you a tube of Stimula with our wishes for an enjoyable vacation? Put it in the golf club locker or tuck it away in the traveling bag You will find a use for it.

The E. L. Patch Company
Boston, Mass

The E. L. Patch Co.,
Stoneham 80 Dept. NY-6
Boston, Mass.

You may send me free of charge a tube of your Stimula. I would like to know if it is as good as you say it is.

Dr

Address

Accurate



Dependable

In bottles of 35, intact from laboratory to patient

More uniform and convenient than tincture drops

Sample and literature upon request

DAVIES, ROSE & CO, Ltd.
Pharmaceutical Manufacturers Boston, Mass.

As a General Antiseptic

in place of

TINCTURE OF IODINE

Try

Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein)
2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field

It does not burn, irritate or injure tissue in any way

Hynson, Westcott & Dunning

Baltimore, Maryland

(*Continued from page 725—adv xxv*)

"W A Pettit read a paper upon 'The Prese Epidemic of Meningitis' M M Nielson su gested that the substance of W A Pettit's r port be given to the Salt Lake City newspape W A Pettit stated that this has been unsucce fully attempted from time to time, and that r cently four of the city newspapers were offer a bulletin and only one newspaper published t report. T B Beatty stated that he had offered bulletin to one of the newspapers setting for the exact condition of the meningitis epidem giving answer to numerous questions asked, t number of cases in town at the resent time, a offering proper advice regarding certain proph lactic measures, and that this paper refused print all of this bulletin, refused to print it exce as inconspicuously as possible on an inside pag and when an offer was made to pay for the prin ing of this article at usual advertising rates was refused Sol Kahn moved that this socie go on record commending the City and Sta Board of Health in their stands taken in the pre ent epidemic, and that it does not believe that th schools should be closed at the present time b cause of this This motion was seconded an carried

"Mr Lund, speaking for some visiting men bers of the Pharmacal Association, stated that h thought this society should be commended fc their stand in the present meningitis epidemi and that something ought to be done to correc the attitude taken by the newspapers"

THE MEDICAL SCHOOL AND THI PRACTICING PHYSICIAN

The May issue of the *Journal of the Kansa Medical Society* is called the medical school num ber for all its scientific articles are contributed by members of the faculty of the Medical School o Kansas University The *Journal* says editorially

"Every member of the Society should fully appreciate the fact that there is an intimate rela tionship between the medical school and the medi cal profession of the state, and particularly be tween the medical school and the Kansas Medica Society

"It is inevitable that the medical school shall play an increasingly important part in the prog ress of medicine in this state With the increas ing number of its alumni its influence in medical affairs must be more and more pronounced In its early history the school was largely depend ent upon the medical profession for the political influence and support required to secure neces sary appropriations and is still to some extent so dependent But it is now recognized as one of the state's most important institutions which the legislature dare not fail to provide for On the

(*Continued on page 727—adv xxvii*)

NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 29, No 12 | NEW YORK, N Y | June 15, 1929

THE RECIPROCAL OBLIGATIONS OF THE PUBLIC AND THE MEDICAL PROFESSION

HARRY R TRICK, M D, BUFFALO, N Y

The President's address at the annual meeting of the Medical Society of the State of New York at Utica, June 4 1929

IF WE should study our daily activities closely, we would find that each day is made up of a series of compromises, of give and take, of rendering assistance to some and accepting help from others

Our simplest acts are reflected on others, and by them are reflected again The fulfillment of our desires and ambitions is dependent on others, and together we work out our salvation

This inter-relation and inter-dependence of individuals, of groups, of governments, and of nations, is gradually becoming much better understood and appreciated

"Man can not live for himself alone," and "We *are* our brother's keeper"

The degree to which these maxims are applied is an index of our civilization We have come quite a long way toward the goal of perfection when we are able to recognize the worth of these precepts and their practical usefulness in our daily life, and we should take some comfort in the thought although some cynic has said "Why worry about civilization before it has arrived"

Of all the factors that have influenced the progress of the human race, the health of the people has been the most essential Disease and Death, in epidemic form (or War), have always been followed by a period of physical and moral decay

The rise and the fall of empires have been determined by the health of the people concerned, and the state of their health has indicated the character of the medical practice of the period

The practice of medicine therefore, becomes something more than a vocation It is so intimately identified with the hopes and the aspirations and the general betterment of mankind, that those who enter into it assume an obligation to Society whether they realize it or not, and by the same token every physician who earnestly endeavors to cure disease, relieve distress, and by precept and practice tries to prevent disease, without thought of self, is meeting that obligation whether he realizes it or not

Many a physician has laid down his life in line of duty No act of man is more glorious than that, but he who practices medicine for the acquisition of wealth misses the Spirit of Medicine entirely, and commits a crime against the Society he is supposed to serve

The practice of medicine and the progress of the human race are correlative

The ancient practice of medicine had to do largely with mysticism and religious rites directed toward appeasing the wrath of some deity In fact for hundreds of years the teaching and the practice of medicine rested in the priesthood Their treatment was necessarily empiric, symptomatic, palliative, sometimes curative, but people had no conception of the real cause of disease, and the state of health of a community was largely a matter of luck

In the time of the Pharaohs the Egyptians had attained to a high degree of civilization They understood the value of sanitation and hygiene They had good water supplies and sewage systems, and they practiced a sanitary disposal of their dead, but their civilization was debased morally and physically by repeated epidemics of plague, pestilence, and famine

Moses recognized the situation, and he led his people out, but even Moses had to make his sanitary code into a religious law in order to have it obeyed

The Greeks were undermined by malaria apparently brought from Northern Africa, long before the Slavs and the Turks attacked them

The Romans were decimated by the disease brought back to them by their victorious ar-

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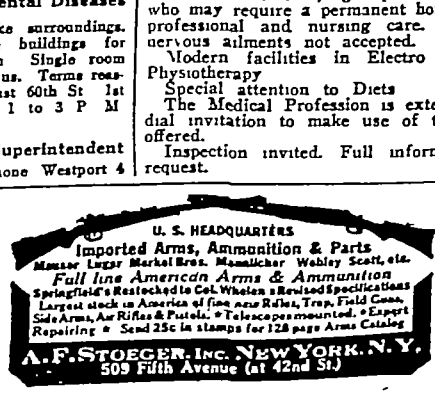
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clusion, we see a people overburdened with so many regulations, not laws, but having the effect of laws, as to negate the original purport of the law under consideration Then it leads to the ultimate economic problem of a people being policed by salaried individuals to the degree that few are the workers who must produce the funds or the living for the many non-creative ones

Lay Groups Lay agencies have sprung up in the past through the neglect of the State in its



James N Vander Veer, M.D., President, Medical Society of the State of New York

governmental capacity, or because of inertia of professional bodies to formulate proper plans for keeping step with the evolution progressing around them Conceived by well minded individuals, charitable in thought, idealistic in mind, and with the best of intentions, these bodies in many hamlets, towns, cities and even larger governmental units, have been organized for the purpose of forwarding the health programs of the community, and because of recognition being denied them at first as representative of any branch of the government for the forwarding of their own local ideals, they have turned to their local citizens for the economic support of the small group

Gradually, as *major questions* have touched upon their local territory, they have been brought into cooperation with adjacent groups, until we see state-wide organizations existing, some of which are powerful enough to dictate governmental policy directly through combination of their local legislative representatives, and thus ignore the proper channels of association and deliberation with the proper State body and other bodies co-equally interested in like movements

And how often do we find on perusing the yearly reports of a lay organization that much of the funds have been expended "in organization work, or in extending work through paid leaders," while but a very small percentage of the funds raised have actually been used to alleviate the suffering as contemplated!

Lay agencies have a place in health movements up to the point of dictating policies to the State or its agents, but here their function should cease

Should the State be in a position where it cannot raise funds for maintaining its plans, lay agencies again have a place, for the good of the whole body, in soliciting funds under the proper guardianship of the State for expenditure, from those citizens who wish to aid humanity beyond the ordinary burdens placed upon them as individuals of the State But the expenditure of such funds, so raised, from gifts, endowments, from dues or public solicitation for a worthy object, should be under the direct supervision of the State through bodies duly created therefore and with accredited representatives from each group interested

Lay agencies therefore should be to help in the raising of voluntary contributions where the State cannot see its way clear to taxing its citizens for experimental work in various fields, or in times of disaster to place certain economic resources quickly in the hands of the State for the relief of human suffering, for collecting expensive statistics for temporary or permanent use, only where such cannot be done by the State, but should be done under open and direct State supervision, and for constructive work through and with coordinate bodies, who may in effort furnish the equivalent of funds so raised

Physicians The third group concerned in the solution of public health is that of the physicians, organized in their various societies in city, county, or state Upon them is usually laid the burden of carrying out the actual manual labor in the majority of movements so organized whether they be small or large. It is the doctor who must keep in touch with the individual citizen and give the actual treatment required If such a mandate as promulgated by the State is unwittingly forgotten, he it is who suffers the chastisement, through the police power of the State

mies and their captives before the Northern hordes had even thought of conquest

The history of the Middle Ages is a record of repeated ravaging of Europe by epidemic diseases

And so on down even to modern times

The tale is not a pleasant one, but it shows over and over again what isolation and a little knowledge can do The ancient civilizations were always purely local, each one "An oasis in the desert of Ignorance"

But the other side of the picture is much pleasanter

With the increase of knowledge and its greater dissemination what had previously been accepted as The Law, either civil or religious regarding health, was adopted as a desirable custom, but no intelligent attack on disease was made until the work of Pasteur and Koch and Lister and many, many others demonstrated what was the cause of disease, where its strongholds are, and how it may be successfully attacked and destroyed

The battle is on

For many years the medical profession was charged with the responsibility of combating disease when found, and of devising ways to prevent disease from attacking us The responsibility was too great and unfair The fight against disease is every man's fight, and every man should help It needs the co-operation and co-ordination of all the forces at our command—the government, the scientists, the lawyers, the clergy and the lay organizations All must do their bit

It is an obligation of the medical profession to the public to keep informed regarding disease, and to advise with the various groups regarding their part in the fight

Since the health of the people is so essential to the permanence of a nation, the conservation of the health of the people becomes a primary function of government, and it would seem that a work of this sort that is second to none in importance to the Federal Government, would require a Secretary of Health in the Cabinet of the President in order to reach its full fruition

Much has already been accomplished, but a great deal more remains to be done, and it will demand the sincerest effort and the heartiest co-operation of all the forces just mentioned to accomplish the result

Disease is the measure of our inefficiency, and is a challenge to our unity and unanimity There is no place for doubt or skepticism or cynicism in this plan for universal health, because as President Coolidge once said

"Doubters do not achieve,"
"Skeptics do not contribute,"
"Cynics do not create"

THE EVOLUTION OF A HEALTH PROGRAM

By JAMES N VANDER VEER, M.D, ALBANY, N Y

Abstract of an address by the incoming President of the Medical Society of the State of New York, at the annual meeting on the evening of Tuesday, June 4, 1929 at Utica N Y

THREE AGENCIES are involved in public health work, first, the State, second, lay groups, and third, the medical profession

The State The function of the State is to raise funds by taxation, to pay for the preservation, care, and treatment of its wards,—ourselves the citizens,—who at first are the contributors to the funds raised in varying proportions and continuing as such through successive years

If, however, the State should squander the funds so raised and allocated to public health, its citizens would then suffer twofold in their money having been dissipated, and without gaining the expected protection This is occasionally seen in a governing body overloading its administrative forces with salaried individuals At times, as in all business affairs, a department may get out of hand of an administrator, through indolence on his part or through misinformation, or lack of information transmitted upward to him

A good administrator is much to be prized in the ever-increasing complexities of our present day life

Social aspects also enter, as can be pointed out in the present handling of the question of venereal diseases Undoubtedly from a social standpoint there are grave objections to segregating the venereally infected and keeping them under strict surveillance till they are well This control can be done only through initiation of a careful program of education by an authoritative body such as the Health Department of a unit of the State, or by a unit body of the medical profession which presumably has the basic facts at its command through their individual practices The ultimate result must be cooperation, bringing into the effort such other bodies or groups, of lay or other peoples, from whom benefit for the movement can be obtained

Again, in the exercise of its function the State must have certain police powers to enforce its mandates, usually through laws but also by department regulations as broad as are the laws themselves, and curtailing more and more the individual action of its citizens, subject to the supposed good of the whole body politic When such action is carried through to an ultimate con-

tor to give of his medical knowledge, free gratis

The needy patient, sick at home, needs a physician, nurses, medicines, perhaps equipment, etc. For these, endowments should be made and placed under the directorship of persons willing to spend the income and principal as necessary to bring these comforts to people in their homes where they have one In fact, where there are large hospitals, the staff internes and nurses might be paid from such a general community endowment and the individual physician also, in making calls upon such patients

Health Demonstrations are but sporadic attempts at such help, and usually end in making the invalid seek a group clinic, or they employ outside physicians to carry on the demonstration This is not sound policy for the community, for when the demonstration ceases, it has left the community flat, to again depend on its local physicians, now deprived of outside finances, and who themselves must now go and plead for the money to carry on, since many of the former health demonstration patients have been pauperized to seek the former salaried physicians at a less fee than the local physicians could give and still maintain a living scale, and so these patients are taught to evade paying for a doctor's time at full rate, and the community begins to berate the doctor for his seeming uncharitableness

This is again seen in "visiting nurses," part time physicians attached to charitable and semi-charitable groups, compensation groupings, health physicians and medical advisors of Industrial Insurance Companies, who work on a part time salary and compete with the individual physician the rest of the day

Mr Rosenwald is right in his newer attitude of wishing to see endowments limited to short periods of time and the spending of principal run along with the spending of interest Those who would endow some object can do no better than to give of their money to the care of the sick, to be expended entirely through a reasonable time period. He says, "I am convinced that the timidity of trustees themselves is often responsible for their inability to spend a principal"

How often does a physician see a poor but worthy patient, to whom he is giving free medical attention, who could be aided if the physician but had some fund or endowment to which he might appeal quietly? And how often should he be remunerated by the community, instead of his being the sole charity contributor?

Instances are many in every community where some new semi-medical help for the sick and ailing is constantly being organized by well meaning individuals who seek financial subscription from the physician as well as layman. And then, when the new orphan asylum, hospital, welfare station or like is organized the doctor is besought once more to give his services free, unthinkingly being asked to give of his time, which is part of his capital investment to be turned into permanent investment through earnings, without one cent of recompense

What a criticism would be voiced against that physician who would offer to give so many hours per year at such a valuation per hour, as his subscription to the worthy charity which seeks his services for nothing! In many instances his subscription would far exceed the actual cash given by the greatest contributor in that section, and yet how often has it been that the wealthy citizen and large giver of the community receives praise for his generosity and the doctor is never mentioned in a dollars and cents ratio for what he has done?

Charity on the part of a physician is not the giving of professional services to a group of lay directors, or to their wards That is economic pauperizing of the physician, where others are paid for services and he is not A hospital should pay its physicians for attendance upon its ward charity patients and such payments should be a proper charge upon the community This may give one a shudder, but should so be

The same may be said of the clinic and out-patient department, and we should abandon the old time thought that the doctor owes "certain obligations" to the poor of the community, and rather implant the idea of the employment of physicians, and not by asking the physicians to be the only one to give free service, and that the cost of his work should be an equal tax in the budget of the community for which the doctor also pays his equal and just share in dollars and cents, and thus the doctor of the community, who must pay his share to support the visiting nurses, the school nurses, etc, would himself be relieved by his services to the indigent, of being doubly assessed

Or in contrast—the physician should not be asked to support, from his pocket, all of the charitable demands made upon him as the first one to be called upon by the paid solicitor, volunteer, or paid worker of the community chest

Not so long ago I came in contact with an interesting physician He was country born, highly educated and had a large city practice He told me that for the year 1924 he had kept two ledgers, the one of his entire business in which his professional services were recorded in dollars and cents In this ledger he had recorded his work done in the hospitals and clinics and in his offices, and had charged each patient as if he expected to be paid in full for all of his services Naturally his work on the charity wards of the hospital and his clinic patients and personal charity work in his offices he could not hope to collect for He had made a fee schedule for himself of every type of work done and so had computed his presumed income for the year Some of his charges made for the charity group were as follows

Many physicians are unwilling to undertake the burden of carrying out a health program as an individual through fear of making error Here, when the state finds it off unable to obtain the service of the professional group, it may come to be enrolled in its movement the services of groups less thoroughly trained in the required work at the start, but which groups may be educated slowly to take up such work and carry it forward satisfactorily and many times with greater economy to the citizens This then brings the state in active competition with its own, which it has educated or licensed to do this work, by replacing one group with another, though at first of inferior quality This is an economic law which cannot be offset

We find in the society of this health evolution two main groups of physicians, and also a liaison group. The first group are those full time salaried physicians, as health officers of the State, of districts, of counties and of towns, full time medical officers of factory groups, insurance companies, teachers, hospital superintendents, and interns

The liaison group is composed of the part time physician, who for remuneration spends an allotted time in the work undertaken and the balance of his time is devoted to private practice, usually with the hope of either becoming a full time physician, commercially or in his own practice

The third group is of that larger body of physicians carrying on their private practices under the ethics of the profession. There is so much today to divert a physician's mind from his work in his chosen field that it is small wonder he finds time to enter into newer efforts for mass preservation of the public health, and to enter organized groups of medicine and lay people formed to forestall disaster for the individual, and, perhaps to aid the general medical practitioner in his work

More and more we see delegated to less educated groups the carrying out of the mechanical efforts of medicine to prevent or to cure disease, such as school nurse inspection, and health nurse follow up work; establishing of health groups in large manufacturing plants, presided over and directed by perhaps a single physician who sees but a small percentage of the sickness among the employees after a diagnosis has been made, and where the treatment of rest and careful hygiene in all its aspects is followed to completion through the health nurse of the factory unit She it is who may, and many times does, assume more and more responsibility in the home guidance of the case as the physician becomes more and more of a desk director and less and less of an actual practitioner. And in some instances goes far beyond her province in [illegible] advised treatment

Studies as to whether a group of physicians cannot combine in a small town in such a professional manner that reduplication of effort along the road may be overcome, and that people may learn to depend on him whose "drive" is in their direction for that day, might be undertaken in some hamlet where three or four physicians are on amicable terms, and thus attempt to educate that group of townspeople in a better delivery of medical attention than they formerly had.

Perhaps the economic pressure is too great upon the rural dweller to advance the idea of his giving monetary support or by taxation to a small sanitarium in his village where emergency life saving and minor medical work could be done quite satisfactorily, and to which, each day, or each week visits could be made by a group of paid consultants as were needed to see such patients as were there, if consultation were necessary While such attempts have been made in the past of establishing sanatoria in districts for better care of the inhabitants, physicians of individualistic type have frowned upon them, mainly because of the manner in which the government of such institutions was to be carried out.

Julius Rosenwald, the Chicago philanthropist, has just given forth in clear terms his position as regards his view of vast endowments such as are being created by wealthy laymen for the benefit of philanthropies In the *Atlantic Monthly* for May, 1929, he describes the tying up forever of sums of money, in which only the income may be used to further the ideas of the donors, and quotes instances of what has happened in the British Empire, where courts have been called upon to reconstrue the terms of endowments now unable to function because of their objects having ceased to exist, and yet being controlled by "The Dead Hand in Philanthropy," as James C Young has so recently named it

It is with these endowments that touch upon the guise of medical charity that the medical profession takes issue, where the income, or gifts in money, is used to enter into the furnishing of free medical assistance to humanity individually, where such individual has not been carefully weighed in the scale of economics, and determination has not been made that he or she is not imposing on the economics of the community and especially depriving the physician of his just due, and where such an endowment is contemplated, too often is it found that the preliminary investigation as to whether such is needed has been overlooked

The physician asks only that he be assisted in caring for the sick by such philanthropies furnishing sick bed comforts for patients when ill, and in telling the world that the actual brain work of bringing the patient through to good health was not the result solely and alone because of a certain philanthropy which provided the money for the creature comforts and besought the doc-

out" their indigents to an institution to be cared for at less than actual cost, leaving the balance to be raised from the charitably inclined

That there is help coming to the medical profession to offset this economic pressure, is to be evidenced in our New York State Compensation Law for injured and sick workmen This is a step in the right direction but needs more changes now and should be revised just as often for the physicians' needs as for the workman To this I am sure the workman and the higher class of manufacturers will agree The physician thereunder should be paid his proper fee, by the carriers

Again it is seen in our school law in State Aid to counties for physically handicapped children as recently put forth in a declaration by the representatives of the Health Department, and the Department of Education of our State, and which is a beginning of a working basis whereby such cases shall not in future be placed in our hospital charity wards and tended as charity patients by physicians In a recent declaration by Commissioner Shirley W Wynne, of the Department of Health of the City of New York, he says regarding the campaign in that city against diphtheria, "I decided that as a Health Department we would carry on an educational campaign directing people to private doctors to overcome the ethical prohibition against a doctor beckoning to practice", a few hospitals and charitable institutions have placed the members of their staffs on a salary, or fee basis, and some cities raise the salaries of their medical city employees sufficiently to put them on a full basis and so close the semi-subsidized aspect of such employees entering into economic competition with physicians in private practice who can only "beckon patients to their practice" by word of mouth of their patients in which good works have been done

The medical men must meet among themselves the internal question of fees, for that will ever be present, and facilities must be provided for the human being to receive the best than can be afforded in order that health and a longer life can be vouchsafed to each individual

In a recent article in the *Boston Post,* Dr Hugh Cabot, Dean of the Medical College of Ann Arbor, says, "The physician is losing his professional or private practice identity All the great corporations are now employing very competent medical departments to look after their entire personnel" That such is the case may be true, but thereby a great percentage of the work which was heretofore a charity burden on physician and hospital in a community has been shifted to the proper shoulders, in that a business now must maintain its share of health work, and in so doing has learned that many hours of illness or injury can be salvaged and put back into productiveness through careful medical liaison, to the betterment of the business, the employer, employee and consumer

One author has, however, sounded a note of warning in answer to Dr Cabot though written before his article

"Any schemes which result in the reduction of the income of the physician and of his initiative and interest in his work, with the resultant destruction of his efficiency, is certain to result in injury to the health of the public

"The present hospital and clinic system is undermining the very existence of the private physician, and is, consequently damaging in the extreme to the interests of public health

"The cost of pay clinics is mounting higher, at the expense of the time of the group of physicians who work in such clinics, by reason of certain lay persons, who seek these clinics *at a present cost* of less than individual consultation" There is also the rising cost in more accurate diagnosis, to diversified and duplicated work due to social service workers, records to be kept, equipment required and to be maintained, and to specialization

These questions as raised for your consideration tonight have been present for long in the group of the medical profession, but are becoming more and more acute as the world moves on in its evolution, and it is for us who are gathered here tonight to carefully weigh the trend of this evolution and plan to meet the encroachment and burden settling down upon the individuality of the physician and his gradual elimination as such through economic conditions

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In actual dollars and cents his books showed a business done of some $52,645 00 Of this sum well over $20,000 was charged up to the strictly charity group from which he expected no remuneration Some of this work had been done in emergencies and disasters which befell the community, but none of this $20,000 was "legitimately" collectible by him under present ethical standards and had been furnished in part to such groups as—A Boy Scout Camp in which he was interested, $128 for sick scouts during the summer season where it was advertised that parents need not fear to send their sons, as a "competent physician was provided by the camp at no expense to the parents" His two clinic days per week, 96 in all for the year, averaged 38 patients per day for which he had credited himself at $1 00 per patient, $3,648, and yet there was no social service nurse to check those who sought his advice He had been asked special advice concerning many civic affairs, where architects and other technical advisors as well as the clerks and stenographers had all received pay for services rendered per hour or per diem, of over 300 hours in the year For this he had credited himself at $10 per hour, and in one of the conferences his ideas had maintained where he had saved the project some $15,000 by his after study work at home in his "leisure" evening hours and where a high priced out of town consulting architect received $100 per day for his services He had done on his hospital wards some 280 operations in the year for which he took credit of $14,000, at an average of $50 00 per operation and attendance

And beside that at a fee of $3 00 for an office call he credited himself with 462 office calls, mostly emergencies or patients sent in by "kind friends" requesting he remember the patient was poor, or for a street accident, etc, making again $1,386, thus giving the community service for which he received nothing

All of these sums amounted to $22,162 roughly, with not a penny to offset them, and in some instances greater loss was sustained through equipment and dressings never returned

Of this $52,645 then, as charged on his books to all accounts, $22,162 was strictly charity, leaving him a balance of $30,483, which he had charged as being good and which he would seek to collect.

Of this amount he collected in the year $22,360 and carried over the balance, $8,123, as deferred collections From previous bills of past years he collected $4,285 which gave him a total of $27,645 as his year's income out of a possible total of $52,645, plus back collections

Thus this physician gave to his community about $25,000 in charity work, much of which should have been repaid to him or credited to him on a financial basis to offset the cry of what the endowments and charitable citizens had done for the indigent in their community

This physician said he was bitterly scored, time and time again, when the subscription lists were being passed around, and even by his own hospital board, as he felt he must subscribe something to each charity when a pay patient solicited from him, because his gifts were in the $10 00 to $15 00 class, and yet his charity and church gifts were over $1,000 that year, some of his gifts going to organizations and institutions where the executives thereof were drawing goodly salaries and he was giving his professional services for nothing and even did not receive so much as a letter of thanks at the end of the year!

How is this economic problem to be met by the physician? How are we to stem the tide and tendency whereby more and more of the physician's time, brains, and even money is being sought for, yes, and in some instances even being demanded under covert threat of club, church or fraternal boycott, in the guise of sweet charity, while the business man insistently demands of the doctor that his bills be paid, and while the doctor has always carried a stigma of being a poor payer Rich he may be in work done, but too poor, if honest, to meet his just debts, rear a family and maintain a decent standing in life, unless the economic pressure of the charity demand from all so many angles be lessened, and the doctor receives just pay for his services as rendered to all

Statistics of the average income of the physician compiled not so long ago gave some very startling figures, namely that his income was about $1,200 throughout the United States

When this is compared with the rising costs of medical education and the thought that money so expended is money invested and should have adequate return in later years, but must be productive through the doctor's own efforts, then the cry should not go forth that the doctor is rapacious and grasping, but rather that he is but seeking his just due

The rising cost of the care of the sick does not find its way into the pockets of the doctor, save as a very small percentage of that cost, as has been proven, over and over again in surveys This cost of care again is a community problem of taxation in seeing that all of the citizens of a given place pay their just share toward the general good done in a hospital and not "farm

at Poughkeepsie forced New York to ratify and thereby brought about the adoption of the Federal Constitution This attitude of Alexander Hamilton I would commend to your consideration It is an attitude which if followed by all of you, will tend to advance the progress of your profession.

If you cannot at all times get exactly what you want, or force others to adopt what you think is necessary to be done, consider carefully what the majority have achieved before you decide publicly to oppose it Consider whether on the whole that which has been done is not better than as though nothing had been done and whether you cannot advance your own interests and those of your fellow practitioners by advocating the conclusions of the majority

It has sometimes struck me as an amazing thing that in you gentlemen, trained as you are in scientific research, equipped with a scientific viewpoint, thoroughly inculcated with that attitude which accepts only that which has been proven, that in your own deliberations and sometimes in the programs which you espouse, the scientific spirit is so often lacking Were this not true, some ill-considered suggestions would not be made or advocated with such passionate heat. Before you embark on any program, I would commend to you the scientific attitude with which you, more than any other class of men, are and should be most familiar That attitude would require a complete, exhaustive, thorough, and painstaking examination of the question, a consideration of all sides of the question and of every aspect of it, a study of its relation not only to yourselves, but to the public also, a consideration of the arguments both for and against It is this attitude which the careful and intelligent lawyer sets before himself in the preparation of a case If he hopes to win he considers not only the merits of his case, but its possible demerits He considers not only the strength of the contentions of his client, but what strength the contentions of his adversary may develop He visualizes not only what can be said in favor of his side, but with equal caution that which justly can be said against it.

To me, at least, it seems that much of your discussion at your meetings savors of the Aristotelian or Platonic method rather than that which Francis Bacon made so famous By mere argument and logic you cannot progress It is by inquiry and research that you determine what the facts are, and having established these, you then can make your diagnosis, and the prescription and the remedy follow easily and naturally thereafter Sometimes it seems to me that in your meetings there is a dissipation of energy, and the discussion as ardent as it is sincere leads to no definite conclusion If you will look back over the various papers which have been presented to the medical meetings of your society for the past forty years, you will find that many of the problems which still confront you were being discussed, debated and considered before you were born or when you were still little boys And yet the solution of many of these problems has not yet been found

Would it not be wise if during each year it were determined that one or two of the most pressing problems should be attacked and studied, to the end that a scientific understanding of the underlying causes of the trouble should be unearthed and a scientific solution thus evolved? And that after this is done, a program be adopted for the rectifying of the trouble, and that then the entire membership of your profession should be enlisted as a unit for the achievement of the desired objective

Many of your problems are problems common to us all, they are the result of the trend of the times, of the march of progress, if it be progress You must understand all these things, you must study them Only in this way can you expect to keep abreast of the times, of public opinion, and to enlist and to receive the cooperation and the sympathy of the lay public, from which you draw your patients, your supporters and now, alas, too unfortunately, many of your opponents

In your profession as in any other, leadership is essential Choose as your leaders men in whom you have the deepest confidence, men of sound judgment, of course, of vision and enthusiasm Assist them toward arriving at the conclusion which will benefit you, and when these conclusions have been reached, fall in behind them, cheer them on, support them, help them, don't oppose them. With proper leadership and with proper cooperation you will find the public your friends and not your enemies, and you will then march on to the attainment of all that you desire

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June 15, 1929

INDIVIDUALISM IN THE MEDICAL PROFESSION

By LLOYD PAUL STRYKER, COUNSEL OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Abstract of an address at the annual meeting of the Medical Society of the State of New York, on the evening of Tuesday, June 4, 1929, in Utica, N Y

AT doctors' meetings, at social gatherings of physicians, and in private conference with them, the ills and the difficulties of the medical profession are constantly rehearsed and restated The economic difficulties, the indifferences and misunderstanding of the public, the ingratitude of patients, the indifference of the lay press, the problems in the legislature, the obtrusive and ofttimes ill-considered interference of lay bodies—these things and many more form the staple basis of discussion in papers read before societies of doctors and in their private converse The troubles so frequently repeated and rehearsed have a real existence and the constant discussion of these topics is therefore justified They bring, however, a train of reflections which merit, at least, equal consideration and attention They force the question, what are we going to do about it?

For whatever it may be worth, I should like to give you my own reactions—whatever else they may be, at least you will accept them as the impressions of a sincere friend and strong well-wisher both of your profession and of the individual practitioners who compose it

Constantly before lay juries, frequently before the legislature and elsewhere, I have given voice to eulogy and praise of the great work in which you are engaged and of the fine unselfish spirit with which you carry on But when I have you all alone in private converse, I think perhaps it would be more helpful were I to dispense with the praise which I could justly utter, and were I instead to speak quite frankly, and if it be to some extent in criticism, it will be understood as the constructive criticism of your well-wisher and your advocate.

I have had occasion innumerable times to speak in praise of your individualism I am an individualist myself and I strongly believe that the state is ordained to preserve and protect the rights and liberties of the individual rather than that the individual exists for the mere purpose of rendering service to the state I am in strong sympathy with your individualism, I respect it, I admire it, but it has its defects as well as its advantages We live in an organized society, we live with and among human beings However much we reverence the ideal of liberty, organized society involves to some extent the surrender of liberty Organized society is a give and take The more complicated government becomes, the more restraints upon our individual liberty are necessarily imposed In our complicated modern life, while we should preserve all that is fine in independence of character, all that is strong and admirable in the maintenance of our individual views, we should never forget that to accomplish anything, cooperation is essential Of all the classes of men with whom I have come in contact in the course of my life, I have found none who find it more difficult to cooperate and to unite than the members of your profession. In your professional life, as in government, these aphorisms hold "United we stand, divided we fall!" "In union there is strength"

It is a splendid thing to have self-confidence It is a splendid thing to have the courage of one's convictions It is a splendid thing to be ready to strive, and if necessary to fight for one's beliefs It is an admirable thing to possess a staunch confidence in the correctness of one's views It is an admirable thing to be able and to be ready to advocate what one believes in with force, with eloquence and with persuasive power But it is an even finer thing for the self-confident man, who has had his say and who has been overruled, to have that largeness of character and of vision which enables him to cooperate with the majority which has overruled him No friend of yours could criticize any one of you for championing his beliefs with courage and with persistence, but where this has been done and your county society or the state society has overruled you, it will not advance the cause of medicine if you stand aside and seek to obstruct what the majority of your brethren, after due deliberation, have concluded is a wise program And yet all too frequently this is done by the members of your profession, and it is for this reason that as a society you find yourselves with less influence than that to which you are in all justice fully entitled

When the legislature or the lay public turns to you for advice, it all too frequently finds such a contrariety among you, such dissonance where there should be harmony, such vigorous dissenters, that it sometimes concludes that the medical profession does not itself know what it wants

Alexander Hamilton went to the Philadelphia Convention of 1787 with certain definite concepts of what the Federal government should be The Constitution which eventually emerged from the debates bore but slight resemblance to the theories which he had sponsored The Constitution which finally came from Philadelphia was far from satisfactory to Alexander Hamilton, and yet he did not sulk in his tent, he examined it and concluded that defective as it was, it was far better than nothing at all That even that plan of union was better than no plan at all, and so he devoted his persuasive and his luminous intellect to the composition of the Federalist papers—which have ever since been regarded as authoritative expositions of the Constitution—and in the Convention

The disease, when located in the groins, or more accurately upper thighs, described formerly as eczema marginatum, became very prevalent and was later named red flap and jockey (or jock) strap itch It is especially apt to occur among wrestlers with very abbreviated clothing and seems here to be directly contagious, although as a rule it is a mediate infection This exception may be due to the fact that in wrestling there is violent perspiration and minute abrasions of the skin are apt to occur while this is not the case in coitus although direct contact is present

My own case of epidermophytosis may be of interest in this connection as it has existed for twenty-four years and probably for twenty-five longer as I can recall having had cracks between the toes occasionally since early youth Since hitting upon the pine tar ointment and iodine-camphor treatment ten years ago it has given me no trouble except on three occasions About six years ago there having not been the slightest trace of the disease for two years, I believed it to be cured and gave up the use of the iodine-camphor lotion for six weeks during my vacation Upon my return a severe attack of epidermophytosis developed between the toes and extended to the balls of the feet It required nearly three months of the pix ointment treatment to restore the feet to an apparently normal condition Two years later I used the lotion during my vacation irregularly with the result that another severe attack occurred

At the 1927 annual meeting of the American Dermatological Association, held in May upon a steamer in the Chesapeake Bay, the strangeness of ship life made me forget to use the lotion for five days although I had taken it with me Upon my return the most obstinate attack I ever had occurred and the toes were not cleared up for ten months Pix ointment failed this time and every other form of treatment, including permanganate of potash, Whitfield's ointment, mercurochrome, gentian violet, etc, and the feet only returned to their usual, apparently normal condition after abandoning all remedies except the camphor-iodine lotion applied twice a day

Another member of the American Dermatological Association has had epidermophytosis of the toes fifteen years, another twelve, another nine years and I presume there are many beside us four I wrote to two of these physicians a few weeks ago, stating my opinion as to recovery in this location and requesting them to inform me whether or not their toes were cured Neither replied, hence it is probable that they are not. If dermatologists fail to cure the disease in themselves it must be considered as extremely obstinate, if not incurable, in this location

I have examined several patients who stated that they were cured, but who, upon examination proved to be still affected and I have never yet seen a case of epidermophytosis of the toes which was cured On this account it is well to inform all patients that the disease between the toes is extremely difficult to cure and very likely to be transplanted to other parts of the body and to advise them to treat the toes indefinitely with some preparation, like the iodine camphor lotion, which will insure the latency of the disease, until a real specific is discovered

Karrenberg, in his article, "The Present State of Epidermophytosis in Europe," in the Archives of Dermatology and Syphilis, Nov 1927, states that Keller of Freiburg "Cultivated epidermophyton from the healthy skin between the toes of a patient who during the previous summer had had eczema between his toes which was apparently of mycotic origin" This statement certainly supports my theory that in this location the disease is almost if not quite incurable and the article should have read "apparently healthy skin"

A routine method of examining the toes is of great importance The feet should not have been washed for two or three days The toes are to be separated and the interspaces carefully cleansed with dry absorbent cotton before diagnosis is attempted The most frequent condition is a white, sodden epidermis, somewhat resembling the condition of the hands after long immersion in water, less frequently small vesicles, often scaling and fissures The conditions are most pronounced, generally, in the fourth interspace In some cases all four conditions will be encountered

Several times I have started to examine all cases for this condition, irrespective of what skin trouble caused them to consult me Unfortunately my good resolutions waned each time but a very large proportion of those examined showed epidermophytosis of the toes, 82 per cent. Strangely one of the six negative cases was a fairly regular gymnasium attendant. Of course this large proportion would hardly be found again in a similar series of cases

It would therefore seem a good routine practice to examine the toes in all cases of skin disease as it would clarify many in the same manner as a routine Wassermann

I shall probably be criticised for this attitude but, from my own experience, I believe epidermophytosis to be intrinsically a disease of the toes The ideal conditions for the propagation of fungi, warmth and moisture, are here present to an eminent degree. All of the cases which I have diagnosed as such have also had it between the toes I must confess that I have not recognized some of the forms mentioned by Dr White in his admirable article, "Fungous Diseases of the Skin" and am open

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SOME PHASES OF EPIDERMOPHYTOSIS

By E WOOD RUGGLES, M D, ROCHESTER, N Y

Dermatologists have been rather surprisingly slow in recognizing how large a proportion of skin diseases is caused by the epidermophyton, since a few years after the description of eczema marginatum by Hebra, 1860 Köbner, Pick and Kaposi discovered it to be of mycotic origin and Saboreaud isolated and described the fungus, the epidermophyton inguinale, in 1907 Only the very latest text books consider it as an independent skin disease Until then it was loosely described along with eczema, dyshidrosis, etc

It has been suggested by some authors with apparent reason, that the enormous increase in the number of cases reported of late years is due, not merely to greater accuracy in the diagnosis of cases formerly regarded as eczema, etc, but to an epidemic following the World War We all know that, following every war, there is a widespread epidemic of scabies, lasting several years

I presume many of the dermatologists present will dispute some of my conclusions regarding this protean disease which has suddenly occupied the attention and research of the dermatologic world Personally, I believe it to be the most frequent skin disease in America I am aware that it only occupies the fourth place in the lists of those specialists who keep a record of their diagnoses but I am fully convinced that, if the toes had been separated and the interspaces carefully cleansed with dry absorbent cotton, in all cases of acne, eczema and alopecia furfuracia, epidermophytosis would take the lead

A large number of cases reported as eczema would be dropped from the statistics if an examination of the toes were made I believe that three-fourths of all cases of apparent vesicular eczema are due to the epidermophyton and a good many cases of squamous eczema also, especially those which are mildly vesicular at the onset

In our practice we frequently meet cases which we have diagnosed and treated as recurrent eczema which we finally find to be a reinfection with epidermophytosis from the toes Nearly every case of so-called eczema of the groins is epidermophytosis except the few which are extensions of an anal or vulvar eczema Practically all cases of eczema of the nails are due to the epidermophyton or the tricophyton

My investigations warrant the assertion that nine-tenths of all regular habitués of gymnasiums and a very large proportion of those who use the showers, barefooted, in golf clubs, fraternal organizations, etc, are afflicted with this disease A prominent member of the American Dermatological Association thought this a gross exaggeration I therefore went to the Rochester Central Y M C A gymnasium and asked the physical director to permit me to examine the feet of the men in a very active class Twenty-five came to me at his office Every one was infected, seven severely, three mildly

I then thought it well to examine a class which was not so active or regular, the business men's Only nine of these appeared, probably the others were shy about showing their soiled feet Every one of these was infected also, two rather severely This makes 100 per cent in thirty-four cases

The time these thirty-four persons remembered having had the symptoms varied from three weeks to forty-three years The average duration given was nine and one-half years and all had undoubtedly had the disease for longer than they stated for a large proportion of cases has no subjective symptoms

Only recently seven cases have been referred to us who had used the showers in the Elks Club in this city The physical director of the Y M C A. came to me a year ago on account of having herpes zoster I said to him, "Mr W, you have been barefooted on gymnasium floors for a good many years I would like to examine your feet as you probably have a form of ringworm" He protested that he had never had any trouble with his feet but examination disclosed pronounced epidermophytosis between the toes and he then remembered that he had an annoying itching of the toes in summer

This is certainly a serious condition and one which will continue to spread the disease even after the war epidemic has subsided The most practical prophylaxis, in my opinion, would be that every user of shower baths be required to put on a pair of the paper slippers which a great many clubs provide for use after the bath, immediately upon removing the socks, discard them when stepping into the shower and put on a fresh pair after the bath To do only the latter is to "lock the door after the horse is stolen" In addition all gymnasium members should be prohibited from leaving their lockers or going on the floors barefooted Infected persons should never go barefooted in the home People with infected hands should never shake hands with others nor use utensils which others are likely to touch Of course this could only be accomplished by extensive dissemination, through the newspapers, of information regarding the frequency, seriousness and contagiousness of epiderompytosis

the use of calamine lotion whenever itching occurs and employ *x-rays for the dermatitis* although they have no fungicidal effect

There are quite a few cases where the foregoing treatment is inadequate and in these we have tried the many other methods suggested Two per cent mercurochrome has proved very useful in several cases but, from my own experience, I do not regard it as specific Two per cent gentian violet has been mentioned as valuable but is such an all-pervading and ineradicable stain that I have ceased using it The thymol 2½ per cent oil of cinnamon 2 per cent alcohol solution has, in our experience, proved irritating and not particularly efficacious We have tried Sharlit's and Highman's preparation, tetraidomethanamine, in about ten cases, each of which was aggravated by its use The best results in obstinate cases have been obtained by using Whitfield's ointment one night, the pix ointment the next morning, night and following morning, the second night Whitfield's ointment and so on One thus secures the keratolytic effects desired without too great irritation

The formula of Whitfield's ointment is benzoic acid 12 per cent, salicylic acid 6 per cent in cold cream

I have employed the following lotion

Ol rusci	3 iv
Spir camphoris	3 jss
Alcohol q s ad	℥ j

in several obstinate cases with pleasing results although it is too irritating in some and its use has to be abandoned It always produces hardening of the tissues and its use must be intermitted occasionally and an ointment substituted for a time For the frequent, annoying itching it is a specific and I can recommend its trial when dissatisfied with the results obtained by other methods

Recently I have had two cases in which the skin between the toes remained sodden and spongy in spite of all treatment I advised the use of powdered burnt alum several times a day The result was remarkable The severe discomfort ceased immediately and the epidermis became dry It is of course too early to appraise the value of the treatment

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CHOICE OF ANESTHETIC*

By JOHN J BUETTNER, M.D, SYRACUSE, N Y

WERE one to attempt a choice of anesthetic from the opinions given in literature, he would be quite perplexed ere he arrived at a decision. These varied opinions apply to local as well as to inhalation anesthetics

Surgery must be viewed as a therapeutic agent, which provides relief or cure for ailments that will not yield to medicinal treatment Proper choice of anesthetic, as well as proper administration thereof, is a great factor in assisting surgery to bring about the desired result

This difference of opinion is not without its virtue, in that it causes greater care to be exercised in making a choice. It furthermore stresses the fact that neither the ideal method or agent has as yet been discovered It has been the means of stimulating research toward the desired result The knowledge of cause and effect is richer than ever, but the goal of Utopia has not yet been reached

The choosing of the proper anesthetic is dependent upon circumstances The aim in choosing should be that agent which will quickly, smoothly and safely induce and maintain anesthesia, and leave few if any post operative sequalae There is a marked difference in the available choice of anesthetics in large and small hospitals The large clinic or hospital usually has expert anesthesia and cooperating team work The method best suited can therefore be chosen On the other hand in a smaller hospital, there is lack of team work, not always expert anesthesia, and a lack of proper apparatus In the latter case it is necessary to use the method best suited to the qualifications of the one giving the anesthetic

The welfare of the patient should at all times be given first consideration This implies recognition of the physical condition and temperament. Surgeon and anesthetist should cooperate in choosing not only the safest anesthetic agent but should also agree on the proper and safe time to operate We might apply the words of Dr C B Schutz[1]—writing on Spinal Anesthesia—who says "As in most innovations in surgery, each has its loyal advocate—a loyalty that in some cases proves dangerous because of its blindness" These words might apply as well to all anesthetic methods

That the choice of anesthetic is of interest to surgeons was manifested when Dr Stanton[2] sent out a questionnaire to 640 surgeons picked at random from the directory of the American College of Surgeons The answers were quite interesting, in that it was learned that ether is still the anesthetic of choice with the great majority of those surgeons asked The questionnaire was divided into choice for (1) good risk cases, (2) poor risk cases, (3) hernias, (4) goitres, (5) fractures, (6) spinal anesthesia

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany May 22, 1928.

to conviction in the future In contradistinction to the effects of the disease in other locations it produces as a rule little or no discomfort between the toes When pruritus does occur a peculiar burning sensation is also present

The dermatitis produced by epidermophytosis in other parts of the body is frequently a severe and even disabling disease and often extremely obstinate, but it can be cured through perseverance and ingenuity and I doubt very much if it ever relapses thereafter unless the toes are also infected Of course some persons are very susceptible to the disease and with the extensive distribution of the fungus, even in the air, reinfection is always possible, in the absence of disease of the toes

The improvement and apparent cure of the interdigital form are much simpler matters than elsewhere, but relax your treatment for a short time and it is in evidence again, and so long as it remains in this location there is the likelihood of its being transplanted and causing the same violent dermatitis which you have painstakingly cured

To accentuate the importance of the interdigital location I may state that while I have seen numerous cases of the reappearance of the disease in other parts of the body in those who have neglected my admonition to continue painting between the toes indefinitely with the iodine-camphor lotion I have never known of a relapse either between the toes or on other parts of the body where the use of this remedy was persisted in

Weidman, "Laboratory Aspects of Epidermophytosis" Archives of Dermatology and Syphilis, April, 1927, states, "I believe that the disease is primarily and essentially interriginous, i e, one which affects primarily the groin, toes, etc, but which may come secondarily to affect other parts of the body also"

Dr A M H Gray of London in his discussion of Dr Williams' article, "The Enlarging Conception of Dermatopytosis" at the Golden Anniversary Meeting of the American Dermatological Association, Philadelphia, May, 1926, stated, "I think the spread is always from the toes to the groin" I am thankful to find this much support of my position

The more difficult a disease is to treat successfully the greater the number of remedies suggested For a good many years Whitfield's ointment was the sheet anchor of dermatologists The treatment suggested by me in the article "The Treatment of Some Affections of the Hands and Feet," read at the Annual Meeting of the American Dermatological Association, in 1922, subsequently found many adherents Many other forms of treatment have been advised since then, the most popular being the use of a two per cent mercurochrome solution, originated at Baltimore Lain of Oklahoma recommends the use of one dram of salicylic acid in an ounce of alcohol for a few days until rapid exfoliation is produced, followed by Whitfield's ointment Sulphur and chrysarobin are also favorably mentioned by others

In so protean a disease each of these remedies may have a place and in some cases several are necessary before good results are obtained In our own practice, where the dermatitis is very acute, we employ continuous wet packs of permanganate of potash 1 2000 or some times have the patient immerse the hands or feet in this solution twenty minutes or a half hour three or four times a day

When the dermatitis becomes milder, or at once in less severe cases, we employ the ointment suggested by me,

Zinci oxidi	z jss
Vaseline	3 ij
Ung picis liquidi	3 iij
Ung aquae rosae	3 ijss

This is applied twice a day and removed once a day with olive or mineral oil In a majority of cases this remedy gives very favorable results and clears up the condition in a reasonably short time

When the case, after showing considerable improvement seems to have become stationary we employ the other prescription advised in the same article,

Tinct iodine	drams jss
Spir camphor q s	ad oz j

This is applied twice a day with a camel's hair brush This treatment is always advised for the toes as soon as they improve sufficiently so that no smarting is caused by its use I invariably tell patients that the disease between the toes is extremely obstinate and that they will save themselves much trouble in the future by continuing its use indefinitely, dropping to once a day two or three months after the interdigital spaces look perfectly normal I also tell them that if they wish to experiment as to its complete cure, they may discontinue the use of the lotion after a few months, but a month later to have some other person, with good eyesight, examine the toes carefully as suggested above If the trouble still exists they had better continue with the lotion for the remainder of their lives

If the patient puts on fresh, sterile cotton stockings daily and wears them constantly during the whole twenty-four hours the improvement will be much more rapid Washing the feet daily with tar soap has seemed to assist and also scrubbing between the toes with one of the sand soaps I always advise

tion has brought on undeserved condemnation of a really valuable agent It will always have a definite place and rightly so

Chloroform is a most dangerous agent. It is mentioned by some only to be condemned Others, who know how to administer it, find it very valuable In hospitals, generally, its use is very limited Even in obstetrics it is being replaced by gas, or ethylene oxygen, rectal anesthesia, spinal, or caudal block

When it comes to nitrous oxide and ethylene anesthesia here, again, views differ in certain sections One always finds enthusiasts among surgeons, anesthetists, and patients When it does succeed it is because it is administered by those who know how

While some claim incomplete relaxation from gaseous inhalation agents, recourse may be had to either ether, or anoci

Undoubtedly the ideal anesthetic from every point of view is gas with anoci This takes care of the mental attitude of the patient, provides the necessary relaxation, and is as safe as any combination possibly can be

There are some indications for colonic-ether-oil anesthesia. The obstetrician is using it with great success In some specially selected cases of surgery it works admirably, provided the patient is properly prepared and then watched, after the injection is given It is not fool-proof, yet it has its place.

In brain surgery, where local anesthesia will not suffice, rectal anesthesia affords the best method as it does not give rise to increased intracranial pressure, which is one great factor to be observed in brain surgery It is applicable only in elective surgery, never in emergency cases

Intra-tracheal anesthesia has its advocates While this form of anesthesia had its birth in the United States, its greatest use now seems to be in England and Canada. Intra-pharyngeal anesthesia has replaced it here, altho there has been a revival, in some clinics, of the intra-tracheal method There is evidence of changing of methods all over the country, no doubt with the idea in mind of eventually finding the ideal

Psychology plays an important part in all branches of medicine There is no more fertile field for its use than in anesthesia, be it general, or local The psycho-anesthetist now occupies quite a position in anesthesia. Dr Stein, of New York, a dentist, recently demonstrated in Syracuse, (and has done it in other places), that he was able to hypnotize a patient, in order to have a tooth extracted without any appreciable pain This is quite beyond the ordinary, but shows that some of the ancient methods still have followers Perhaps a great deal of the success of some general anesthetists is due to the psycho-anesthetic powers employed

It is not difficult to analyze why there are a number of local anesthetic advocates When one sees the manner in which ether is at times given, it is easy to understand the reason for employing a different method to enable surgery to be performed

There are various agents used in local anesthesia, also various methods, depending upon the site of operation As was seen in the previously mentioned questionnaire, local anesthesia is used by some for certain operations, while with others it is routine

It is not applicable to all cases, any more than inhalation anesthesia is universally applicable Success comes only when each is used in properly selected cases by those who know how to administer them Deductions in neither case should be made from the results of novices, but from those who have a perfected technique

It is customary for the surgeon to use local anesthesia, except in some of the larger clinics, where the general anesthetist also administers the local It brings up the question, would it be more advantageous to have the general anesthetist perfect himself in the technique of local anesthesia? One reason, therefore, is that in a number of cases it is necessary to supplement the local anesthetic with inhalation anesthesia, or, if not, to supplement to assume the role of psycho-anesthetist It would be time saving to the surgeon and would have a helpful influence on the patient A further advantage of the general anesthetist would be that, in case of respiratory depression, he would be able to give carbon dioxide to stimulate respiration. At times, also, if the patient were nauseated, inhalations of oxygen could be used to great advantage.

For argument's sake we will admit that most operations can be done under some form of local anesthesia In these cases is due attention always given to the mental attitude of the patient? Would all gynecologic patients, for instance, care to submit to surgery, and be conscious thruout? Or, again, would all surgeons care to do this work with the patient awake?

This method of anesthetizing is by no means devoid of danger, both as it pertains to technique, or agent used The great preponderance of opinion today favors novocaine as the least harmful Others advise procaine, which is supposed to be similar to novocaine, but acts quite differently at times Eucaine, tutocaine, and apothesine all have their advocates Here, as with the general agents, there is a difference of opinion One often wonders whether this variance of opinion is due really to the agent, to the user, or is there some idiosyncrasy of the patient?

General anesthesia has been in vogue many years Local anesthesia, in comparison, is a mere infant Perhaps we are somewhat prejudiced, especially if we consider the words of the well-known local anesthetic advocate, Dr Matas[4], who says, " We have accustomed ourselves to ether and chloroform to such an extent that only in ex-

In answer to Question One, 555 use ether alone or preceded by ethyl chloride, nitrous oxide, or ethylene, 60% use ether alone without gas induction, 5% use ethylene, 4% use nitrous oxide, 1% use ethylene and nitrous oxide. Three surgeons use local for ordinary laparatomies, two use paravertabral, one uses spinal, or ether, twenty-five use anoci This shows the great popularity of ether for good risk cases

The poor risk cases showed a wide difference of opinion Some use more than one method in this type of case Over two-thirds of the straight ether users switch to some other method, over one-half of the gas-ether users make a change The changes are as follows 5% to ethylene plus oxygen, 7% to nitrous oxide plus oxygen, 30% to local, 42% to anoci, 5% to spinal The change from ether in this class is quite striking It shows a marked trend toward the gas anesthetic, with, or without, local One added question in the questionnaire would have been of great value, viz who administers the anesthetic? The question of expert anesthesia would, no doubt, have changed many answers in this questionnaire The switch in Class II from ether to local may have been due to lack of experienced anesthetists

In hernias 88% of the ether users change to local, 9% use anoci, 3% use spinal Here, again, the added question would have been of interest

In goitre cases the great number of ether users change to local, or anoci. Some change to nitrous oxide plus oxygen It was also noted that more changed to ethylene plus oxygen, than in laparotomies Some used colonic-ether-oil for goitres Ethylene plus oxygen in this type of case is meeting with increased favor

In fracture work 70% of the ether users still preferred ether, 18% use nitrous oxide plus oxygen Sixteen surgeons resort to light chloroform anesthesia, one surgeon reported using ethyl chloride It is quite significant to note throughout the questionnaire the almost total abandonment of chloroform for anesthesia Fractures might be classed as good risk cases, thus the greater use of ether

The answers to the use of spinal brought out the fact that 67% stated definitely they did not use it at all Several had used it and given it up One surgeon, after using it in 1,056 cases, gave it up because of the severe post-operative headaches Some have changed from spinal to sacral and caudal block 90% of those who use spinal do so only in bad risk cases

Reports in literature vary, and while some are enthusiastic, others advise caution Dr Pitkin, of Tea Neck, New Jersey, is a staunch advocate He has perfected a technique, and has experimented on solutions until he feels that he has found the ideal one His reports are quite convincing

Further review of Dr Stanton's report shows that some users of the volatile, or gas, agents returned to ether The reason given for the change was that were proper attention given to ether administration many of its objectional features would be eliminated The same reasoning applies to all anesthetics Here, again, the data from the added question would have been of interest In this connection recognition should be taken, not only of the effects of ether on the patient, but also on the anesthetist, unless a closed method of etherization is employed The open method of etherization, which is still advocated by some, but condemned by others, has a harmful effect on the anesthetist, and literature records a number of deaths of anesthetists from this cause The comment on nitrous oxide showed its value when administered by experts Hence, here we might presume that satisfactory gas anesthesia was obtained where expert anesthetists were employed

Ethylene users are all ultra-enthusiastic While it was admitted that in some cases ether or anoci were needed as adjuvants, this did not detract from its use

Complaints are at times heard that ethylene plus oxygen produces changes in the color of the blood, also increased oozing These conditions are, no doubt, due to lack of oxygen in the mixture The writer firmly believes that one great advantage of ethylene and oxygen lies in the ability to use large amounts of oxygen without minimizing its anesthetic value

The one great condemnation we hear of ethylene plus oxygen is its explosibility

Homer and Gardiner[3] have proved that ether is as explosive as ethylene, but not with as loud an intonation Yet ether is not tabooed We have always known that ether explodes in the presence of spark or cautery, but by observing the necessary precautions no accidents occur The same may be said of ethylene

Hence, why cast aside a really good anesthetic agent for no good valid reason. We might as well reason that inasmuch as morphine and strychnine are poisonous they should not be used. Proper precautions should be observed with drugs and anesthetic agents in order to achieve the best results

After summarizing the data in the above mentioned questionnaire one can readily understand why there is a diversity of opinion in general or inhalation anesthesia It is not difficult to diagnose poor technique, and improper attention to inhalation anesthesia

Let us take a cursory review of the general, or inhalation, agents we have to use

Ether is the agent most generally used While it is not as popular in some sections as in others it will never entirely disappear from the scene Some use it merely as an adjuvant to a nitrous oxide or ethylene anesthetic, while others use it following a gas induction Improper administra-

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PACHYONYCHIA CONGENITA*

By GEORGE C ANDREWS, M D, and SAMUEL STRUMWASSER, M D, NEW YORK, N Y

IN 1906, Jadassohn and Lewandowski for the first time reported in the iconographia dermatologica a peculiar anomaly of the finger and toe nails which they termed pachyonychia congenita. The patient was a girl of fifteen and showed, in addition to the changes in the nails, other abnormalities of the skin and mucous membranes These changes in many respects resembled those found in keratosis follicularis of Darier, from which disease pachyonychia congenita was distinguished by the authors on account of the peculiar lesions of the nails and tongue For the past year a case which is almost identical to the one described by Jadassohn and Lewandowski has been under our care, and this similarity, as well as the apparent rarity of the condition, has lead us to a careful study and report of the case.

Following is a description of the condition as originally given by Jadassohn and Lewandowski

History—E C, fifteen year old girl, first seen June 15, 1905, presented a cornification anomaly of the skin and the nails The nail condition had been present since birth The duration of the condition of the skin is not known. The parents and seven other sisters were free of this condition, but one brother showed abnormal changes, which will be described below

Examination—The nail plates of all the fingers and toes are greatly thickened and so hard that it is impossible to cut them with scissors, the father having to take recourse to a hammer and chisel to trim them The finger nails are of normal length and width, becoming thicker at the free borders and measuring three to five millimeters in depth They are for the most part transparent and pale, with smooth and glistening surface, and at the tips are grayish-black in color At the free borders here and there appear whitish-gray streaks

The toe nails are all greatly thickened, especially the large toe nail which resembles a condition of onychorgryphosis The surfaces are not smooth but show irregular transverse grooves The consistency is the same as that of the finger nails The growth of the nails is not especially rapid The patient is not conscious of any impediment to finer movements of the fingers

On the face, around the nose and the chin, are bright red, somewhat pointed papules, and on the nose are several vesicles with clear fluid, alkaline in reaction and sterile. There is hyperdrosis of the skin of the nose, palms and soles On the soles there are many callosities, which through maceration form whitish elevations In the summer, and seldom in the winter, there appear on these callosities painful large bullae, the contents of which are alkaline in reaction and show no organisms of any kind On the elbows and knees are definitely grouped pinhead-sized follicular papules In their centers there is a horny plug which fits into the papule in a crater-like depression The dorsum of the tongue is covered with thick, adherent, irregular shaped white plaques, sharply defined. At the borders and on the undersurface there are present white streaks and irregular, slightly raised, linear lesions The mucous membranes are otherwise normal

About four weeks after the patient was first seen, a definite eruption was noticed, which has persisted and which is present chiefly on the extensors of the arms and legs, on both scapulae, and in the region of the axillae and the gluteal region The eruption on the elbows and knees is most marked Most of the lesions are pinhead sized with intensely red bases containing a centrally located horny cone, whitish-gray in color The skin between these papules appears normal Removal of one of these horny cones left a slightly bleeding crater-like depression.

The above-mentioned four-year-old brother presents an analogous condition except that there is no involvement of the nails nor leukokeratosis of the tongue

Histological Findings—The examination of a lesion containing a horny cone (described above) shows a hyperkeratosis of the follicle surmounted by parakeratotic layers heaped up so as to encroach on the next lesion There is decided thickening of the rete with marked infiltration of the neighboring rete pegs in the cutis The rete cells are excessively vacuolated, here and there numerous and large keratin hyaline granules are present extending to the deeper layers The cutis shows slight edema and a moderate increase in cells

History—Our own case is that of a boy five and a half years of age, born in the United States of Russian Jewish parentage. He was the first child and has one other brother two years of age, who is free of this anomaly The boy was born of a normal labor, and there is no history of miscarriages The family history on both sides is entirely negative The condition was first noticed two weeks after birth when the nails on the hands grew out like talons and were cut off by the physician At the age of six months, the nails of the hands and feet began to fall off at intervals of one to two months This was preceded by an area of redness and bogginess surrounding the nail bed, all the nails being involved at one time or another At eighteen months of age, the child began to develop lesions on both

*Read before the Annual Meeting of the Medical Society of the State of New York at Albany, N Y May 23 1928.

ceptional cases do we think of the possibility of doing any serious surgical work without them There are many major surgical operations which can be done better, and more safely, with the help of local anesthetics, and it is merely force of habit that keeps us in the old 'rut'" These are the words of a master, and, as such, carry great weight It is quite interesting to question the local anesthetic advocates and ascertain why they are so enthusiastic Invariably the answer is that there was no experienced general anesthetist available, results were so distressing with inhalation anesthesia that they were forced to resort to other means It took time and perseverance, however, to acquire a perfected technique Furthermore, the manipulations of the surgeon under this type of anesthetic are always very gentle The same care of the patient with general anesthesia would give results quite different than ordinarily seen

Results in local anesthesia, if we note reports in literature, are not always ideal Failures are noted frequently and quite often it is necessary to supplement with general anesthesia Unpleasant sequalae and even fatalities have resulted, hence perfection has not been achieved with this type of anesthesia

To be fair, we should admit, however, that there is a place for all types of anesthesia The selection should be unbiased, and the patient should be the one to receive the benefit of the choice

The majority of patients today dread being hurt, hence prefer being put to sleep On the other hand there are patients who dread being choked and strangled when being put to sleep, hence frequently delay operation, or submit to local Where expert anesthesia with gas induction and maintenance is the vogue, we invariably find satisfied patients

Concerning post-operative nausea, which is a great "bugbear" of general anesthesia (but may be present with local also), one cannot promise absence therefrom no matter which one of the local, or general agents are employed Satisfactory preliminary preparation will minimize, if it does not totally prevent this complication

If we sum up the pros and cons of local or general anesthesia we shall find that it is too often a matter of personal opinion that brings about the choice, rather than the real needs of the case

Spinal anesthesia has its advocates That it has a place cannot be denied, but discretion is needed in making the choice, instead of making routine use thereof The surgeon may find advantages in its use while he is working, but can one always promise any better post-operative results therewith, than could be obtained by a properly administered gas-oxygen or ethylene-oxygen anesthesia? If the patient's expression is closely watched under spinal anesthesia, one does not always note lack of anxiety There are exceptions without doubt, but many certainly show signs of fear

Admitting that the various forms of local anesthesia are in their infancy, we cannot foretell what the future has in store for them, when we consider the marvelous progress that has been made in general anesthesia

Would it not be reasonable to expect that if the general anesthetist, in place of limiting himself to inhalation or general anesthesia, would assume the duties of local anesthetist, he would improve the technique thereof, and overcome some of the present day objections

In conclusion, let me stress that there is a place for each and every type of anesthetic, that best results are obtained by using discretion in making the choice Cooperation of surgeon and anesthetist is essential, and closer attention to psychology is advocated

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the appearance suggesting a mild inflammation from the pressure or irritation of the overlying thickened epidermis The connective tissue seems to be normal

In the course of a talk with Doctor Howard Fox, after we decided to present our case, he told us about a child with a similar eruption in his care, and strangely his case is almost a complete counterpart of the two just given We are indebted to him for the privilege of including the following description of his case

History—S W, three years, nine months of age, born in the United States of American parents, presented a peculiar anomaly of cornification affecting the nails and cutaneous surfaces The lesions on the nails had been first noticed two weeks after birth, those on the skin, when the child was two years of age At the age of one year, he was said to have suffered from an enlarged thymus gland, which had interfered with breathing and which had been been treated by *x*-ray He had suffered from diphtheria shortly before the appearance of the cutaneous lesions The patient is the only child of young, healthy parents No similar disease is present in any of his relatives, including twelve first cousins on the maternal and four on the paternal side.

Examination—Examination shows the patient to be a well-developed, mentally active, fine-looking child, weighing 42 pounds The eyes are blue and the hair blond All of the finger and toe nails are abnormal The finger nails are of normal width but greatly thickened, the depth increasing towards the free borders The surface is smooth, presenting no pits, ridges or furrows There is some diminution of lustre The nails are grayish-brown in color, being increasingly discolored towards the distal ends, where there are some whitish streaks on the nails of the left hand. The nail-plates are extremely hard and firmly attached to the nail-beds There are no paronychia and no abnormality on the skin of the fingers There is no hindrance to the performance of fine movements The rate of growth of the nails is normal and the direction straight. The toe nails show changes similar to those of the fingers with the exception that the growth, if uncut, is in a curved direction (onychogryphosis) No subjective symptoms are caused by the changes in either finger or toe nails The scalp is normal There is no hyperdrosis of the face and nothing to suggest granulosis rubra nasi At the right angle of the mouth is a crusted area, apparently a simple herpes The mother states that the patient often has cold sores in this location which last several weeks The tongue is coated habitually but there is nothing to suggest leukokeratosis The teeth are in good condition and show no abnormalities On the extensor surfaces of the forearms there are pinpoint to small pinhead keratoses Over each olecranon there is an irregularly shaped, warty mass, the size of a bean, surrounded by small pinhead warty, spinous lesions On the lumbar and sacral regions, fairly numerous, grouped, small pinhead lesions are located, being rough to the touch and the largest having a red base and filiform projections The genitalia are apparently normal The lower extremities are affected chiefly above the knees and to a less extent on the anterior aspects of the legs The buttocks shows a similar condition to that of the lumbar region but with more marked filiform spines The thighs show a fairly profuse eruption of follicular keratoses, from a pinpoint to a pinhead in size, the largest having filiform spines The skin between all of the above described warty lesions is smooth and normal in appearance On the internal aspect of the great toes, metatarsal regions and heel of right foot there are pea to bean sized yellowish callosities, under which are painful bullae. On puncture they yield a clear sterile, alkaline fluid

Discussion—Referring to the original case, Jadassohn and Lewandowski stated that a definite diagnosis was impossible, and that the essential follicular hyperkeratosis brought to their minds Darier's disease and keratosis (contagiosa) follicularis of Brooke The plantar and palmar hyperidrosis was described in Darier's disease with additional localization on the nose and chin but leukokeratosis of the tongue was not described at that time in either affection The nail changes in their case had never before been noted and the various dermatologists who saw their case were unable to classify it For these reasons Jadassohn and Lewandowski chose the term pachyonychia congenita because in Brooke's disease as well as in Darier's disease no nail changes were at that time reported. Since their article, the condition of leukokeratosis has been described in Darier's disease and we feel, in view of the clinical and objective findings grossly and pathologically, that pachyonychia congenita is not a clinical entity but together with leukokeratosis is a cornification anomaly which forms a part of Darier's disease

knees which the mother said looked like warts, this condition gradually spreading to the elbows, popliteal spaces, buttocks, legs and ankles

During his infancy the patient had repeated attacks of vomiting, during which time he would be unable to retain any food for two or three days at a time Since infancy the child has shown excessive sweating of the palms, soles, and of the face, and at intervals also developed herpetic lesions about the mouth

Examination—The boy appears normal in size for his age, and is apparently in very good health He is somewhat backward mentally and replies to questions in a deep, guttural voice with single words His hearing and vision are normal, teeth are all carious The dorsum of the tongue is covered with a general white patchy coating, which is difficult to remove On close examination, the condition consists of confluent plaques, irregular in shape and slightly elevated The tonsils are greatly hypertrophied, and the patient presents the facies of an adenoid type of child The posterior cervical glands, epitrochlear glands and inguinal glands are all palpable

All the finger and toe nails are abnormal The finger nails are of normal width but greatly thickened, the thickness increasing towards the free border where they measure about three to four mm The surfaces are smooth and show diminution of lustre, being brownish gray in color The free borders are grayish-black in color and show vertical striations The nail plates are extremely hard and firmly attached to the nail-beds Some of the nails show transverse grooves The nails grow straight out and show no tendency towards upward or downward curvature Patient is not conscious of any hindrance in the performance of fine movements

Occasionally one of the nails becomes acutely inflamed, being surrounded by a bogginess, which, after a period of one to two weeks, falls off The nail-plate thus seen shows abnormal depth, increasing towards the free border, the underlying nail-bed being covered with a purulent, foul smelling exudate The new nail then begins to grow as any other nail would

Over the extensor surfaces of the forearms, elbows, knees, popliteal spaces and the anterior aspects of the ankles, buttocks and lumbar regions, there are follicular lesions varying in size from a pinhead to a pea These are grayish-black keratotic papules, having in their centers horny cones which fit into corresponding crater-like depressions The removal of these central cones is fairly easy, leaving a slightly bleeding cavity The eruption on the outer aspects of the upper and lower extremities is also follicular, resembling keratosis pilaris This latter condition is not constant and disappears spontaneously only to recur The intervening skin between lesions is apparently normal

At irregular intervals, usually after a history of undue exposure to rainy or snowy weather, the patient develops a series of yellowish waxy bullae These occur on the plantar surfaces of the toes, on the heels and along the borders of the feet These bullae are painful, puncture reveals a clear watery fluid which is alkaline to litmus At the present time the patient shows an oval bulla on each heel about three inches in length

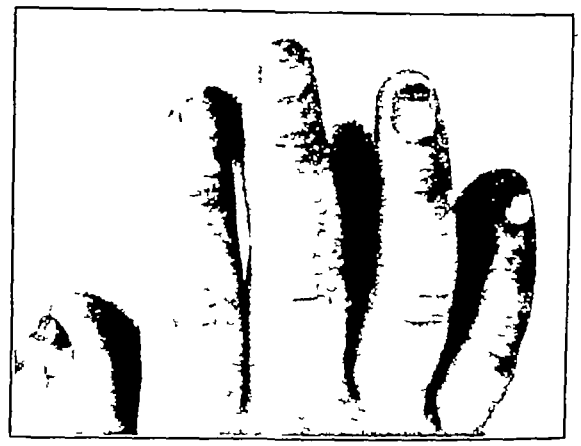


Fig 1

Histological Findings—The striking feature of the specimen is a thickening of the epidermis due to acanthosis and parakeratosis especially pronounced about the pilosebaceous follicles The rete pegs are lengthened and about the follicles the epidermal thickening causes funnel-shaped prolongations extending into the corium The openings of the follicles are dilated and plugged with imperfectly cornified and somewhat degenerated horney material, and horny plugs are also present in the sweat pores The basal-cell layer is irregular and the cells are swollen There is granular degeneration in the prickle cells and



Fig 2

the nuclei are deeply staining and some are crescentic, being pushed to one side of the cell by hydrops They resemble the "corps rond" found in Darier's disease The papillary bodies between the rete pegs are elongated and in places the apices come near the surface of the skin The blood vessels of the corium are dilated and surrounded by lymphocytes, mast-cells, connective-tissue cells and an occasional plasma-cell—

MEDICAL INDIVIDUALISM

The annual meeting of the Medical Society of the State of New York is the reflection of the year's activity of the Society and of its component county medical societies The outstanding item of progress, during the past year, has been the activity of the State Society in the domain of medical administration, which comprises the relation of physicians to other groups in giving health service to the community The actual examination and treatment of persons is necessarily done by the individual doctor, no matter whether he works alone, or as a hired adviser under the auspices of an agency But the relation of physicians to corporations, to States, and to Governmental agencies, is determined by medical organizations of which the Medical Society of the State of New York is representative.

Every physician by virtue of his calling is made a member of two organizations

1 The medical profession

2 The community in which he lives

The physician in private practice must conform his methods and standards to those of his medical confreres and of the leaders in medical research Establishment of these standards and methods is one of the great objects of the medical societies of the State and Counties

Physicians are also keenly aware of their obligations as citizens They have a peculiar responsibility to supply all forms of medical service to all people, but many obstacles stand in the way of their performance of that duty It is an old saying that you can "lead a horse to water, but you cannot make him drink" A doctor can offer his services to the people, but he cannot make them adopt his advice

One peculiar field of medical administration is that of educating the people to avail themselves of the service of family doctors

The relation of the medical profession to allied organizations engaged in health work came up for discussion before the House of Delegates on June third It is an auspicious fact that the members of the House of Delegates voted unanimously on questions which they understood On the other hand, they divided almost equally on what they did not understand It is also noteworthy that the members of the House of Delegates understood most of the questions which were discussed The reason for their enlightenment was twofold first, the projects had been considered by committees and described in reports which were published in the Journal from time to time throughout the year, and second, the plans had been reviewed in the annual reports which were available through the Journal for nearly one month previous to the meeting

The principles of medical administration underlying some of the newer projects involving the medical profession are illustrated by the execution of the law on the rehabilitation of crippled children The medical treatment of cripples is the function of physicians Why then is it necessary that a law should be passed in order that these children might receive proper treatment? The answer is found in the following reasons for the failure of family doctors to provide the treatment

1 Poverty—the most frequent cause, but the one least worthy of consideration, for the money for treatment is always readily obtained

2 Prejudice—the most potent reason, for patients and their parents fear the hospital, or the knife, or some other phantom

3 Ignorance—especially that of a wilful type Parents refuse to listen to their family doctor, but they take their advice from neighborhood gossipers

4 Laziness—parents wish to have a spectacular procedure done once for all, and they fail to persist in daily treatments which must be continued over months of time

Not one of these four conditions is under the direct control of physicians, but any one of them will prevent the doctor from giving the treatment which he is ready and anxious to supply Some other agency must correct those conditions before the family doctor can apply his curative measures It therefore follows that some other organization—governmental, charitable or educational—must cooperate with the doctors in teaching the patient and the parents And, on the other hand, doctors must both give and take the advice and assistance offered by other agencies

The care of crippled children has been largely the function of lay health organizations until last year when the legislature assigned the responsibility of diagnosis and treatment to the State Departments of Education and of Health The Governmental departments had the choice of two methods of procedure

1 They could utilize the services of family doctors and local surgeons

2 They could employ its own professional staff of doctors and nurses and make the care of the crippled children a purely state matter

The departments asked the advice and assistance of the Medical Society of the State of New York and the Committee on Public Relations, who thereupon met the representatives of the departments, and agreed with them regarding the methods to be followed At the very outset the department leaders said that the State wished the family doctors to give the treatment, and would pay them for their services to indigent cripples The State would do the work of overcoming the impediments which prevented the parents from accepting treatment for their children It would send nurses and diagnosticians, if necessary, who would instruct and inspire the parents to seek and

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For list of officers of County Medical Societies, see this issue, advertising page XXXII

APPRAISING THE COMING YEAR

Before looking into the future the individual physician should take stock, as does the banker or business man, of what has gone before Every profession at the present moment is doing this, so complex and quick changing is the life of today requiring constant readjustment Organized medicine must not fail to realize its problems, and in this year it can do more than ever before to establish itself fairly, squarely, and in its proper light, in the good graces of the public Each physician who has a duty to perform to his local society and community, to the State Society as a Committeeman or otherwise, and to organized medicine as a body, will make good for himself only as he makes good for all concerned The Rotarians have a slogan, "He profits most, who serves best." This is a fitting motto to adopt for 1929-1930, if we wish to succeed

J N VANDER VEER

MEDICAL PROGRESS

What Is Basal Metabolism?—G Florence and J Endelme write formally on this subject as if the average practitioner were not familiar with the term While this may be true in some countries it hardly holds good in all, for in many the term is in familiar usage It is, of course, the resting and fasting metabolism expressed in figures which are based on square meter-hours of surface radiation The total surface of the individual varies greatly, and in computing the metabolism for 24 hours a certain standard of weight is taken, as 65 kilos While such a man at moderately active occupation should require about 2,600 large calories for the 24 hours, the basal metabolism may involve an expense of less than 1,500 calories In tests the subject should have fasted for 14 hours, the temperature of the room should be medium and he should be lightly clad The repose and relaxation should be as nearly absolute as possible To determine the basal metabolism, the standard method is to place the subject in the calorimetric chamber, but approximately the same result may be obtained if we can measure the amount of oxygen consumed in a given unit of time, which requires measurement of both the inspired and expired air In approximating the surface area of the body the weight in kilograms multiplied by the height in centimeters, and the product multiplied by the coefficient 71 84 will give the surface in square centimeters Allowances must also be made for age and sex The chief practical significance is in the estimation of the basal metabolism in various disease conditions —for example hyperthyrodism—*Le Journal de Medecine de Lyon,* March 5, 1929

Summer Rickets—J Schönen, one of the assistants at the Pediatric Clinic of the University of Greifswald, writes at considerable length under this title During the year 1928 the number of children from 3 to 18 months examined for evidences of rickets was 668 The number to present undoubted evidences of rickets was 89, and of this number 40 developed the first symptoms in the period June-September inclusive. One-half of these were nurslings who received public care Such a large percentage of summer rickets (40 in 89) is very unusual Naturally with this polyclinic material such tests as röntgenography and calculation of serum phosphate were out of the question, the diagnosis having been made by the presence of a rosary, enlarged epiphyses, and craniotabes The author does not claim that summer rickets differs from winter rickets in any essential particular, but simply suggests that the peak of incidence which should fall in the colder months is pushed forwards into the summer for reasons which may be meteorological but which have thus far eluded an explanation Naturally the high incidence of ultraviolet rays in the summer may be regarded as a preventive of the disease under ordinary conditions, but apparently wet and cloudy seasons have not been brought into direct association with the displacement of the maximum cumulation Housing conditions explain nothing nor do nutritional peculiarities Thus far a general prophylaxis which involves all newborn children has not been planned.—*Deutsche medizinische Wochenschrift,* March 15, 1929

Relationship of Zoster to Varicella—H Freund of Berlin gives a digest of this subject, beginning with the statement that the evidence of the etiological identity of these affections is becoming more and more cumulative This possibility was suspected as far back as 1888, while in the current year A. Netter reported 200 cases from France alone which bears it out In this kind of material zoster is traced to exposure to varicella or the converse There are still however dualists who do not believe that such cases are anything but coincidence Even in the author's clinic, where the two maladies are both common, no case of cross transmission has ever been noted, although others of large negative experience have in time witnessed the latter It is evident that all must depend in the long run on the character of the evidence, which must exclude all likelihood of mere coincidence. Having no personal material the author cites two recently observed cases reported respectively by Bokay of Budapest and Pincherle-Vegni of Sienna In addition he notes the fact that a single observer, Alterthum, has just reported 23 personal cases encountered in the past 9 years Since in rare cases zoster occurs generalized, the question must arise if this type of the disease is not identical with varicella The answer must be in doubt but it seems likely that generalized zoster in one subject has given rise to true chickenpox in an exposed subject. Another interesting question is that which refers to immunity Is a person who has had one of the two diseases immune to the other? The author finds a record of three cases which seem to show that varicella itself, as such, may be followed by a second attack or reinfection, and one may have second attacks of zoster Hence it is not surprising when a subject with one of these diseases is attacked

accept treatments, and it would meet the financial conditions by paying the family doctor and the specialists Making the agreements was an act of medical administration and constituted the practice of medicine as surely as the performance of a surgical operation Moreover, in making the agreements the doctors took a forward step in the discharge of their civic duties

Carrying out the agreements will require the closest possible cooperation of the doctors with representatives of the Departments of Health and of Education One detail that was clearly foreseen was that disputes would arise over the scale of fees to be paid to the doctors The adoption of such a scale was of special importance because the certification of bills would be made by County Judges, who themselves had asked the doctors to tell them what the proper charges should be

The committee suggested the scale of fees which was printed on page 526 of this JOURNAL of May first, but the House of Delegates declined to adopt the scale, on the ground of a fear of the possible consequences that would follow the formal adoption of any scale, yet there was no criticism of the fee list itself, and it still stands as the suggestion of the Committee on Public Relations

The meeting of the Public Relations Committee with the State Departments of Education and of Health was only a preliminary getting together, and more conferences will be needed, in fact, the leaders in the State Departments asked that a committee be designated by the State Society to advise the departments The House of Delegates was asked to designate the Committee on Public Relations as the advisory group, but opposition to this developed The discussion revealed that while the doctors criticized the departments for failing to consult the medical profession, yet when the departments asked the Medical Society to authorize the Committee to give advice, the doctors objected This attitude was obviously inconsistent, and the House of Delegates adopted the suggestion of an advisory committee

These agreements entered into upon the suggestion of the Committee on Public Relations set a new standard for the cooperation of individual physicians with the representatives of other organizations Family doctors may retain their entire independence, but the Committee on Public Relations has enlarged their field of practice so that doctors now may work for the State and crippled children on the same basis that they do for their own private patients These agreements are acts of medical administration and as such are prominent milestones of progress

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LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

X-ray Machines—This JOURNAL of June, 1904, contains an article on the comparative value of coils and static machines for the generation of current for *x*-ray machines, which says

"There is one question, the answer to which will in a majority of cases clearly indicate which form is the better for the individual in question, that is, 'Does he want to administer static electricity as well as do radiography?' If it is intended to limit the work to *x*-ray only, the coil will be more satisfactory Referring to the administration of static currents, the revenue obtained for such treatments is actual and often an important consideration for the practitioner The experience of most of the *x*-ray operators of my acquaintance who have installed static machines is that they are running them certainly as much and usually more for administering static currents than for the generation of *x*-rays, the demand being so imperative that the operator cannot refuse, even when he prefers to confine himself to purely *x*-ray work, many times the dollars spent by the beginner in radiography being more than supplied by giving therapeutic treatments"

"The advantages of static machines are

1 Wider therapeutic uses
2 Superiority in making long fluoroscopic examinations
3 If fitted with plane instead of ball bearings they make the minimum of noise
4 Do not wear out tubes so fast
5 Can be operated by hand or water power
6 Less danger of dermatitis

"The disadvantages of static machines are

1 Only the largest machines will penetrate deep parts
2 Time required for making exposures is long
3 Require more space
4 Cost more
5 Need more attention to insure dryness
6 Non-portable"

socalled second degree is reached, in which permanent deformity is quite apparent Then we must proceed to corsets and special gymnastics In a few cases nothing avails and the spine actually becomes rigid to some extent This is the third degree and treatment is no longer of value save by the use of a rigid corset which tends to arrest further progress of the scoliosis —*Le Progrès Medical*, April 6, 1929

Post-Operative Gastric Acidity.—In an endeavor to throw some light on the conflicting views as to the etiology and mode of healing of peptic ulcer, E Charles Lindsay and William Evans studied the gastric acidity, using the Ewald test meal, before and after gastrojejunostomy in 60 cases (49 males and 11 females) They summarize their findings as follows The state of achlorhydria found in the early post-operative test-meal may not, and in 58 per cent of the cases studied did not, persist The post-operative acidity value may in some instances exceed that found in the pre-operative test-meal, the operation, nevertheless, having completely relieved the symptoms The early post-operative test-meal taken 14 days after operation is an unreliable measure of the true post-operative gastric acidity and therefore is of no great value A persistent achlorhydria, as shown by the absence of free hydrochloric acid at both post-operative test-meals, occurred in 18 per cent of the cases The establishment of a state of achlorhydria, as found in the early post-operative test-meal is in no way dependent upon the acidity value found at the pre-operative test-meal Some factor other than neutralization of the acid gastric contents by regurgitation of the alkaline duodenal contents through the stoma appears to be instrumental in the lowering of the post-operative acidity value Temporary achlorhydria may be produced by the hemorrhage incidental to the operation, and this to a large degree may account for the unreliability of the early post-operative test-meal as truly depicting the post-operative acidity value The theory that the healing of duodenal ulceration with complete alleviation of the patient's symptoms after gastrojejunostomy is brought about by the neutralization (partial or complete) of the gastric acidity is not borne out by the present investigation A high post-operative gastric acidity, even in a concentration of 0 25 free hydrochloric acid, is not incompatible with perfect health, neither is it a fruitful cause of anastomotic ulceration. Alkali therapy, smoking, and the taking of alcohol appear to have no constant effect on the acid value, as shown by the Ewald test-meal, either before or after the operation It seems that the acid value tends to increase up to four years after the operation and then to decrease, but this finding should not be unduly emphasized, as only a few patients were studied from five to eight years after the operation.—*The Lancet*, March 30, 1929, ccxvi, 5509

Bone Changes in Gaucher's Splenomegaly — Although about fifty cases of Gaucher's disease have been reported, and attention has been called to bone-marrow changes, relatively little mention has been made of the presence of roentgenological evidence of the involvement of the osseous system Henry Milch and Maurice Pomeranz describe the roentgenological findings in two cases which they have studied and also in two others reported in the literature In these cases the diagnoses of rheumatism and bone tuberculosis were made before a pathological examination elucidated the true underlying cause Occasionally, as in those cases in which symptoms referable to the osseous system appear before the development of the pathognomonic splenohepatomegaly has attracted attention, it may be of value to bear in mind the value of roentgenological examination of the affected bones The changes in the bones in Gaucher's disease are characterized by medullary absorption, cortical thinning and expansion of the bone The medullary destruction which takes place, not as a diffuse process but in the form of scattered islands, doubtless represents the sites of proliferation of Gaucher's cells This alternation of areas of absorption with areas of denser bone formation gives the plate a characteristic mottled appearance. In view of the roentgenological evidence of bone repair in the two cases reported, it may be presumed that the mottling is due to stimulation of osteogenetic processes In the later stages Gaucher's disease is fairly easily diagnosed However, when symptoms referable to the osseous system predominate it may occasionally be necessary to exclude the presence of tuberculosis, lues, leucemia, or so-called "rheumatism" Clinically, the differential diagnosis may be established by the absence of leucemia, or polycythemia, the negative Wassermann, the presence of pinguecula, and the enlargement of the liver and spleen Roentgenologically, in tuberculosis and syphilis the lesions are usually destructive, while in Gaucher's disease they are defined by atrophy rather than destruction. In tuberculosis the lesion is usually localized, while in Gaucher's disease the bone changes are generalized, and in these diseases the mottling characteristic of Gaucher's disease is absent Lymphatic leucemia does not show the endothelial sclerosis, the atrophy, the joint changes, or the medullary absorption noted in Gaucher's disease —*Annals of Surgery*, April, 1929, lxxxix. 4

Diagnosis of Non-purulent Sinus Thrombosis—Dr P Hilpert of the Neurological and Psychiatric University Clinic at Jena sums up the easy diagnosis of purulent sinus thrombosis by means of the local stasis symptoms and the pyemia In the non-purulent form, however, diagnosis is something else—obscure and but scantily mentioned in reference works In some cases only functional mental symptoms are present, and

later with the other In other words the protection in certain individuals may be relatively brief Certainly zoster is not always the same disease and so-called symptomatic forms have nothing in common with varicella —*Klinische Wochenschrift,* March 25, 1929

Senescense of the Eye—Professor A Vogt of Zürich summed up the senile changes in this organ at a recent session of a society of general practitioners The dog, old at 12, shows practically the same changes in the lens as the old man who is 6 to 7 times the age of the dog, and the same may be said of the cow, old at 20, and the horse which may live much longer This fact shows that even in man the age of the eye can be no index of the general senescence The age of the human eye is usually predetermined by heredity although other factors may contribute There is a belief at present that pure senile cataract is amenable to treatment, may be arrested and even cured, this is founded on the well known fact that there is often spontaneous arrest or rather that the condition may remain stationary over long periods Nay, it even happens that there is a spontaneous improvement at times as shown by visual tests over long periods But despite good visual powers, the use of the slit lamp and of mydriatics will bring out the fact that over 90 per cent of people above 60 have changes in the lens due to age which are truly cataracts, although only an insignificant percentage of these come to operation for prevention of blindness All attempts to explain cataract by special mechanisms, like toxin action, must fail and this is equally true of the arcus senilis, both of these opacities often showing a strong hereditary element The progressive rigidity of the lens which causes presbyopia does not set in as a phenomenon of senescence for it has its inception in very early life It is normal for an old man to show some cloudiness of the lens and it is also normal if he is one of the few who escape, for the two represent different types of biological variation, and the immune subject is the extreme variant —*Schweizerische medizinische Wochenschrift,* March 16, 1929

Varicose Veins and the Stewart Method—The adverse criticism which the injection treatment of varicose veins has recently encountered leads Douglas H Stewart to defend his method In an experience of over fifteen years, including many thousands of cases, he has seen no instance in which results have been other than beneficial The beginner may expect trouble with the Stewart method because of his inexperience with it and because he will be tempted to hurry matters when delay would be more advisable He should first familiarize himself with the erratic course which veins pursue when varicosed, and he should pay some attention to foot strain He should be competent to recognize and treat such conditions as phlebitis, cellulitis, and gangrene It is important that each patient's reaction should be studied, since individual reactions are extremely variable At first a vein about midway between the ankle and knee should be chosen A drop of Stewart's biniodide solution (1 grain of calomel and 2 ounces each of tincture of iodine, alcohol, and glycerin) should be placed on the vein with a small applicator Through the center of the spot 3 minims of the vein solution should be injected with a hypodermic syringe and a fine half-inch needle The vein solution consists of the following ingredients Salicylic acid and sodium borate, of each 2 drachms, phenol, 6 drachms, glycerin, 2 ounces, spirit of camphor, sufficient to make 4 ounces The ideal method is to place 1 minim just beyond the pierced vein, 1 minim within the vein, and 1 minim on the proximal side The needle puncture should be closed with adhesive plaster, upon which is placed a wooden button-mold flat side down and held in place with another strip of plaster Not more than one treatment a week, on the same leg, should be attempted by the beginner, and the dose should be limited to 3 minims until accuracy and facility are acquired —*Medical Journal and Record,* April 17, 1929, cxxix, 8

Treatment of Essential Scoliosis—Dr E Gasne begins by a quotation from Kirmisson to the effect that scoliosis is an approbrium to orthopedic surgery He takes up in succession prescoliosis so-called, isolates essential scoliosis, and then sums up the management of the first, second, and third degrees of the condition Prescoliosis is merely an attitude assumed by the young scholar before actual curvature is present The subjects are poorly muscled, skinny, restless, and always changing their posture The author does not believe that this condition is a forerunner of true scoliosis although the subjects profit greatly by a course of anti-scoliotic gymnastics For the time being they may seem to be true scoliotics but at the next consultation there may be no evidence of curvature True scoliosis of school age is almost peculiar to girls, for men do not develop it until they begin to work at desks or benches We know little enough of the intimate nature of scoliosis although we surmise a close relationship with rickets There is no simple formula for treatment and the author enumerates a long series of measures intended to improve the general health and resistance He stresses cod-liver oil, and as an alternative, irradiated food substances and calcium phosphate For the rest the author seems suspicious of both retentive apparatus and gymnastics, until the

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LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

AN EXPERIENCE WITH AN INSURANCE CARRIER NOT AUTHORIZED TO DO BUSINESS IN THIS STATE

In the August 15th, 1928 issue of the Journal, in the Legal Column we printed an editorial entitled, "Bootleg Insurance."

Recently there has come to our hand a letter from a firm of lawyers in Lockport, which speaks eloquently of an experience encountered by the estate of a physician who carried an accident insurance policy in a company authorized to do business in a Western State, but not authorized to do business in the State of New York We feel that this letter will be of interest to the entire profession, and we therefore here reproduce the same at length

"MOORE & JEFFERY
Attorneys and Counselors
300 Bewley Building
Lockport, New York
May 14th, 1929

Legal Department
Medical Society of the State of New York
New York Academy Bldg
New York City

Gentlemen

I represent the estate of a member of your society, who was insured in a physicians' accident insurance company having its principal place of business at (mentioning a Western State). The insured died from the result of an injury to the ear caused by the use of a stethoscope, from which erysipelas followed by septicemia resulted causing his death I am satisfied that the beneficiary named in the policies has a right to the amount of the policies on the ground that death was the result of an accident. There are cases in this State sustaining this conclusion

The company takes advantage of the fact that it has no representative in this State upon whom we can serve papers in an action and refuses to recognize our claim I would like to know if you could make any suggestion that would aid us in collecting the claim.

I understand that this company (mentioning the name of the company in question) does a considerable business in this State without obtaining leave from the insurance authorities of this State Physicians whose attention has not been called to the status of the company are paying the company annual assessments without any chance of relief in case the company refuses to recognize their claims It occurred to me that possibly the Medical Association might consider it worthwhile to look into this matter to the extent, at least, of bringing the situation to the attention of its members

I shall be glad to receive any suggestion that you may have to offer

Yours very truly
(Sd) Donald S Moore."

TONSILLECTOMY—DEATH OF CHILD CLAIMED TO BE DUE TO DEFENDANT'S NEGLECT

In this case the mother of a deceased child brought this action against the defendant physician, charging that she took the infant child to the defendant for examination and after such examination the doctor informed her that the child's tonsils and adenoids were infected and it was necessary for them to be removed, to which the mother acquiesced. The complaint then charged that the defendant disregarding the duty placed upon him to skillfully and competently treat the child so negligently and unskillfully performed the said operation that as a proximate result the child died.

From the facts it appeared that the child, a boy about three years of age, was brought for examination to the defendant doctor, a specialist in diseases of the nose and throat. The chief complaint concerned the tonsils The doctor made a thorough physical examination of the child and advised the parents that the tonsils and adenoids should be removed. Pursuant to the doctor's instructions the child and the mother came to his office one day about 8 30 in the morning, and under an ether anaesthesia the defendant removed the child's tonsils and adenoids, the anaesthetic being given by a competent anaesthetist and the doctor being assisted by a competent nurse There was no hemorrhage or any unusual condition, the operation lasted about twenty minutes It was performed in the doctor's office which was equipped for operations of this type, as well as immediate after-care The child was

the diagnosis may be hysteria for want of something better At the author's clinic during the past five years five cases with this diagnosis of non-suppurative thrombosis were recorded The first case was recognized at the autopsy, death having been due to cerebral hemorrhage During life it was believed that the woman suffered from cerebral arteriosclerosis which might have explained some of her symptoms She suffered from depression and fear states, with epileptiform seizures At autopsy the find was marantic thrombosis of the superior longitudinal sinus The next case was in a much younger woman who presented incidentally continuous headache, the psychic confusional state being perhaps due largely to this symptom The diagnosis was meningoencephalitis, although bilateral exophthalmus suggested the possibility of sinus thrombosis Autopsy showed thrombosis and hematoma of some of the basal sinuses The diagnosis in the third case was encephalitis and this was true also of the fifth, while in the fourth no diagnosis was made All of the patients succumbed and the diagnosis was made by autopsy It is of course quite intelligible that recovery in these cases is practically out of the question and that an antemortem diagnosis is all but impossible The psychic symptoms agree most closely with those of brain tumor and in a less degree with some of the other organic cerebral diseases Hysteria was suggested in no less than three of six cases known personally to the author—*Klinische Wochenschrift,* March 12, 1929

Carbon Dioxide in the Treatment of Hypostatic Pulmonary Congestion—In a preliminary report Robert E Burns and William S Middleton quote from the literature experimental data which indicate that increased respiratory rate and depth increase the pulmonary flow and in turn the general circulation, that arterial blood pressure thereupon rises, and that a certain tension of carbon dioxide in the blood is optimal for the proper functioning of respiration and circulation Hypostatic pulmonary congestion in postoperative cases in general, and more especially in the aged and debilitated, is an indication for active respiratory stimulation. Carbon dioxide (with oxygen) furnishes an ideal agent for meeting the therapeutic indication Since 1925 the authors have given inhalations of 5 per cent. carbon dioxide in 95 per cent oxygen to a series of 10 elderly patients with fractures of the neck of the femur These patients constituted the poorest possible physical risk The results in this series, as compared with those in a series of 10 similar cases in which the inhalations were not used, were decided in favor of the carbon dioxide treatment No rule can be formulated for the dosage of carbon dioxide, as this is dependent upon the response of the individual patient. As soon as signs of discomfort or fatigue appear the administration of the gas should be stopped Ordinarily a patient will show some signs of distress after two or three minutes In some cases the inhalation is given every hour, in others every three hours, depending upon the condition of the patient It is especially important that the carbon dioxide be given during the first week following operation The suspicion or actual existence of pneumonia is an absolute contraindication to its exhibition Differentiation between pulmonary stasis resulting from respiratory depression and that dependent upon right-heart failure must be clearly made, since the use of carbon dioxide inhalations might be strongly contraindicated in the latter condition.—*American Journal of the Medical Sciences,* April, 1929, clxxvii, 4

Cure of a Case of Actinomycosis of the Lungs and Pleura—R. Schweizer of Zürich relates this case, which was originally regarded as tuberculous The patient was taken ill in December, 1923, with a left exudative pleurisy but was apparently well one month later and resumed his work Evidences of intrathoracic disease were soon apparent and were cumulative and in the following September he came under the author's care At that time there was also a flatness or percussion of the chest wall to the left which suggested actinomycosis This was extirpated by resecting portions of the 9th and 10th ribs The subjacent pleura and lung tissue were involved and there were mycelia in the sputum The patient was discharged in April, 1925, with a fistula and in poor general condition Shortly afterwards the right pleura showed evidences of inflammation but no effusion formed and the lesion healed spontaneously The hemoglobin was now down to 45 per cent The only treatment mentioned was potassium iodide and lipoiodine, and this was badly borne However, with the aid of climatic treatment the patient recovered sufficiently to resume his occupation The author explains the case as follows The patient as an upholsterer had much to do with straw mattresses and often carried a straw in his mouth Infection probably took place in the lung tissue and involved the left pleura by continuity (it is by no means excluded, however, that the patient did not at the time have a tuberculous lesion of the lung and pleura) The course of the disease later was one of remission and exacerbation The prognosis was very much against the patient. The most surprising feature of the treatment was the omission of röntgenotherapy (Enderlen in discussing the paper mentions this omission), for recently the Mayos have shown that this resource is the most dependable of all, being superior to drugs and surgery in the long run, these being in reality only accessories—*Schweizerische medizinische Wochenschrift,* March 2, 1929

LONDON LETTER

SMALLPOX AND VACCINATION

Readers of the London Letter may remember that in the autumn of last year reference was made to the increasing prevalence of smallpox in England as a result of the latitude allowed to 'conscientious objectors' to avoid vaccination A quotation was made from the League of Nations' Report that (excluding Russia and Spain) 90 per cent of the smallpox in Europe was to be found in England The type of epidemic is a mild one but the Ministry of Health admits that on an average 250 cases were notified each week during the first three months of this year It is not surprising then that the recent outbreak of smallpox on the liner "Tuscania" from Bombay to Glasgow has focussed attention once more on this grave menace to the health of the community Of the passengers and crew (numbering 900 to 1,000) 200 passengers left the ship at Marseilles, 650 passengers at Liverpool, and the remaining passengers and crew at Glasgow The task of following up these "contacts" is extremely difficult, but already some 35 cases of "imported" smallpox have been notified and five deaths have occurred The authorities maintain that they have the situation under control and that there need be no fear of a wide spread epidemic, but it is obvious that the task of the Port Sanitary Authorities to protect an unvaccinated community from the risks of "imported" smallpox is an anxious and onerous one So serious a view did the French Sanitary Authorities take of the risk of a spread of the disease that an announcement was made that no travellers from England would be allowed to land at any of the French Channel Ports unless they had been recently vaccinated The effect upon the tourist traffic was felt at once, and the French Government withdrew the order (which they maintained was not official) Whether such a precaution would have served any purpose or not, it is refreshing to see that our Gallic neighbors have not only a belief in the prophylactic value of vaccination but also the will to enforce it

THE ADOPTION OF CHILDREN

I attended a council dinner at the Institute of Hygiene in London recently, and had the good fortune to hear Mr Justice Eve expound the present attitude of the law toward the adopted child Mr Justice Eve is a highly respected Chancery Judge and a leading authority on the laws under which the State functions when it acts as guardian of children who, by the death of both parents or otherwise, are left without proper guidance or supervision These "Wards in Chancery" are protected by a very elaborate and complicated judicial code. But the discussion turned rather on the future of the adopted child Among the very poor the adoption often arises in this way An "unwanted" baby is "farmed" out by one of the parents, generally the unmarried mother, to a woman who agrees to bring up the child for a small weekly payment. After a time, the payments cease and the woman having by this time acquired a genuine affection for the waif, decides to adopt it In higher classes the child is obtained from some Society for the care of Waifs and Strays It is obvious that the after history of these adopted children must be of great medico-psychological interest It is the old question of the influence of heredity and environment. It may well be agreed that in most cases the unwanted child is the result of the union of two persons, one at least of whom is abnormal owing to some physical or moral taint. Many of these children must carry with them the seeds of inherited disease or mental instability. Will the new surroundings, the loving care and affection of the new "parents" eradicate the inherited tendencies, or will sooner or later the warped nature develop and show itself through the veneer of intellectual culture? It is essential that a "follow-up" system should be introduced so that the fate of adopted children should be known, and it is the duty of the State if it undertakes to legalize adoption to be in possession of this knowledge.

It is now more than a year since I wrote my first London Letter to you I am tempted to quote a little known poem of Monk Gibbon, referred to lately by our Prime Minister

Of all the cocks that greeted dawn today
How many will be heard a year from now?
How many preen their feathers on the heap,
How many strut the yard, how many crow?
So when I see the thousand voices raised
To catch their audience by the printed line,
Is it not folly to believe that one,
Sounding a twelve-month hence, may yet be mine?

H W CARSON, F R C S

carried from the operating table to the doctor's rest room by the anaesthetist The rest room was located not more than twenty or thirty feet from the operating table The child was placed in bed with a cover over him and the anaesthetist remained with the child for about twenty minutes, until he had completely come out of the ether The mother was in the room with the child and she was cautioned both by the defendant and the nurse not to permit the child to get up as that would be dangerous, but to keep him in a lying position and thoroughly covered Between 9 30 and 1 o'clock the child was seen on several occasions by the doctor, by the nurse, the anaesthetist and by the doctor's secretary On one occasion when the doctor's secretary came into the room, she found the child in the mother's lap She immediately remonstrated with the mother and placed the child back in bed The defendant then came in and also admonished the mother that his instructions must be obeyed and that the child must be kept in bed Up to 1 o'clock in the afternoon the child did not present any unusual condition, but about that time when the defendant went in to look at the child he noticed the child's color was very bad He immediately took the child's pulse and injections were then given of caffeine sodium benzoate The doctor was assisted by the anaesthetist and the nurse The child was given adrenaline chloride and transfusion of normal saline solution and hot water bags were applied to the child's feet, and the child was constantly ministered to by the defendant, his assistant and his nurse from 1 30 until about 5 o'clock, but despite all that they could do for him the child died The doctor, his assistant and the nurse never left the office from the time of the operation until the child died at 5 o'clock in the afternoon At no time did the child have a hemorrhage The cause of death was given by the defendant as pulmonary embolism The father of the child came to the doctor's office shortly after the child died and the mother stated to him that it was all her fault, that she had taken the child out of bed contrary to the doctor's instructions Neither the husband nor the wife expressed any dissatisfaction with the doctor's treatment at that time

At the trial the mother testified that a 10 30 in the morning the child vomited four towels of blood The dimensions of these towels were fixed by the mother as two feet by one foot She stated at that time that she called the attention of the doctor's secretary and his nurse to this fact, but they said that it was nothing and it was the usual thing after a tonsil operation. She also testified that at 11 o'clock the child vomited four towels full of blood, at 11 45 five towels full of blood and at 12 45 five towels full of blood, and stated that on each of these occasions she called the nurse's attention to the condition of the child and begged her to do something for the child, but the nurse said it was nothing and that the doctor was busy with other patients On cross-examination the mother admitted that although she knew that the doctor was in his office all the time she never made any complaint to him, nor did she directly seek his assistance A physician was then called by the plaintiff who admitted that he was to be paid a considerable sum for his testimony and who gave an opinion within the bounds of reasonable certainty that the child's death was due to loss of blood He also testified that the hemorrhages testified to by the mother could have been checked if proper measures were taken On cross-examination this doctor admitted that although he had been in practice for over thirty years, he had never performed a tonsillectomy operation, but despite this fact felt thoroughly competent to express an opinion in a case involving a tonsillectomy He was further interrogated on cross-examination in the light of the mother's story, and was asked whether or not it was not a fact that patients frequently died from severe hemorrhages, despite proper measures to check them, to which he replied that hemorrhages must always be checked The facts concerning the hemorrhages were of course, denied both by the doctor, his assistant (the physician who administered the anaesthesia) and his secretary, all of whom were present during the entire time from early morning until the child died The doctor was also supported in his treatment by one of the most skilled physicians engaged in nose and throat work in this city, who made a profound impression on the jury as to his skill as a physician and also his honesty and integrity as man The jury deliberated only a short time and returned a verdict in favor of the defendant doctor

the great majority of physicians of New York State

A point on which opposition was threatened was the suggestion of the Committee on Public Relations that it be authorized to be an advisory Committee to the State Departments of Health and of Education in the execution of the law regarding the care of crippled children At one time it seemed that the delegates might object to the suggestion on the ground that the Medical Society of the State of New York would seem to be seeking to enter fields which did not belong to them Dr George W Cottis of Jamestown, called attention to the frequent complaints of physicians that the Departments of Health and of Education had sometimes been inclined to ignore the practicing physicians in medical matters, and now some doctors seem to object to providing the means of giving the advice The reply was made that the Departments of Education and of Health could readily secure advice if they asked for it Dr J E Sadlier, Chairman of the Committee on Public Relations then explained that the State Commissioners of Education and of Health had said that they found great difficulty in finding any official body of physicians who were authorized to give medical advice to the departments, but when the Commissioners approached any group or Committee of doctors, the members feared to express the opinion of any one except their individual selves The suggestion of the Committee that it be authorized to speak for the medical profession in the care of crippled children was made at the request of the leaders in the two State Departments of Education and Health

After Dr Sadlier's explanation a vote was taken which resulted in unanimous approval of the suggestion of the Committee

The House of Delegates approved practically all the recommendations and suggestions of the President, the Secretary, the Council, the Counsel, and the Committees on Medical Research, on Legislation, on Public Relations, on Public Health and Medical Education, and on Medical Economics. The formal action of the House on all these matters will be printed in the minutes, which will be published in an early issue of the JOURNAL, probably on July first.

The reference committee to whom the report of the Council was referred, gave consideration to that part which described the policies and accomplishments of the NEW YORK STATE JOURNAL OF MEDICINE, particularly those sections referring to interpretative reporting, to indexing the records of activities of the Societies, and to the editing of advertisements The committee commended the report of the JOURNAL and its approval received the unanimous support of the House of Delegates

The election which occurred on Tuesday morning, was marked with harmony and dispatch, and with a minimum number of changes The elections were unanimous and the only ballots taken were those for the vice-speaker, and for the A M.A delegates and alternates The President-elect was Dr W H Ross of Brentwood, Suffolk County, who had served as Trustee for three years, and was Chairman of the Publication Committee, and Secretary of the Committee on Public Relations

A full list of the new officers and committee chairmen appears on page 750

THE ANNIVERSARY MEETING

The charter of the Medical Society of the State of New York requires the organization to hold an annual meeting without specifying its time or its program The meeting this year was held on the evening of Tuesday, June 4th, in the Hotel Utica, Utica, N Y, and was attended by an audience of two hundred doctors and ladies Its program consisted principally of addresses by the officers of the State Medical Society, and was as follows:

Calling the Society to order by the President, Harry R. Trick, M.D

Address of Welcome by the Chairman of the Committee on Arrangements, Hyzer W Jones, M.D

Reading of the minutes of the 122nd annual meeting by the Secretary, Daniel S Dougherty, M D

President's Address, Harry R Trick, M D, President of the Medical Society of the State of New York.

Address, James N Vander Veer, M D, President-elect of the Medical Society of the State of New York

Address, Lloyd Paul Stryker, Counsel of the Medical Society of the State of New York

The addresses of the President, the incoming President, and the Counsel, are printed as the first three articles in the scientific department of this JOURNAL.

NEWS NOTES

ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

The four-day meeting of the Medical Society of the State of New York was an eminent success from the point of view of the individual doctor, and of organized medicine The attendance was over 900, exclusive of about 200 ladies The hotels gave excellent service, and no one was heard to express dissatisfaction over any major point

The several features of the meeting were carried out according to schedule, and with a spirit of cooperation that resulted from an understanding of the problems before the medical profession The exhibitors were freely patronized, even to crowding at times, and the scientific meeting rooms were well filled

The social side of the meeting was also noticeable The three principal hotels being near to one another, helped the members to become acquainted If the rain of Tuesday prevented anyone from playing golf, or motoring to the historic spots in Utica and its vicinity, there was no gloom in the corridors of the hotels, but, on the other hand, the attendance at the scientific meeting on Tuesday afternoon was unusually large

The physicians of Utica and Oneida County set themselves an extensive task when they announced their intention of giving their expected guests the cordial reception for which the smaller cities are noted How well they succeeded is a matter of pride to all who saw their unobtrusive efficiency and enjoyed their hospitality

The cordial thanks of the Society are due to the Committee on Arrangements, consisting of Hyzer W Jones, Chairman, Utica, George M Fisher, Utica, Andrew Sloan, Utica, Edward R. Evans, Utica, Thomas H Farrell, Utica, T Wood Clarke, Utica, Joseph L Golly, Rome, F M Miller, Utica, William Hale, Jr, Utica

HOUSE OF DELEGATES

The House of Delegates of the Medical Society of the State of New York convened at 2 30 o'clock on Monday, June 3, 1929, at the Hotel Utica, in Utica, with the Speaker, Dr John A Card of Poughkeepsie, presiding The House of Delegates is the legislative body of the Medical Society and its presiding officer is the Speaker, and not the President, who represents the Executive department of the Society

The House is composed of the elective officers of the Society and delegates from the constituent county medical societies Over 150 members were present at each of its three sessions, which were held on Monday afternoon and evening, and Tuesday morning The members dined together between the sessions on Monday

The two principal matters of business transacted by the House of Delegates were the consideration of the annual reports of the officers and the committees, and the election of officers for the coming year

The reports of the officers and committee were printed in the JOURNAL of May first, and had been in the hands of not only the delegates but of the members also, for nearly a month Every opportunity had therefore been given the members to consider and digest the records of work done in the past year, and to devise plans for the future As a result the delegates were well versed in the affairs of the State Medical Society, and needed little instruction regarding the topics under consideration

A further point of importance was that the activities of the officers and committeemen had been reported throughout the year with unusual fullness and completeness There was no doubt regarding the attitude of the officers and the members of the committees No one came to the meeting with opposition or destructive criticism in mind, but the delegates supported the attitude of the officers and adopted the suggestions contained in the reports in nearly every instance The only marked exception was an adverse vote of 63 to 54 on the question of formally adopting the fee list for operations on crippled children suggested by the committee on Public Relations, as reported on page 526 of the May first JOURNAL Yet in this matter no one criticized the Committee for suggesting the fee list, for the Committee had suggested the list on the invitation of the Society of County Judges on whom falls the duty of fixing fees for operations on indigent children under the Law relating to the care of crippled children The opposition to the adoption of the fee list was based on the legal point of the possibilities which might arise if the list should be interpreted by the Judges and other officials as binding The list still remains as the fees which are satisfactory by

For he plugged the wrong foramen
And you'd never know the old face now!

In New York City the other day
At least so runs the tale,
The friends of Mrs Sanger
Thought the law was going to hang her
Or send her up for life in jail!
For a lady cop, a cynic,
Made a raid and closed the clinic
And put them all in the old hoose gow
Now every birth controller
Wheels a baby in a stroller,
And you'd never know the old place now!

A drug store used to be a place
Of the Apothecary's art,
But now they sell you old point-lace
And other Objects d'Art,
And salad, soup and chocolate cake,
And every kind of chow,
Since every corner druggist
Is an Oriental ruggist,
You'd never know the old place now!

COMMERCIAL EXHIBITS

The commercial exhibits were unusually satisfactory both to the members of the Medical Society of the State of New York and to the firms whose wares were displayed Thirty-three firms were represented by over seventy men

The representatives of the exhibiting firms were tendered a reception and entertainment on Monday evening in the Grill room of the Hotel Utica Dr O S Wightman, the editor-in-chief of the NEW YORK STATE JOURNAL OF MEDICINE, presided, Dr J N Vander Veer, the incoming president of the State Medical Society, spoke of the representatives making contacts with the doctors in their offices Dr W H Ross, Chairman of the Committee on Publication, expressed the appreciation of the State Society for the response of the advertisers to the suggestions of the Committee Dr Frank Overton, executive editor, gave a brief outline of the standards of the advertising pages and of the cordial response to the editor's suggestions for making the advertising pages as interesting, truthful and useful as the scientific part of the JOURNAL

Dr Hyzer W Jones, Chairman of the Committee on Arrangements, told of the efforts of the local doctors to provide attractive booths located so that they would be seen by physicians on their way to the meeting rooms

Mr D F Storer, representative of the John Curtiss Advertising Agency, said that in his experience the NEW YORK STATE JOURNAL OF MEDICINE was the only journal, either medical or lay, which gave advice and aid to advertisers in making up their advertising copy

Mr W P. Schmid of the Cameron's Surgical Specialty Company, praised the arrangements that had been made for the exhibits and spoke of the appreciation which the exhibitors felt for the consideration shown them by the Committee on Arrangements

Mr Robert Fitts, Jr, of the G W Carnrick Company, thanked the doctors for their kindly interest in the welfare of the exhibitors and advertisers

The success of the exhibits was due in great measure to the careful preparation made by the local Committee on Arrangements The booths were arranged in a circle occupying the whole mezzanine floor, across which the physicians had to pass to reach the registration table, the general sessions, and some of the section rooms

Dr O S Wightman addressed the crowded room of the general scientific meeting on Tuesday afternoon, calling attention to the exhibitors and urging the doctors to stop at the booths The result was that the physicians kept the exhibits in mind and made special efforts to examine the products

One standard by which an exhibitor judges his success is the number of doctors who take the trouble to stop at his booth and register However, an exhibitor can talk to only one or two doctors at a time, and he will occupy at least five minutes in the conversation and in securing the doctor's name and address Ten names an hour, or fifty per day, is a fair accomplishment for an attendant at a booth, and yet many far exceeded this record

When a crowd of doctors walk down an exhibit aisle, only a small proportion can stop at a booth Taking the number of names registered, it is probable that on an average each doctor present registered at four or five booths The exhibitors were so well pleased by the results attained that they sent the following letter to Dr Wightman

We, the undersigned, exhibitors of the 123rd Annual Meeting of the Medical Society of the State of New York, held at Utica, New York, June 3, 4, 5 and 6th, 1929, wish to take this opportunity to express our appreciation for the cooperation and courtesies extended to us by the Committee on Arrangements, Dr Hyzer Jones, Chairman, to the Director of Exhibits, Mr J B Tufts, and to the members of the Society, at large, who so graciously made our exhibit a success

Cordially yours,
G W Carnrick Co—Robert Fitts, Jr
Victor X-Ray Corporation—N R. Petri
George Tiemann & Co—A J Larkin
The Heidbrink Company—L. B Reason

SCIENTIFIC SESSIONS

The scientific sessions of this year's annual meeting were characterized by intensiveness rather than extensiveness There were seventy-seven numbers on the program, with one hundred and thirty-one speakers listed as authors or discussors This was about two-thirds of the number on the program last year, but the decrease was caused by the fact that every afternoon was devoted to a general session instead of to the nine sections as formerly The general session on Tuesday afternoon was on medicine, and that on Wednesday was on surgery

The meeting hall was filled to overflowing on both days

Reports of the scientific sessions will form a major part of the scientific part of the JOURNAL during the coming year, for the papers that were presented will be printed in the JOURNAL

THE BANQUET AND ENTERTAINMENT

The Utica meeting will long be remembered for the unique entertainment which was staged on Wednesday evening Immediately following the annual banquet, which was held in the Hotel Utica, the doctors and guests went to the parish house of the Westminster Presbyterian Church where a special operetta was rendered for them by the Players' Club of Utica The play was called the Pirate's Bride, but was popularly known as the Doctors' Opera, because it was composed by four physicians of Utica The plot and dialogue were by Dr. C H Baldwin, an orthopedist, the lyrics were written by Dr D E Pugh, an internist, the music was by Dr P L Turner, a surgeon, and the orchestration was by Dr F M Miller, Jr, another surgeon, whose father, Dr F M Miller, a gynecologist, played in the orchestra

The printed program contained the following description of the Players' Club

"The Players' Club of Utica is an amateur theatrical organization which had its origin some twenty years ago as a small social club whose members found amateur dramatics a congenial form of amusement.

"With the growth of interest in the 'little theatre' throughout the country, the aims and ambitions of the organization have enlarged It now numbers fifteen hundred subscribing members, of whom about two hundred take an active part in the work For several years it has maintained its own little theatre or workshop, with a professional director in charge, who, in addition to his work as dramatic coach, gives lessons in diction, stage production and make-up

"Each season groups of short plays are produced at the workshop, and four major productions are given for the entire membership The successful development of the club is evidenced by the fact that arrangements have just been completed for the purchase of a theatre in New Hartford, one of Utica's thriving suburban communities This will give The Players a permanent home, and the present policy of expansion contemplates the offering of an increased number of productions, not only to the associate members, but to the general public as well

"The medical profession has always been well represented in the club's activities 'The Survivors,' a friendly satire on the Gilbert and Sullivan classics, is usually referred to as 'The Doctors' Opera.' It was composed late in 1925 by three Utica physicians, and was first presented at a private performance before active members of the club In the spring of 1926 four showings were given to the general public In January, 1927, it was broadcast from Utica Radio Station WIBX, and in the spring of the same year it was given for the district meeting of The American College of Surgeons"

The play was done most pleasingly, and the songs and dances were well rendered Special songs of a medical flavor were written by Dr Pugh especially for the occasion, some of which were as follows

1

An American surgeon who would do
'Most anything for a fee,
From a vaccination to a ventral fixation
Tried a perineorraphy
He thought of his fame and fortune
And the home he would endow
But in thinking of his future,
He forgot to tie his suture,
And you'd never know the old place now!

A poor young man came in one day
He was looking thin and pale,
The doctor heard what he had to say
'Twas a most pathetic tale
He said his life was blighted
And the doctor asked him how
Why, someone did a Whitehead
And the surgeon was short sighted,
And you'd never know the old place now!

I heard a tale the other day
And I know it must be true,
A poor old man so the story ran
Had the tic douloureux
The surgeon said he'd operate
And 'twould be an awful Wow
As a surgeon he's a layman

SCHOHARIE COUNTY

The Schoharie County Medical Society held its semi-annual meeting in Parrott House, Schoharie, New York, on Tuesday, May 14, 1929

On motion, the following were duly placed in nomination for the several offices of the Society for 1930 President, Edgar S Simpkins, Middleburg, Vice-President, Joseph F Duell, Jefferson, Secretary, Herbert L Odell, Sharon Springs, Treasurer, Le Roy Becker, Cobbleskill, Censor, Willard T Rivenburgh, Middleburg

A motion was made, seconded and carried that our delegate to the State Society be instructed to work for the adoption of the following or a similar resolution.

"RESOLVED, That the Medical Society of the State of New York in (1929) meeting assembled, declares its opposition to the introduction or enactment of any law that will change the policy of the State of New York in the matter of birth-control or sterilization or so amplify the police power of the State as to threaten the money or man-power of the State, or its physical, moral or economic security, or the safety of its citizens, or to disturb the safeguards thrown about the practice of medicine in the State of New York as contained in the Medical Practice Act"

The Comitia Minora reported favorably on the applications for membership of Roy G S Dougall, and Ward L Oliver, of Cobleskill, and they were duly elected

Dr Christopher S Best of Middleburg petitioned for Retired Membership The petition was approved and the Secretary instructed to present same to the Secretary of the State Society

After a very delicious luncheon came the real treat of the day, the Scientific Session, "Rabies and Tetanus," Dr H F Senftner, Associate Director of Communicable Diseases, State Department of Health, Albany

"Poliomyelitis," illustrated, Dr Francis F Harrison, Mary Imogene Bassett Hospital, Cooperstown

The attendance was large, nearly every member being present.

C L OLENDORF,
President

H L ODELL,
Secretary

SARATOGA COUNTY

The semi-annual meeting of the Saratoga County Medical Society was held at Newman's Lake House, Saratoga Springs, N. Y, Wednesday evening, May 29, 1929

After the luncheon, the business program was taken up

The applications of Dr Benjamin Seaman and Dr N Stanley Lincoln for membership in the Saratoga County Medical Society having been received and acted upon by the board of censors, they were elected to membership

Dr John MacElroy gave a short address on "The Life of Dr A M Burt," one of our deceased members

Dr Earl King gave a short address on "The Life of Dr John Ledlie," one of our members who had died recently

A motion was made and seconded that the president be empowered to appoint a committee on arrangements provided the Fourth District Branch of the New York State Medical Society decided to hold their annual meeting at Saratoga Springs, New York. Carried

A motion was made and seconded that the delegate to the State Society meeting be instructed to vote as he thought best on a bill relating to standardization of fee as regard to taking care of handicapped children

Following the business session interesting case histories were given by Drs Comstock, Crissey, Mauro, MacElroy, Callahan, Loop and Downs

Moving pictures on "Infections of Hands," and one on "Relations of Absorbable Sutures to Wound Healing" were shown

Meeting adjourned

R B POST, *Secretary*

Picker X-Ray Corporation—Allen Steincamp
Harold Surgical Corporation—H H Kittenbaum
C V Mosby Company—E H Larsen
McIntosh Electrical Corporation—H H Cohen.
Conti Soap Distributors, Inc—L B Holden
Kalak Water Company—S A Jones
Mutual Pharmacal Company, Inc
H T Dewey & Sons Co—George F Dewey, V P, D F Storer
Abbott Laboratories—H M Evans
R B Davis Company—E Stark
American Optical Company—B L Uttal
Horlick's Malted Milk Corporation—G B Neely
The Denver Chemical Mfg Co
M & R. Dietetic Laboratories, Inc.
Merck & Company, Inc., per F Kraus
K. & B Electrical Equipment Co
Mohawk Optical Co, Utica, N Y
Mellin's Food Company—George W
Tailby-Nason Company
Vitaglass Corporation of New York
Bard-Parker Company, Inc—G C Clark
G D Searle & Company—Chicago—R. F Spalding
Metropolitan Life Insurance Company—Muriel Deane
Wappler Electric Company—E Q Williams, Geo Wm Finegan
Cameron's Surgical Specialty Company—W P Schmid
The De Vilbiss Company, Toledo, Ohio

THE WOMEN'S MEDICAL SOCIETY OF NEW YORK STATE

The annual meeting of the Women's Medical Society of New York State is always held at the same time and place as that of the Medical Society of the State of New York, except that its sessions end at the beginning of the scientific sessions of the general society The Women's Society this year met in Utica with over forty members present out of a total membership of about one hundred and twenty The sessions began on the afternoon of Monday, June 3, with a business session The evening was devoted to a banquet, and a scientific session was held on Tuesday morning Then in order to emphasize their connection with the medical profession, the program says "2 p m First session of the General State Society"

The purposes of the Women's Society as stated in its constitution are "To bring the medical women of New York State into communication with each other, for their mutual advantage, to encourage social and harmonious relations within the profession, to extend medical knowledge and to advance medical science." Practically, the society has functioned in bringing more women into the habit of regular attendance at the annual meeting of the Medical Society of the State of New York The Women's Scientific Session gives more women physicians an opportunity to present scientific papers, and thus demonstrate their interest in the progress of medicine

The reports of the committees were given on Monday afternoon, that of the Medical Education Committee being of special interest This Committee was organized in 1917 to create and administer a fund to help in the education of worthy women deserving medical education The committee has been distinctive in its contribution to the encouragement and help it has given to women in the Orient Dr Greene reported the progress of some of the committee's investments Dr Yew of Korea, one of the first to be helped by this fund, is a graduate of Ewa College and Tokio Medical College She is an active woman, being a promoter of the Women's Medical Institute and on the Judicial Board Dr Hyan, also a graduate of Tokio Medical College, is now working at the Lillian Harris Memorial Hospital at Seoul, Korea.

The program of the scientific session was as follows

Tuesday, June 4 9 A M

(1) Address by President of New York State Medical Society, Harry R Trick, M D, Buffalo
(2) Anemia, Katherine L Daly, M D, Rochester, N Y
(3) Factors in Surgical Diseases with Special Reference to Thrombosis, Embolism, and Certain Bleeding Conditions Margaret Stanley Brown, M D, Fifth Avenue Hospital, New York, N Y
(4) The Infant Feeding Situation at Children's Hospital, Philadelphia, Pa. Elizabeth Kirk, M D
(5) Present Day Methods of Testing the Hearing Among School Children. Emily A Pratt, M D, Albany, N Y
(6) Progress in Mexico Through Health (illustrated) Rosalie Slaughter Morton, M D, New York City

Some of these papers are promised for publication in the *New York State Journal of Medicine*

The officers of the society were as follows
President, Anna Harvey Voorhis, M D
Vice-Presidents Daisy M O Robinson, M D
Augusta Vedin, M D
Anne Hubert, M D
Treasurer Mary J Kazmjerczak, M D
Secretary Marion S Morse, M D, Endicott.

MEDICAL WARES

MEDICAL OUTFITS FOR EXPEDITIONS

Leaders of an exploring expedition must make provision for the medical treatment of its personnel While an expedition may not always be accompanied by a physician, it will always have an outfit or kit containing articles in common use for emergency treatments Those who accompany an expedition are chosen for their sound physical health and their considerate and mental attitude for the care of their health, and so they are not supposed to be subject to the ills or weaknesses that beset average mortals But they are exposed to vicissitudes of food and water, heat and cold, accidents and privations, deficient diet, and unaccustomed food, and there is sure to be need for treatment both medical and surgical An army of chosen men on a march with the best of medical attention will usually have a sick rate of about three per cent This rate may be expected on any expedition, either exploring or scientific

The medical outfit of an exploring expedition must meet at least three special requirements

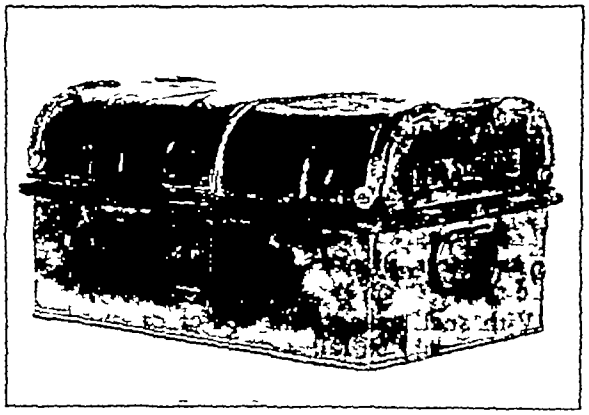
1. The supplies must be in containers designed for easy portability They therefore must be chosen for their efficiency in common requirements, and not for an extended line of treatment such as would be given in the hospital

2 The articles will generally be chosen by men who are not physicians, but who are trained observers and are able to follow directions with understanding A medical outfit would be useless if it required the services of a trained surgeon

3 The remedies must be adapted to symptomatic treatment Only such conditions will be treated as are plainly evident, such for example, as nausea, stomach pains, intestinal disturbances, and superficial wounds The majority of these conditions will be safely treated by laymen of intelligence—and it must be remembered that the leaders of expeditions are men of extraordinary ability and judgment

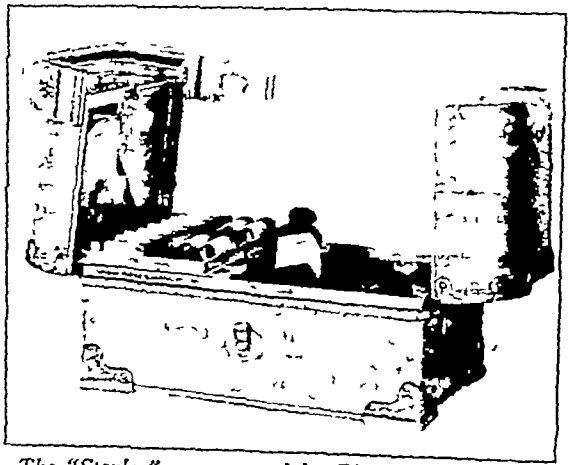
Burroughs Wellcome & Company, an English firm whose branches encircle the earth, has specialized in medical outfits for explorers for over a half a century Its American office at 11 East 41st Street, has on view in its historical medical equipment exhibit a number of outfits used by famous explorers throughout the world

One of the exhibits is the medical case used by H M Stanley, in 1892, in equatorial Africa This case was looted by the Arabs and recaptured, and again stolen by the natives, and finally was recovered and today is in a condition fit to be used by another expedition This case is made of heavy metal and measures about 15 x 10 x 8½ inches, and still contains a variety of drugs and dressings, among them being mustard plasters, throat brushes, peptonizing tubes, menthol cones, and a roll of old-fashioned Meade's lead plaster, which is still as sticky as ever



Case Carried by H M Stanley in 1892.

The case used by Stanley has been adopted as a standard form by Burroughs Wellcome & Company, and its model may still be obtained at a price at about $175 It consists of a heavy metal case shaped like a trunk, whose top is separated in the middle and is hinged on each end The main part of the trunk contains about forty bottles of rubberoid composition so



The "Stanley" case carried by Theodore Roosevelt

BRONX COUNTY

A regular meeting of the Bronx County Medical Society was held at Concourse Plaza, on May 15, 1929, at 9 P M, the President, Dr Aranow, in the Chair

The following were elected to candidates for membership Drs Irwin Alters, Achille F Baratta, Max Berkowsky, George L Birnbaum, Leo Braun, Louis Brooks, David Hershkowitz, Edward F Kohrs, Samuel Lassman, Abraham Lieff, Charles Mandel, Morris A Mason, Dominick Gilbert Petix, David Rodier, Charles J Rudnick and Jacob Jackson Wechsler

Under New Business, the Secretary read the proposed Amendments, introduced at the April meeting, as follows

Section 11 (lines 14 and 15)—Strike out the words "Scientific Committee, consisting of the First and Second Vice-Presidents and Secretary," and insert instead

"Program Committee, consisting of a Chairman, the President of the Society and three other members"

Section 12 (line 2)—Strike out the words "the Scientific Committee"

Section 34—Strike out the last sentence reading "They (Vice-Presidents), together with the Secretary, shall constitute the Standing Committee on Scientific Communications, whose duties shall be to arrange the Scientific Programs for the Stated Meetings"

Add Section 81 (a) "PROGRAM COMMITTEE The Program Committee shall arrange the Programs for the Stated Meetings"

Section 7 (sixth line)—Change to read "They shall assume office July 1st."

Section 17—"The Annual Meeting of the Society shall be held on the third Wednesday of June"

Section 57—"Nominations for Officers, Delegates and Alternates shall be made at the Stated Meetings in April and May"

Section 82—"The Nominating Committee shall nominate a full set of officers and report at the April meeting of the Society"

Following the discussion it was moved and carried that the Amendments be accepted as read

In connection with the Report of the Committee on Medical Economics, the recommendations of the Comitia Minora were acted upon as follows

It was moved and carried that the delegates representing our society be instructed to urge, at the coming annual meeting of the Medical Society of the State of New York, the passage of a bill providing for the appointment of a physician on the Compensation Commission.

It was moved and carried that our delegates be instructed to urge, at the coming annual meeting of the State Society, the placing of an amendment to the Compensation Law empowering the injured employee to choose his own physician.

The Report of the Comitia Minora, recommending to the Society that the Committee on Hospitals be instructed to get in touch with all private and general hospitals and sanitariums in the Bronx, requesting that room and board be given free of charge to all physicians when they require hospital treatment, was then voted upon and approved by the Society

The recommendation of the Comitia Minora that the Bronx County Medical Society make formal request of the State Labor Department that it establish a Branch of the Compensation Commission in Bronx County, was upon motion approved In this connection it was suggested that we request the civic bodies of the Bronx to cooperate with us in the securing of this very desirable object This was also approved.

The President reported on a Conference on Diphtheria Prevention at the Department of Health At this Conference the matter of the family physician giving the toxin-antitoxin treatments was generally discussed The Department is very desirous of having the cooperation of the County Societies and the physicians in this regard

The following Resolutions were introduced

Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Jacob Aronson, M D

Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr Aronson and that a minute thereof be placed on the records of the Society and be it

Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member

The above Resolutions were carried by a rising vote

The Scientific Program then proceeded as follows

Papers

1 Thyrotoxicocis in Childhood Early Diagnosis and Radium Therapy, Solomon Ginsburg

2 A Clinical Review of the Diagnosis and Treatment of Goiter, Emil Goetsch

It was moved and carried that a vote of thanks be extended to the speakers of the evening

It was moved and carried that the Society express its sympathy to Dr George W Crile on the great disaster that has befallen the Cleveland Clinic Hospital

I J Landsman, M D, *Secretary*

THE DAILY PRESS

CAUSES OF CRIMINALITY

The *Syracuse Post Standard* of June 2 contains a review of a book entitled "Philosophy of the Dusk", by Cain O'Dare, which is the autobiography of a criminal The review says

"Guy Pearce Jones writes an introduction in which he tells of his first meeting with O'Dare five years ago At that time O'Dare told him that he had been a criminal because he liked it From the reading of the book one would conclude that in this remark O'Dare told the truth For the book is no record of wall shadows, or injured innocence, or self-pity

"There is an underworld, a world submerged, a world where habits and customs and the unwritten laws of conduct are one great whole, quite different from our world of respectability, morality, virtue and law In that world men and women live, love, indulge in pleasure and passion and greed, just as many do in our world That world pays us back for our pharisaism and hypocrisy and cant with curses or a 'ha-ha'

"There O'Dare lived Lived with prostitutes, thieves and all varieties of social outcasts He is a good reporter or a monumental liar The reviewer need not decide which Whoever O'Dare is or was, he has been a keen observer"

O'Dare probably told the truth Criminals indulge their favorite crime because they like to do so They do not want to reform They can see the ethics of wrong doing in others, but their own acts are moral, according to their own standards Their brains are different from those of other people Their acts are logical and reasonable, if the propriety of their foundation is admitted

CREDULITY

The newspapers of June 10 recorded the death of Mrs Mary Copley Thaw on June 9, in her home in Pittsburgh While most readers knew her only as the mother who defended her son against a charge of murder and insanity, yet she was well known in her own right The *New York Herald Tribune* of June 10 said

"Her father, a deeply religious man, grandson of John Singleton Copley, the American painter, was one of the pioneer editors of Western Pennsylvania

"Inheriting the religious disposition of her father, she assisted missionaries in India, China and Africa

"When crops failed in Nebraska in 1893, Mrs Thaw distributed seeds to the farmers through the clergy Reindeer were largely introduced into Alaska by Mrs Thaw, aided by Mrs Elliott F Shepard and Dr Sheldon Jackson, who brought over Laplanders to care for the animals until they were inured to the climate

"During the World War she sent many contributions to the impoverished European peoples

"During the influenza epidemic ten years ago she widely circulated eucalyptus as a preventive"

It was the distribution of Eucalyptus as a preventive of influenza that caught the editor's eye Doubtless the donor considered that as a major act of charity, but the mind of every person is a curious mixture of keenness and credulity It is to the credit of Mrs Thaw that she did not make money on the eucalyptus

PROFESSIONAL SECRETS

Physicians are not the only persons on whom is laid the obligation of secrecy of confidential communications That ministers of the gospel are under the same obligation is shown by Dr Cadman in the *New York Herald-Tribune* of June 10 A correspondent wrote

Upon the promise of a clergyman to keep the matter disclosed to him a secret between himself and God only, a woman confessed to him that she had killed her father Thereafter this clergyman went to the local authorities and revealed to them the confession thus made The outcome of this action on his part was a trial, which, however, resulted in the acquittal of the woman

Was the clergyman in any way justified in revealing the information he obtained in this way to the police authorities in the interest of justice?"

Dr Cadman answered

"I recall the case to which you refer and also that the conduct of this minister was almost universally condemned Confidence intrusted to a clergyman by those who seek his spiritual direc-

that they are practically unbreakable Their stoppers are polished smooth so that they are airtight The two hinged tops contained bottles and also dressings such as bandages and lint.

The Company has on exhibition a Stanley case which was carried by Theodore Roosevelt on his African Expedition in 1910 Doctors will be interested in the contents which are still in the bottles

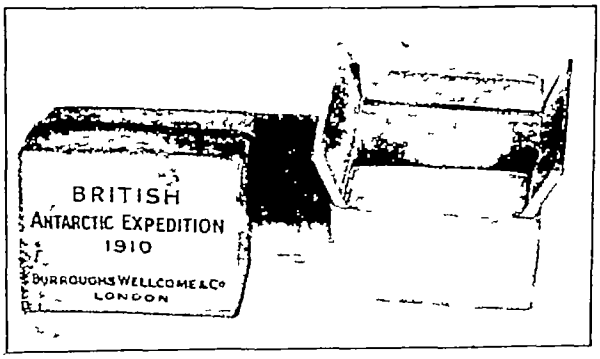
Fourteen of the bottles contain quinine sulphate, and three contain ipecac Warburg's tincture was also carried and tablets of lead and opium One bottle was labeled calomel and jalap and was called the Livingston rouser The other bottles contain the following drugs

Paregoric, aspirin, cascara, bismuth and soda, iron, arsenic, soda mints, aromatic chalk and opium, boric acid, potassium chloride, salol, ginger, antipyrine, potassium permanganate, tannin, calomel, asafetida, aconite, quinine, belladonna and camphor, kino, antifebrin, opium, trional, aloin compound, zinc sulphate, and bichloride of mercury tablets

There was also a hypodermic syringe, rubber catheters, pipettes, silver nitrate stick, and bandages

With such an outfit, a doctor or intelligent layman would be fairly well prepared to treat *the common injuries and sickness, which would* be likely to affect a troop of husky men Doubtless some narcotics, cocaine and morphine, were also contained in the box while it was in use

Another outfit was a pair of wooden boxes used by Algot Lange in 1911, on an exploring expedition up the Amazon River These



Case taken to the South Pole by Commodore Scott

boxes were rawhide covered, each containing fourteen bottles The boxes were about 15" x 9" x 5", and are called the Livingston medicine chest One of the boxes contains the iron head of a poisoned arrow which was shot into the box, presumably by a native

Another outfit is that of Commodore Scott who took it to the South Pole in 1910 on a dog sledge It was a cubical box of about six inch



Case carried by Algot Lange on the Amazon trip

per side, and was made of sheet cork and canvas It is probably of special make and designed for lightness as well as strength This box was discovered in the tent in which Commander Scott lost his life

Another case was one of tin which was used by Roy Andrews in 1915, in an expedition to Thibet Mr Andrews will be remembered as the leader of the Gobi Desert expedition on which dinosaur eggs were discovered after they had laid buried twenty million years



Case carried by Roy C Andrews in his expedition to Thibet

BOOKS RECEIVED

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them A selection from this column will be made for review, as dictated by their merits or in the interests of our readers

HANDBOOK OF SURGICAL DIAGNOSIS By CLEMENT E SHATTOCK, M D 12mo of 678 pages, illustrated. New York, William Wood & Company, 1929 Cloth, $5.50

SURGICAL PATHOLOGY By CECIL P G WAKELEY, F R.C.S, and ST J D BUXTON, M B, B S Octavo of 904 pages, illustrated New York, William Wood & Company, 1929 Cloth, $12 50

MEDICAL CLINICS OF NORTH AMERICA. Vol. 12, No 5 March, 1929 (Southern Interurban Clinical Club Number) Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12.00 net.

RECENT ADVANCES IN SURGERY By W HENEAGE OGILVIE, M A., M.D 12mo of 461 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $3.50 (Recent Advances Series)

RECENT ADVANCES IN NEUROLOGY By W RUSSELL BRAIN, M.A, D M, and E B STRAUSS, B.A., B M, B Ch. 12mo of 412 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $3.50 (Recent Advances Series)

RECENT ADVANCES IN PSYCHIATRY By HENRY DEVINE, O B E., M D 12mo of 340 pages Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $3.50 (Recent Advances Series)

PHYSIO-THERAPY IN GENERAL PRACTICE AND FOR THE USE OF MASSEUSES. By E. BELLIS CLAYTON, M.B, B Ch Second Edition. Octavo of 231 pages. New York, William Wood & Company, 1928. Cloth, $3.50

DISEASES OF CHILDREN Second Edition, Edited by HUGH THURSFIELD, D M, M A., F R.C.P, and DONALD PATERSON, M D, M R C P Octavo of 1106 pages, illustrated. New York, William Wood & Company, 1929 Cloth, $13 00

THE INJECTION TREATMENT OF HEMORRHOIDS By Dr CHARLES CONRAD MILLER. 12mo of 124 pages, illustrated Chicago, Modern Surgery Publications 1929

WHY WE ARE MEN AND WOMEN OR FACTORS DETERMINING SEX By A L. BENEDICT A.M, M D 12mo of 270 pages New York, Allen Ross & Company, 1929 Cloth, $2.50

A HANDBOOK ON DIABETES By BYRON D BOWEN, M D 12mo of 89 pages. Buffalo, The Hammond Press 1928.

TUBERCULOSIS AND HOW TO COMBAT IT A Book for the Patient By FRANCIS M. POTTENGER, A.M. M.D Second Edition 12mo of 275 pages St. Louis, The C. V Mosby Company, 1928 Cloth, $2.00

INJECTION TREATMENT OF INTERNAL HEMORRHOIDS By MARION C PRUITT, M.D 12mo of 137 pages, illustrated St. Louis, The C. V Mosby Company, 1929 Cloth, $3 00

THE NORMAL AND PATHOLOGICAL PHYSIOLOGY OF BONE. Its Problems By R. LERICHE and A. POLICARD Authorized translation by SHERWOOD MOORE, M D., and J ALBERT KEY, M D Octavo of 236 pages, illustrated St. Louis, The C. V Mosby Company, 1928 Cloth, $5 00

THE CLIMACTERIC. (The Critical Age.) By GREGORIO MARANON Translated by K. S STEVENS Edited by CAREY CULBERTSON, A B., M.D Octavo of 425 pages, illustrated. St. Louis, The C. V Mosby Company, 1929 Cloth, $6.50

THE TECHNIC OF LOCAL ANESTHESIA. By ARTHUR E HERTZLER, A.M, M.D Fourth Edition. Octavo of 284 pages, illustrated. St. Louis, The C. V Mosby Company, 1928. Cloth, $6 00

INTERNATIONAL CLINICS Edited by HENRY W CATTELL, A M., M D Thirty-ninth Series, Volume 1 Octavo of 303 pages, illustrated Philadelphia and London, J B Lippincott Company, 1929

IMPERATIVE TRAUMATIC SURGERY WITH SPECIAL REFERENCE TO AFTER-CARE AND PROGNOSIS By C. R. G FORRESTER, M D, F A.C.S Octavo of 464 pages, illustrated New York, Paul B Hoeber, Inc., 1929 Cloth, $10 00

MEDICAL INFORMATION IN SICKNESS AND HEALTH By PHILIP SKRAINKA, M.D Octavo of 577 pages New York, Coward-McCann, Inc., 1929

THE WRITING OF MEDICAL PAPERS By MAUD H MELLISH-WILSON Third Edition, revised. 12mo of 184 pages Philadelphia and London, W B Saunders Company, 1929 Cloth, $1.50

CLINICAL ELECTROCARDIOGRAMS Their Interpretation and Significance. By FREDERICK A. WILLIUS, B S, M.D Quarto of 219 pages, illustrated Philadelphia and London, W B Saunders Company, 1929 Cloth, $8.00 (Mayo Clinic Monographs)

AIDS TO MEDICINE. By JAMES L LIVINGSTONE, M D, Lond., M.R.C.P, Lond. Fourth Edition. 12mo of 414 pages New York, William Wood & Company, 1929 Cloth, $1.75

SURGICAL CLINICS OF NORTH AMERICA Vol. 9, No 2 April, 1929 (Chicago Number) Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12 00 net.

THE TOXEMIAS OF PREGNANCY H J STANDER. Octavo of 161 pages Baltimore The Williams & Wilkins Company 1929 Cloth, $3 00 (Medicine Monograph No XV)

FURTHER STUDIES UPON CHRONIC EPIDEMIC ENCEPHALITIS. Edited by AUGUST WIMMER, M D Octavo of 174 pages, illustrated. London, William Heinemann, Ltd, Copenhagen, Levin & Munksgaard, 1929 Paper, 13/ net

SURGICAL RADIOLOGY By A P BERTWISTLE, M B Ch.B, F.R.C S Ed. 12mo of 142 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $3 50

A PATIENTS MANUAL OF DIABETES By HERBERT W MOXON B.A, M R.C S 12mo of 132 pages. New York, William Wood & Company, 1929 Cloth, $2.25

tion should be held by him as inviolable and sacred The exposure, detection and punishment of crime is the business of the law and the courts These respect the clerical position as I have stated it, and do not insist that pastors shall reveal secrets committed to them in the confessional

"Many clergymen would undoubtedly advise the wrongdoer to surrender himself or herself to the authorities, while others might not so advise Much depends upon the rules of various churches and the nature of the offense confessed Of course, if an innocent person were likely to suffer for the crime, any clergyman, as I understand it, is bound to prevent such a miscarriage of justice. Personally, I do not think the man to whom you refer was justified in disclosing the information he received after solemnly binding himself not to do so"

A VISIT TO THE DENTISTS

Why are the best jokes ascribed to the dentists?

The *Syracuse Post Standard* of June 2 contains the following gem, whose length could not be cut without impairing its interest

Little Benny and Pop at Dentists
By Lee Pape

"Aftr suppir yestidday I was in the living room holding one half of my face, and ma sed, Benny Potts, that tooth is herting agen, so dont start denying it before I even ask you Theres ony one thing to do and thats to go to the dentists the ferst thing tomorrow morning without fail or argewment, she sed

"Especially argewment, pop sed Theres nuthing more important than your teeth and if you take good care of them in your youth theyll take good care of you in your manhood he sed, and ma sed, And Willyum, this is a golden opportunity for you to go with him and have that extraction done, theres no use just waiting and waiting till more trubble sets in

"I intend to go next week for sure, pop sed, and I sed, No, sir, I aint going if you dont, pop, no sir

"Of course Im going, whats all the fuss about? pop sed We'll go rite around after brekfist and set each other a good example, he sed, and I sed, Well G, pop, if you wunt to put it off a week, Im willing

"But Im not, the ideer, ma sed, and pop sed, And neither am I, if a things werth doing, for Peet sake get it over with, thats my prize winning slogan

"And this morning at brekfist my tooth felt so much better it almost felt all rite agen, so I dident mention it, and pop dident mention his and dident look as if he was going to, and ma sed, I hope you brave men havent forgotten, this is the morning for the dentist

"Im well aware of the fact, pop sed, and I sed, G, ma, I know it And me and pop went around to Dr Climbers office and sat down in the waiting room, and we was the only 2 there, pop saying, Good, it our tern next, thats what I call starting the day rite

"And he started to look on the table for a magazine to reed, saying, By all the sines he's a good union dentist, there's not a magazine here thats not at least 6 munths old Wich just then somebody started to make fearse sounds in the next room as if something was herting them, such as their teeth, me saying, Well G, pop, I can still be erly for skool if you still feel like putting it off till next week, and pop sed, Well after all, skool is education and nuthing can take the place of education, but still, we're here now, and after all, now that we're here, here we are.

"Meening we mite as well stay Wich we kepp on doing, and after a wile Dr Climber stuck his hed out of the back room smiling as if he had never hert anybody all his life, saying, Good morning, Ill be rite with you

"Dont hurry, take your time, pop sed

"And we kepp on waiting, and pritty soon some even werse sounds came from the back room, me saying, G wizz pop, do you hear that?

"Why yes, I blleeve I do, pop sed And he took out his watch and looked at it, saying, As a matter of fact I have serverel important appointments today and I mite not be able to concentrate if I have that tooth extracted ferst But of corse I can leeve you here and you can explain to Dr Climber Ill be back late next week or erly the week after, wichever he prefers, he sed

"No sir, I should say not, G wizzickrs pop if you dont stay I wont, holey smokes, I sed But of corse if we both wawked out kind of easy without making much noise then we could both come back next week and explain to him then, I sed

"I see your point, but Im afraid that wouldent look very well, pop sed I think one of us awt to stay he sed looking at his watch agen Proving he still ment me, and I sed, Well I tell you, pop, lets toss up for it

"A father awtent to gamble with his sons teeth pop sed And he got up to go, and just then Dr Climber wawked out saying, Ill see you now, Mr Potts

"That fine, thats dandy, are you sure you have the time? pop sed

"Wich Dr Climber sed he had, and pop went in with him and made a few sounds but not very bad ones, and then I went in and he dident hardly hert me at all and I dident haff to go to skool till this afternoon, making me fell better insted of werse"

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BOOK REVIEWS

A Text-Book of Pharmacology and Therapeutics By Hugh Alister McGuigan, Ph.D, M.D Octavo of 660 pages, illustrated. Philadelphia and London, W B Saunders Company, 1928. Cloth, $6.00

Recently there have appeared several new works on Pharmacology and Therapeutics, and it has been this reviewer's privilege to comment enthusiastically regarding several of them. Now comes Dr McGuigan's excellent book—and whence come the new crop of adjectives that the work merits

As might have been expected of this author, this text-book is the product of a trained teacher Brief, accurate, scientific, amply illustrated, it closely approaches the ideal that many a teacher has hoped for The correlating of pharmacologic action to therapeutic application and the reason therefor, has been well done and will prove to be constructive reading for the therapist. Had the author had the courage to override the publisher and exclude from the text all reference to the obsolete Apothecaries' system of weights and measures, employing the Metric system only, this book might have been correctly called the *ideal* text-book. Why the medical student of today need be taught to use any but the Metric system, is beyond understanding

Here is an up-to-the-minute book that practitioners will be abundantly repaid in possessing

M. F DeL.

The Harvey Lectures Delivered Under the Auspices of the Harvey Society of New York, 1927-1928. Under the Patronage of the New York Academy of Medicine. By Dr. Edward Francis and others. Series XXIII. Octavo of 280 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1929 Cloth, $4.00.

The eight lectures given during 1927-28 under the auspices of the Harvey Society are the twenty-third series of these Lectures. The object of the Society is the "diffusion of scientific knowledge in selected chapters in anatomy, physiology, pathology, bacteriology, pharmacology, and physiological and pathological chemistry, through the medium of public lectures by men who are workers in the subjects presented."

The following articles are presented by masters of their subjects

A Summary of Present Knowledge of Tularemia.
The Relation of the Liver to Metabolism.
The Influence of Insulin and Epinephrine on the Fate of Sugar in the Animal Body
The Metabolism of Nerves.
The Treatment of Pernicious Anemia.
Experimental Fistulae of Blood Vessels.
The Renal Lesions in Bright's Disease.
The Development of the Harvean Circulation

Each paper is a masterpiece on the subject and will well repay a careful study

Henry M Moses.

A Compend of Diseases of the Skin By Jay Frank Schamberg, A.B, M.D Eighth Edition 12mo of 324 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1928. Cloth, $2.00. (Blakiston's Compends.)

Dr Schamberg's Compend of Diseases of the Skin, which he has brought up to date in this edition, continues to hold a place as a handy, easy readable text for the student and general practitioner

A. M Persky

Organic Laboratory Methods. By the Late Professor Lassar-Cohn Authorized translation from the general part of fifth revised edition, by Ralph E. Oesper, Ph.D Edited by Roger Adams and Hans T Clarke. Baltimore, The Williams & Wilkins Company, 1928 469 pages, illustrated 8vo Cloth, $6.50 (The World Wide Chemical Translation Series No 2. Edited by E. Emmet Reid)

This book is a translation of the author's first of his two volumes on "Arbeitsmethoden fur Organisch-Chemische Laboratorien" and deals with the following general subjects on laboratory technique: Distillation, Dialysis, Evaporation, Decolorizing and Clarifying Liquids Extraction, Melting Point Determination, Sublimation, Drying, Detection and Determination of Nitrogen, Halogens and Sulfur in Organic Compounds, as well as Ashing of Organic Materials These are some of the general topics. The author also considers numerous minor subjects in this field of work.

As the translator states, it outlines the methods by which difficulties have been overcome. The information presented in this volume will undoubtedly be appreciated by the organic chemist, who finds it difficult to read the same in German Although the translator makes no claims as to completeness, one reading this volume is impressed with the thoroughness with which so large a field is treated.

Silik H Polayes

Diseases of the Blood By A. Piney, M.D, Octavo of 195 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1928. Cloth, $4.00

This is a small volume of less than 200 pages amply illustrated and presented in clear, concise style.

A considerable effort has been made to describe and explain the underlying anatomical changes that occur in the hematopoietic organs.

Much of practical value is presented and in a manner that makes the reading interesting as well as instructive.

With the present day tendency of making routine blood examinations on all hospital patients and on many office patients, the practitioner has very frequent occasions to acquaint himself with different hematological diseases, their recognition and best methods of treatment.

This small volume should be of great assistance to the clinician as well as the laboratory worker

H. M. Feinblatt

Pediatrics for the General Practitioner. By Harry Monroe McClanahan, A.M., M D Octavo of 606 pages with 230 illustrations Philadelphia and London, J B Lippincott Company, 1929 Cloth, $6.00

In this book of 606 pages, the author in his preface says, the purpose of the book is "With the belief that sick infants and children are and will continue to be under the care of the family physician and that they have an inherent right to the best treatment that can be obtained, the author presents this book."

Typographically little is left to be desired, good paper good sized type and the many illustrations are above the average in clearness

For the general practitioner and the student, the book is highly recommended, as the descriptions are brief and to the point. Many individual cases are cited, illustrative of the subject under discussion.

Most controversial matters are omitted, with the result that the book is a sound exponent of the author's wide experience, and it will well fulfill the author's purpose.

A. D Smith

NOTES ON CHRONIC OTORRHOEA. With Especial Reference to the Use of Zinc Ionization in the Treatment of Selected Cases By A. R. FRIEL, M A., M.D Octavo of 87 pages, illustrated New York, William Wood & Company, 1929 Cloth, $2.25

A MANUAL OF HELMINTHOLOGY, MEDICAL AND VETERINARY By H. A. BAYLIS, M A., D Sc. Octavo of 303 pages, illustrated. New York, William Wood & Company, 1929 Cloth, $10 00

PROTOZOOLOGY A Manual for Medical Men By JOHN GORDON THOMSON, M.A., M B., Ch B., and ANDREW ROBERTSON, M B., Ch B Octavo of 376 pages, illustrated New York, William Wood & Company, 1929 Cloth, $11 00

PHYSICAL THERAPEUTIC TECHNIC. By FRANK BUTLER GRANGER, A.B., M D Octavo of 417 pages, illustrated. Philadelphia and London, W B Saunders Company, 1929 Cloth, $6 50

YOUTHFUL OLD AGE. How to Keep Young By WALTER M GALLICHAN 12mo of 236 pages New York, The Macmillan Company, 1929 Cloth, $2.50

OLD AGE THE MAJOR INVOLUTION The Physiology and Pathology of the Ageing Process By ALFRED SCOTT WARTHIN, Ph D., M D Octavo of 199 pages, illustrated New York, Paul B Hoeber, Inc., 1929 Cloth, $3 00

DEVILS, DRUGS, AND DOCTORS The Story of the Science of Healing from Medicine Man to Doctor By HOWARD W HAGGARD, M D Octavo of 405 pages, illustrated New York and London, Harper & Brothers, 1929 Cloth, $5 00

PROCTOLOGY A Treatise on the Malformations, Injuries and Diseases of the Rectum, Anus and Pelvic Colon By FRANK C YEOMANS, A.B., M D., F.A.C S Octavo of 661 pages, illustrated. New York and London, D Appleton & Company, 1929 Cloth, $12 00

A SHORTER SURGERY A Practical Manual for Senior Students By R J McNEILL LOVE, M B., M S (Lond.), F.R.C S (Eng.) Octavo of 299 pages, illustrated New York, William Wood & Company, 1929 Cloth, $4 00

DIAGNOSIS AND TREATMENT OF DEFORMITIES IN INFANCY AND EARLY CHILDHOOD By M F FORRESTER-BROWN, M.S., M D (Lond.) Octavo of 199 pages, illustrated New York, Oxford University Press, 1929 Cloth, $4 15 (Oxford Medical Publications)

NEPHRITIS Its Problems and Treatment By T IZOD BENNETT, M.D (London), F.R.C P Octavo of 94 pages New York, Oxford University Press, 1929 Cloth, $1 85 (Oxford Medical Publications)

HAEMORRHOIDS Their Aetiology, Prophylaxis and Treatment by Means of Injections By ARTHUR S MORLEY, F.R.C S., Eng Fourth Impression Octavo of 122 pages, illustrated New York, Oxford University Press, 1929 Cloth, $2 00 (Oxford Medical Publications)

THE PRINCIPLES OF CLINICAL PATHOLOGY IN PRACTICE. A Guide to the Interpretation of Laboratory Investigations for the Use of Those Engaged in the Practice of Medicine By GEOFFREY BOURNE, M D (Lond.), M.R.C.P., and KENNETH STONE, M D (Oxon.), M.R.C.P Octavo of 392 pages New York, Oxford University Press, 1929 Cloth, $4 75 (Oxford Medical Publications)

SURGICAL PATHOLOGY By WILLIAM BOYD, M.D Second Edition Octavo of 933 pages, illustrated. Philadelphia and London, W B Saunders Company, 1929 Cloth, $11 00

THE CYTOARCHITECTONICS OF THE HUMAN CEREBRAL CORTEX By CONSTANTIN VON ECONOMO. Translated by DR. S PARKER. Octavo of 186 pages, illustrated. New York, Oxford University Press, 1929 Cloth, $6.25 (Oxford Medical Publications)

OESOPHAGEAL OBSTRUCTION ITS PATHOLOGY, DIAGNOSIS AND TREATMENT [Based on the Jacksonian Prize Essay of the Royal College of Surgeons of England for 1924 (Published by Permission of the Council) and Including a Hunterian Lecture Delivered at the Royal College of Surgeons in 1926] By A. LAWRENCE ABEL, M S (Lond.) F.R.C S (Eng.) Quarto of 234 pages, illustrated New York, Oxford University Press, 1929 Cloth, $9 00 (Oxford Medical Publications)

THE INTERNATIONAL MEDICAL ANNUAL. A Year Book of Treatment and Practitioner's Index. Forty-seventh Year Octavo of 568 pages, illustrated. New York, William Wood & Company, 1929 Cloth, $6.00.

MEDICINE. Its Contribution to Civilization. By EDWARD B VEDDER, A.M., M.D Octavo of 398 pages Baltimore, The Williams & Wilkins Company, 1929 Cloth, $5 00

THE HEALTHY BABY The Care and Feeding of Infants in Sickness and in Health. By ROGER H DENNETT, B S., M D New Edition. 12mo of 266 pages New York, The Macmillan Company, 1929 Cloth, $1.25

EDEMA AND ITS TREATMENT By HERMAN ELWYN, M.D Octavo of 182 pages New York, The Macmillan Company, 1929 Cloth, $2.50

DIAGNOSTIC METHODS AND INTERPRETATIONS IN INTERNAL MEDICINE. By SAMUEL A. LOEWENBERG, M.D Octavo of 1032 pages, illustrated. Philadelphia, F A. Davis Company, 1929 Cloth, $10 00

REFLECTIONS AND OPERATIONS By SIR JOHN O'CONNOR, K.B.E., M A., M D Octavo of 361 pages. London, Bailliere, Tindall & Cox, 1929 Cloth, 21/

PRACTICAL CHIROPODY By E. G V RUNTING, F I S Ch. Third Edition 12mo of 200 pages. St. Louis, The C V Mosby Company, 1929 Cloth, $3 00

THE TONSILS AND ADENOIDS AND THEIR DISEASES Including the Part They Play in Systemic Diseases. By IRWIN MOORE, M B., C.M (Edin.) Octavo of 395 pages, illustrated St. Louis, The C V Mosby Company, 1928. Cloth, $6.50

DISEASES OF THE THYROID GLAND By ARTHUR E. HERTZLER, M D Second Edition. Octavo of 286 pages, illustrated St Louis, The C. V Mosby Company, 1929 Cloth, $7 50

DISEASES AND DEFORMITIES OF THE SPINE AND THORAX By ARTHUR STEINDLER, M D Quarto of 573 pages, illustrated St Louis, The C V Mosby Company, 1929 Cloth, $12 50

PROGRESSIVE RELAXATION A Physiological and Clinical Investigation of Muscular States and Their Significance in Psychology and Medical Practice. By EDMUND JACOBSON, A.M., Ph.D., M D Octavo of 429 pages, illustrated Chicago, The University of Chicago Press, 1929 Cloth, $5 00

A MANUAL OF DISEASES OF THE NOSE, THROAT, AND EAR. By E. B GLEASON, M D Sixth Edition. 12mo of 617 pages, illustrated. Philadelphia and London, W B Saunders Company, 1929 Cloth, $4.50

TWEEDY'S PRACTICAL OBSTETRICS Edited and largely rewritten by BETHEL SOLOMONS, M D Sixth Edition. Octavo of 759 pages, illustrated. New York, Oxford University Press, 1929 Cloth, $7.50 (Oxford Medical Publications)

BOOK REVIEWS

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Recently there have appeared several new works on Pharmacology and Therapeutics, and it has been this reviewer's privilege to comment enthusiastically regarding several of them. Now comes Dr McGuigan's excellent book—and whence come the new crop of adjectives that the work merits

As might have been expected of this author, this text-book is the product of a trained teacher Brief, accurate, scientific, amply illustrated, it closely approaches the ideal that many a teacher has hoped for The correlating of pharmacologic action to therapeutic application and the reason therefor, has been well done and will prove to be constructive reading for the therapist. Had the author had the courage to override the publisher and exclude from the text all reference to the obsolete Apothecaries' system of weights and measures, employing the Metric system only, this book might have been correctly called the *ideal* text-book. Why the medical student of today need be taught to use any but the Metric system, is beyond understanding

Here is an up-to-the-minute book that practitioners will be abundantly repaid in possessing

M. F DeL.

The Harvey Lectures. Delivered Under the Auspices of the Harvey Society of New York, 1927-1928. Under the Patronage of the New York Academy of Medicine. By Dr. Edward Francis and others. Series XXIII. Octavo of 280 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1929 Cloth, $4 00

The eight lectures given during 1927-28 under the auspices of the Harvey Society are the twenty-third series of these Lectures. The object of the Society is the "diffusion of scientific knowledge in selected chapters in anatomy, physiology, pathology, bacteriology, pharmacology, and physiological and pathological chemistry, through the medium of public lectures by men who are workers in the subjects presented."

The following articles are presented by masters of their subjects

A Summary of Present Knowledge of Tularemia.
The Relation of the Liver to Metabolism.
The Influence of Insulin and Epinephrine on the Fate of Sugar in the Animal Body
The Metabolism of Nerves.
The Treatment of Pernicious Anemia.
Experimental Fistulae of Blood Vessels.
The Renal Lesions in Bright's Disease.
The Development of the Harveian Circulation.

Each paper is a masterpiece on the subject and will well repay a careful study

Henry M Moses

A Compend of Diseases of the Skin By Jay Frank Schamberg, A.B., M.D Eighth Edition 12mo of 324 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1928. Cloth, $2 00 (Blakiston's Compends.)

Dr Schamberg's Compend of Diseases of the Skin, which he has brought up to date in this edition, continues to hold a place as a handy, easy readable text for the student and general practitioner

A. M Persky

Organic Laboratory Methods. By the Late Professor Lassar-Cohn Authorized translation from the general part of fifth revised edition, by Ralph E. Oesper, Ph.D Edited by Roger Adams and Hans T Clarke. Baltimore, The Williams & Wilkins Company, 1928 469 pages, illustrated 8vo Cloth, $6 50 (The World Wide Chemical Translation Series No 2. Edited by E. Emmet Reid)

This book is a translation of the author's first of his two volumes on "Arbeitsmethoden fur Organisch-Chemische Laboratorien" and deals with the following general subjects on laboratory technique Distillation, Dialysis, Evaporation, Decolorizing and Clarifying Liquids Extraction, Melting Point Determination, Sublimation, Drying, Detection and Determination of Nitrogen, Halogens and Sulfur in Organic Compounds, as well as Ashing of Organic Materials. These are some of the general topics. The author also considers numerous minor subjects in this field of work.

As the translator states, it outlines the methods by which difficulties have been overcome. The information presented in this volume will undoubtedly be appreciated by the organic chemist, who finds it difficult to read the same in German Although the translator makes no claims as to completeness, one reading this volume is impressed with the thoroughness with which so large a field is treated.

Silik H. Polayes

Diseases of the Blood By A. Piney, M.D, Octavo of 195 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1928. Cloth, $4 00

This is a small volume of less than 200 pages amply illustrated and presented in clear, concise style.

A considerable effort has been made to describe and explain the underlying anatomical changes that occur in the hematopoietic organs.

Much of practical value is presented and in a manner that makes the reading interesting as well as instructive.

With the present day tendency of making routine blood examinations on all hospital patients and on many office patients, the practitioner has very frequent occasions to acquaint himself with different hematological diseases, their recognition and best methods of treatment.

This small volume should be of great assistance to the clinician as well as the laboratory worker

H. M Feinblatt

Pediatrics for the General Practitioner. By Harry Monroe McClanahan, A.M., M.D Octavo of 606 pages with 230 illustrations Philadelphia and London, J B Lippincott Company, 1929 Cloth, $6 00

In this book of 606 pages, the author in his preface says, the purpose of the book is "With the belief that sick infants and children are and will continue to be under the care of the family physician and that they have an inherent right to the best treatment that can be obtained, the author presents this book."

Typographically little is left to be desired, good paper good sized type and the many illustrations are above the average in clearness

For the general practitioner and the student, the book is highly recommended, as the descriptions are brief and to the point. Many individual cases are cited, illustrative of the subject under discussion

Most controversial matters are omitted, with the result that the book is a sound exponent of the author's wide experience, and it will well fulfill the author's purpose.

A. D Smith

THE INFANT AND YOUNG CHILD ITS CARE AND FEEDING FROM BIRTH UNTIL SCHOOL AGE. A Manual for Mothers By JOHN LOVETT MORSE, A.M., M.D., EDWIN T WYMAN, M.D., and LEWIS WEBB HILL, M.D., Second edition, revised. 12mo of 299 pages, illustrated Philadelphia and London, W B Saunders Company, 1929 Cloth, $2.00

When a book has been written by Dr Morse and his associates we can feel assured that it is a reliable guide, and that is very true in the present instance. Further, in these wild and rapid times it is refreshing to see people hold with conviction to old fashioned conservatism We feel gratified at the attitude taken toward wind and weather, catching cold, clothing and many such things

If one wishes to approach the more modern methods of generous feeding of small infants to the degree which even the conservative reviewer does, he will get no consolation from and had better not advise this book for his patients, as the writers are extremely tardy in bestowing the kinds of food which now are commonly given Perhaps they are right that the babies fed in the more stingy fashion of a half generation ago did as well as these with whose stomachs we take more liberty

Any criticism we might offer would be in detail rather than on major consideration

The reviewer actively disapproves of the routine nasal toilet and wonders whether the recommendation for a fine-tooth comb and the daily washing of scalp is the result of careful consideration or is simply a tradition held over from ancient times The use of bands to the age of ten years or their recommendation to that age seems somewhat superfluous However the unnecessary precautions offered do no harm if reasonably interpreted

It is safe to recommend the book.

WALTER D LUDLUM

PATHOLOGY FOR STUDENTS AND PRACTITIONERS Authorized translation of the Lehrbuch der Pathologischen Anatomie by DR. EDWARD KAUFMANN Translated by STANLEY P REIMANN, M.D Octavo of three volumes containing 2452 pages, with 1072 illustrations Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $30.00

To those familiar with the German edition of Kaufmann's Pathology it is unnecessary to say that it is standard and one of the best works on the subject extant. English readers may well be congratulated on having an excellent translation of the book by so able a Pathologist as Prof Stanley P Riemann, M.D., of the University of Pennsylvania The translator, while preserving the general arrangement of the subject matter, has wisely made some additions of his own, as well as alterations to meet requirements since the author's death. Unlike Mac Callum's text book, this is not so much of a philosophy of pathology as it is a work adapted to the every-day necessities of the student and physician Both the original and translation are scholarly performances and reliable in every respect We owe a debt of thanks to Prof Reimann for a very real service, and we fully appreciate the vast amount of labor he has so well expended in a field of medicine which has become a daily necessity

The three volumes contain 2,452 pages and many illustrations Organic lesions are treated in systems and cover everything one could wish to know The appendix contains a full literature by both Kaufmann and the translator The index is full and bound with each volume, which is indeed a great convenience Thirty dollars seems a good price to pay for a work on pathology, but it is a small sum compared with what this book has to give in a form that can be readily utilized at short notice. The work is bound to see many new editions

J M VAN COTT

A TEXT-BOOK OF MEDICINE. By various authors Edited by J J CONYBEARE, M.C., M.D (Oxon.), F.R.C.P Octavo of 976 pages New York, William Wood and Company, 1929 Cloth, $8.00

A well written textbook of medicine which presents our essential knowledge down to this year of grace. Unlike some British textbooks, it can be used by American practitioners to complete advantage. Such diseases of the skin as the physician is likely to encounter are discussed, and the diseases of infancy receive separate consideration. An appendix deals with life insurance examination The readableness of this book and the extraordinary conciseness of its text will make it very popular with practical men Ingenuity in printing methods has enabled the publishers to get an unwonted amount of material into remarkably small compass A most serviceable work for busy men A. C. J

A DOCTOR'S LETTERS TO EXPECTANT PARENTS By FRANK HOWARD RICHARDSON, M.D Octavo of 118 pages New York, "Children—The Parents' Magazine," and W W Norton & Company, Inc., 1929 Cloth, $1.75

At the present time, an expectant mother, who is properly cared for, keeps close to her doctor and gets specific advice from him and so far as the physical is concerned Dr Richardson's book approves this course and recommends it.

A very large share of the book is devoted to the psychology of the Parents-to-be during that stage and in preparation for the coming of their little one. The advice given is comforting and assuring and the reviewer believes that prospective parents would get comfort and a reasonable amount of advice from this book.

It is interestingly written and attractive.

W D L.

AN INTRODUCTION TO THE HISTORY OF MEDICINE, with Medical Chronology, Suggestion for Study and Bibliographic Data. By Fielding H Garrison, A.B., M.D Fourth Edition Octavo of 996 pages, illustrated Philadelphia and London, W B Saunders Company, 1929 Cloth, $12.00

Dr Garrison is one of the few authors of medical books who makes it a simple matter to review a new edition without the need of studying the earlier ones The preceding (third) edition was issued in 1921, so that eight additional years' developments are included in the present. The author devotes nearly seven pages of preface to the new edition, in place of the customary perfunctory notice. The first edition dates from 1913-4, with two successive printings, the first revised edition was issued in 1917, and the second revision, dated 1921, was reprinted in 1924 The present is therefore the third revision "Garrison" is unique in conception and execution and its exhaustiveness vies with its originality Such a work must have a few defects of its qualities for it is hard to locate a reference on a given page which contains so many names One whose duties tend to keep him in touch with the latest developments of medicine may complain of certain omissions but always with the feeling that Dr Garrison and his colleagues have made these omissions intentionally We have in mind especially such innovations as the anti-allergic chamber of a group of Dutch physicians for the treatment of allergic respiratory diseases, and the work of Frei and others on a new form of lymphadenitis of the groins confounded for years with chancroidal bubo but distinguished by skin and bacteriological tests We note that Dr Garrison touches very lightly on certain alleged innovations, notably the Voronoff-Steinach rejuvenation and buccal focal infection, and are thus disposed to conclude that various other omissions are due to mature deliberation and not to oversight

A C J

RECENT ADVANCES IN BACTERIOLOGY AND THE STUDY OF THE INFECTIONS. By J HENRY DIBLE. Octavo of 363 pages, with 22 illustrations Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $3 50

This is the most interesting little volume, one of great value to the Medical bacteriologist and physician. In a remarkably clear and concise manner, the author presents the present status of each mooted problem in this field. Unusual discrimination has been exercised in the selection of the material, and judgment expressed that is both appealing and convincing Special mention of the consideration of the classification of bacteria, the streptococcus problem, bacteriophage, spirochatae and immunity must be made. Too much commendation cannot be expressed regarding the excellency in compiling a work, the complexities of which has been presented in such simple and complete form

MAX LEDERER.

THE STORY OF MODERN PREVENTIVE MEDICINE. Being a Continuation of the Evolution of Preventive Medicine, 1927 By SIR ARTHUR NEWSHOLME, K.C B, M D 12mo of 295 pages. Baltimore, The Williams and Wilkins Company, 1929 Cloth, $4 00

This book is a continuation of the "Evolution of Preventive Medicine," published in 1927 by the same author

The previous volume was concerned with the possibilities of prevention of disease up to the middle of the nineteenth century In the present book, this sketch is continued through the modern period ushered in by Louis Pasteur's work.

Evidently, as the author remarks, the story is in outline only and is elementary The complete record would, as we know, require many volumes

This publication by Sir Arthur Newsholme fills an evident need in medical literature, in helping to acquaint the modern world with the great strides that medicine has made in the past fifty years

JOSEPH C. REGAN

A HANDBOOK OF CLINICAL CHEMICAL PATHOLOGY By FRANK SCOTT FOWWEATHER, M.D 12mo of 216 pages, with 18 illustrations. Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $3 00.

This is a small volume of about 200 pages with a foreword by Sir Moynihan and fifteen chapter divisions

One cannot over-emphasize the importance of this type of book as an aid to the practitioner

The author has made the book informative and yet has been very concise and has omitted all detailed laboratory tests.

The subjects considered are Acid-base equilibrium, Renal function, Liver function, Toxemia of pregnancy, Tests of gastric function, Investigation of pancreatic and intestinal conditions, tests on Cerebro-spinal fluid, Basal metabolism, Anoxemia, Gout, Changes in Cholesterol, phosphorus, calcium in blood-tetany, rickets, Ossification, calcification, calculous formation, Vitamines and Deficiency diseases.

H M FEINBLATT

METHODS AND PROBLEMS OF MEDICAL EDUCATION (Eleventh Series.) Quarto of 263 pages, illustrated. New York, Division of Medical Education, The Rockefeller Foundation, 1928.

The eleventh series of the Rockefeller Brochures is, as usual, devoted to clinical teaching here and abroad. Out patient clinics, laboratories, teaching units for pediatrics, gynecology and obstetrics, and medicine are described with full floor plans and fine illustrations The book is valuable to those who are considering medical changes in their teaching methods and equipment.

C. A. G

DISEASES OF THE NERVOUS SYSTEM. A Text-book of Neurology and Psychiatry By SMITH ELY JELLIFFE, M.D, Ph D, and WILLIAM A. WHITE, M D Fifth Edition Octavo of 1174 pages, illustrated. Philadelphia, Lea and Febiger, 1929 Cloth, $9.50

The 5th edition of the well known text-book stands out as a notable contribution to neurology It is not simply a text-book, but an actual work of scientific accomplishment which could be used to great advantage by the physician in general and by the specialist in particular That is true in spite of a few errors, which to the reviewer's mind could have been omitted, if the authors were not so anxious to give us an expose of their pet theories For example, the authors show a great inclination to accept as proven facts, theories which are not only debatable, but actually far from being scientifically correct. We will refer here to the chapter on the "Physio-Chemical System." The classification of the material is also far from being up to the present standard and the reviewer believes that the classification of neurological conditions is more fortunate if one follows the system adopted by the New York Neurological Institute. It also seems that in the discussion of the problem of heredity, the authors have overlooked many important facts The reviewer had the impression that the authors were treading on uncertain ground. In the chapter dealing with psychoneurosis, the authors have overlooked the plausible theories of Jaensch, Klages, Hoffman and others

It is immaterial whether the reader agrees or not with the authors, they have looked at the problems from the one sided viewpoint of the psychoanalyst. They have fallen into the same pitfalls as all the psychoanalysts have, by attempting to deal with questions like multiple sclerosis, Parkinson syndromes, and epilepsies from the psychoanalytic standpoint. How psychoanalysis would restore destroyed axis cylinders, is a question which the reviewer cannot grasp However, we should not forget that the book is an American product, and the Freudians are in the ascendency It is regrettable.

Leaving this criticism aside, and examining the book, we believe that it is a work far surpassing any similar work in the present American medical literature. No one interested in the subject should be without it.

L. GRIMBERG.

THE PRACTICAL MEDICINE SERIES Comprising Eight Volumes on the Year's Progress in Medicine and Surgery Series 1928. Chicago, The Year Book Publishers, 1928 General Medicine. Edited by GEORGE H. WEAVER, M.D., and others 12mo of 832 pages, illustrated. Cloth, $3 00

This 1928 year book of the Practical Medicine Series on General Medicine follows the plan of previous years in presenting abstracts of important papers on medical subjects published during 1928. Medical conditions are divided into Departments of Infectious Diseases

Diseases of the Chest (excepting the heart)

Diseases of the Blood Making Organs Diseases of the Kidney

Diseases of the Heart and Blood Vessels

Diseases of the Digestive System and Metabolism.

The field of general medicine is carefully reviewed. Especial note is made of the importance of Rabies and its prevention, of Malta Fever and Tularemia. Diphtheria and its methods of prevention are reprieved. A report, p. 152, is made of the recovery of a patient with pneumococcus meningitis, this is of interest. The activity of the medical workers in pneumonia, tuberculosis, cardiac conditions, anemia and metabolism is shown in reports of the different Sections. Much benefit can be obtained in this year's book by study and reference to the topic under consideration HENRY M MOSES.

OUR NEIGHBORS

COUNCILOR DISTRICT MEETINGS

New York physicians have become so accustomed to District Branch meetings that they will wonder why similar meetings have not been instituted in the nine District Branches, or Councilor Districts, into which the State of California is divided The May issue of *California and Western Medicine* argues editorially for district meetings, after calling attention to the great distance which many doctors had to travel to reach the annual state meeting in San Diego, May 6-9 The editorial says

"If other states of far lesser geographical extent, in order to better coordinate organization activities find it advantageous to have councilor district societies of their state medical associations, it might seem equally or more desirable for a state as large and diverse as California also to have such district associations

"Is it proper to ask ourselves whether the time has not arrived when a councilor district society could be contemplated and perhaps organized in almost every councilor district of California? Such councilor districts are made up of county medical units in such comparatively close geographical proximity that semiannual sessions (the county units perhaps waiving meetings in those two months) would work very little hardship

"To vary the routine, and for the advantages that would come through other contacts, two or three of such councilor district societies, in every second or third year could join forces and in lieu of one of their meetings, put over a joint meeting, which would still further widen the influence, and create a greater solidarity and interest among members of the profession having closely related and interlocking public health and other problems

"The advantages of councilor district organizations are many Such councilor organizations bring together the officers of the different county units, and the good work of one county society becomes a stimulus for more aggressive activity in other county societies of the district In similar fashion, colleagues from one county through such councilor district organizations, have an opportunity to meet other colleagues having somewhat similar professional problems of scientific, social welfare, or economic nature And last, but not least, such district organizations make it possible for that large number of colleagues who find it very difficult to leave their practices for three to six days at a time, to attend the annual sessions of the state association, to meet and reap the joy and benefits which come through meeting colleagues who otherwise would be most infrequently seen

"If such councilor district societies were formed it would not be necessary for group county organizations like the Southern California, the Sacramento, or San Joaquin societies to disband These could hold their meetings once or twice a year, as now, and act practically as section societies covering a geographical domain as large as might seem desirable.

"A simple mode of organization could be worked out by the Council as a working basis for the inauguration of the different councilor district societies, until such time as experience pointed out desirable modifications"

MEDICAL AMENITIES

Just to show how medical amenities are observed in Texas, the following quotations are copied from the editorial pages of the May issue of the *Texas State Journal of Medicine* —

"Last month, in discussing a regrettable phase of our public health efforts, we had occasion to quote Ex-Governor Ferguson, well, if not favorably, known to all of our readers We know better than to engage in a controversy with a man of this type A tirade of his was quoted because it illustrated our point Now comes to our attention an additional spasm of the same sort It occurred in an editorial in the publication Mr Ferguson gets out, when he deems conditions propitious, politically and financially First, let us refer briefly, very briefly, to some of the outstanding charges in this editorial

"If any of the 'political doctors' and 'political liars' complained of Mr Ferguson's preachment, as he charges, we do not know of it Certainly our reference to the matter occurred after the editorial appeared And if any members of the State Medical Association, to which, we presume, he applies the term 'Medical Trust,' charged that Mr Ferguson had been paid anything for writing his article, or 'dared him to run for office again,' we do not know of that. We rather fancy

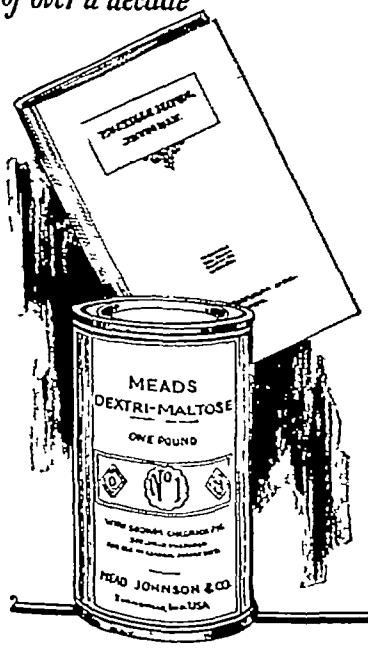
(Continued on page 778—adv xiv)

CONSTIPATION

"The substitution of one of the maltose-dextrins mixtures for milk or cane sugar also sometimes relieves constipation in little babies.*** Those preparations which contain the potassium salts are apparently somewhat more laxative than those containing the sodium salts."

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In human milk there is a preponderance of potassium over calcium salts, while calcium salts predominate in cow's milk The calcium in cow's milk tends to cause the formation of large tough curds in which are enveloped large quantities of fat

Sufficient potassium salts tend to overcome the preponderance of calcium resulting in a soft flocculent curd By freeing the fat from its envelope of casein, it comes in more intimate contact with the digestive juices resulting in a better metabolism and softer stools

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(Continued on page 778—adv. xxv)

(Continued from page 778—adv xiv)

be forgotten that when we go to passing laws on any particular subject, that the financial interest of those who want to make money out of the subject matter of legislation is of secondary importance to the good of the public and the rights of the individual

"The medical trust doctors care nothing about the practice of any kind of physical treatment except as it may effect them financially

"This is a broad statement and I am anxious to prove it.

"Article, 4504 of the bill now being urged in the legislature by the medical trust provided as follows 'Nothing in this law shall be so construed as to discriminate against any particular school of medical practice, nor to affect or limit in any way the application or use of the principles, tenets or teachings of any church in the administration to the sick or suffering by prayer, without the use of any drug or material remedy, provided sanitary and quarantine laws and regulations are complied with,' and that no charge is made therefore, directly or indirectly

"In other words they say, let the public have all the chiropractors, Christian scientists and any other kind of a doctor they want, but we, the self-appointed and self-anointed, are the only crowd that is to be allowed to make any money out of human infirmity, and everybody else must work free

"From the standpoint of the public and of justice and fair play, it would be just as consistent for the Christian scientist to ask the passage of law providing that the pill doctor and appendix hunter could not charge for his services, as it is to let the pill doctor and appendix hunter have his law to keep the Christian Scientist from receiving pay for his services

"Verily, verily, 'money is the root of all evil' and if you take the almighty dollar out of this row the medical trust doctors will have no further interest in the dear public.

"I am reliably informed that many, many of these medicine doctors are letting the drug stores pay for their telephones to order drugs from their drug stores, of course It is also charged that many of them are getting a commission on the prescription written by them on blanks furnished by certain drug stores It is certainly a fine crowd to be talking about ethics 'ain't it'?"

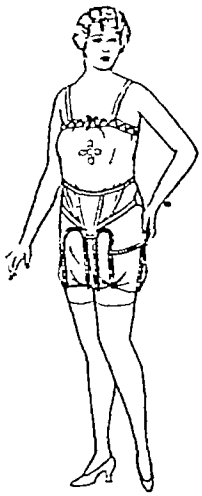
The physicians of New York State believe that these methods of accusations and counter charges had best be omitted from State Journals

LOCAL NEWSPAPER PUBLICITY

The physicians of New Jersey are prominent among those of the Eastern States in their efforts to carry medical publicity to the people. (See

(Continued on page 780—adv xvi)

BARNUM-VAN ORDEN



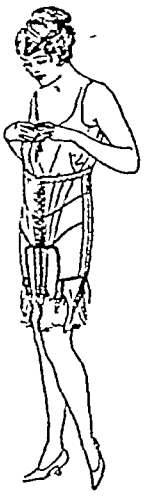
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Our New Zephyrwate Combination has no heavy steels, or elastic to stretch

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Bet. 35th and 36th Streets Colonial Building

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A PURE NATURAL APERIENT WATER

For Indigestion Constipation Nervous Headaches, Sluggish Livers, and other evidences of digestive disorders, SILA Water welled and bottled at the springs in the Sila Mountains of Italy it is

NATURE'S OWN FORMULA

In every 100 grams of SILA Water there are six grains of Natural Sodium Sulphate. SILA Water is indeed the aperient natural.

SILA Water is endorsed by physicians all over the world.

Write for information and a sample

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226 Lafayette St., New York City

(*Continued from page 776*)

that the medical profession pays no attention to him, either as to his editorials or politics

"Of course, the medical profession is making no war, either 'holy or unholy,' on any school of medicine We will join Mr Ferguson in condemning that sort of thing As a matter of fact, and he knows it, all of the schools of medicine at present represented in Texas, which make any pretense at scientific education, are in support of the very measures so violently if not profanely condemned by Mr Ferguson All of these schools are represented on the present board of medical examiners, and one of them professes not to administer medicines of any sort, but relies on physical means of treatment And in our efforts the welfare of the medical profession is given a rating entirely secondary to the interests of the public health, which we profess to serve and, of course, which Mr Ferguson is sure we are not trying to serve"

The *Texas Journal* then prints an article written by Ex-Governor Ferguson for the *Ferguson Forum* of February 28, as follows —

"Since the appearance of my article last week on the medical trust and political doctors in Texas, the political liar has resumed business and the calomel and dovers powder pill rolling crowd are now raising the cry of Fergusonism

"Afraid to have the light turned on this political machine, that wants to control politics, one or two of the medical trust crowd have sneeringly asked how much Jim Ferguson was paid to write last week's article. Another one has cried out that he dares me to run for office again so the State Medical Association can show the people of Texas how little Jim Ferguson amounts to

"I have heard these yells before and if these medical trust doctors will just continue to dodge the issue by crying Fergusonism, they will show to the people better than I can that the state medical crowd are really in politics

"It is not my intention to ever run for office again, but if I do, I will not let this crowd intimidate me and I shall give them the hottest scrap they have yet had in Texas

"There is no use in this pill rolling crowd getting so huffy because somebody may call attention to some of their high-handed methods I, nor anybody else, am not making any war on their school of medicine or treatment of human ills, but what we want to do is stop their unholy war on somebody else who wants to receive other kinds of treatment from a different kind of practitioner satisfactory to them

"This aggregation of cutters and physicers appear to have overlooked the public and the rights of the individual altogether It must not

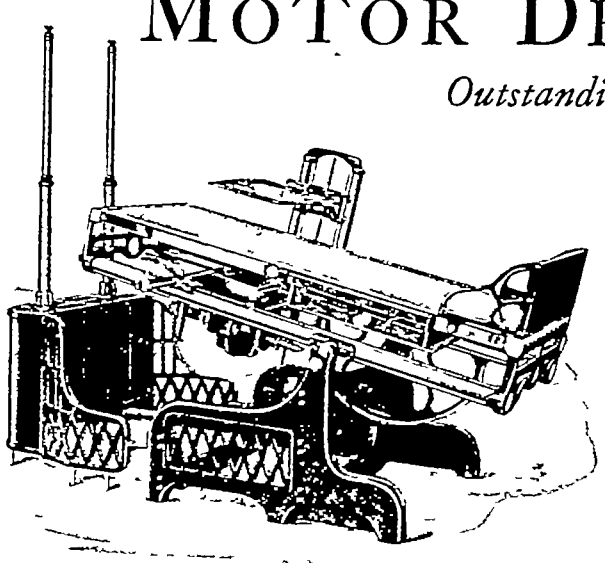
(*Continued on page 779—adv xv*)

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Outstanding Advantages:



Travel of Bucky over full length of table
Travel of fluoroscope over full length of table
Counter balanced fluoroscopic screen
All positions from vertical to Trendelenburg
Instant stopping without coasting
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STANDARD
X-RAY COMPANY
CHICAGO, ILL., and
110 EAST 23rd STREET, NEW YORK
Makers of "Limited Capacity Safety Transformers"

(*Continued from page 780—adv xvi*)

few years ago an effort was made to displace Dr King and at that time we felt, and so stated in the *Journal,* that we thought there was no good and sufficient reason for removing him. There is no reason why Dr King should be fighting more or less constantly to save his official hide, and he would not be on the anxious seat if he ceased to 'rub the fur the wrong way at the wrong time.' He justly merits the unfriendliness and even antagonism of many prominent medical men in Indiana because of his failure to seek more often the advice, counsel and support of the medical profession, and to listen to some very wise counsel of his friends

"We do believe that the governor ought to appoint as members of the State Board of Health some prominent, well-balanced medical men who have and merit the respect and confidence of the general medical profession of the state, and with the distinct understanding that while Dr King is not to be curbed in any of his efficient and progressive methods already put into effect, he must be guided by his board and, as a purely personal suggestion to Dr King himself, we suggest that he assume a more friendly attitude toward the medical profession as a whole and give respectful attention to constructive criticism We believe, as we have stated before in the *Journal,* that there should be a closer affiliation between the Indiana State Medical Association and the State Board of Health, the medical department of the University, and the State Board of Medical Registration and Examination All of these organizations ought to work in friendly cooperation"

SUMMER CLINICS IN TEXAS

The State Medical Association of Texas is promoting free teaching clinics for the benefit of its members The plan is described as follows in the *Texas State Journal of Medicine* for May —

"Again we present, with editorial prominence, the programs of our regular summer clinics It will be recalled by most of our readers, that some years ago the State Medical Association, after carefully considering the matter, decided that one of the most promising steps it could take in its efforts to keep the medical profession of Texas up-to-date, was to establish regular courses of clinics at home, available both in the

(*Continued on page 782—adv xviii*)

Now we ask you to test it...

WE have told you about Alka-Zane before. We have dwelt on the fact that Alka-Zane is a *physiologically correct* alkalizer which supplies the important minerals of the alkali reserve in the form of *phosphates, carbonates* and *citrates*

We have emphasized the exceptional palatability of

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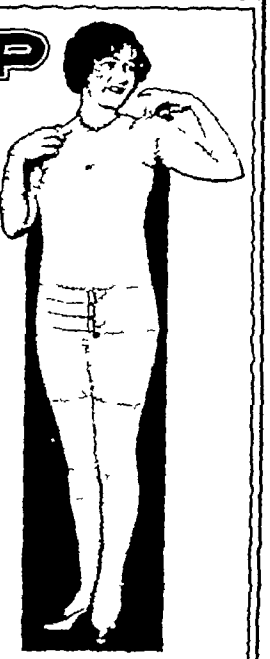
Your own experience with Alka-Zane may have convinced you of its manifold advantages

If you have not yet used Alka-Zane, we now invite you to test it. Liberal quantity is at your disposal upon request

WILLIAM R. WARNER & COMPANY, Inc.

113-123 West 18th Street, New York City

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Trachantor Belt

A new scientifically approved design providing lower *gluteus* support very firm but altogether comfortable adjustable to any tightness or pressure . anchored to the body

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Write for our Physicians Manual of CAMP SUPPORTS

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WHEN ON THE ROAD TO RECOVERY



CONVALESCENCE demands the utmost in recuperative power

That is why Horlick's the Original Malted Milk is used with such universally good results when the patient is *on the road to recovery.*

It supplies nutrients most needed for the rebuilding of health and strength. By the exclusive Horlick process, these food elements are rendered easily and quickly assimilable For samples, address—HORLICK—Racine, Wis.

THE ORIGINAL MALTED MILK

HORLICK'S

(*Continued from page 779—adv xv*)

this JOURNAL May 1, 1929, page 566) The May number of the *Journal of the Medical Society of New Jersey* contains an editorial regarding the attitude of physicians to medical advertisements in newspapers, which says

'Is there any reasonable hope of influencing newspapers toward refusal of advertising matter that is demonstrably fraudulent in character? Every physician must have been impressed by the advertising campaign conducted by *nostrum* manufacturers during the past winter months when a nationwide epidemic of influenza was threatened While our public health departments were warning against undue exposure to infection, and the papers were printing these warnings together with advice as to preventive measures, the same daily papers were carrying in their advertising columns most ridiculous claims as to the potency of substances never before recommended for prevention or treatment of that disease

"Some good may be accomplished by having the county societies deal directly with the papers in their respective territories As a general proposition, newspaper owners and managers are 'out to make money' and seem to care little about the honesty of their advertisers Nevertheless, they all are to some degree susceptible to public opinion and, particularly in the smaller cities and towns, public opinion can be brought to bear upon those responsible for a paper's management

"Publications of national import are not easily affected, the management cares little about the opinion of one or a dozen subscribers County papers must care a great deal more about the opinions of individual subscribers, and especially about the support of groups of citizens influential in the radius of their circulation The members of a county medical society can do much in the way of influencing public opinion, can possibly do something in the line of influencing editors and advertising managers of local papers, without even the threat of public action We would like to see the experiment tried"

THE HEALTH COMMISSIONER OF INDIANA

The *Journal of the Indiana State Medical Association* for May 15th has the following caustic comment on the Secretary of the Indiana State Board of Health

"Much has been said in the newspapers concerning the probability that Governor Leslie will ask for the resignation of Dr W F King as secretary of the State Board of Health. Up to this writing Dr King remains in office, and so far as we know has not been asked to resign A

(*Continued on page 781—adv xvii*)

(*Continued from page 782—adv xviii*)

in an important public service Nearly all the hospitals in Boston and the Forsyth Dental Infirmary conducted exercises presided over by experts in these various fields, where the varieties of cancer were exhibited and the treatments demonstrated.

"The banquet at the Hotel Somerset drew an attendance which filled the banquet room and was an inspiring occasion for the reports of clinics, the work at the Pondville Hospital and statistics of work done in Massachusetts which show that the percentage of cases of cancer are large made a deep impression on those present

"At the Boston City Club luncheon meeting the Canti film was exhibited which shows, at first under low power, later under a high degree of magnification, the actual processes of growth and reproduction in living cells cultivated from the periosteum of the fowl embryo, and in contrast, the cell activities in tissue from a rat sarcoma The normal cells appear in various forms, sometimes in the process of mitosis, always in what is apparently their usual state of intense activity As the cells from the Jensen rat sarcoma are thrown on the screen, the points of differentiation of these and the normal cells are seen to be few, but they are nevertheless distinct. The cytoplasm is more granular and these cells have long finger-like projections, which, as is quite evident in their behavior, have a definitely phagocytic function

Toward the end of the film the action of irradiation is brought out. Within twenty minutes after the application of radium emanation all motion among the cells has ceased This happens alike with the normal cells and with the sarcoma cells, but in the latter the destruction appears to be more complete This observation has been interpreted as lending support to the theory that radium has a selective action with relation to the cells of a malignant tumor"

CRIPPLED CHILDREN IN OKLAHOMA

The Committee on Crippled Children of the Oklahoma State Medical Association made the following report, which was printed in the May *Journal* of the Association —

"The Committee met officially October 28, 1928, and passed upon the following

"The purpose of the Committee shall be,

"1 To study the problems which concern the medical profession in respect to the care of crippled children.

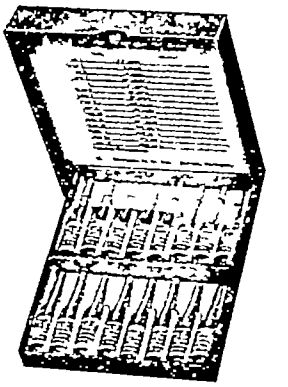
"2 To recommend and pass judgment upon procedures of the Oklahoma State Society for the care of crippled children so far as such measures relate to the medical profession

(*Continued on page 784—adv xx*)

Hay Fever Time Is Here

Now is the time to prepare for HAY FEVER treatments Among your patients there are probably many who need and demand this preventative against the onslaught of this condition We have selected the Sherman s Pollen Extracts as being the most efficient.

Safe and Efficient



Ragweed or Timothy

Sherman s Pollen Extracts are glycero saline solutions that do not require dilution. They are put up in fifteen sterile ampoules, each ampoule an average dose which is given at two to three day intervals for the prophylaxis of Hay Fever Treatment must begin with dose one and each subsequent dose must be given in numerical order This dosage meets the requirement of the average case and may be completed without unpleasant reaction to the patient.

Sherman s Timothy Pollen Extract and Ragweed Pollen Extract are marketed in packages of fifteen ampoules making a complete prophylactic treatment of 15 inoculations

As the pollen protein of the grasses is identical and the immunity a group reaction, immunization with Timothy extract can be used as a general immunizing agent against Spring and Summer Hay Fever caused by a large group of grasses. The same situation applies to a large extent, in regard to Fall Hay Fever which is caused by the Rag weeds For all practical purposes Timothy Pollen Extract will be found sufficient for Spring Hay Fever and Ragweed Pollen Extract for Fall Hay Fever

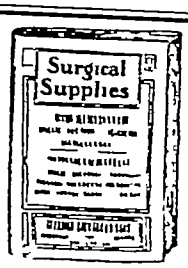
Complete Set of 15 Doses $10.00

SPECIAL NOTICE

DIAGNOSTIC TESTS for determining the susceptibility to Timothy and Ragweed Pollen furnished free of charge

SEND FOR THIS COMPLETE CATALOG

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Recommended by eminent physicians in the treatment of rheumatism, gout, neuritis, lumbago, sciatica, nervous disorders and skin diseases

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Cardiologists prescribe



Pil. Digitalis

(*Davies, Rose*)

because they are digitalis in its completeness. They are physiologically tested leaves in the form of physiologically tested pills, giving double assurance of dependability.

Each pill contains 0 1 gram, the equivalent of about 1½ grains of the leaf, or 15 minims of the tincture

Convenient, uniform, and more accurate than tincture drops

Sample and literature upon request

DAVIES, ROSE & CO , Ltd

Pharmaceutical Manufacturers, Boston, Mass

(*Continued from page 781—adv xvii*)

matter of expense and time, to the great bulk of the medical profession of the state The ideal aimed at was to establish clinics sufficiently extensive and covering time enough, to give those in attendance a definite benefit, and yet not so extensive and not so expensive that the average practitioner could not afford them The medical colleges of the state—the University of Texas at Galveston, and Baylor University College of Medicine at Dallas, readily consented to undertake the task if the State Medical Association would undertake to popularize the clinics and make them worth while

"The bargain was quickly made, and the clinics were a success from the very beginning They have continued to grow in popularity, and so enthusiastic have many of those who attended them been, that on several occasions the proposal to extend the clinics and charge for them, has been made However, neither the faculty of the schools involved, nor the officers of the State Medical Association, feel that the time is yet right for expansion Therefore, there will be held clinics this year, as before, and they will be free, as before"

CANCER LECTURES IN MASSACHUSETTS

The *New England Journal of Medicine* for May 2 contains an editorial on "The Graduate Course in Cancer," from which the following abstract is taken —

"One of the most interesting and valuable public health activities of this section in recent times found expression last week in the Graduate Cancer Course conducted in Boston by the Massachusetts Medical Society with the assistance of the Massachusetts Department of Public Health and the American Society for the Control of Cancer It will be recalled that this organized campaign against cancer in this state was inaugurated by the Massachusetts Legislature, in other words the people of the state challenged the medical profession to engage in the study of a more efficient contest with this serious menace to the human race.

"In order to secure the greatest possible cooperation the Graduate Course in Cancer was planned and all who are interested were invited to enroll We venture to assert that no such intensive post-graduate study has ever been devoted to a specific disease in the history of this state and has only one other equally broad organized course of study been conducted in the United States This last refers to that in Pennsylvania a short time ago

"The registration of about five hundred doctors demonstrates the interest of the profession

(*Continued on page 783—adv xix*)

sored in April Des Moines County on the 9th and Calhoun County on the 18th of April held open meetings to which were invited representatives of professional and lay health agencies to discuss methods of coordinating health work within the county

"The Des Moines County Society invited the County Dental Society, the Red Cross, the American Legion, the Parent-Teachers Association, County Federation of Women's Clubs, the Tuberculosis Association, the Social Service League and the Superintendent of Schools

"The Calhoun County Society invited representatives of the Farm Bureau, American Legion, Public Schools, Legion Auxiliary, Federated Women's Clubs Procedure with regard to a county school nurse and immunization was discussed and the lay members of the meeting voted thanks to the medical profession for its efforts for the public welfare"

LABORATORY SCHOOL

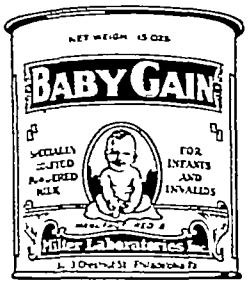
The Kentucky Laboratory School has demonstrated its value and usefulness to such a degree that physicians and hospitals may employ their graduates as technicians with confidence in their ability and enthusiasm The May issue of the *Kentucky Medical Journal* describes the school as follows

"On May 18th the School of Public Health of the State Board of Health will graduate seventy young men and women from their School for Laboratory Technicians More than one-half the class already have positions waiting for them, and every day brings requests from almost every section of the union for these graduates Among our pupils are many doctors' daughters, and other relatives, and they share with us the pride that we have in equipping these students to carry on the work of preventive medicine

"The remarkable development of medical science during the past thirty years to a large extent can be credited to the laboratory Prevention and control of disease are built around the laboratory The prompt and accurate diagnosis of communicable diseases depends upon the access of a good laboratory The pursuit of science is only a pleasure to those of specially trained mind To be of service to humanity it must receive wide dissemination, and every physician should have within easy access a well-trained laboratory technician so that he can give to his patients and to his community all the latest develop-

(*Continued on page 786—adv xxii*)

The Importance of Lactose in the Baby's DIET



MODIFIED
POWDERED MILK
From Tuberculin-
Tested Cows

"The data seem to indicate that in infants receiving modifications of cow's milk, rickets is related in part to physiologic changes incident to defective absorption of calcium, the result of a deficiency of so-called vitamin D

American Journal of Diseases of Children—Feb. 1929

It must be more than a coincidence that human milk contains lactose, which tends to bring about an acid reaction of the intestinal tract, favoring the absorption of calcium

BABYGAIN, like human milk, contains lactose only—and in identical proportion

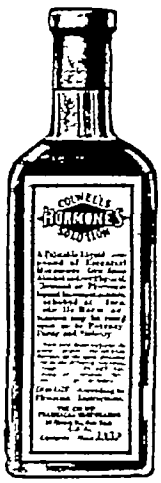
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Doctor .....

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Many physicians have secured such uniformly successful results in the treatment of Menopause symptoms with

COLWELLS

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that they acclaim it as "a specific."

Try it at our expense!

The Colwell Pharmacal Corporation

25 Church Street, New York

Manufacturers of Stable Liquid Endocrines

A general solicitation for Directory advertisements in the next issue of the

Medical Directory *of* New York, New Jersey *and* Connecticut

is now under way.

We request our members to send to the Advertising Department of the Directory names of firms making bids for their business, so they may be approached for advertising contracts

Committee on Publication

(*Continued from page 783—adv xix*)

"3 To act in the capacity of advisors on behalf of the medical profession upon legislative measures, hospitals, clinic, and so far as such activities pertain to the care of crippled children.

"The State Society for Crippled Children, represented by its secretary, Joe N Hamilton, met with the committee and made requests for assistance upon the following activities

"1 To endorse the clinics for the examination of crippled children as they have been conducted by this Society for the past three years

"2 To approve form letters and publicity which are sent out announcing each clinic

"3 To approve the method of advising and obtaining treatment for the cases which may be benefitted by hospitalization.

"The committee reviewed all such forms and methods as they are now being carried out and voted its approval The forms and methods referred to are as follows

"1 A form letter to doctors of the community announcing the clinic in a certain locality in which the name of the orthopedic surgeon is announced, and an invitation is given to the local doctors to attend and assist

"2 A form letter to the school teachers, ministers, civic clubs, lodges, in which the names of no doctors are mentioned but which describes the type of cases expected, where the clinic is to be held and the date of the clinic.

"3 A letter to the parent of the crippled child which has been examined, stating what the examining doctors recommend in the case and naming institutions to which the child might be taken for treatment

"The Committee passed favorably upon these measures

"Further request was made by the secretary of the Society that the Committee assist in the following

"1 Prepare and approve articles upon subjects relative to crippled children which might be used in educational matter to the public.

"2 That this committee assume the responsibility of informing the profession of the state as to the crippled children's law and methods of putting them into effect

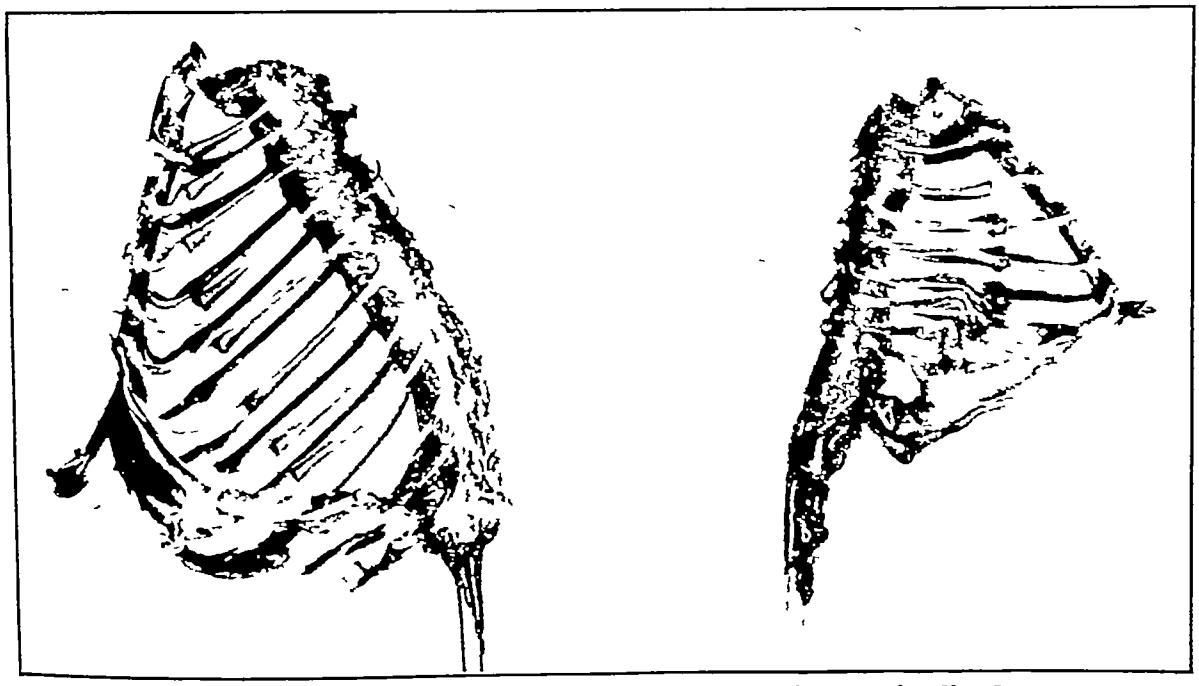
"Earl D McBride"

JOINT MEETINGS

Joint meetings of County Medical Societies with other organizations are advocated in the following article in the May issue of the *Journal of the Iowa State Medical Society* —

"At least two county societies in Iowa took important steps toward coordination of county health activities at meetings which they spon-

(*Continued on page 785—adv xxi*)



VITA Glass Group
This rat was confined in a cage glazed with Vita glass permeable to ultra violet light.

Ordinary Window Glass Group
This rat occupied a cage glazed with ordinary window glass opaque to ultra violet light.

EXPERIMENTS PROVE ANTI-RACHITIC EFFICIENCY OF WINTER SUNLIGHT AND SKYSHINE TRANSMITTED THROUGH VITA GLASS

The two thoracic rat skeletons illustrated above are now on exhibition at the Medical Museum in Washington, D C.

Both rats were used in a test to determine the anti-rachitic efficiency of winter sunlight, conducted by Captain William D Fleming, of the Department of Preventive Medicine and Clinical Pathology, Army Medical School, Army Medical Center, Washington

Two groups of white rats were kept on a rickets-producing diet for 100 days A single difference distinguished the environments of the two groups—one group was confined in a cage glazed with ordinary window glass, opaque to ultra-violet light; while the cage of the other group was glazed with Vita glass, which admitted the ultra-violet rays

At the conclusion of the experiment, the rats under ordinary glass were characterized by extreme rickets The rats under Vita glass showed normal bone calcification, and an average weight gain of 103 grams, as against 56 grams for the rats in the other group

A subsequent test by Captain Fleming to measure the effect of northern *skyshine* (light from the northern hemisphere of the sky) in preventing rickets and promoting general nutrition, has produced equally interesting results

Detailed reports of both experiments have been reprinted from the Military Surgeon You are invited to mail the accompanying coupon for copies

Vita Glass Transmission Constant After Few Weeks' Exposure

Vita glass has been subjected to numerous accelerated weathering tests by the U S Bureau of Standards, by Professor Stockbarger of the Massachusetts Institute of Technology, and by many other physicists. These physical or quantitative tests, as well as biological experiments with rats and chickens, have established the fact that the solarization (weathering or seasoning) of Vita glass takes place quickly; and that after a few weeks of actual use its transmission of ultra-violet light becomes constant.

Vita glass is being marketed primarily as a health prophylaxis, and not as a therapeutic agent, although it is now serving in the latter capacity in numerous well authenticated instances—particularly in the solaria of more than 200 hospitals in England and the United States.

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A Private Home for Convalescents Semi-invalids and Elderly People

Mental Patients Not Accepted

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Let us send you a guest card so you can see for yourself our facilities for carrying out your orders

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(for men and women)
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(*Continued from page 785—adv xxi*)

ments along the line of preventive medicine.

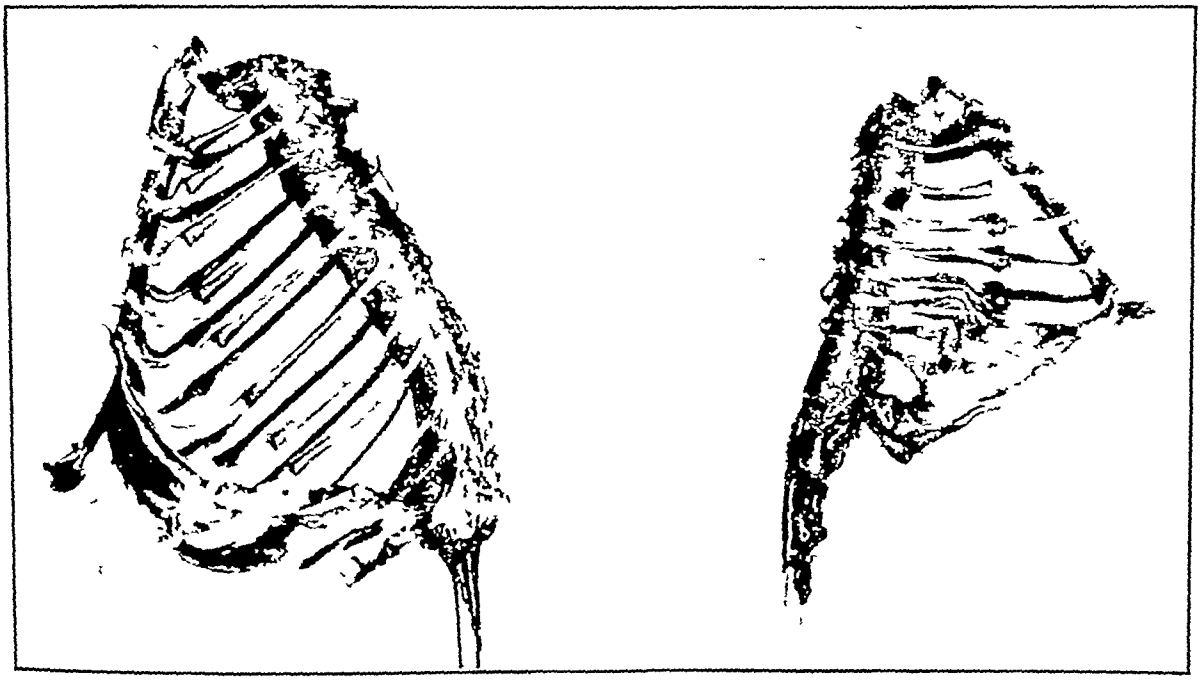
"We have endeavored through our School of Laboratory Technicians to make available to physicians, clinics, and hospitals, adequately trained technicians Every hospital, regardless of its financial condition, will be able to meet the requirements of the College of Surgeons by employing one of our qualified technicians If there is not sufficient laboratory work to keep them busy they can assist in taking histories, keeping hospital records, charting operative procedures, developing of *x*-ray films, and preparing and staining of tissues for the pathologist In doctor's offices they can assist in the preparation of patients in taking histories, and keeping records—in fact, act as a general office assistant

"The fame of this school has reached even our foreign countries We now have graduates from Shanghai, China, Cape Town, South Africa, and La Ceiba, Honduras, Central America The success of our school is due to the hearty co-operation of the physicians of Kentucky

"The following outline covers the course of instruction The procedure used in each subject has been compiled in book form and is available to any physician at cost This manual will assist the busy practitioner in interpreting laboratory results, and by using it as a reference he can assist his technician in all the new laboratory tests

Preparation of Culture Media
Stomach Analysis, Stomach Lavage
Blood Analysis which consists of Widal, Malaria, Blood Culture
Blood Counts
Blood Chemistry
Blood Grouping and Matching
Urine Analysis
Milk and Water Analysis, including Human milk
Tuberculosis, examination of sputum and urine
Diphtheria, including Schick Test and Virulence Test.
Intestinal Parasites, including Hookworm
Dick Test and Scarlet Fever
Throat and Nose for Hemolytic Streptococcus
Typing Pneumococcus
Renal Function Test
Van Den-Bergh Test
Icteric Index.
Typhoid group, Differentiation, Typhoid Carrier
Blood Culture for Typhoid Bacillus
Rabies, Examination of brain, and administering Pasteur Treatment
Meningococcus
Spinal fluid Analysis

(*Continued on page 788—adv xxiv*)



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( ) Ann Rachitic Efficiency of Winter Sunlight
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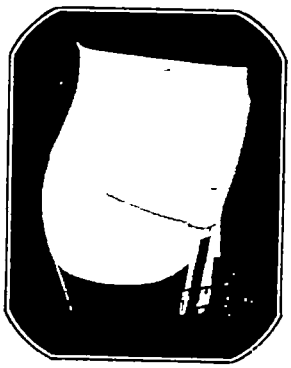
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Address _____

City _____ *State* _____

Any one can make belts, but belts which give compression without uplift may do serious injury

"STORM" The New "Type N" STORM Supporter



Pleases doctors andpatients Long laced back Soft extension, low on hips Hose supporters attached

Takes Place of Corsets

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations

Katherine L. Storm, M.D.

Originator, Owner, and Maker

1701 DIAMOND ST PHILADELPHIA

We would like to have you try

Nonspi

(An Antiseptic Liquid)

For Excessive Armpit Perspiration

NONSPI destroys armpit odor and removes the cause—excessive perspiration

This same perspiration, excreted elsewhere through the skin pores, gives no offense because of better evaporation.

We will gladly mail you Physician's testing samples.

THE NONSPI COMPANY
2652 WALNUT STREET
KANSAS CITY, MISSOURI

Send free NONSPI samples to

Name

Street

City

(*Continued from page 786—adv xxii*)

Gonococcus
Preparation of autogenous, and Typhoid Vaccine and Influenza—Pneumonia Vaccine according to the formula of Rosenow of Mayo Clinics
Complement Fixation Test for Syphilis
Colloidal Gold Test
Kahn Test
Tissue Preparation and staining Paraffin, Celloidin and frozen sections
Carbon Dioxide capacity of Blood Plasma
Preparation of Acidophilus Milk
Bacteriophage
Basal Metabolism"

DIPHTHERIA PREVENTION IN NEW YORK

How the anti-diphtheria campaign in New York City appears to the doctors of Massachusetts is told in the following editorial in the *New England Journal of Medicine* of April 25 —

"New York under its new Health Commissioner, Dr Shirley W Wynne, has embarked upon what is probably the most far-reaching diphtheria eradication campaign in history For the purposes of this campaign a diphtheria prevention commission has been formed under the chairmanship of Thomas W Lamont, and the press, the pulpit and the medical profession have been enlisted in its services Cooperating with the commission are the leaders of the county medical society, the Cardinal is lending his influence in this cause, and toxin-antitoxin stations are being opened in the parochial schools

"This is not State Medicine, immunization by the private physician is being urged on the public, and the physician himself is urged to present the matter clearly to his patients The Health Department, in supplementing this activity, stands ready, of course, to immunize without charge those children whose parents cannot afford to pay for the services of the private physician From the first of January until the end of March it has been computed that 14,093 children had already been immunized by the special clinics, and 7,798 by private physicians

"All health advances, in the last analysis, depend upon the education of the people, and for this, to a great extent, the medical profession is responsible The millennium in preventive medicine cannot have arrived until the practicing physician realizes that he is an unofficial health officer, working hand in hand with the official health agencies The importance of this relationship is realized by the diphtheria prevention commission of New York, and upon the cooperation accorded it by the physician, much of the success of its campaign will depend

(*Continued on page 789—adv xxv*)

(Continued from page 788—adv xxiv)

"The layman himself is a factor of the utmost importance in determining the success of measures which are designed for his welfare Indifference on his part means failure, a despotic attitude, no matter how benevolent are its intentions, on the part of those who are attempting to safeguard him spells failure In successful public health activities there must be an interested triumvirate of official agencies, practicing physician and public, and their hands must be held up by the fourth estate This is the basis on which New York's diphtheria prevention campaign has started, and it should meet with the success which it deserves and which we unanimously hope for it"

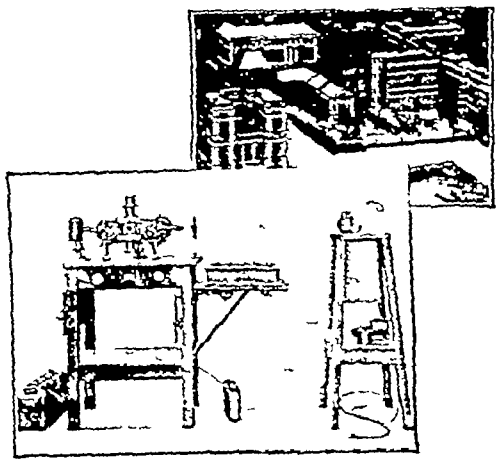
OSTEOPATHY IN MICHIGAN

Of all the special schools of healing, that of osteopathy approaches most nearly to that of scientific medicine in its standards, which, however, are entirely too low The osteopathic legislation in Michigan is discussed editorially in the May Journal of the *Michigan State Medical Journal* as follows —

"At the time of writing, a bill granting osteopaths the right to practice medicine and surgery has been reported out of committee at Lansing and has passed the Senate by the required majority

"The sponsor of the osteopathic bill in a sort of casuistic argument sought to show that the training of the osteopath was superior to that of the graduate of such institutions as the medical department of the State University, the Detroit College of Medicine or Harvard or Yale, maintaining that the osteopathic school required more hours of college work than any one of these institutions If such were the case, there is no valid reason why the well trained osteopath should not be satisfied with medical standards as they already obtain in this state Why have a separate board if their requirements are higher than those of the regular profession?

"The time was in the memory of many in middle life, when there were several so-called schools of medicine All have become extinct but the regular profession which endeavors to conform to the findings of pure science where the sciences can contribute to the healing art There is no sectarianism in physiology, in chemistry, physiological chemistry Recognition of osteopathy as a system of medicine and surgery is a retrograde movement towards medical sectarianism"



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fulfills the exacting requirements of the Modern Hospital and Medical College Many of America's foremost Hospitals and Educational Institutions are using "Hindle" Electrocardiographs for their Research, Clinical and Teaching work

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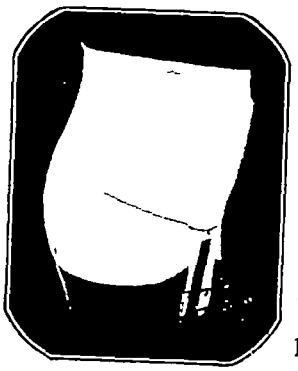
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"Pioneer manufacturers of the Electrocardiograph"

3512 Grand Central Terminal, New York

Any one can make belts, but belts which give compression without uplift may do serious injury

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Pleases doctors andpatients Long laced back Soft extension, low on hips Hose supporters attached

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(*Continued on page 789—adv xxv*)

ENDORSEMENT OF SMOKING

The medical profession of the United States is a unit against any form of endorsement of smoking, and deplores the widespread advertisements that a considerable number of physicians may seem to endorse any brand of cigarettes The May issue of *Northwest Medicine* says

'Several months ago editorial reference was made to the gigantic advertising campaign conducted throughout the country through a great variety of agencies by the manufacturers of Lucky Strike cigarettes, who are spending millions of dollars for this purpose An advertising bait was cast to all medical journals in the form of a year's contract for a page of advertising Editors with a due sense for the proprieties, who recognized the vicious and demoralizing character of such advertising, declined to accept the contract It has been utilized, however, by some medical journals and many other publications, whose clienteles represent many classes of people

The utilization of the radio for this form of advertising has resulted in a wide-spread protest and a demand that the Federal Radio Commission revoke the licenses of thirty-eight leading stations of the National Broadcasting Company's Food Products Protective Committee These stations include one each in Portland, Seattle and Spokane It is claimed that the attempt to substitute cigarette smoking for wholesome products is a part of a campaign to transform 20,000,000 boys and girls into cigarette addicts It is charged that 'tainted testimonials' have been secured from professional athletes, football coaches, popular stage and screen heroes, suggesting cigarettes to boys and girls as an aid to athletic prowess, health and beauty Medical opinion of the country is also being continuously misrepresented Such testimonials are inherently misleading when they are not deliberately false, because the radio public is not told that the alleged recommendations for cigarette and other products are bought and paid for

"It is emphasized that the air is the domain of the people of the United States and stations are licensed to broadcast only upon the basis of public service As the broadcast voice invades every domicile, speaking alike to men, women and children, the home lies open and helpless to the intrusion of the spoken word broadcast from a radio station Support of this movement, it has been stated, has been secured from the American Medical Association, National Child Welfare Association, and many large church organizations, as well as educational and teachers' associations Representatives of many churches, child welfare associations, civic and social bodies have volunteered to appear before the Federal Radio Commission and go on record against this vicious propaganda which has stirred up such nation-wide opposition"

If pure water is important to people in good health, how much more essential it is to invalids

Poland Water

is not only a pure spring water, but its benign diuretic properties assist in the elimination of toxic matter

Literature Free on Request



POLAND SPRING COMPANY

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680 Fifth Avenue

New York City

HEALTH AND NEWSPAPERS IN RHODE ISLAND

The May issue of *The Rhode Island Medical Journal* contains the following appreciation of the newspapers as heralds of health

"Medical truths reach the public by but few channels by the preaching of those qualified and by newspapers The principal informers of the public in matters medical are those newspapers who take it upon themselves to offer such vital and interesting information In no other paper that we read is there anything like the space given to medical and allied sciences, nor is the material so good by a large degree as that given by the *Providence Daily* and *Sunday Journal* Not only are the articles upon various ailments given in simple and direct wording, easily understandable by the average person, but the advice offered is consistent with the latest developments of medical science, without excursions into the visionary and the problematical These brief synopses and answers to questions are of inestimable value.

"INTERPINES"

GOSHEN, N. Y.

PHONE 117

ETHICAL—RELIABLE—SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL—QUIET—HOMELIKE—WRITE FOR BOOKLET

DR. F W. SEWARD, Supt. DR. C. A. POTTER DR. E. A. SCOTT

RIVERLAWN

DR. DANIEL T. MILLSPAUGH'S SANATORIUM

ESTABLISHED 1892 **PATERSON, N. J.**

A private institution for the care and treatment of those afflicted with mental and nervous disorders. Selected cases of alcoholism and drug addiction humanely and successfully treated. Special rates for the aged and semi invalid who remain three months or longer

Paterson is 16 miles from New York City on the Erie Railroad with frequent train service. Buses render half hourly transportation from the Hotel Imperial and Martinique.

Apply for booklet and terms

ARTHUR P POWELSON, M.D, Medical Director

45 TOTOWA AVENUE PHONE, SHERWOOD 8254 PATERSON, NEW JERSEY

Why Physicians Recommend

SEDGWICK INVALID ELEVATORS

MANY of the Sedgwick Invalid Elevators now in daily operation were installed as the result of recommendations by physicians who know how climbing stairs strains weak hearts. Some physicians use them in their own homes These elevators are a blessing to invalids otherwise unable to move from floor to floor Easily and economically installed in old or new houses So simple a child can run them. No operating expense.

Write for Illustrated Booklet

SEDGWICK MACHINE WORKS

142 West 15th Street New York

82 Carroll Street Poughkeepsie

Syracuse, N. Y., June 15, 1929

Dear Doctor:

Membership in the "MUTUAL" would save you the trouble of remitting cash with your order, pay 7% on your investment, entitle you to membership prices and participation in all profits accruing.

CAN YOU AFFORD TO DO WITHOUT IT?

MUTUAL PHARMACAL CO., Inc.

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Classified ads are payable in advance. To avoid delay in publishing, remit with order

Price for 40 words or less 1 insertion, $1 50 three cents each for additional words.

WANTED SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening No charge to employers Established 1896 AZNOE SERVICE is National Superior AZNOE'S NATIONAL PHYSICIANS EXCHANGE, 30 North Michigan Chicago

FOR SALE—The Spa Sanatorium for general cases Founded and operated since 1902 by Dr A. I. Thayer Now for sale to close the estate Situated in the mineral belt of the lower Adirondacks six miles from Saratoga Springs Reservation. Write for particulars to Mrs. A. I Thayer, Ballston Spa, N Y

WANTED—Location well established and good paying in New York or Connecticut. No real estate Purchase on percentage of income basis as only terms Write giving full particulars (if above terms are agreeable) in first letter Box 100 NEW YORK STATE JOURNAL OF MEDICINE.

For Sale. Exceptional Bargain. X Ray Machine Fisher, 5 K W 6 inch spark with stand 3 gas tubes Fluoroscope attachment etc Any reasonable offer accepted. Swoboda Laboratory 255 West 88th Street New York. Schuyler 1231

WAPPLER MONEX

Convincing proof of the superiority of the Wappler Monex is found in its selection by so many of the newest and most modern hospitals throughout the country

Power, speed and silence, freedom from sparks and fumes, independence of atmospheric conditions, ease of duplicating results, small space required, minimum service requirements, absence of radio interference and longer life of x-Ray tubes—these are the advantages that make the Monex the choice of leading physicians and hospitals—See page XXXIV—*Adv*

McGOVERN'S GYMNASIUM

The majority of men and women who come to McGovern's Gymnasium to correct some physical condition are sent there directly by their physicians

For more and more physicians are realizing the futility of leaving patients to their own resources when exercises are prescribed, and have learned that through individual attention at McGovern's, the instructions will be faithfully carried out.

A work-out will convince you of the superiority of the McGovern Method. Let us send you a guest card. No obligation, of course—See page XXII—*Adv*

SEDGWICK INVALID ELEVATOR

Deprived of the family life, confined on a single floor—the fate of invalids unable or unfit to climb stairs Such imprisonment can be abolished quickly by installing a Sedgwick Invalid Elevator

An economical, easily operated and absolutely safe elevator, so simple that a child can operate it. Our new illustrated booklet will be sent upon request—See page XXVI—*Adv*

ITALIAN SPRING WATER

Pleasant to the taste—reliable in action Sila Water is indicated in Indigestion, Constipation, Nervous Headaches, Sluggish Livers, and other evidences of digestive disorders Endorsed by prominent physicians abroad and approved by American doctors who have given it a clinical trial Sila Water is welled and bottled at the springs in the Sila Mountains of Italy *Write for information and a sample*—See page XV—*Adv*

A NEW REST-HOME

"Clandowie" has been for years one of the show places of Delaware County and is splendidly arranged for the purpose intended The rooms are large, elaborately furnished, and every comfort and convenience has been studied for the care of its people

The kitchen is electrically equipped, and an expert dietician is in charge Tested Jersey cows furnish all the milk and cream essential, and pedigreed Barred Rock fowls keep the house supplied with fresh eggs Pure spring water at the taps, for bath and drinking purposes

This splendid home with every convenience that can be obtained in city home, is placed at the disposal the profession for the comfort of people that need quiet, the bra mountain air, and good nouris food—See page XXIX—*Adv*

INFANT FEEDING

Butterfat is the only fat in b milk At the University of Or Medical School dietary studies proven that vegetable fats have not growth-promoting and health g value of butterfat (Archives of I atrics, August, 1927)

All the fat in BABYGAIN—as mother's milk—is butterfat In process of manufacture the fat glob of cow's milk have been reduced in to conform with human milk and to tain the same easy digestibility caloric value of butterfat is more twice that of equal amounts of ca hydrates and proteins, which emph its nutritional importance

The increasing demand for BABYG proves the favor it is finding physicians We often learn of satis tory results obtained even in diffi feeding cases

Correctly modified to conform mother's milk, BABYGAIN is as ea assimilated and digested Its basi highest grade fresh milk from hea cows

Free samples and literature gladly be mailed to physicians on quest—See page XXI—*Adv*

RIVERLAWN

A private institution for the care treatment of those afflicted with me and nervous disorders Selected ca of alcoholism and drug addict humanely and successfully trea Special rates for the aged and se invalid who remain three months longer

It is 16 miles from New York City the Erie Railroad with frequent tr service Busses render half hou transportation from the Hotel Impe and Martinique—See page XXVI—*A*

NEW HAVEN SCHOOL OF PHYSIOTHERAPY

GRADUATE COURSES

Physicians complying with A M. A. requirements are given intensive individual instruction in both theory and practice of Physiotherapy Courses arranged at any time Last summer class September first Certificate on completion of course Technicians available for hospitals clinics and the profession. *For Catalogue address*

Harry Eaton Stewart, M.D., Director

303 Whitney Avenue New Haven, Conn.

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Pleasantly located in the charming city of Kingston, within eas access of New York and with all the facilities for treatme usually offered by a modern sanitarium Average price of room without bath $35 00 a week with bath $55 00 a week includin ordinary medical and nursing attention Organic and function disorders of the nervous system and invalidism from any caus No cases of insanity or of communicable diseases accepte Booklet upon request. Raymond S Crispell, M D Medical Direc tor Tel Kingston 948

X-Ray courses for Physicians—

nurses—technicians—X - Ray physics—technique—interpretation. Classes now forming Applicants may enter first of any month

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Sydenham Hospital, 565 Manhattan Avenue New York City

University of Buffalo School of Medicine

Requirements for admission Two years of college work, includin twelve semester hours of chemistry eight semester hours each of physics and biology, six semester hours of Engl sh and modern foreign language.

Laboratories fully equipped. Ample facilities for the persona study of cases.

Address: SECRETARY, 24 HIGH STREET BUFFALO, N Y

DIABETIC DIET READJUSTMENTS

Some foods cannot be allowed in diabetic diet at all and others only sparingly This means a readjustment in dietary habits that is difficult for the patient and trying for the physician Practically all of the restricted foods may be duplicated by using Lister's Flour Each of these starch and sugar-free foods looks and tastes like the food that it replaces in the diet With the variety of foods possible through the use of Lister's Flour, the patient is satisfied There is no temptation to "cheat" and the case is better kept under control Some of the Lister foods are See page i—*Adv*

LACTO-DEXTRIN

A prevalent cause of chronic constipation is the presence of colon poisons from intestinal putrefaction which tend to paralyze the bowel

Changing the intestinal flora, therefore, not only suppresses putrefaction by promoting the growth of benign, acid-forming organisms such as the B acidophilus, but tends to restore normal intestinal activities.

The experiments of Distaso, Torrey, Rettger and others have shown that lactose and dextrin are, by far the best foods for promoting the growth of these protective germs in the colon.

The good qualities of both lactose and dextrin, minus their objectionable features, have been combined in the palatable therapeutic food—Lacto Dextrin—See page vii—*Adv*

CHEPLIN'S B ACIDOPHILUS MILK

Years of continued use of this product has definitely established its value in
CHRONIC CONSTIPATION
MUCOUS COLITIS
DYSENTERY and resultant
INTESTINAL TOXEMIAS

The freshness and potency of Cheplin's B Acidophilus Milk is assured through *Distributing Milk Companies* in all principal cities, making daily deliveries

If you will send us your name and address, we will mail free sample of our product copy of 28-page brochure on B Acidophilus therapy giving list of 31 important references together with name of dairy delivering Cheplin's B Acidophilus Milk in your vicinity—See page xxxiii—*Adv*

CHARLES B TOWNS HOSPITAL

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction Charles B Towns Hospital 193 Central Park West, New York City See advertisement page xxxi of [illegible] JOURNAL—*Adv*

"Clandowie"

ANDES, N Y.

A new Rest Home in the Catskills Open after April 15th with medical supervision, and with an expert dietician in charge.

Large airy rooms, electrically equipped kitchens, Jersey tested cows milk, eggs, dairy and garden products from the Clandowie' farm

NOT AN INSTITUTION
A COMFORTABLE HOME
NO ADDICTS or NERVOUS DISORDERS

High up in the Catskills where the air is pure and healing

Quiet, restful, complete and reasonable

Summer and winter, all seasons healthful

RATES, $30 to $60 A WEEK

Write for reservations

The McClintocks at "Clandowie"
Andes, N Y

Gomco VEST POCKET STERI-CASES

for SYRINGES and THERMOMETERS

A real Convenience for the Physician and those using Syringes

The GOLDSTEIN MFG. CO., Ltd
70-82 ELLICOTT ST. BUFFALO, N.Y.

FORMALDEHYDE

A powerful non-corrosive sterilizing medium of high germicidal efficiency prepared especially for sterilizing Bard-Parker Knives and other fine surgical instruments

Destroys the most resisting spore-bearing bacteria in one and a half hours Does not injure the keen edge of Bard-Parker Blades or other fine steel instruments after two weeks' immersion

The Bard-Parker Sterilizing Container for hospital and office use is especially designed for the sterilization of Bard-Parker Knives Write for circular giving complete description of Bard-Parker Sterilizing Container and formaldehyde Germicide.—See page ix. —*Adv*

BACK TO WITHERING

What is the proper dosage of Digitalis according to the modern methods of treatment?

This question along with many other fine pointers on the modern method of treatment is answered in 'Back to Withering," written by a well known teacher, author, and physician, whose name is withheld for obvious ethical reasons

The Upsher Smith Company, 554 Sexton Bldg., Minneapolis, Minnesota, will gladly send a copy of the booklet and a package of their products to any physician writing in on his prescription blank or letterhead See page xi—*Adv*

VITA GLASS

Vita glass has been subjected to numerous accelerated weathering tests by the U S Bureau of Standards, by Professor Stockbarger of the Massachusetts Institute of Technology, and by many other physicists These physical or quantitative tests, as well as biological experiments with rats and chickens, have established the fact that the solarization (weathering or seasoning) of Vita glass takes place quickly, and that after a few weeks' of actual use its transmission of ultra-violet light becomes constant.

Vita glass is being marketed primarily as a health prophylaxis, and not as a therapeutic agent, although it is now serving in the latter capacity in numerous well authenticated instances—particularly in the solaria of more than 200 hospitals in England and the United States—See page xxiii—*Adv*

A FOOD DRINK

It is a well-known fact that the administration of suitable nourishment just before retiring is very effectual in inducing natural, restful sleep and this applies particularly in the treatment of insomnia and many extremely nervous conditions

A food-drink that is palatable, easily digested, rapidly assimilated and particularly appropriate for nourishment at the hour of retiring may be quickly prepared from the following formula

Mellin's Food	4 level tablespoons
Water	½ coffee cup
Milk	½ coffee cup

Place the directed quantity of Mellin's Food in the cup, then add the milk and water previously heated to the boiling point. Drink slowly while hot.—See page xxxi—*Adv*

POLAND WATER

Because of its purity and bland diuretic properties is always a desirable adjunct in the sick room.

Our records prove that Poland Water will often be taken freely when ordinary water is refused—See page xxvii —*Adv*

Dr. Barnes Sanitarium
STAMFORD, CONN

A Private Sanitarium for Mental and Nervous Diseases Also Cases of General Invalidism Cases of Alcoholism Accepted.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City Frequent train service.

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Telephone, 1867 Stamford, Conn.

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N Y City
Under State License

WM ELLIOTT DOLD, M D., *Physician in Charge*
FOR NERVOUS AND MENTAL DISEASES
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MONILIA INFECTIONS OF THE HANDS AND FEET*

From the Vanderbilt Clinic, College of Physicians and Surgeons, Columbia University, New York

By J G HOPKINS, M D, AND RHODA W. BENHAM, NEW YORK, N Y

SINCE the first description of Kaufmann-Wolf[1] and Fabry[2], erosio interdigitalis has been made the subject of numerous reports These agree with great exactness as to the clinical appearance and general etiology of the disease and have marked out the condition as a sharply defined clinical entity In the lesions yeast-like organisms have been found with considerable regularity and their causal relationship definitely established by the inoculation experiments of Kaufmann-Wolf, Greenbaum and Klauder[3] and others The importance of a previous injury of maceration of the skin for successful inoculation has been also, demonstrated by Jessner and Kleiner[4] and by other investigators

In 1921, Kumer[5] described a type of chronic paronychia with secondary changes in the nails, also associated with the presence of yeast-like organisms He gave an accurate and detailed description of the lesions and defined the etiological conditions under which it might occur He described in detail the clinical features which differentiated this condition from trichophytosis, psoriasis, syphilis, eczema and from pyogenic paronychia His attempts at reproduction of the lesion by inoculation were unsuccessful and these were repeated by Shelmire[6] in a subsequent study of the disease, again without success Both of these investigators wrote with justifiable conservatism as to the causal relationship of the organism to the lesions

Kumer noted the occurrence of a typical interdigital erosion in one of his cases of paronychia The relationship between the two conditions was, however, not emphasized until the work of Kingery and Thienes[7] In an investigation of an epidemic among fruit canners, they noted both paronychia, interdigitalis erosions and dermatitis of the backs of the hands occurring in the same patients in an epidemic form. Similar yeast-like organisms were recovered from all three types of lesions and the dermatitis of the hand and interdigital erosions were reproduced by the experimental inoculation of the cultures The epidemic character of these infections strongly supported the hypothesis that the yeast-like organisms were the cause of all three Similar organisms have, also, been recovered from other types of skin eruptions, such as the generalized dermatitis occasionally associated with thrush in infants (Schamberg), with water-bed dermatitis of Kumer, and from various intertriginous lesions of the groins, toes, axillae and inframammary and intergluteal folds The numerous contributions to this subject have been well and completely reviewed by Shelmire and by Weidman[8]

Last year Cleveland White[9] reported before this section the recovery of similar organisms from cases of generalized, dry eczema and the reproduction of lesions in his patients by inoculations of cultures

Considerable doubt, however, has been thrown on the pathogenic importance of these yeast-like organisms by such observations as those of Frei[10] and Greenbaum and Klauder on the frequent occurrence of similar forms in normal skin. Nearly every student of these infections has found organisms of this type occurring in cultures which, also, showed a well recognized pathogen and in cases where other factors made it seem unlikely that the yeast-like organism was the cause of the lesions

However, the fact that these organisms are the cause of the interdigital erosions and the paronychia of the fingers is so well established that an attempt to show such a relationship in other clinical conditions seems worth while One factor in the difficulty in determining their pathogenicity is the uncertainty as to the species of the organism obtained from the known mycotic disease and the impossibility of identifying or differentiating strains obtained from other lesions It is with this phase of the problem that we have been chiefly concerned

*Read at the Annual Meeting of the Medical Society of the State of New York at Albany, N Y, May 22, 1928.

Cases Studied

Since the discovery of known dermatophytes in eczematous and dysidrotic lesions of the hands and feet, the tendency has been to ascribe most such lesions to fungus infection, excluding, of course, those in which an adequate chemical irritation could be determined This has been in the face of the general experience that fungi can be recovered from only a small portion of the lesions We have hesitated to publish our own experiences as they have seemed to us an indication of our inadeptness in demonstration of the fungi At the risk of such an accusation, however, we will exhibit the following table of routine examinations by direct slide examination covering six or eight months

Table—I

ROUTINE DIRECT MICROSCOPIC EXAMINATIONS

	No Examined	*Fungus Found*
Dermatitis of the Hands (unknown cause)	197	10
Dermatitis of the Hands (occupational)	24	0
Dermatitis of the Feet	77	19
Intertrigo of the Toes	10	1
Onychia of the Fingers	34	12
Erosio Interdigitalis	13	9

Repeated and more thorough examination might well have yielded a higher percentage of positive of findings, but the results are sufficient to convince us that there are fungi in but a small proportion of the eczematous lesions in which their presence is suspected clinically It is quite probable that better clinical observation will enable us to differentiate the fungus infections from other types which we at present confuse with them

Erosio Interdigitalis and Chronic Paronychia

Positive findings were obtained far more regularly in interdigital erosions and chronic paronychias than in any other lesions Moniliae were recovered from ten patients who had an erosio associated with paronychia, from thirteen with erosio alone, and from nine with paronychia alone Of twenty erosion cases, it was detected in two by slide examination only, in three by culture with a negative slide, and by both slide and culture in fifteen The monilia was obtained by culture from eleven cases of paronychia and in eight of these it was recognized in slide also (Table IV)

Erosio interdigitalis presents an easily recognizable clinical picture, which often has been described It consists of a circular area on the webs of the fingers denuded of the surface horny layer The floor is covered with a white or a slightly reddened opaque layer of epidermis usually showing traces of ruptured vesicles This is surrounded by a collar of over-hanging epidermis and usually in turn by a zone of moderate erythema

The paronychias, also, presented a strikingly



FIGURE No 1

Erosio Interdigitalis, typical lesion between the fingers. Monilia in slide Monilia type No 1 in culture

uniform appearance Kumer's and Shelmire's descriptions of their cases apply almost as well to ours The most constant feature was the cushion-like swelling of the paronychium, most marked at the base of the nail and tapering off along the sides The surface epidermis over the swelling in acute stages was taut, glistening, in older lesions wrinkled and of a brownish or bluish-red color The nail plate was thickened, brownish in color and showed irregular transverse grooves, occasionally shingled Destruction of the nail plate was frequently visible along the sides beginning at the tip, but sometimes involving the entire free extremities Mycelium was demonstrated or cultured usually from the mass of dry white squames immediately beneath the eroded edge of the nail In four of the cases a thin pus could be expressed from beneath the eponychium The essential features are the chronic inflammation of the soft tissues about the nail combined with changes in the nail itself The former are never very acute, but during exacerbations there is usually a discharge of pus from the fold between the base of the nail and the over-hanging skin (This is essentially an intertrigenous location) The nail changes seem in part a malformation due to irritation of the matrix by this inflammatory process However, where the edges are eroded the parasite is found to have invaded the nail bed and apparently the nail plate also

Typical cases of moniliasis can usually be distinguished from onychias in which the trichophyton and achorion are found In the latter there is no paronychia or only a slight reddening of the paronychium which appears late in the disease. The destruction of the nail is more pronounced and begins usually along the free border with extensive separation of the nail plate from a hyperkeratotic bed Occasionally the breaking down begins over the lunula The practical absence of paronychia is, however, the striking difference in trichophytosis unguium The differentiation from chronic staphylococcic paronychia seems to us less certain Kumer was confident that it could be distinguished because a staphylococcic infection runs a more acute course and shows at one time or another localized abscesses either above or below the nail plate so that the swelling of the paronychium is uneven It is possible, that in some chronic cases which we have regarded as staphylococcic in origin, a monilia was present although undetected in our specimens

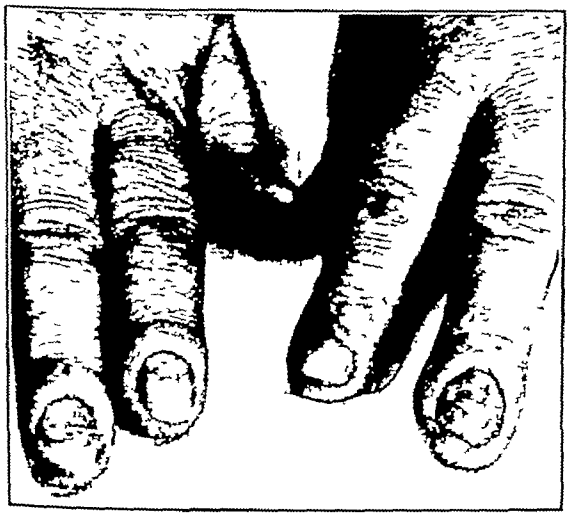


FIGURE No 2
Paronychia and onychia accompanied by bilateral erosion in third interdigital spaces Monilia found in slide and culture from erosion

The interdigital erosions occurred in the third interdigital cleft with the same frequency noted by other observers and in ten of our cases this was the only web involved The paronychia involved the thumb and index finger most frequently In about half of the cases this lesion was bilateral

One of two predisposing factors was invariably present—dishwater or the handling of fruit. The only male patient was a fruit dealer He had paronychia only One woman with erosio was a salad maker in a hotel Of the remainder all were women from twenty-four to sixty-five years of age and all but one housewives by occupation The majority were Russian Jewesses and, as White[1] has pointed out, their religious ban on soap in dishwashing may play a role Many substitute soda for soap which would account for irritation of the skin

Complications were infrequent and their relationship to the monilia infection was not determined Three patients had a dermatitis of the palms, one an interdigital dermatitis of the toes and one a dermatitis of the face. One had onychia of the toes, another diabetes with pruritus vulvae

Three other cases of onychia of the fingers from which yeast-like organisms were recovered on culture probably do not belong to this group One was a school girl of sixteen with thickening and erosion of the nails without paronychia. The slide showed fungus of the trichophyton type and on culture a monilia was obtained The other was a girl of twenty with favus of the scalp She, also, had a partial destruction of the nail plates and a fungus was found in the scrapings which

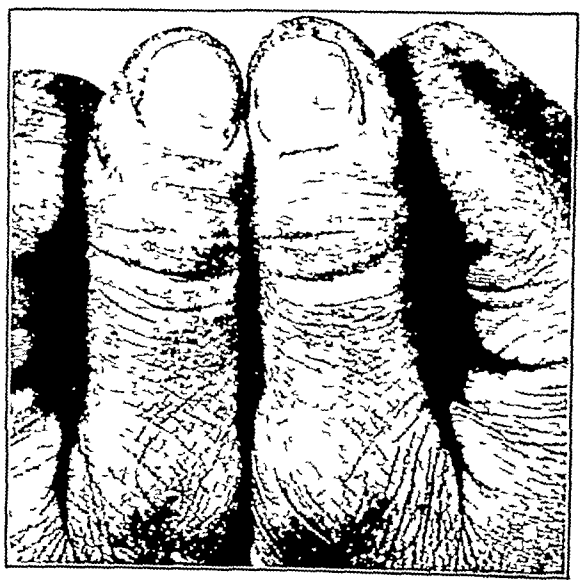


FIGURE No 3
Paronychia and onychia in male fruit dealer Monilia found in slide and culture.

was thought to be favus and was certainly not monilia On culture monilia only was obtained In this connection we might note that we have, also, recovered moniliae in association with the achorion in favus of the scalp In still another case of uniform thickening and desquamation of the nails in which the slide was negative a pink cryptococcus was recovered on culture This organism is probably a saprophyte and it seems unlikely it had causative relation to the disease.

Interdigital Dermatitis of the Toes

In lesions of the webs of the toes we have recovered moniliae on eight occasions, but in seven

of these direct slide preparations showed mycelium characteristic of fungi of the ringworm group Such mycelium can be differentiated with a fair degree of certainty from that produced by monilia In two of these cases the fungus was, also, recovered in culture and in one proved to be an epidermophyton interdigitalis and in the other, a trichophyton gypseum In only one instance could we find mycelium resembling that of a monilia in the slide preparation Here the culture was contaminated with bacteria, but the monilia, when isolated, was found to belong to group 2 described below, which is very closely related if not identical with the type usually occurring in erosio interdigitalis It is possible that in this instance the monilia was the cause of the lesions

Onychia of the Toes

In onychia of the toes we have recovered moniliae three times In two of the cases the direct slide examination showed a fungus of the ringworm type, in the third hyphae resembling those of monilia. The organism recovered, however, belonged to group 4 described below which seems rarely found in erosio or in paronychia of the fingers In this patient the finger nails were, also, involved, but the lesion was of the ringworm type without associated paronychia

Dermatitis of the Hands

In eczematous lesions of the hands we have recovered moniliae seven times on culture, but in none of these lesions was the organism recognized in slide preparation. Clinically the cases showed no uniformity in the location or character of the lesions Some were deep vesicular eruptions on the palms, others superficial erythemato-squamous lesions of the palm and of the dorsum One of the organisms isolated fell into group 4, one was a cryptococcus forming pink colonies, one was a monilia sitophila, a common bread mold, and the other two which were studied did not fall into any of the groups which we have been able to define

Dermatitis of the Feet

In dermatitis of the feet we have had a similar experience From six cases we have recovered the monilia in culture, but we have never detected it in direct preparation Four of the cases showed a fungus of the ringworm type in the slide preparation and in two of these trichophyton or epidermophyton were identified on culture These cases, also, showed no clinical uniformity The moniliae isolated were of varied types—one belonging to group 1 (the erosio type), one to group 4, the remaining four were not identified

Dermatitis of the Body

In five instances we have recovered moniliae from lesions on the body which showed little clinical uniformity Three of these were generalized eczemas showing a profuse growth of staphylococcus on culture. One of the organisms belonged to group 1 and two of them to group 4 Autoinoculation of one patient with the monilia culture was attempted, but was unsuccessful Of the other cases studied one was a typical tinea circinata with positive findings in the slide The other an apparent dermatitis venenata of the axillae The two latter strains of the monilia have not been studied

Mycology

A clearer understanding of the role which moniliae play in these infections seems dependent in part on a more definite characterization of the organism The description given of yeast-like forms recovered from erosio differ according to various authors and it is impossible to conclude at present whether one type, or any of the variety of types may be concerned in the production of the lesions Similarly when a monilia is recovered from some other lesion it is impossible to say whether it is the same as those found in erosio or a different organism

We have attempted a study of these morphologically and culturally, but more especially by agglutination methods, as these have proven of great value in the differentiation of bacteria which are morphologically and culturally indistinguishable We are far from complete studies on all of our strains, but the results so far obtained seemed of sufficient interest to report

We will first describe the findings in the two conditions where the etiological importance of monilia has been fairly definitely established—erosio interdigitalis and chronic paronychia of the fingers

The Parasite

The organism found in erosio digitalis appears in the squames in characteristic form In most instances there is a delicately branched mycelium about two microns in diameter It occurs usually in short fragments, but occasionally in thick mesh work It is more delicate and less refractile and as a rule narrower than that of the ringworm fungi, with a less distinct wall Septa are rarely demonstrable It is slowly acted upon by sodium hydroxide and occasionally disintegrates in the specimens that are left in this solution too long Oval spore-like bodies (from 2x4 to 4x6 microns) are, also, present, frequently with buds attached to their ends These lie scattered in groups through the epidermal cells or are attached to the hyphae from the sides of which they project at an acute angle Occasionally fifty or a hundred such spores are seen in huge balls connected by a hyphal thread which runs through their centers On account of their low refractility the organisms are somewhat less easy to see than are the trichophyta.

Cultures are fairly easy to obtain on Sabouraud's maltose medium and probably on other

acid media containing glucose They appear in two or three days as pasty, faintly yellow colonies which at first resemble a staphylococcus, but soon attain a larger size. On flasks where growth is not inhibited by surrounding colonies an individual colony may attain a diameter of 5 cm The edge becomes coarsely lobed in old colonies and the surface which is at first smooth with an ivory luster, developes numerous small folds and wrinkles over the central portion of the colonies

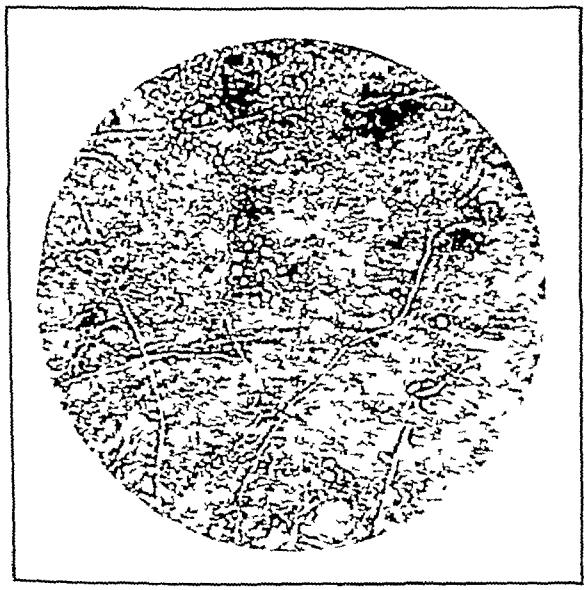


FIGURE NO 4

Direct slide preparation from interdigital erosion showing the delicate, slightly irregular mycelium with oval spores attached to the slide singly and in short, graduated chains, also, a cluster of round spores unattached

The entire surface never becomes wrinkled The colony never adheres strongly to the agar and its consistency is always pasty and easily emulsifiable in a liquid— points which distinguish this parasite from other closely related organisms

Microscopically the growth on solid media is made up chiefly of round or slightly oval cells, varying from 4 to 8 microns in diameter These multiply by budding One cell may show three or four buds and by successive budding chains of organisms of graduated size may be produced Two such chains developing from one cell produce a picture of branching Large round cells of twenty to thirty microns in diameter are, also, frequently found, possibly representing chlamydospores In older cultures more or less well developed hyphal tubes, are also found These may be seen as irregular tubules growing out from one of the round cells or as long branched threads forming an interlacing meshwork Oval or round cells are attached to the threads or lie in clusters in the meshwork The mycelial forms are regularly found in the growth at the bottom of the sugar broth tube and the development of the buds at their sides can be easily observed Huge spherical clusters of spores surrounding the hyphae at intervals may be seen along the lateral branches in gelatin stabs Sometimes a continuous sheath of many rows of spores is found along the hyphae. Anderson[12] observed similar structures in sub-surface growth of agar cultures of M psilosis Near their ends the hyphae are invariably septate and frequently constricted at the position of septa so that two elements may be joined almost in a point These threads are probably formed by elongation of the elements of a chain of rounded cells In the course of longer hyphae occasional transverse septa are, also, seen with no corresponding constriction of the filament

An important point in regard to the classification of these organisms is the formation of ascospores The presence of such spores has been reported in parasites from erosio lesions by Greenbaum and Klauder,[3] but as far as we can find no other investigator has been able to observe them We have yet found none in our cultures and can state definitely that they are not formed on Sabouraud slants This is a point, however, requiring further study by special methods as in most organisms of the yeast family ascospores develop only under very special conditions

The organisms which we have isolated grow in sugar broth with a sediment, only occasionally forming an oily scum at the end of fermentation or a pasty ring about the tube at the surface of the broth. This separates them from the genus mycoderma They grow in gelatin along the stab and most strains throw out numerous fine lateral branches which become gradually shorter towards the apex of the stab and give to the growth the "inverted pine-tree" appearance which Ashford[13] has described in M psilosis

Their fermentation reactions vary somewhat and our own results can be recorded only in a preliminary way Most of the strains ferment dextrose, levulose and maltose with the production of acid and gas, and galactose with the formation of acid and frequently of gas All fail to ferment lactose Some produce acid in saccharose, but none gas The fermentation of maltose is always more active than that of saccharose which distinguishes them from other strains which we will discuss later

Classification

These characteristics indicate a close relationship to the organisms occurring in thrush of the mouth and to the monilia psilosis isolated by Ashford from sprue. The absence of ascospores separated them from the endomyces and the presence of mycelium from the cryptococcus so that if we accept Castellani's classification they belong to the genus monilia. Their characteristic ivory color, smooth surface and pasty consistency distinguish them from many related organisms met with in skin lesions

TABLE II

	Direct Agglutinations								
Serums	1	2	3	4	5	6	7	8	9
Strains									
1 Erosio	+	+	+	+	+	0	+	0	0
2 Toes	+	+	+	+	+	+	+	0	0
3 Paronychia	±	+	+	+	+	0	+	+	±
4 Tongue	+	+	+	+	+	±	+	+	+
5 M psilosis	+	±	+	+	+	±	+	±	±
6 Toes	±	±	+	+	+	+	+	0	0
7 Dermatitis	±	0	+	+	+	+	+	0	0
8 Erosio	0	0	0	±	0	0	0	+	0
9. Cryptococcus	0	±	±	0	0	0	o?	0	+
10 M Krusii	0	0	0	+	+	0	+	0	0
11. M albicans	+	+	+	+	+	0	+	0	0
12 Oidium alb	+	+	+	+	+	0	±	0	0
13 Endomyces alb	+	+	+	+	+	0	0	0	0

Agglutination Reaction

Classification by morphological studies or by fermentation reactions is difficult on account of their rudimentary morphology and the changes which this undergoes under varied cultural conditions Their fermentation reactions also seem somewhat inconstant and most investigators have distrusted classifications by this method A more definite classification of these organisms seems most necessary and we have attempted to obtain this by means of agglutination reactions At present we can make but a preliminary report on results obtained so far with nine agglutinating sera prepared in rabbits against the following strains of moniliae

1 A strain obtained from an erosio interdigitalis

2 A strain obtained from a moist intertrigo of the toes

3 A strain obtained from a typical paronychia of the fingers

4 A strain obtained from lingua nigra pilosa

5 A strain obtained from monilia psilosis (kindly sent us by Col Ashford)

6 A second strain obtained from moist intertrigo of the toes

7 A strain obtained from a generalized dry dermatitis of unknown etiology

8 A strain obtained from a typical erosio interdigitalis which differed in its fermentation reactions from any other strain obtained from this source.*

9 A pink cryptococcus found in association with an ivory monilia in paronychia of the fingers

Direct Agglutinations

On direct agglutination no definite differentiation should be made between the first seven strains Strains obtained from the American type culture collection labeled, Monilia albicans, oidium albicans and endomyces albicans also gave similar reactions This indicates the close relationship, if not identity, of three strains of organisms isolated from thrush which have been given different generic names also, the close relationship of the parasite we are studying to the thrush group

TABLE III

	Agglutinin Absorptions								
Groups	1		2	3		4		5	6
Ser. M.	1	2	3	4	5	6	7	8	9
Strains									
1 Erosio	+	+	+	0	o?	0	0	0	0
2 Toes	+	+	o?	0	o?	0	0	0	0
3 Paronychia	0	o?	+	+	±	0	0	0	0
4 Tongue	0	0	+	+	+	o?	0	0	0
5 M psilosis	0	0	+	+	+	o?	0	0	0
6 Toes	0	0	0	0	±	+	+	0	o?
7 Dermatitis	0	0	o?	0	o?	+	+	0	0
8. Erosio	0	0	0	0	0	0	0	+	0
9 Cryptococcus	0	0	0	0	+	0	0	0	+

Agglutinin Absorption Tests

We have found it difficult to obtain satisfactory checks in our absorption tests They appear however to show differences between cultures which agglutinate alike Strains 1 and 2 (group 1) appear identical, strains 4 and 5 (group 3) appear identical, strain 3 occupying an intermediate position shows affinities for both the first and third groups, strains 6 and 7 appear identical (group 4), and strains 8 and 9 (groups 5 and 6) seem distinct

Using this tentative grouping we have attempted to classify a number of strains obtained from erosio and paronychia and, also, other types of

*Further study of strain No. 8 has shown that when grown on beet it forms asci containing two spores with the typical derby hat form. This identifies it as a member of genus Willia. This is of interest because the differentiation which was made on the basis of fermentation and agglutination reactions was later confirmed by the discovery of definite difference in morphology

cutaneous lesions The results are shown in Table IV In the column headed *X* we have recorded strains which did not correspond to any of the six groups against which we had prepared agglutinating serum It will be seen that of the strains from interdigital erosions or paronychia which were tested, all but one fell in group 1 or in the closely related group 2 Members of group 1 were met with on one occasion each in interdigital dermatitis of the toes, in dermatitis of the feet and in generalized dermatitis of the body However most of the organisms of such sources fell into other groups One heterologous strain was obtained from an interdigital erosion In this connection we should bear in mind that obtaining an organism in culture from an exposed lesion is of relatively little significance We have several times obtained two distinct types of yeast-like organisms in the same culture Moreover the number of strains which we have studied is too small to warrant generalizations as to what occurs in this disease.

We may say, however, that twelve strains recovered from erosio interdigitalis and paronychia were indistinguishable morphologically, culturally or by fermentation reactions In these respects they correspond to the M psilosis of Ashford and to the strains isolated from thrush which we have studied They differ, however, in their failure to liquefy gelatin from certain strains reported from thrush, and in their fermentation reactions from some strains isolated by Castellani from this disease. The agglutinin absorption tests show a very close relationship between this monilia and the M psilosis While we cannot yet speak with certainty of a differentiation between the two, our work so far indicates such a difference exists This by no means warrants the setting up of such strains as a distinct species For the present we must regard the monilia found in this disease as a variety of M albicans closely related to M psilosis, but showing slight antigenic differences from these two organisms

Of the other moniliae studied, six fell into a well defined and sharply demarcated group (No 4) Morphologically, they are similar although we are not as yet sure that they are identical In gelatin they do not throw out the long lateral filaments characteristic of group 1 and of M psilosis, but form an even fuzz of short filaments indistinguishable from the appearance of M parapsilosis (Ashford) In fermentation tests they ferment saccharose more actively than they do maltose (which distinguishes them from organisms of groups 1 and 3) In the agglutinin absorption tests they fall together They were obtained from a variety of clinical lesions and in none of these have we definite evidence of their pathogenicity

Summary

1 The erosio interdigitalis of Kaufmann-Wolf and Fabry and the chronic paronychia of Kumer and Shelmire are frequently associated lesions with well defined clinical characteristics

2 These two lesions occur in the same two classes of patients, (a) Those whose hands are much exposed to dish water and (b) Those who handle fruit

3 The monilia isolated from these lesions has been shown capable of reproducing the erosio The regularity of its presence in the paronychia

TABLE IV

Grouping of Moniliae from Skin Lesions

Source	Monilia +	Slide +	Culture +	Fungus +	Grouped	Groups						
						1	2	3	4	5	6	X
Interdigital Erosion (P7)	20	17	18	0	11	10				1		
Paronychia of Fingers (E3)	12	9	11	0	3	2	1				1†	
Onychia of Fingers	3	0	3	2	1						1*	
Interdigital—Toes	8	1	8	7	3	1	1		1			
Onychia of Toes	3	1	3	2	4				1		1*	2*
Dermatitis of Hands	6	0	6	0	5				1		1*	3*
Dermatitis of Feet	6	0	6	4	2	1			1			
Dermatitis of Body	6	0	5	1	3	1			2			
Lingua Nigra Pilosa	2	1	2	0	1			1				
Sprue (M psilosis)					1			1				

*Culture was differentiated on morphological or cultural grounds
†This strain was found in a mixed culture with an ivory colored strain

and the frequent association of paronychia with erosio support the hypothesis that the two lesions are due to the same cause

4 The monilia isolated from twelve out of fourteen of our cases was found to be of a definite type This is indistinguishable culturally from the strains of M albicans and M psilosis which we have studied but frequently shows slight antigenic difference from the latter organism

5 Another distinct group of moniliae may be recognized in strains which we have recovered from other types of skin lesions

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MATERNAL MORTALITY*

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IT is a duty prescribed by law upon health officials to take cognizance of all conditions affecting the health and lives of the population Among such conditions, and by no means the least important, are those having to do with pregnancy and childbirth which annually take a shocking and unnecessary toll of lives not only in this State but throughout the nation The facts regarding this matter have been concisely and graphically set forth in a recent pamphlet by Dr DePorte, Director of the Division of Vital Statistics of the State Department of Health, which unquestionably many of you have read and which, to those who have not, I recommend its careful consideration

The problem of excessive maternal deaths, notwithstanding the widespread interest that it has aroused during the last decade, the generous expenditure of public and private funds, and unceasing efforts on the part of official and non-official health agencies, remains unsolved Year after year the maternal death rate in this country and in this State shows little or no decline

The death rates from all puerperal causes in the thirty-three states of the registration area, ranged in 1924 (the last year for which these figures are available) from a minimum of 4 5 per 1000 living births in Utah to a maximum of 12 1 in Florida

In this group of states, New York held a favorable position with a rate of 5 9, in only five states (Connecticut, Indiana, Minnesota, North Dakota and Utah) was the rate lower, and in one state (California) the rate was equal to that of New York while the remaining twenty-six states had higher rates

Deaths from all puerperal causes in 1915-1925 in New York State numbered 15,876 Relating these deaths to the total number of recorded live and stillbirths (2,713,207) we find the death rate for that period 58 5 per 10,000 total births, in other words, one out of 171 births resulted in the death of the mother

The average annual death rate in 1915-1920, exclusive of 1918 (the year of the great influenza epidemic when mortality from puerperal causes was abnormally high), was 56 8 per 10,000 total births, the average annual rate in 1921-1925 was exactly the same—56 8 Thus the situation in the State during the two successive five-year intervals did not change at all

An analysis of the figures for the eleven-year period considered in this paper discloses the striking fact that the rate of maternal mortality in the urban part of the State, exclusive of New York City, (urban districts being defined as villages and cities having a population of 2,500 or more) has apparently increased while a definite reduction has been recorded in the rural territory Thus, in 1921-1925 in the urban part of the State, mortality from puerperal septicemia was 1 3 per cent higher than for the preceding five years (exclusive of 1918) and from other puerperal causes 8 6 higher, whereas in rural New York the mortality from puerperal septicemia declined 23 9, and mortality from all other puerperal causes 27 3 In 1927 the total maternal mortality rate in the urban section was almost double that of rural New York If one takes these figures at their face value, it might logically be deduced that the risks incurred in childbirth were far greater in urban than in the rural districts This conclusion, however, is not clearly warranted for the reason

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that during the period for which these figures were compiled there was an ever-increasing tendency for rural mothers to enter hospitals or larger centers of population for their confinement, and there can be no question that complicated cases from rural districts are those for whose outcome the urban districts are made statistically responsible

A very extensive and detailed study of the history of individual cases in which death occurred would have to be made before reaching a definite conclusion as to the comparative safety of child-bearing in the two areas

I desire to call your attention to two rural counties—Lewis and Hamilton—in which no maternity deaths occurred during 1927, in the former there were 424 births, 13 stillbirths and in the latter 50 births and 2 stillbirths

As throwing a valuable sidelight on obstetrical practice in upstate New York, may I call your attention to certain facts obtained as a result of a questionnaire sent to physicians in whose practice one or more maternal deaths had occurred, and I desire to express my appreciation of the wholehearted cooperation of the physicians to whom the questionnaire was sent—80 per cent of whom have responded and reported the facts in 2,392 cases covering the 3½ year period ending July, 1927 I regret to state that the hospitals have not been far less cooperative A study of these confidential reports will require a great deal more time than has been possible up to date, but the following facts based on the preliminary perusal of the findings for 1925, involving 696 cases, seem to me important

Of the 696 cases, hospital care had been involved in 74 per cent , about half of which were delivered, and died in the hospital and the rest delivered in the home but dying in the hospital later

Only a third of these cases reached full term, a fifth of them were under five months gestation

The lapse of time between the delivery of the case and the death of the mother falls in the following divisions In a fifth of the cases death and delivery were practically simultaneous, in a fourth of the cases there was a lapse of from one to five days between delivery and death, in a fifth of them 6 to 14 days, and in an eighth 16 to 50 days

Seasonal variations 30 per cent of the cases occurred in the first quarter, 25 in the second, 23 in the third, 22 in the fourth quarter of the year February showed the greatest number of deaths

Ninety-two per cent of the deaths were in the age group from 20 to 40 years As to nationality 75 per cent. were American born, 9 per cent Italian, 4 per cent Poles Postmortems were performed in only 8 per cent of the 696 cases Over 5 per cent were illegitimates, 22 5 were primipara, 12 per cent second pregnancy

There were 230 questionnaires which stated at what stage the patient had entered the hospital Only 13 per cent entered before the beginning of labor, 37 per cent entered during labor, 50 per cent. were brought in after delivery

As to the number of days in the hospitals, there were 223 replies which showed that 40 per cent were in the hospital less than a day, 53 per cent up to 2 weeks, and 7 per cent more than 2 weeks This high percentage of cases that had hospital care for less than a day would indicate a high rate of emergencies

Consultation was advised in 56 per cent of the cases and was held in 55 per cent

How much opportunity did the physician have to give thorough medical care? To this question there were 483 replies Fifty per cent had the case a week or less, over 10 per cent had the case less than a day, the balance were under medical care for varying periods but only 13 were reported as having been cared for throughout pregnancy

Fifty-eight per cent had but one doctor, 8 per cent. had a different doctor during the fatal outcome Only 1 patient was reported as having had no attending physician, but 5 others had no physician at the time of death

During the final illness 44 per cent had 1 doctor, 26 per cent had 2 doctors attending, and 3 per cent had 3 or more physicians in attendance

Only 16 cases were reported as having been delivered by a midwife, but 11 others had a midwife in attendance at some time A midwife was involved in one death but was later exonerated

As to prenatal care, 41 per cent. failed to answer Of the 408 answers 65 per cent reported yes, 35 per cent reported no From the meager information as to the details of prenatal care in the questionnaire it would seem that it is most difficult to gauge its effectiveness If it is measured by the minimum standards as issued by the State Department of Health some five years ago, it would appear that few cases had had the benefit of what might be termed adequate prenatal care In attempting to ascertain when such care began it is found that 34 per cent did not have prenatal supervision until the 7th, 8th or 9th month

Among these cases puerperal sepsis accounted for 37 per cent. of deaths, albuminuria and the toxemias 21 per cent , hemorrhage 9 per cent These figures are based upon the cause of death, as shown by the death certificates It is, however, interesting to see wherein the puerperal questionnaire has enriched our information, particularly with respect to operative procedures According to the information obtained from the death certificates, only 5 per cent of the cases were indicated as operative, whereas in the puerperal questionnaire 38 per cent of the deaths

were involved with operative procedures, there being 69 Cesarean sections, 19 embryectomies, 105 forceps, 65 versions Again, according to the death certificates hemorrhage is given as a cause of death in but 9 per cent of the cases, whereas in the puerperal questionnaire, we find that hemorrhage is involved in 17½ per cent of the deaths, 67 being prenatal and 58 postnatal hemorrhages

From these figures two facts stand out clearly First, the large proportion of maternal deaths caused by septic poisoning, and second, the large number of cases in which operative procedures, —instrumental or otherwise—were employed It is largely agreed by those who are qualified to express an opinion, that one of the chief causes of excessive maternal deaths is the increasing tendency to interfere with physiological processes This tendency would seem to be especially prevalent among city practitioners and in hospital practice I do not wish to be understood as inferring that many cases do not require such interference, but I am thoroughly convinced that many more in which it has been employed, if left to themselves, would have gone through their ordeal with safety Again, there can be no question that there is an increasing tendency to make unnecessary internal examinations, and this would seem to be especially true in hospital and city practice—the rural practitioner under ordinary circumstances being satisfied to let nature take its course Under our system of hospital management I think it will be conceded that there is very little central medical supervision over the methods of practice of individual physicians, and this is certainly true in the case of obstetrics Furthermore, it has been brought to our attention that clinical records in a number of institutions are not available, so that it is impossible even to venture a guess as to the actual cause of the fatal outcome of a maternity case More than any other health problem, that which has to do with maternal mortality involves the private practice of the medical profession It is quite evident that the State Department of Health, or any other official body, cannot practice obstetrics, —it can only advise as to the facts, study conditions under which obstetrical care is given insofar as it has the power to do so, cooperate in a campaign of public health education for prospective mothers with the medical profession and other agencies, and place at the disposal of communities such facilities in personnel and equipment as will lead to better and safer obstetrical practice The responsibility for the condition of affairs which I have briefly outlined rests with the practicing physician, and whatever remedial measures may be forthcoming must, in large part, emanate directly from the state and constituent county medical societies One of the first duties, it would seem to me, is for the State Medical Society through whatever machinery may be necessary to make a study of the methods of obstetrical practice among the various hospitals I do not know whether there are legal objections to such a procedure It is difficult to see why there should be If such a work is undertaken, I believe that it would be possible for the State Department of Health to help out financially, as well as by supplying personnel and statistical data

That this problem is not insoluble is shown by maternal death rates among a few foreign countries which are one-third to one-half of that recorded in the United States Even if it be conceded that the task is a more difficult one in this country with its immense area involving widely scattered communities—many of them accessible only under great difficulties—a population markedly divergent in racial peculiarities and habits of life, nevertheless with the immense resources in money and personnel at our disposal, it should be possible in the not distant future to remove from this country the stigma of inefficiency and seeming complacency which results in an unnecessary number of deaths in childbirth To that end I invite the heartiest cooperation of the health officers, physicians and nurses of this State with the State Department of Health

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PROLAPSUS—ITS ANATOMICAL REPAIR*

By REGINALD M RAWLS, M D, NEW YORK, N Y

IN a review of the literature of Prolapsus Uteri one is confronted by a voluminous literature concerning its etiology and treatment and one finds recorded innumerable operative procedures for its relief This is due in no small part, to our textbooks of anatomy which give full descriptions of the tissues of the male pelvis with descriptive drawings but give scant attention to the female pelvic structures which are described, in parentheses, when they differ from those in the male and for the most part there are no descriptive drawings Also in many text-books of gynecology there are diagrammatic drawings which show only the fascia of the fibro-muscular pelvic diaphragm and describe this layer as the vesico-rectal layer which should apply only to the male pelvis Others neglect all together the divisions of the fascia and fail to show the intercullar connective tissue or visceral layer of the fascia in its relation to the bladder, the urethra, uterus, rec-

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tum and vagina Much of our haziness of the anatomy and importance of the pelvic fasciæ in the female will clear away if we give due attention to the description by such anatomists as Piersol and Cunningham and to the special anatomical research work of Halban and Tandler, Edward Martin, Robert Frank and the more recent monograph of Joseph Halban

Cunningham (1) says, "the floor of the pelvic cavity of the female is formed, as in the male, by the levatores ani and the coccygei muscles, and the upper and lower fascial layers of the urogenital diaphragm, but it is pierced by three canals instead of two, viz, the urethra and anal passage, as in the male, and, between them, the vagina In this way the floor of the pelvis, in the female, is rendered relatively weak and less capable of resisting strain, whilst at the same time it is adapted to the function of child-bearing, for it is cleft by the vaginal canal into two segments—an anterior, including the anterior vaginal wall and all the parts in front of it, and the posterior vaginal wall and the parts behind it. The former can be lifted into the pelvis and the later can be forced downwards, much as the two segments of a folding door are displaced in opposite directions, and thus a passage is made for the exit of the child (Berry Hart)" Cunningham also notes, "as a matter of clinical importance, that, whilst the urethra and the anterior wall of the vagina are closely bound together and cannot be separated except by the use of the knife, the posterior wall of the vagina and the anterior wall of the rectum are only loosely united together, and can easily be torn apart."

To the above description, I feel we can all agree but when the structures of the anterior and posterior segments are analyzed and their relation to the pelvic contents and their function described I feel there is room for debate. However, whatever our definition of the etiology of Prolapsus Uteri may be it cannot be any more concise or undebatable that the view expressed centuries ago by Soranus (2) He gave us an abstract of his view, as well as the views of those who preceded him, of the etiology of prolapse It was due the ancients believed, to the stretching, rupture, or relaxation of the muscles and membranes that normally keep the womb in place

The most debated and debatable subject of the anatomy of the female pelvis is its system of faciæ.

According to Piersol confusion has existed in the application of the term "white line" since it has been made to include both the arceus tendinous proper and the thickened band from which the levator ani takes its origin (arceus tendineus m levatoris ani) These bands are, however, quite distinct, especially anteriorly, as careful inspection of the subject will demonstrate, and it seems preferable to restrict the term "white line" to that from which the levator ani arises, naming that at which the fascia endopelvina begins the arcus tendineus Further describing the arcus tendineus, he says it is attached behind to the spine of the ischium and passes in front upon the sides of the bladder, and is continued thence to the anterior pelvic wall, to be attached on either side of the symphysis pubis, a little above its lower border, as a lateral pubovesical ligament

Cunningham, although he makes no distinction between the arcus tendineus and the "white line," gives a more detailed description of the secondary lamellæ associated with the pelvic viscera. He says that at the "white line" the pelvic fascia is separable into two parts a parietal portion, which forms one of the strata of the walls of the pelvis, and a visceral portion, the upper fascia of the pelvic diaphragm, which forms part of the pelvic floor and lies upon the muscular diaphragm which separates the pelvis proper from the perineum Further, he says if the visceral layer is traced medially it splits into secondary lamellæ the vesical passing on to the bladder and in front of the urethra and vagina, the rectal which passes behind the rectum, and the rectovaginal which passes between the rectum and the vagina In describing the true ligaments of the bladder, Cunningham says the lateral pubovesical are merely the lateral parts of the vesical lamella, while the anterior or median pubovesical are thickenings of the anterior lamella, one on each side of the median plane

Robert Frank (4), in a report of his anatomical research and an analysis of the work of others, says "According to Halban and Tandler (5) all evidence is construed to signify that the muscles play the main or only role in maintaining the bladder, uterus and rectum in position, according to Edward Martin (6) the fasciæ are mainly responsible" Frank states—"To unbiased observers both systems play important and co-ordinate roles," and all fascial structures encountered within the pelvis should be considered as connective tissue. Also the sub-peritoneal space (i e the space between the peritoneum and the levator fascia) is partly filled by the urethra and base of the bladder, the vagina, and the uterocervical area, and the rectum Blood vessels, nerves, lymphatics, and the ureters also traverse this space. All interstices are filled in by connective tissue of different consistence, varying from loose, fatty, arealor tissue to well-defined fibromuscular and elastic bands This tissue fixes the organs but yet allows them freedom necessary to permit of varying degrees of distention Frank also recognizes the main divisions of this tissue as pubo-cervical ligaments, cardinal ligaments, and sacro-uterine ligaments According to Frank these tissues or ligaments are the upper or holding apparatus

According to Edward Martin one has to distinguish fascia, connective tissue, coats of muscles

and condensed connective tissue resembling fascia The latter has no connection with the musculature and it is a tissue peculiar to the female pelvis He follows Waldeyer, who recognizes a parietal and visceral layer of pelvic fascia whose line of junction is the arcus tendineus of the pelvic fascia The visceral further divides into the vesical, vaginal and rectal layers, which are recognized as differentiates of the subperitoneal pelvic tissues Martin demonstrates by his dissections that the thickened portions of the connective tissue of the pelvis is an irregular mesh-work which he names retinaculum. The strands of this mesh-work unite from all sides forming an almost uniform plate around the uterus The tissues composing this mesh-work are named from the direction in which they radiate from the condensed portion around the uterus Pars media are those which run in a lateral direction, pars posterior those which run around the rectum and pars anterior the thinner tissues which run to the lateral walls of the bladder

Joseph Halban (7) in 1919 in a monograph on the anatomy and etiology and operative treatment of genital prolapse has added to the literature a valuable and, to my mind, an outstanding contribution In the female pelvis Halban recognizes two systems of fascial structures the fascia endopelvina which is continuous with the fascia endoabdominalis and the individual muscle fascia or "eigenfascia" The fascia endopelvina is immediately under the peritoneum and lines the whole lesser pelvis following the contours of the obturator internus and levator ani muscles down to the hiatus genitalis Where it comes in contact with the individual muscle fasciæ it is connected with them by arealor like connective tissue. At about the level of the arcus tendineus it divides into vesical, vesico-vaginal and rectal layers The endopelvic fascia is extremely thin and wide meshed, but it becomes thickened where great strain is put upon it especially in the pelvic portion where it is thick sheathed This is especially true in the base of the broad ligaments, the region of the cervix, the utero-sacral ligaments and the supports of the bladder The chief function of the endopelvic fascia is to indirectly fix and suspend the pelvic organs

According to Halban the musculo-fascial diaphragm is the more important system for even when the endopelvic "hammock" is injured we do not necessarily have a cystocele, rectocele or prolapsus uteri if the musculo-fascial diaphragm is well developed and functioning properly In other words both the fixing and supporting structures are important but the supporting structures are more important [I feel that the Halban premise is faulty for I believe all of us have seen cases in which there was complete laceration of the musculo-fascial diaphragm, certainly for its anterior half and yet there was not prolapsus or cystocele] He also believes that with an injured or congenitally weak holding or supporting structures a retroverted uterus by the aid of intra-abdominal pressure causes the prolapse. Further Halban has found that even after an inter-position operation the cervix may become elongated and forced out of the vulva by the action of intra-abdominal pressure Therefore, he always amputates the cervix—taking off about 2 cc when the uterine cavity measures 8 cc or more From Halban's monograph it seems we are now at the point where we can discard many different names and complicated anatomical descriptions and say that prolapse is due to the injury or weakness of the fixing and suspending endopelvic fasciæ and to the individual fasciæ (Eigenfascia) and muscles Thus we have two independent fascial structures with similar distribution in the pelvis rather than many divisions of one fascia.

While we may not all agree with Halban that the musculo-fascial structures are the more important, yet I feel most of us will agree that his anatomical description is the most convincing to date. For my own part I feel that Chipman has best described the etiology of prolapse as follows "Prolapsus uteri is simply a hernia, a hernia through the fibrous diaphragm of the true pelvic floor—a sacropubic hernia In common with all herniæ the protrusion has a canal of descent—namely the vagina, a sac and sac covering or wall As regards the uterus its essential support is the fibrofascial sling of the pelvic floor Its accessory supports are, above, its peritoneal folds and below the muscular layer of the pelvic outlet The uterus may be considered a sitting in a swing, the seat of the swing at the isthmus The body above, clothed in peritoneum, is steadied in this seat by the peritoneal folds or guy ropes The cervix, however, projects below the level of this seat and hangs within the vaginal vault. Still below this cervix, and closing the pelvic outlet is the muscular layer of the pelvic floor This affords some additional support, a foot rest, as it were, to the uterine cervix The analogy is that of a person steated in a swing steadied therein above and with a definite foot-rest below"

History of Operations for Cystocele & Prolapsus Uteri

In the first fifty years of modern gynecology, the operative treatment of prolapsus uteri and cystocele was by denudation and suture, of the anterior vaginal wall, of the vulva, of the posterior wall and excision of the cervix or a combination of these methods As early as 1869 Emmet (9) recognized the importance of the fascia of the anterior wall of the vagina and devised his operation for procidentia which consisted in a denudation of two points, one about half an inch from the cervix on either side and a little behind the line of its anterior lip, likewise a surface was denuded in front of the uterus an inch long and half an inch wide. The freshened areas

were brought together in front of the uterus by silver sutures and the folds in midline were freshened on either side and approximated with silver wire According to Emmet this method gives a direct lateral support from the pelvis, giving in many cases, by this means alone, a sufficient support entirely independent of the column to be afterwards formed from the tissues turned in along the anterior wall In 1912, the late L Grant Baldwin (9) published excellent results from an operation based on Emmet's technic Five years after Emmet recognized the anatomical importance of the fascia of the anterior vaginal wall, Simon and Hegar (9) simultaneously devised, for prolapsus uteri and cystocele, an operation on the posterior vaginal wall They reasoned that a firm cicatrix in the midline of the posterior wall would elevate and support the uterus as well as the anterior wall and bladder

The next step in anatomical repair was in 1887 when Hadra (9) first performed "flap-splitting" of the anterior vaginal wall and used elevation of the bladder for cystocele One year later Sanger (9) suggested an operation similar to Hadra's method and later published the results of an extended experience with what he calls "flap-splitting" The next advance in anatomical repair of the anterior wall was made by Gersuny (9) who, after flap-splitting, elevated the prolapsed bladder by a purse-string suture introduced into the fascial coverings of the anterior wall Joseph Halban gives Gersuny the credit of first recognizing the importance of the fasciæ of the anterior vaginal wall and has adopted his purse-string suture for operations on the repair of the anterior wall

Within the last half century operations on the structures of the anterior vaginal wall as a part of the technic for prolapsus uteri has become more and more accepted by the gynecologist As early as 1889 Hadra said in regard to descent of the anterior fornix or, if more of the wall be detached, to cystocele, "surgical interference has not been based on sound fundamental principles" Exsection of the vaginal wall is practiced for revulsive effect or for increasing the distance from the cervix to the vulva or for pouching But the reattachment, the restoration of normal relations between vagina, bladder and cervix, is what we ought to look for"

The stages of evolution of the operations for prolapsus uteri have been quite gradual from the recognition of the importance of the fascia, then flap-splitting, elevation of the bladder and then the following procedures Vaginal Fixation of Mackenrodt and Duhrssen, Interposition Operation of Watkins, Stone, Wertheim and Schauta, Vagino-abdominal route of Stone, Emil Ries (13) and Farrar (12), Suspension of bladder from uterus and broad ligaments or from the sutured stumps of the broad ligaments by Goffe, reefing the cardinal ligaments by Alexandroff, Tweedy and Dudley, and reefing of the utero-sacral ligaments by Jellett, Bove and Young among others, the interposition of the sutured broad ligament stumps after hysterectomy by Mayo and the modification of the Mayo by fixation of the stumps of broad ligaments to the periosteum of pubic bone by Ward and Masson (10-11)

In the last twenty years the outstanding operations for cystocele and their relation to operations for prolapsus uteri have been reported by Martin, Frank, Neel (15), Bissell (14), Halban, Ward, Watkins and the author

Martin's technic for cystocele, published 1911-1912, consists of a dissection of the anterior vaginal wall with a suturing together of the lateral bundles of fascia (anterior crura of the retinaculum) thus reforming the fascial support for the base of the bladder He states that Kreutzmann, Sipple, and Violet have described a similar operation but with not so extensive a dissection He credits Violet with demonstrating correctly the tissues pertaining to cystocele operations and to Amann he gives credit for the technic of dissection

Halban feels that the technic of Both Violet and Martin is faulty and says of the latter that instead of suturing the ligament vesico-vaginalis lateralis or the crura of the retinaculum he only closes the defect in the fascia made by its dissection

In 1901 Stone and 1913 Lockyear published methods similar to Violet but the latter approximated the fascia under the bladder by mattress sutures thus making a buttress in the midline of the anterior wall

In 1917 Frank published the result of his anatomical research and a method for the relief of cystocele He makes note that "in looking up the literature he finds that Martin has described a similar operation which had been used in Bumm's clinic The sutures unite the 'pillars' but do not include the cervical tissue in their grasp" Frank makes a vertical incision "just penetrating through the vaginal mucosa" Then—"starting from below upward, the vaginal mucosa is separated from underlying bladder for a distance of only 1/4 cm along the entire edge on both sides of the incision, the vaginal flap is made as thin as possible At the bottom of incision a few snips of scissors cut across the so-called vesical ligament The gauze covered finger by stripping upward and backward, strictly in median line, now frees the lower margin of the bladder from the cervix—as this is done, on each side fascial fibers, running upward and backward become apparent These are the bladder pillars (pubo-cervical ligaments) which are invaluable in the repair Not until this dissection is done is it wise to separate the vaginal mucosa to the necessary distance laterally"

In 1919 Ward published his method of Cystopexy, which he had been using successfully for

eleven years He describes his technic as a "combination of the methods of Hadra, Goffe, Martin and Frank, Alexandroff and Sims, with the result of reducing the hernia, replacement of its supports by overcorrection, which is the principle usually employed in hernia operations, overcoming the excess of bladder base and vaginal wall both anteroposteriorly as well as transversely, with a restoration of the anterior invagination of the cervix, and the elevation and anteversion of the uterus" Ward has also called attention to enterocele and has devised a method for its relief

Also in 1919 Walkins (16) published an operation for the anterior vaginal wall in which he says cystocele is hernia resulting from a transverse tear in the vesicovaginal fascia—almost universally near the site of the cervix. Closure of this ring and restoration of the fascia to its normal location will cure the urethocele and plastic repair of broad ligaments ensures firm closure of the ring

In 1917, I presented before the New York Obstetrical Society a preliminary report of an operation for cystocele in which I used the lapping, by mattress sutures, of the fascia of the anterior vaginal wall With an experience of eleven years with this method I feel end-results warrant the extensive dissection as originally published An abstract of this technic follows Vertical incision, from 1 cm below meatus to within 1 cm of vagino-cervical junction, through all tissues until bladder can be demonstrated Next the so-called uterovesical ligament is cut and with blunt dissection, gauze covered finger, the bladder base is separated upward from the uterus to the peritoneal fold and well outward on either side from the fascia. When the bladder is freely mobilized then the vaginal mucous membrane is separated, partly by sharp dissection, especially for a short distance on either side of the incision, but for the most part by blunt dissection from the underlying fascia This blunt dissection is carried well outward laterally even to the "arcus tendineus" The fascia is now overlapped with mattress sutures of chromic gut, one or more entering the cervix at about the internal os These sutures draw the underlying fascia smoother under the overlapping fascia and its edge is now attached by interrupted sutures or a continuous suture to the underlying fascia

In 1918, Bissell (14) presented before the American Gynecological Society a paper advocating "lapping of the vaginal fascia in all forms of vaginal prolapse" and in the discussion gave the author priority for the technic just described The Bissell operation for cystocele is a simpler technic to my own but there is less dissection and the fascia lapping is accomplished by means of denuding the mucosa from the side of the vagina to be underlapped rather than separating the mucosa on both sides of the anterior wall In my opinion it is not as applicable to the child-bearing woman because of the possibility of narrowing the vagina

In 1919, Neel (15) reported a method almost identical to my own except for the technic of dissection of the anterior wall This method he presented in 1917 before the California State Medical Society although after a search of the literature, previous to the publication of my technic, I was unable to find a description of his operation Spalding (17) in 1919 published the technic of a supra-cervical hystorectomy, with attachment of the cardinal, utero-sacral and round ligaments to the cervical stump and a lapping of the fascia of the anterior wall by Neel's technic

In 1919, Joseph Halban published a method for cystocele as an essential part of operations for prolapsus uteri He makes a vertical incision through the midline of the anterior wall down to the bladder which he then thoroughly frees from the uterus and fascia Next he frees the vaginal mucous membrane from the underlying fascial structures This technic he ascribes to Winter, H W Freund, Kreuzmann and others Then he cuts the vesico-vaginal fascia from its origin at the cervix on a level with the internal os Next he uses Gesuny's purse string of catgut to pucker and take up the slack and the fascia is attached to the cervix by means of the purse string which at its lower part also penetrates the cervix at the level of the internal os

Conclusions

1 No one operation or any one combination of operations is applicable to every case of Prolapsus Uteri

2 The operative procedure must be based on the site and extent of the injury and our endeavor should be to restore, in so far as possible, the normal anatomical relations of the pelvic organs and structures and their normal functional activity

3 In determining the above we must of necessity take into account the age, the social and economic status of the patient as well as her general physical condition

4 There are now available operations to meet all conditions and with the clarification of the anatomy any one of us can now keep it in mind while operating and thus obtain good functional and anatomic results

5 Retroversion and elongated or diseased cervix must be always remedied as each is a constant source of recurrence of the prolapsus uteri

6 In the child-bearing age the best results are obtained by anatomical repair of the holding or fixing apparatus of the anterior wall with a similar repair of the holding and supporting apparatus of the posterior wall In addition there may be necessary a reefing of the cardinal or utero-sacral or round ligaments

7 If the woman has passed the menopause the above procedures may be indicated but better end

results will be obtained by Interposition or Mayo's operation with the necessary anatomical plastic repair This is due to the atrophy or lack of resistance of the tissues in aged women thus not warranting the amount of dissection necessary for anatomical repair

8 In all cases of prolapsus uteri enterocele must be sort for and repaired as stressed by Ward

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PIONEERS IN AMERICAN DERMATOLOGY*

By PAUL E BECHET, M D, NEW YORK, N Y

AMERICAN dermatology is of comparatively recent date, those of us who have nearly reached the half century mark remember with affection a number of these gifted pioneers, who under vastly more difficult conditions, first blazed the trail in that special branch of medicine to which we are devoted Even in Europe dermatology at this time was very young While references to skin diseases are contained in ancient writings such as the Ebers papyrus, 1552 B C, the works of Hippocrates (460-377 B C), the 'De Arte Medica" of Aurelius Cornelius Celci, and a treatise on skin diseases by Hieronymus Mercurialis, nothing of real scientific import was done until the advent of Robert Willan, whose book entitled "Description and Treatment of Skin Diseases," 1808, marked the birth of modern dermatology The celebrated school of Hebra did its best work only in the middle of the last century Europe at the time could only marshal a mere handful of eminent dermatologists The English produced Robert Willan, Erasmus Wilson, and William Tillbury Fox The French, Cazenave, Alibert, Rayer, Devergie, and Bazin The Teutons, Hebra, Bærensprung, Kaposi, and Neumann Our pioneers became versed in dermatology in Europe, but they soon proved a great credit to their teachers by their indefatigable devotion in furthering the specialty in America The difficulties these men underwent cannot be overestimated When Dr James C White entered Tremont Medical School in Boston in September 1853, but a single English textbook on dermatology was known No instruction in the specialty was given by any medical school other than a few lectures given by Dr Henry Daggett Bulkley in New York between 1837 and 1854 Even the German school, later so celebrated, was then practically unknown. No hospital contained a special department for the study and treatment of skin diseases, with the exception of the "Broome Street Infirmary for Diseases of the Skin" in New York City which was opened June 22nd, 1836, under the direction of Henry D Bulkley, who therefor must be credited with being the first one in America to establish a dispensary for skin diseases, and a series of lectures thereon These lectures were begun by him in 1837 at the Broome Street Infirmary, and continued during the next three years at the Broome Street School of Medicine, at the New York Dispensary, and later at the College of Physicians and Surgeons then located in Crosby Street, nine courses of lectures having been delivered here during the following ten years

In 1838 a department for skin diseases was instituted at the Northern Dispensary in New York The first lectureship in dermatology in America, was given to Dr James C White of Boston, by the Harvard Medical School in 1863 In 1871, Dr White became Professor, thereby occupying the first Chair in dermatology in this country A year previously, Dr White was put in charge of the newly created department for skin disease at the Massachusetts General Hospital

In 1865 a lectureship on skin diseases was established at the University of New York, Dr Faneuil D Weisse was the first incumbent In 1865, Dr Foster Swift was chosen lecturer at the Bellevue Hospital Medical College In 1872, Dr Edmund L Keyes received the first appointment to the newly created Chair of Dermatology at the same college. May 18th, 1869, witnessed the founding of the oldest dermatological society

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in the world, at the home of Dr Henry D Bulkley in New York City The New York Dermatological Society was organized through the efforts of Faneuil D Weisse, Henry D Bulkley, Henry G Piffard, and Foster Swift The year 1870 marked the first appearance of a dermatological periodical in America, the "American Journal of Syphilography and Dermatology," under the editorial management of Dr M H Henry of New York

At an informal meeting held in Philadelphia on June 7th, 1876, in the rooms of the Section of Practical Medicine of the American Medical Association, Drs George H Fox, and L D Bulkley of New York, Louis A Duhring of Philadelphia, Lunsford P Yandell, Jr of Louisville, Edward Wigglesworth of Boston, and J E Atkinson of Baltimore, discussed the feasibility of establishing a national dermatological society It was decided that a meeting for organization be held in the University of Pennsylvania, Philadelphia, on Wednesday, September 6th 1876, at 6 P M A letter to that effect was mailed to about fifty physicians interested in dermatology in various parts of the United States Twenty three of them responded, and these together with the six signers of the call, comprised the 29 original members of the American Dermatological Association The following gentlemen were present at the organization Drs J E Atkinson, Baltimore, T R Brown, Baltimore, L D Bulkley, New York, S C Busey, Washington, Louis A Duhring, Philadelphia, C Heitzman, New York, E L Keyes, New York, J A Octerlony, Louisville, H G Piffard, New York, R W Taylor, New York, Arthur van Harlingen, Philadelphia, F D Weisse, New York, James C White, and Edward Wigglesworth, Boston A Constitution and By-laws were adopted, and the American Dermatological Association declared organized Its first Officers were James C White, Boston, President, Louis A Duhring, Philadelphia, and R W Taylor, New York, Vice-presidents, L Duncan Bulkley, New York, Secretary, and James N Hyde, Chicago, Treasurer The first meeting was held in Niagara Falls, September 4th 1877, and was attended by Drs Atkinson of Baltimore, Brodie of Detroit, L D Bulkley of New York, Campbell of New York, Duhring of Philadelphia, George H Fox of New York, Hardaway of St Louis, Heitzmann of New York, Hyde of Chicago, Taylor of New York, van Harlingen of Philadelphia, White of Boston, Wigglesworth of Boston, and Yandell of Louisville Thus began an organization whose influence has been of incalculablt benefit to American dermatology Since this small beginning its sphere of usefulness has increased, and its annual meetings are the most important event in dermatological progress in America

What manner of men comprised this small group of enthusiastic pioneers who in the small space of twenty years transformed a specialty absolutely untaught, even unrecognized, into one of sufficient interest to command a Chair in our great universities, a separate service in our largest hospitals, a national and local Society, and a scientific journal devoted to dermatology? Gentlemen, this growth in my opinion was due entirely to the unselfish and untiring efforts of this small body of men, and not to the natural development of the specialty I think that we cannot do them too much honor It is very easy, particularly among the youngest of us, surrounded as we are by modern technical methods, and advanced scientific research, to give little thought to the men of the past I will remind you of a single example, does it occur now to those of us using endothermy, the Grenz rays, radiotherapy, etc., in the removal of epitheliomas that some thirty or forty years ago Sherwell of Brooklyn, introduced thorough curettage and cauterization with acid nitrate of mercury, with results fully as equal as those we attain today? Yet such is an actual fact It would prolong this paper too much to enumerate at length the individual deeds of each of these pioneers, suffice it to state that James C White of Boston (1833-1916), was the first President of the American Dermatological Association, and the first to occupy the Chair of Dermatology at a great college (Harvard University) He was President of the Sixth International Dermatological Congress held in New York in 1907 He contributed 125 original articles to medical literature He was dignified and austere in manner, yet extremely kind and courteous He was a painstaking teacher, and conducted scientific sessions with decorum, and meticulous order He did not hesitate to criticise in a constructive manner, even when his personal interests were endangered thereby

Henry Daggett Bulkley of New York (1804-1872), studied dermatology in 1831 under Cazenave and Biett at the Hospital St. Louis On his return to New York he took up the practice of dermatology

The organization meeting of the New York Dermatological Society was held at his home, 42 East 22nd Street In 1845 he translated a work on dermatology by Cazenave At different times he became President of the New York Academy of Medicine, and the New York County and State Medical Societies

Dr Samuel Sherwell of Brooklyn (1841-1928), was a pioneer in dermatology in that Borough He studied abroad under Hebra, joined the Anglo-American Ambulance Corps with Dr Marion Sims, and Sir William McCormack, during the Franco-Prussian war, and received from the Bavarian government the military Order "pour le merite" He returned to Brooklyn in 1871 In 1877 he was appointed lecturer on diseases of the skin at the Long Island College Hospital, and later became its first Professor He served this

institution faithfully for thirty years Dr Sherwell was twice President of the New York Dermatological Society, and once of the American Dermatological Association Dr Sherwell lived long and interestingly His "Recollections of an Old Boy" makes fascinating reading He was particularly fond of the New York Dermatological Society, in which he was elected to active membership in 1873, and honorary membership in 1920

Dr William H Draper of New York (1830-1901) was a charter member of the New York Dermatological Society and at that time a professor of Diseases of the skin in the College of Physicians and Surgeons He was well versed in his specialty, but was also interested in general medicine

Dr Faneuil D Weisse of New York (1842-1915), was a student under Erasmus Wilson He was practically the founder of the New York Dermatological Society He wrote little on dermatology, but was greatly interested in it, and particularly gifted in stimulating the interest of his fellow workers in the subject.

Dr Frank P Foster of New York (1841-1911), was a very scholarly man, he was elected to the American Dermatological Association in 1877, and was for many years a member of the New York Dermatological Society He also edited the New York Medical Journal

Drs Henry G Piffard (1842-1910), Robert W Taylor (1842-1908), Edward L Keyes (1843-1924), A R Robinson (1845-1924), did much to advance dermatology in New York City

Dr George Henry Fox was born at Ballston Spa, Saratoga County, New York, on October 8th, 1846 I feel sure that if the State of New York was aware of this, and knew Dr Fox as well as we do, they would claim that their Saratoga water was the object of Hernando de Soto's quest, and literally the "Fountain of Youth," as the only sign of age which I can perceive is his devotion to geneology It is an astonishing thing to observe his activity in everything, and then realize that he began the practice of dermatology in the Fall of 1873, fifty-five years ago! In that span of fifty-five years he has received every possible dermatological honor, the enumeration of which would in itself make a long article. He has done as much, if not more than any man in this country in furthering the interests of dermatology Among his innumerable activities is photography, in which he first became interested at the Northwestern Dispensary He soon had a large collection of photographs of varied dermatoses which resulted in the publication in 1880 of "Photographic Illustrations of Skin Diseases" other editions followed in 1881, and 1885 "Skin Diseases of Children" was published in 1897 He wrote many monographs and articles throughout his long period of activity He was elected Honorary President of the American Dermatological Association at its Golden Anniversary Meeting in May 1926, fifty years after he had been present at its organization He was President of the New York Dermatological Society four times, and is at present its only living honorary member The most outstanding feature of his beautiful character is his extraordinary sense of modesty, this is so well exemplified in his "Reminiscences" I am sure that of all the honors he has received, he thinks most of the love and admiration which we feel for him His stories and reminiscences of his early associates is a source of vast delight to those of us who are fond of medical lore

Philadelphia produced in the person of Dr Louis Adolphus Duhring (1845-1913) a master in dermatology Dr Duhring after graduation from the University of Pennsylvania in 1867, and an internship in the Philadelphia Hospital, went abroad and devoted himself assiduously to the study of dermatology under Hebra in Vienna, and also in Berlin, London, and Paris, His vacation periods were spent in the study of leprosy in Constantinople and Norway He was one of the founders of the American Dermatological Association, and twice its President. He wrote the first American text-book on skin diseases in 1877, which ran through three large editions He also brought out a chromolithographic atlas of skin diseases, and projected an encyclopedic work on diseases of the skin to be issued in parts, and entitled "Cutaneous Medicine" The first part appeared in 1895, and the second in 1898, but it was never completed. He was prolific writer, a score of articles were on the subject of dermatitis herpetiformis, which disease bears his name. Dr Duhring soon received the appointment of clinical lecturer at the University of Pennsylvania, then advanced to clinical Professor, and later full Professor, a post which he filled with great honor from 1875 to 1910 Dr Duhring was a great teacher, and a clear, comprehensive, and accurate writer His descriptions of dermatitis herpetiformis are masterly in form and clarity

In his clinical work he was never satisfied until he had gone over a completely stripped patient from head to foot In his later years he became much less active, and devoted much time to financial speculation When he died on May 8th, 1913, he left, to every one's astonishment, more than a million dollars, which after generously providing for relatives, he devoted to his Alma Mater, medical societies, and charities His most faithful associate, Dr Arthur van Harlingen of Philadelphia, was also a founder of the American Dermatological Association He was a fellow interne of Duhring's at the Philadelphia Hospital in 1867, and assisted him in the Dispensary and Out-Patient Department of the University Hospital Dr van Harlingen helped found the Philadelphia Polyclinic in 1885, and became its first Professor of Dermatology He illustrated with pen and ink drawings the second edition of Dr

Duhring's "Treatise on Skin Diseases," and published a "Handbook of the Diagnosis and Treatment of Skin Disease," which ran through a number of editions This book contains tables of the differential diagnosis of the commoner dermatoses, which are of great practical value Among the early dermatologists Dr James Nevins Hyde of Chicago (1840-1910) holds high place He won many dermatological honors, and was a tireless worker, fluent speaker, and a forceful writer His textbook is an important contribution to American dermatology

William Augustus Hardeman (1850-1923) of St Louis, graduated from the Missouri Medical College in 1870 He taught hundreds of medical men in the South and middle West. Dr Charles E Michel of St Louis originated electrolysis for the removal of superfluous hair, but it was Hardaway who introduced it in dermatologic practice

In conclusion I wish to acknowledge my indebtedness to the autobiographies of Drs James C White, George H Fox, and Samuel Sherwell

I also wish to express my thanks for the great help rendered me by Dr George Henry Fox of New York, and Dr Arthur van Harlingen of Philadelphia Their assistance has been invaluable

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THE USE OF SMALL DOSAGES OF PITUITARY EXTRACT TO INDUCE OR SHORTEN LABOR AT TERM*

History of the Method and Report of an Additional Series of Cases

By ARTHUR STEIN, M D, F A C S, NEW YORK, N Y

ALTHOUGH the stimulating action of pituitary extract upon the uterus is fully recognized, it has been generally taught that this drug should not be used in obstetrics until after the child has been born, because of the danger of rupturing the uterus Yet a review of the literature and my own experience prove that, when pituitary extract is administered in *small and frequently repeated doses* before delivery, it offers a safe and effective method of inducing and shortening labor at term

Historical Data

Bell[1] in 1909 was the first to use pituitary extract extensively in obstetric practice, but he believed that it should rarely be employed before delivery Watson[2] in 1913 recorded three cases in which he successfully administered pituitary extract to induce labor Watson's method differed from my own, since he employed a considerably larger dosage, (10 minims) His plan was to begin with this dose, administered intramuscularly through a long needle As a rule, uterine contractions began in about ten minutes and increased in severity during the next twenty minutes At the end of this time, Watson advised the second injection of 8 minutes He stated that as many as six to eight intramuscular injections of pituitary extract may be given at intervals of one-half hour without any harmful effects whatsoever and that the effects of a single dose of the drug last only about one-half hour and there is no cumulative action However, the contraction phase of the uterus following the intramuscular injection of a small dose of pituitary extract has been shown experimentally by Bourne and Burn[17] to last about an hour or a little longer

So far as I have been able to ascertain the essayist was the first in 1917 to employ very small dosages, namely 3 minims, for *inducing* and *shortening* labor at term

Realizing the danger of violent contractions and rupture of the uterus following very large dosages but appreciating the advantages of the judicious use of this drug as a uterine stimulant, I employed 3 minim dosages

The uterine contractions induced by these small dosages were of the normal, rhythmic and physiologic type In cases in which pituitary extract was not given until the cervix was fully dilated, the duration of the second stage of labor was definitely shortened In all cases in which labor was induced by this method, the mothers did well and the infants were born in excellent condition The dosage recommended was the smallest employed up to that time, since the customary dose was 1 c c or somewhat less In two later communications[6] I showed that the induction of labor with minimal doses of pituitary extract may advantageously be combined with nitrous oxide anesthesia during delivery

A review of the replies [8], [9], [10], received from a questionnaire sent out by the Revue française de gynécologie et d'obstetrique to French obstetricians shows that the usual dose employed by them is still 8 to 15 minims

Scott[11] in 1926, reported a study of the response to a questionnaire sent to representative American obstetricians in regard to the use of pituitary extract to induce labor and states in his conclusions "there is almost unanimous opinion among those using this method that the original dosage as proposed

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by Dr Watson is too large and they either use smaller doses throughout or start with smaller doses and increase slowly"

Other obstetricians who have reported favorable results following the use of small doses of pituitary extract for the induction or acceleration of labor include Delèstre[9], Hauch[10], Framm[12], Gossett[13], Silzer[14], Mathieu[15], Adler[16], and Bourne and Burn[17] Calmann[18], in 1928, reported that he had employed my method to induce or shorten labor in approximately seven hundred cases and that his results were uniformly good He did not observe a single instance of tetanus uteri from the small doses of pituitary extract administered

Method

The method as I have practiced it is as follows

7 A.M. Castor Oil, 1 ounce.
9 A.M Pituitary Extract, minims 2 (per hypo deep into thigh)
10 A.M Pituitary Extract, minims 2 (per hypo deep into thigh)
11 A.M. Pituitary Extract, minims 2 (per hypo deep into thigh)
Noon Pituitary Extract, minims 2 (per hypo deep into thigh).

Originally I employed 3 minims doses, but 2 minims have proved equally satisfactory If labor pains are initiated, injections of 2 minims are continued at intervals of one hour If no pains are produced, the treatment is stopped and a similar attempt made on the third day succeeding I have never observed any ill effects either to mother or child from repeated injections of the extract, and as many as ten or more may be given The drug apparently has no cumulative effect.

When the induction of labor is successful. the pains generally begin after the second dose In about one-third of the cases in my earlier series[4] , a single dose proved sufficient to induce labor In some women, no response to pituitary extract administered for the purpose of inducing labor can be obtained

Small doses of pituitary extract may be used not only to induce labor but also to assist the pains during labor in cases of uterine inertia For this purpose, a series of injections of 2 minims each may materially lessen the duration of labor and thus diminish the hazards to the infant resulting from prolonged compression of the fetal skull When labor has been induced or accelerated by pituitary extract, nitrous oxide anesthesia may be employed during the 2nd stage, as it does not impair the force of the uterine contractions[5]

In a new series of thirty-three well observed cases 2 minim dosages of pituitary extract were given for the induction of labor at term In 79 per cent of the cases labor was induced at the first attempt. In 6 per cent a second attempt was required, in 15 per cent, a fourth A single injection of 2 minims succeeded in inducing labor in 7 per cent of the cases in this series

The preparation of pituitary extract which I employed in the cases reported in this article was pituitrin, the Parke-Davis product

TABLE

Thirty-three Cases in Which 2 Minim (0 12 c.c.) Doses of Pituitary Extract Were Used to Induce Labor at Term

Case	Para	Age	Number of Injections	Attempt which succeeded
1	P	40	1	1
2	M	35	6	1
3	M	32	3	1
4	P	34	3	1
5	P	40	7	1
6	P	28	8	1
7	P	26	8	1
8	M	30	6	1
9	P	24	6	4
10	P	24	5	1
11	M	33	10	1
12	M	31		4
13	P	30	8	1
14	M	27		4
15	P	23	4	1
16	P	27	4	4
17	P	18	4	1
18	M	26	8	1
19	P	24	7	1
20	M	37	1	1
21	P	30	8	1
22	M	26	3	1
23	P	23	4	1
24	M	33	5	1
25	P	30	5	1
26	M	40	4	1
27	M	26	3	1
28	P	22	7	1
29	P	30	5	2
30	P	28	7	1
31	P	24	4	2
32	P	27		4
33	P	21	9	1

In no case was any harmful effect on mother or child observed

Summary

Although pituitary extract is known to be a powerful stimulant of the uterine muscle, com-

paratively little advantage has been taken of this pharmacologic action because of a widespread fear of causing rupture of the uterus, but such accidents, when they occur, have always been due to the use of very large doses In my experience, the use of very small dosages, frequently repeated, offers a useful method of inducing normal labor at term or of shortening labor in cases of uterine inertia Sometimes a single dose of 2 minims will induce labor More often, the dose must be repeated several times There is no objection to giving eight or ten doses, provided that they be given in small quantities The danger of pituitary extract is not in the total amount administered during twenty-four hours, since the effects of the drug on the uterus are not lasting and there is no cumulative action, but in the use of too large dosage at *one* time, whereby a tetanic contraction of the uterine musculature may be produced I have never observed any ill effects to mother or child from the use of small and repeated doses of the extract to induce labor

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OVULATION IN MAN AND MAMMALS*

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THE process of ovulation or the rupture of ripe follicles in the ovaries begins with the attainment of sexual maturity The immature ovary contains small and medium sized follicles, which grow to a certain size and then regress and degenerate When sexual maturity is reached, a number of follicles grow larger, come out to the surface of the ovary and finally rupture, evacuating their content into the tubes The rupture is greatly facilitated by the accumulation of a large amount of follicular fluid within the large follicles In the mammals the ruptured follicles form a new organ, the corpus lutem, which elaborates specific substances needed chiefly in the normal progress of implantation and pregnancy

Ovaries of immature animals implanted into sexually mature females (after removal of their own ovaries) have shown a rapid growth of follicles and have begun to ovulate within a week, although the animals from which such ovaries have been taken were not expected to reach their sexual maturity before the end of two months This experiment, made by Long and Evans (7), shows that the ripening of the follicles is not determined only by intrinsic factors residing in the follicles themselves or in the ovaries, but also by other environmental conditions Recently Smith (10) succeeded in inducing precocious sexual maturity in female animals by daily transplants

This work has been aided by the Committee for Research on Sex Problems of the National Research Council.
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of the anterior pituitary of the adult On the other hand it has been shown that the anterior hypophysis has a stimulating effect upon the growth of the follicles Under the influence of the pituitary treatment the number of normal follicles and of corpora lutea increases in the ovary and a superovulation, i e, a liberation of an unusual number of ova, invariably occurs (11)

The process of ovulation has a rhythmical expression in the mammals The follicles grow and either rupture or degenerate in a regular cyclic succession Some animals, called polyoestrous, display a continuous return of sexual cycles and ovulations, others, called monoestrous, have only one or two cycles in a year, usually associated with certain seasons During the periods of sexual activity the genital tract becomes highly congested and shows a pronounced hypertrophy The ovaries are also congested and enlarged and the large follicles show extensive vascularization around their theca. This congestion is also contributing to the final rupture of the follicles

In most mammals ovulation is spontaneous, i e., at the end of every period of sexual activity, whether copulation occurs or not, there is a maturation and a spontaneous rupture of follicles In a few mammals, the rabbit, the cat and the ferret, ovulation does not normally occur without copulation. Thus copulation seems to be a factor stimulating the maturation of the follicles and acts either by increasing the congestion in the genital tract or by indirectly affecting the endocrine mechanism through the sympathetic system

In monkeys, ovulation is spontaneous, as it is in the human, but may often fail to appear Recent as well as older investigators (1, 2, 6, 12) have emphasized the fact that female monkeys may menstruate repeatedly without any apparent signs of ovulation. Such a suppression of the ovulative process is rather exceptional in normally menstruating women Investigators in the human field seem to agree on this point. Cases of menstruation without ovulation and of ovulation without menstruation, however, have been observed and used as argument by those who have disputed the close interrelation between menstruative and ovulative phenomena The fact that an ovulation or a menstruation may be eventually suppressed does not necessarily mean that one is independent of the other It only means that each has a certain independence in its mode of expression Menstruation is caused by catabolic phenomena occurring mainly in the uterine mucosa, whereas, ovulation is associated with catabolic processes occurring in the ovary at a different time. One represents the destruction of the excessively hypertrophied uterine mucosa, the other, the abrupt degeneration of the greatly enlarged follicles These two fundamental phenomena may occur at times without any external manifestations An insufficient growth of the uterine mucosa and its poor vascularization, caused by factors acting adversely at the premenstrual period, may have as a result a poor catabolic process and a lack of menstrual bleeding An insufficient growth of ovarian follicles during the postmenstrual period may lead to an abrupt atretic process instead of the expected follicular rupture. This will prevent the formation of a typical corpus luteum although its secretion may be partly substituted by the theca cells of the resulting atretic follicles, which at times show a pseudoluteal transformation.

A strict coordination between oestrus and ovulation seems to be the case in all mammals During oestrus there is a period of sexual desire, when copulation occurs, and this is normally followed by ovulation Thus, when the rupture of the follicles takes place, the spermatozoa are already advanced into the tubes, where the ovum is usually fertilized

As a rule ovulation follows oestrus, and oestrus follows the appearance of an excessive congestion Thus we have a regular succession of three definite periods one is the congestive, second the copulative, and third the ovulative. In most of the lower mammals the congestive period is poorly expressed and not revealed externally by actual bleeding, as in higher forms On the other hand, the copulative or oestrous period has lost its typical expression in the higher mammals and especially in the primates, which have been deprived of the reaction of displaying a strong sexual desire at a definite time of the cycle The morphological expression and the regular succession of all three periods seems to be present however, in all mammals

The above fact can be well shown by the comparative study of vaginal smears With the aid of this method, which consists in examining microscopically the fluid content of the vagina, certain missing stages may be finally recognized and identified Thus recently I have been able to recognize a typical congestive or pseudomenstrual stage in the guinea pig, which closely resembles the menstrual stage of the woman. On the other hand, by the use of this same method in women, a definite copulative stage can be recognized, which is placed, as expected, between the congestive or menstrual and the ovulative stage This copulative stage is characterized by an excessive cornification and a decrease in the number of leucocytes, which usually reappear at ovulation. Thus a complete analogy can be established between the various stages of the sexual cycle in the woman and in the other mammals.

The three periods, congestive, copulative and ovulative have a short duration in lower mammals, especially in rodents In the guinea pig, all three periods last only two to three days In the woman, on the contrary, they last about twelve to thirteen days, showing extensive prolongation The congestive or menstrual period

lasts four to six days The copulative, which follows, starts at the eighth or ninth day and reaches its highest expression at the tenth to twelfth The ovulation seems to occur normally at the twelfth to fourteenth day The human cycle is thus prolonged by several days The prolongation occurs mainly between the first day of menstruation and the ovulation, i e, during the time when follicles complete their final development

The large follicles are very delicate and sensitive structures and their growth may be easily disturbed by various factors An acceleration or a retardation of the follicular growth may eventually occur In such cases, the whole period is usually shortened or prolonged In one of the cases which I have observed, maturation of the follicles was evidently completed and ovulation occurred as early as the seventh day The following menstruation appeared two weeks late, i e, at the twenty-first day

Cases of retardation are more numerous As a whole, the human cycle shows a great variability Typical normal cases, running regularly over a long period of time, are rather rare Out of several normal cases which I have followed, one has shown a regular periodicity and a typical succession of vaginal smear stages The complete menstrual history of this case, extending over a period of eighteen consecutive years, shows an average of about 25 17 days The ovulation periods, which I have studied accurately by taking daily vaginal smears, occurred at the 12th to 13th day

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EDITORIAL

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For list of officers of County Medical Societies, see the issue of June 15, advertising page xxxii

THE QUARTERLY INDEX

This issue, page 836, contains the second quarter's index of the activities of the Medical Societies of the States and Counties, that for the first quarter having appeared on page 411 of the April first issue One great value of the index is that it shows what the Societies of other States are doing Practically every topic that has come before the New York Society has also been considered in other states A familiarity with the activities of other State Societies will reveal their sources of failure and the elements of their successes

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tute a large proportion of the members of every medical society, and in some counties they are the dominant group These specialists in public health form the group from which the leaders in public health of any county may be drawn

The District Health Officers of the New York State Department of Health, fifteen in number, form a group who may be liaison officers in public health between the county societies and the State Medical Society, just as they are liaison officers between the local health officers and the State Department of Health

The establishment of contacts between the State Medical Society and the State Department of Health will have its counterpart in similar contacts of county societies with local health officers The establishment of these contacts will remove the possible ground of criticism that members of county societies are not qualified in public health and civic medicine

THE MINUTES OF THE HOUSE OF DELEGATES

The accomplishments, policies, and aspirations of the Medical Society of the State of New York are set forth in the annual reports of the officers and committeemen printed on page 505 of the May first issue of this JOURNAL What the members of the House of Delegates think of them is stated in the Minutes which are printed on page 824 of this issue of the JOURNAL These minutes will form the basis on which the officers and committeemen will act during the coming year

The printed minutes of the House of Delegates have been prepared in a form which will promote their clear understanding and easy consultation Each item has been given a title and has been numbered References by JOURNAL page are made to the particular annual report on which each item is founded, and there is added the number of the section in which the action taken may be found An index of the topics appears at the end of the minutes All this is necessary in order that the reader may easily find the item for which he looks, and the action which was taken

A careful reading of the Journals of other State Societies does not disclose any annual reports or minutes of the House of Delegates which approach those of New York in completeness and ease of reference The records of New York State are of special value for two reasons

1 Their intrinsic worth

2 Their clearness and adaptability for ready reference

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

National Bureau of Medicines and Foods Twenty-five years ago the House of Delegates of the American Medical Association considered plans to establish a "National Bureau of Medicine and Foods" This JOURNAL for July, 1909, records that Dr E Eliot Harris, of New York, who was chairman of a special committee on the subject, gave a report in favor of a Bureau which would "Certify to the standards of identity, purity, quality, and strength of such articles as may be determined to be worthy by the board of experts and of no others, and relieve the physicians, in the manner outlined, of the doubt and uncertainty as to the nature, composition or reliability of the medicines which they are requested by representatives of various houses to prescribe or employ"

The committee stated that since there was no apparent hope that the United States Government will provide for the inspections and certifications, the American Medical Association was the natural body to undertake the work

The report was referred to the Reference Committee on Medical Legislation, and was later considered by the House of Delegates as a Committee of the whole which reported unfavorably The House of Delegates sustained the report The matter was dropped, but the principles involved were later incorporated in the present Council on Pharmacy and Chemistry of the Board of Trustees of the American Medical Association The Federal Trade Commission has also been authorized to have jurisdiction over foods and drugs

THE SPECIALTY OF PUBLIC HEALTH

The Medical Society of the State of New York reflects the activities of the medical societies of the counties One of the major activities of the State Society is the promotion of the practice of public health and civic medicine Medical societies are engaging in the practice of public health and civic medicine as distinguished from their science and theory If a method or theory does not work out properly, the doctors are blamed, for it is they who apply the treatments to the patients, either individuals or civic organizaions

The leaders of the Medical Society of the State of New York have promoted the doctrine that members of the county medical societies should assume the leadership of the practice of civic medicine This attitude has been criticized on the ground that the practice of public health is a specialty in which the average doctor is not qualified The criticism has been made that failure has sometimes followed the attempted assumption of public health leadership by county societies

Let us take an actual example of the criticism A County Board of Supervisors is ready to establish a public health nursing service, to be directed by a committee named by the county medical society But the county society named a committee whose members have had no experience in public health work, and are uncertain how to direct the nurses The critics made the point that the State Medical Society has been wrong in insisting that county societies should assume the leadership of public health because the majority of the members did not know how to carry on public health

The critic was right when he said that public health is a specialty Directing the public health nursing service is a specialty, for the nurses will engage in epidemiological research and in the prevention of contagious diseases They will secure medical histories and will give medical treatments prescribed by doctors to people in their home, and will give advice in preventive medicine The doctor who is not familiar with these forms of the practice of medicine will not be qualified to direct a public health nursing service

Where will public health specialists be found in rural sections of New York? Every rural township and village has a health officer, and there are over five hundred of these rural health officers in the State. The great majority of these health officers have taken courses in public health sponsored by the State Department of Health, and all of them have worked under the practical directions of the District State Health Officers

The health officers may not be qualified as experts according to the standard like that applied to the surgeon, but they are qualified and experienced in public health in the same way that a family doctor is qualified and experienced in surgery

Every county in New York State has a sufficient number of health officers qualified to act as public health specialists, and to direct the public health nursing service in the county There will be no difficulty in finding a sufficient number of health officers to make up an efficient public health committee of any county medical society A public health committee without a health officer is like a hospital committee without a surgeon on it.

The Committee on Public Relations of the Medical Society of the State of New York has always advocated the choice of experienced public health workers as members of the local public health committees of county societies It has especially insisted that the chairmen of the local committees shall have the additional qualification of ability in leadership

How shall the public health leaders in county societies be secured? The State Committee on Public Relations does not assume that every doctor is a specialist in public health, any more than he is a specialist in surgery, but the state committee does assume that every county contains a number of health officers and other doctors whose qualifications and temperament fit them to be chairmen of public relations committees

The Public Relations Committee of the State Medical Society stands ready to assist the local county societies in securing "key-men" to be chairmen of the county committees of public health and public relations Each committeeman of the State Society has been assigned a number of county societies whose officers will be ready to give instruction in the methods of performance of those phases of public health administration for which doctors are especially responsible. The work is new, but progress has been rapid (See page 1432 of this JOURNAL of December 1, 1928)

The State Public Relations Committee has dealt with four groups of health organizations first, it dealt with two groups of lay organizations,—the state and the local An example of the work with these two groups is that with those engaged in public health work in Cattaraugus County, which has gone so far with these groups as to lead to the adoption of the eight agreements which were printed on page 494 of this JOURNAL of May 1, 1928

In the second place, the Public Relations Committee has also dealt with the official groups which compose the State Departments of Health and of Education, as is reported on page 526 of this JOURNAL of May 1, 1929

There remain the local groups of official public health workers composed of local health officers and boards of health These physicians consti-

tients In this group Einhorn's duodenal alimentation may be tested and the authors modify this only by passing the sound further down —to the extent of a maximum of 120 cm With the retention sound passed through the nose the patient receives daily 40 calories for each kilogram of body weight of fluid food—butter, milk, eggs, cane sugar, fruit juices, etc, the milk having been peptonized first, and the entire meal passed through a fine hair sieve The mixture must be injected 100 cc at a time In the past 2 years the authors have treated in this manner 63 patients with gastric or duodenal ulcer with uniformly good results, not a single failure having been recorded The ulcer pain subsided at once and permanently In summing up, the authors state that jejunal alimentation is a dependable resource in any form of peptic ulcer, even including the postoperative jejunal type Naturally other and simpler plans are to be tried first, holding this as a reserve In regard to other affections amenable to this plan of treatment, the authors mention especially chronic gastritis, the diagnosis having been established beyond doubt through the use of the gastroscope The only contraindications are the acute, bleeding ulcer and ulcer with pyloric stenosis, but aside from such special conditions it may prove that medical treatment will supersede some of the former surgical interventions, for surgery cannot claim 100 per cent cure as happened in the authors' present series Many of the patients will be able to feed themselves after having been taught how, and a hospital sojourn or prolonged rest in bed will be unnecessary —*Klinische Wochenschrift*, April 9, 1929

Results of Research into Encephalitis —Professor F Sioli, psychiatrist at Dusseldorf, states that encephalitis forms one of the great problems of the day It has been under intensive study since 1917 and we are only on the threshold of our knowledge of it, for it seems rapidly changing its type and also appears under new forms This study has ramifications into other subjects, including the anatomy and physiology of the nerve centers and psychiatry We have had to study anew the phenomena of sleep and wakefulness, of muscular tone, of the vegetative nervous system and the extrapyramidal conduction path The old view of the supremacy of the cerebral cortex for psychic behavior seems to have been shattered for all time Much behavior which we term instinctive or compulsive, may be brought into direct association with the subcortex There is the peculiar association of psychic with motor anomalies which somehow suggests the association of dementia precox with catatonia Psychic and motor anomalies shade into one another without any apparent transition In the undeveloped child especially we see the association of parkinsonism with changes in the personality We can visualize now that organic lesions are able to change the entire character and personality and render a normal subject quite antisocial Professor E Redlich of Vienna follows this article by one on abortive forms of encephalitis In such cases we may assume the existence of small scattered foci in the brain or cord Naturally in the absence of a causal or treatment test the diagnosis must remain in doubt—that is, as regards the encephalitic nature of the lesions In several histories given the lesions were in the cerebrum, basal ganglia, or spine The symptoms naturally show great variation and a tendency to self-limitation, and eventual improvement or recovery is noted both in these abortive and in the fully developed forms — *Deutsche medizinische Wochenschrift*, April 5, 1929

Treatment of Middle Ear Suppuration.— Hassan Bey Shaheen calls attention to the well known fact that diseases of the middle ear, whether of the dry or suppurative type, tend to run a chronic course unless they are dealt with promptly and energetically Dry conditions of the middle ear which have failed to derive benefit from catheterization and massage frequently respond to treatment by intravenous injection of colloid iodine Suppurative otitis media, however, is a far more serious type of disease, and failure to treat it adequately has undoubtedly been responsible for a large number of operations on the mastoid process The writer has been able to cure many of these patients by the subcutaneous or intramuscular injection of milk boiled for three to ten minutes and injected at body heat in adult doses of 5 to 10 c c The treatment has the two advantages that it is cheap and is within the province of the general practitioner One injection is sometimes sufficient to stop the discharge, though in cases with small granulations and a fetid discharge several injections may be necessary The injections are often followed by severe general symptoms resembling those of an attack of influenza The reaction usually begins within an hour or two of the injection, and most of the effects pass off within twenty-four hours, but in view of the fact there is sometimes pyrexia lasting two or three days, rest in bed should always be enforced By carefully regulating the dose, children may be submitted to the treatment without undue suffering The contraindications are cardiac or renal disease The writer feels confident that the general use of this method would be followed by a great reduction in the number of operations performed on the temporal bone, and that the radical mastoid operation would be performed only in cases of cholesteatoma or when intracranial complications are threat-

MEDICAL PROGRESS

Spinal Anesthesia Fatalities and Their Prevention—L L Sise reports that in about a year, during which spinal anesthesia has enjoyed a great wave of popularity, there have occurred in Greater Boston at least 11 deaths due directly to its use, and 3 other deaths of which it was probably the cause While spinal anesthesia is a very valuable method, it is dangerous unless used with great care, and by an anesthetist well trained in the technique of its administration From his experience in one fatal case and in a number of cases showing various degrees of vascular depression, Sise has developed a plan of prophylaxis and preparation for any extreme emergency Spinal anesthesia is not safe for poor risks—those whose bodily vigor is low from any cause Fluids given before anesthesia add greatly to its safety The solution commonly employed by the writer consists of 1500 c c of saline and 50 gm of glucose by hypodermoclysis Ephedrine is so effective as a prophylactic that its use is well nigh universal For an abdominal operation, with the patient in the Trendelenburg position, 50 mgm of novocaine is usually sufficient, with the patient level, 75 to 100 mgm may be used It is unwise to exceed this amount Injecting the solution with the patient sitting up is taking an unnecessary risk It is unwise to use a heavy solution for abdominal operations, for if the Trendelenburg position is assumed the fluid is apt to gravitate to vital nerve centers in the medulla Vascular depression should be carefully watched for and should receive early treatment The blood pressure should not be permitted to fall below two-thirds of its preoperative level Great care must be exercised if general anesthesia is superimposed on spinal anesthesia

For combating vascular depression epinephrine is preferable to ephedrine, ¼ c c of a 1 1,000 solution is usually effective Before starting the anesthesia every preparation for a grave emergency should be in readiness—the saline infusion apparatus, gas machine, syringe, and epinephrine If serious emergency arises, the anesthetist gives the alarm, tips the patient into high Trendelenburg position, and gives, as indicated, oxygen, carbon dioxide, or artificial respiration When he gives the sign, the operating nurse fills the syringe with epinephrine, which the surgeon injects into a vein in the field of operation These acts can be completed within one minute If the heart has stopped beating, the surgeon should inject epinephrine and follow this with cardiac massage—*New England Journal of Medicine*, May 23, 1929, cc, 21

Emetine Poisoning—F G Cawston, writing in the *Journal of Tropical Medicine and Hygiene*, January 15, 1929, xxxii, 2, warns against the prolonged administration of small doses of emetine, since they are more to be feared than heroic doses during the first few days of treatment Although emetine is commonly injected daily, the use of larger doses on alternate days is preferable, as it enables the system to recover from the toxic effects of one dose before the next is given The cumulative action of the drug occurs independently of whether the doses have been given orally, intramuscularly, or intravenously Local reaction is avoided by using pure preparations, by diluting with 1 per cent carbolic lotion, and by avoiding the same portion of the muscle for more than one injection The curative dose of emetine for schistosomiasis seems to be just double that required for amebic dysentery For bilharzia disease the maximum total dose, which is also the required dose, is about 1 grain for each year up to the age of twenty Albumin in the urine toward the end of a course of relatively large doses, such as are justified in the treatment of bilharzia disease, is one of the most important danger signals of emetine poisoning The earliest signs of paralysis are seen in the increase of pulse rate from the irritative action of the drug on the nerve endings supplying the heart muscle Further use of the drug results in looseness of the bowels, weakness of the legs, or definite paralysis of some nerve endings Cardiac stimulants should be used at the earliest possible moment after signs of the cumulative action of emetine become evident In dysentery emetine should be given both orally and intramuscularly, it is doubtful whether intravenous injections are ever required Sulphate of sodium should be more extensively employed, as repeated doses over a period of five days help to remove the amebas that are lying loose in the lumen of the bowel and also those lying near the surface of the mucosa By this combination of treatment there should be less danger of the production of emetine-fast parasites As soon as symptoms of emetine poisoning are recognized the patient should be put to bed for forty-eight hours If the symptoms are not too pronounced, good effects may result from a hot sea-water bath

Jejunal Feeding—Professor P Morawitz and Dr N Henning, of the internist clinic at Leipzig refer chiefly to the treatment of peptic ulcer by jejunal alimentation After all other resources have been tested, as the rest cure, the Sippy diet, the alkaline treatment, etc, we still find ourselves helpless in a group of pa-

ing bacilli This action, however, did not appear in the first five months of treatment, but at a later period, showing that the tellurium is very slowly absorbed Further observations are required before a decisive conclusion can be reached regarding the value of the treatment —*Journal of Tropical Medicine and Hygiene,* February 1, 1929, xxxii, 3

Scarlet Fever Sepsis —Dr Alice Chassel of the department for infectious diseases of the Hamburg-Barmbeck Hospital discusses this subject from the two-fold standpoint of the severity of this complication of scarlet fever and the fact that the prognosis is not so grave as at first sight appears During the year ending Dec 15, 1928, the total number of cases of scarlet fever treated was 694 and in this large material there were found 18 undoubted cases of sepsis, or something under 3 per cent The figures of other clinics show the greatest variation—all the way from about 1 to 20 per cent. The diagnosis was established either by the presence of hemolytic streptococci in the blood or by the occurrence of multiple metastases containing this organism In most of the cases both of these criteria seem to have been present Of four cases of special interest reported, the first patient showed the organisms in question in the blood with secondary otitis media and mastoid complication (requiring mastoidectomy), the second with positive blood test developed appendicitis (requiring appendectomy) and wound erysipelas, the third showed a positive blood test, necrotic angina, otitis media with mastoiditis (bilateral operation), and finally thrombosis of the transverse sinus which required ligation of the left jugular vein, the case ending in recovery, while in addition there had been several subcutaneous abscesses, the fourth patient showed blood infection, mastoiditis and subcutaneous and joint metastases Of the total 18 patients with sepsis, 11 recovered, this is well worth quoting when some of our standard reference works of recent date make the prognosis almost 100 per cent fatal —*Klinische Wochenschrift,* April 9, 1929

A New Treatment of Post-Encephalitic Conditions —Alwin Fischer refers to recent researches by Beringer on the action of the active principle of the *Liana banisteria caapi* on paralysis agitans and parkinsonism in general. Lewin, who discovered this alkaloid, named it banisterine, while recently Wolfler and Rumpf have found it identical with the active principle of another plant, *Peganum harmala,* which they term harmine The above work is of very recent date, all papers on the subject appearing in 1928 The author was able to obtain a minute amount of harmine, enough for a trial on three patients with post-encephalitic parkinsonism, and exhibited it in doses of 0 02 gm every second day both by mouth and subcutaneously The action was incomplete, that is, it did not cover the entire syndrome, for the tremor and salivation remained unaffected throughout, but the rigidity, voluntary movements, and spontaneity were favorably affected These results agree in the main with those obtained by Beringer with banisterine No ill effects were noted In Case 1 a course of harmine treatment was followed by one of scopolamine, with increasing and diminishing doses, and the patient continued to improve, but whether this last improvement was due to a synergistic action of the two drugs is not yet known In the two other cases no scopolamine was used, and the next effort of the author will be to determine whether there is an advantage in giving the drugs in combination Naturally the pushing of scopolamine or atropine in these patients is attended with some risk The cases were all of long standing, one going back to 1921, so that spontaneous improvement over the short duration of the treatment period is hardly to be thought of —*Münchener medizinische Wochenschrift,* March 15, 1929

Bacillus Abortus Infection in Man —Professor W Frei, the veterinary pathologist of the University of Zürich, reports ten cases of this infection Of the 10 victims 5 were women of whom one suffered from recurrent abortion after exposure to the disease in cows Three others showed a septic condition with positive agglutination tests and possible infection from stables, while a fifth as a laboratory assistant was infected from a culture of Bang's bacillus In this case there was an endometritis with bacillary finds Of the five men infected three were probably exposed to infected cattle in their occupations, while a fourth was a serologist and the fifth a veterinary Not one of the 10 patients could be said to have suffered from Malta fever and certainly in the vast majority of cases of transmission of disease by Bang's bacillus, the writer claims, the two maladies are clinically distinct. The human disease from this organism is nearly always derived from cows with abortus infection and the victims are not infected from drinking the milk. Cases of this sort are seen by veterinarians The great question of the day is whether under exceptional circumstances Bang's bacillus may not in some manner become the starting point for an outbreak of Malta fever in mankind Perhaps infection of the milk alone might be sufficient for this transition —*Schweizerische medizinische Wochenschrift,* March 23, 1929

ened —*British Medical Journal,* April 6, 1929, 1, 3561

Aphorisms of Diphtheria Treatment.—Dr Lammerhirt, a Berlin pediatrist, subdivides his subject matter under three captions, the first being failure of serum treatment He has seen but one clean-cut failure of serum when given early in proper dose This occurred during the war, the patient being a robust young soldier So far as the throat was concerned the membrane began to recede after the second injection of 4,000 units, but death took place from heart failure on the 14th day The first injection which was without any effect was made with a mixture of two different sera, the second with a single serum Since this event he has always employed a single serum Possibly some one will investigate the possibility that a mixture of two different sera which is meant to give the patient a better chance is a technical error The second subject is the type of diphtheria newly sprung into prominence and termed toxic, septic, or malignant, which is said to resist serum treatment The author believes that serum failure in these cases will not occur if the treatment is properly carried out along with certain other measures, such as collargol injections plus vigorous special local treatment as outlined below In reserve he suggests the use of a good antistreptococcus serum There is no objection to give all three forms of injection simultaneously While no figures are given the author seems to have had exceptionally good results from this combined treatment The third subject is the local management which has perhaps been too much neglected since the introduction of serum treatment. For the past 20 years Lammerhirt has employed kaolin, 125 grams to ¼ liter of water, a teaspoonful every 5 minutes The drug should be in finest powder, be shaken well with the water and allowed to stand for a quarter of an hour, then stirred before use The fetor and pain should at once show improvement The principle of cure involved is that of adsorption —*Munchener medizinische Wochenschrift,* March 22, 1929

The Danish Gold Treatment of Pulmonary Tuberculosis—L Bernard and C Mayer give the results of four years experience with this drug The salt of gold employed is the thiosulphate of gold and sodium as first employed by Mollgaard The authors have not found that this is a specific, but there is often remarked a favorable influence on the course of the disease, especially during an exacerbation of the same as shown by the curves of temperature, defervescence coinciding with the action of the drug Statistics which have been accumulating now enable us to form new generalizations Rontgenograms taken some months after a course of treatment have shown improvement and even the apyretic cases may sometimes be influenced favorably Two groups may be distinguished, the acute and febrile and the chronic which were chiefly nonfebrile, the number of patients of the first class being 142 and of the second 29 In regard to the former we must allow for a certain number of cases of spontaneous arrest with defervescence, but this outcome is seen in less than 5 per cent of the total material under observation, while the percent in the series treated with the gold salt was 43 The number of deaths to date in this defervescence series is 17, the patients living from 6 months to 2 years after suspension of treatment, death always resulting from a new exacerbation Of the remainder 15 followed up were apparently free from disease while another series of 30, although not followed up, to date gave every promise of arrest. No figures are given concerning the 80 patients who did not respond to the gold treatment, nor the 29 apyretic cases In discussion Jeanselme mentioned in this connection the favorable results of the gold treatment of erythematous lupus —*Bulletin de l'Académie de Médecine,* March 19, 1929

Tellurium Therapy in Leprosy — Rodolfo Stanziale reports his experience with tellurium in the treatment of five cases of leprosy He has used 10 per cent metallic tellurium in 5 per cent glucose suspension, biniodide of tellurium in 10 per cent oily suspension, and iodine-tellurate of quinine in 5 per cent oily suspension In tubercular leprosy appreciable changes have been obtained in the tubercles and ulcerative forms by the tellurium treatment. There has been noted a flattening of the tubercles and nodules, and a modification in their consistency This sometimes occurs in a few days after beginning the treatment No results were obtained in the only case of macular leprosy treated In none of the cases was there any immediate change in the serological reactions In general, after treatment the blood showed a diminution of the red corpuscles, hemoglobin, and lymphocytes All the patients lost weight, all showed depigmentation of the pilous parts, a pronounced garlic odor, especially of the breath, and bluish pigmentation of the skin, more marked according to the extent of the eruption The treatment produced no harmful effect on the kidneys From the histological examination it seems that the tellurium does not act essentially on the tissue cells of the granuloma There was an evident parasitic action, revealed in the bacteriological examination, which clearly showed a lysis of the Hansen bacilli in the center of the leproma cell and a granular transformation of the surround-

ent The doctor also administered a prophylactic dose of tetanus antitoxin The boy was suffering considerable pain and was unable to move the leg on account of the pain produced by the wound The next day the doctor saw him twice, examined the wound, washed it with chlorazene solution and dressed it with aseptic gauze The following day the doctor called three times He found evidence of cellulitis below the wound and instituted treatment for the same, consisting of local application of saturated solution of magnesium sulphate and streptacoccus vaccine, dressed the wound after removing some devitalized tissue, washed it with chlorazene solution and packed it with sterile gauze The same procedure was repeated on the following day The cellulitis did not appear to run a virulent course On the following day the doctor called again and the same procedure as on the previous day was carried out. At this time the cellulitis appeared to be under control There was a considerable amount of sloughing, some of which was removed and some appeared ready to be removed at a subsequent visit so as not to cause bleeding or to open up avenues of infection The boy's temperature ranged during this time from 99 5 to 102 5 and the pulse varying from 85 to 110 On the occasion of the last call the patient was comfortable and appeared to be more cheerful than on the previous days The doctor had arranged to call again, but before he had an opportunity of doing so the parents of the boy called up and said that they had obtained the services of their family physician and that the doctor's services were no longer required Subsequently the boy was removed to a hospital under the care of his family doctor For about a month while the boy was in the hospital his condition seemed to be improving and the indications were that he would completely recover, but about six weeks after the accident abscesses broke out on different parts of his body with the result that infection and gangrene set in and he died.

An action was then begun by the father of the boy against the defendant doctor in which it was charged that as a result of defendant's negligence the boy came to his death Specific charges of negligence were first, that the doctor made no effort to remove the gun shot in the wound or to explore said wound for the purpose of removing foreign material therefrom, second, that the defendant failed to take any proper steps to prevent the development or arrest the development of poison germs in the wound, third, that the defendant failed to amputate the limb of plaintiff's intestate so that the gangrenous condition thereof should not communicate itself to the rest of the body, when the need for such amputation became apparent, that he attempted to operate upon the wound with filthy and unsterile instruments and in a rough manner

The case came on the calendar to be tried and the issue as to the claimed negligence of the defendant doctor was submitted to the jury, who promptly returned a verdict in favor of the defendant doctor

CELLULITIS—CLAIMED NEGLIGENCE RESULTING IN AMPUTATION

In this case it was charged that the doctor treated a little girl so negligently that her left leg was amputated above the knee Damages were prayed for in the sum of $100,000

When the doctor first saw the child, she was in bed with a temperature of 105, complaining of great pain in the leg, especially the knee The bed and the house generally were filthy The parents gave a history that the child, some two or three days previous to the doctor's first visit, had been coasting on the street, and had received a slight scratch on the instep which had not healed and contained some pus The doctor found a slight swelling of the foot around the ankle, but no redness The doctor requested the parents to send the child to a hospital, since the conditions in the home were unsanitary and were not conducive to proper treatment of the child This request, however, was refused by the parents

For the next three days, the doctor visited the child, but there was no improvement in her condition, and on the fourth visit he told the family that cellulitis had developed, and the leg would have to be opened He requested permission to bring in a consultant, and the consultant upon his arrival refused to treat the child unless the parents consented to remove the child to a hospital After some argument with the parents, the child was finally sent to a hospital, where it finally became necessary because of the spread of infection to amputate the child's leg

The plaintiff's attorney, after repeated attempts to procure a settlement, finally discontinued the action and the case was ended in favor of the doctor

LEGAL

By Lloyd Paul Stryker, Esq
Counsel Medical Society of the State of New York

OBSTETRICS—CLAIMED DELAYED DELIVERY

In this case actions were brought by a husband and his wife against two physicians It was charged that physician A was engaged by the plaintiffs to deliver the plaintiff wife who was then pregnant, of a child and that the said defendant accepted the engagement aforesaid It was further charged that in the first stages of delivery, doctor A told the plaintiffs that owing to unexpected developments he required the assistance of another physician and suggested that doctor B be called in, to which the plaintiff husband acquiesced The complaint then charged that upon arrival of doctor B, neither of the defendants would deliver the child unless the plaintiff husband paid a sum of money in excess of that which he had originally agreed to pay doctor A The complaint further charged that the plaintiff husband, in order to obtain action immediately on the part of the defendants, delivered to them a check for the amount which they asked and thereupon and not till then did the defendants commence work upon the plaintiff wife By reason of the aforesaid and the further fact that the delivery was done in a negligent and careless manner, it was claimed that the plaintiff wife was badly mutilated and torn, became dangerously infected and poisoned and that the child was born dead

From the facts it appeared that doctor A had delivered this woman of two children, one dead and one living, prior to the delivery which formed the subject-matter of this case He saw the woman at his office about twice a month for four months prior to the delivery On the day that the woman was in labor he was called to her home, and realizing that the delivery was going to be an extremely difficult one, he suggested that a specialist be called in The husband and wife consented to this and doctor B was called in When doctor B arrived, he found the woman in active labor for some time without progress, the os was fully dilated, fetal sounds were not present and doctor B immediately notified the husband that the baby was dead, and also told him that the delivery would necessarily be a breech delivery The woman was placed under a general anaesthesia by doctor A, and doctor B, after sterilizing his instruments, proceeded to draw out the feet by hand manipulation, then the trunk and afterwards the arms

It was necessary at this point, in order to withdraw the head, to use forceps and in this manner the child was withdrawn The child was dead It was an abnormally large child with the skin peeled off the body in several places, indicating that the child was dead long before delivery There was a slight tear in the perineum of the mother which doctor B sutured with catgut and he also washed the parts with lysol solution and the patient was returned to bed Doctor B called daily to see the woman for a period of three weeks when she had fully recovered There was no discussion between the doctors and the husband or wife concerning the fee to be paid to either physician and there was no delay in the delivery After doctor B had finished his work the husband asked him what his charges were and doctor B charged a very reasonable fee, which the husband paid immediately, expressing appreciation for what was done At no time did either the husband or wife express to either doctor any dissatisfaction of the treatment rendered

When the case appeared upon the calendar and was about to be reached for trial, the plaintiffs failed to appear and the case was dismissed.

GUN SHOT WOUND—CLAIMED NEGLIGENCE RESULTING IN DEATH

The patient, a young man, was brought to the doctor's office with a history of a gun shot wound in the right thigh The doctor removed the part of the clothing necessary to inspect the wound which was located in the upper part of the patient's right thigh in the outer aspect and was over an inch in diameter with irregular and rough appearance, about half an inch deep with smaller gun shot wounds around it The defendant found evidence of a limited amount of bleeding He removed from the wound all the loose flesh, skin and foreign material that was present and that could be reached without disturbing the deeper structure, applied iodine and dressed the wound with aseptic gauze and bandaged the leg He examined the leg by manipulation and ascertained that the bone had not been injured The young man refused to go to a hospital and was removed to his home where the doctor saw him three times the same day, the first time redressing the wound, the second time making a general examination to see if any other injury was pres-

profession involving professional treatment of certain classes of people. They have presented in their report for your consideration a proposed list of charges for professional service which are about one-third higher than has been paid on the average. This was formulated for your consideration at the request of the County Judges and Children's Court Judges where children's court judges exist and at the request of the State Department of Health concerned in certain details of administration and at the requests of the Department of Education which is charged with the duty of executing the law The conferences of interested agencies have resulted in certain tentative conclusions but the adjustments of relationships are not complete and may require continuous supervision by organized medicine in order to protect the economic interests of the medical profession The Committee, therefore, requests the appointment of itself as an advisory committee to the Public Health Committee.

Referred to the Reference Committee on the Report of the Committee on Public Relations (Action in Sec. 23)

5 Birth Control—Kings County Resolutions

Dr Luther F Warren, of Kings The following resolution was adopted at the regular meeting of the Medical Society of the County of Kings, in March

Resolved, That the Medical Society of the State of New York, in meeting assembled, declares its opposition to the introduction or enactment of any law that will change the policy of the State of New York in the matter of birth control or sterilization or so amplify the police power of the State as to threaten the money or man-power of the State, or its physical, moral or economic security, or the safety of its citizens or to disturb the safeguards thrown about the practice of medicine in the State of New York as contained in the Medical Practice Act

Referred to Reference Committee on New Business A (Report Sec. 31)

6 Dues of Incapacitated Physicians

Dr Thomas C Chalmers, of Queens I have a resolution from the Medical Society of the County of Queens to present to the House

Whereas, certain practicing physicians in the State have developed diseases which make it essential for them to give up their practice for a time, and whereas, this causes, in the majority of instances, their income to cease and works hardship upon them

Therefore, be it resolved that the State dues of any member shall be suspended by the Medical Society of the State of New York during the time that a member is absent for his health, provided that his County Society makes application for such remission or suspension of dues, accompanied by a statement that the County Society has so suspended his County dues

Referred to Reference Committee on New Business B (Report Secs., 9, 33 37)

7 Committee on Physical Therapy

Dr DeWitt Stetten, of New York presented the following resolution —

Whereas the problems of the physiotherapy situation are state-wide, and call for the awakening and education of the entire medical profession of the State

Be It Resolved that the Medical Society of the State of New York form a State Committee on Physical Therapy of seven to be appointed by the President.

Be It Further Resolved that this State Committee shall function in cooperation with physical therapy committee to be created, if possible, in all County Societies, each of the committees to have at least one physician who has received ample post-graduate instruction in this field of therapeutics, and,

Be It Further Resolved that this State Committee should also cooperate with the Committee on Public Health and Medical Education inasmuch as the ultimate solution of the problem lies in the proper evaluation and practical application of physical therapy by the physicians themselves

Referred to Reference Committee on New Business C.

Dr George W Kosmak, of New York Your Reference Committee on New Business C has considered the resolution presented by Dr DeWitt Stetten of New York and reports as follows

Your Committee approves of the resolution presented by Dr Stetten and recommends that it be referred to the Council of the State Society for further consideration and action I move its adoption

Motion seconded and carried

8. Sewage Disposal — Resolutions of Dutchess — Putnam

Dr C Knight Deyo, of Dutchess—Putnam The Dutchess—Putnam Medical Society has the following resolution to present

Whereas, The Hudson River and its main tributary the Mohawk River, has for many years been a common sewer for the cities and villages along its banks, thereby causing these same bodies of water to be polluted to an extreme degree, and

Whereas, These same bodies of water furnish a source of fresh water supply which is inexhaustible and not affected by droughts or diminished rainfall, and

Whereas, Almost all the cities and villages along these streams are compelled to obtain their water supply from upland sources or resort to expensive purification systems to care for these polluted waters, and

Whereas, It has been known that for at least fifteen years past the State Department of Health has refused permission for any increase in the number of trunk line sewers to be emptied into the Hudson River, and

Whereas, The so-called upland supplies are also contaminated to a greater or less extent, requiring filtration, purification and chlorination before becoming safe for drinking purposes

Therefore Be it Resolved, that it is the sense of the Dutchess—Putnam Medical Society that the state government through its Department of Health should institute measures looking toward the elimination of sewage disposal into the main waterways of the state,

Be It Further Resolved, that the Dutchess—Putnam Medical Society insist that the pollution of the Hudson and Mohawk Rivers is unnecessary and inimical to the public health of the citizens adjacent thereto,

Be It Further Resolved, that the Dutchess—Putnam Medical Society petition the House of Delegates of the Medical Society of the State of New York to approve the aforesaid resolutions and invest its President with power to appoint a committee whose duty it shall be to confer with the proper state officials and in all ways endeavor to get such action as will lead to an elimination of the pollution of waterways of the state.

Referred to Reference Committee C on New Business (Report in Sec. 19)

9 Dues of Incapacitated Physicians (Secs 6, 9, 33)

Dr Terry M Townsend, of New York The Committee on New Business B has the honor to report unfavorably on the resolution introduced by Dr Chalmers suspending the dues of the Medical Society of the State of New York of members of County Societies It is the opinion of your committee that County Societies should bear the dues of all their members until they are retired from membership I move its adoption

Motion seconded

Dr Chalmers, of Queens I consider this resolution, one of simple justice. It seems to me that when a man who has been a practicing physician for a number of years acquires a disease which takes away his livlihood, the Medical Society of the State of New York can afford to do what his County Society has done, and the moment he comes back those dues should be taken up I do not believe that this committee understand, or

HOUSE OF DELEGATES

MINUTES OF ANNUAL MEETING

The Annual Meeting of the House of Delegates of the Medical Society of the State of New York was held at the Hotel Utica, on Monday afternoon, June 3rd, 1929 Speaker, Dr John A Card, Secretary, Dr Daniel S Dougherty

1 Committee on Credentials

The Speaker The first order of business is the report of the Committee on Credentials, Dr Dougherty

The Secretary Mr Speaker and Gentlemen, the Committee on Credentials has the pleasure of reporting that there is no duty for it to perform, as there are no disputed delegations

The Speaker announced that the Secretary would call the roll by counties for the purpose of determining the presence of recognized delegates

The Secretary called the roll and, a quorum being present, the Speaker declared the House organized for business

2 Reference Committees

The Speaker Mr Secretary, please read the Reference Committees as appointed by the Speaker

The Secretary read the following reference committees

Reference Committee on the Report of the President Floyd S Winslow, Rochester, Chairman, George A Leitner, Piermont, Edward M Colie, Jr., New York City, Charles R Borzilleri, Buffalo, Aden C Gates, Kingston.

Reference Committee on the Reports of the Secretary and the Council Harry S Patterson, New York City, Chairman, Luther C Payne, Liberty, Edwin A Griffin, Brooklyn, Augustus J Hambrook, Troy, Edward C Podvin, Bronx

Reference Committee on the Reports of the Treasurer and Trustees George M Cady, Nichols, Chairman, Morris Maslon, Glens Falls, George B Stanwix, Yonkers, Charles D Squires, Binghamton, Charles C. Trembley, Saranac Lake

Reference Committee on the Report of the Committee on Legislation Walter T Dannreuther, New York City Chairman, Frederick J Schnell, North Tonawanda, W Grant Cooper, Ogdensburg, Lucius H Smith, Palmyra, M Jean Wilson, Warsaw

Reference Committee on the Report of the Committee on Scientific Work and the Committee on Arrangements Thomas W Jenkins, Albany, Chairman, Seth N Thomas, Auburn, Norman S Cooper, Athens, Edwin H Fiske, Brooklyn, Joseph B Hulett, Middletown

Reference Committee on the Report of the Committee on Public Health and Medical Education Reeve B Howland, Elmira Chairman, Henry J Noerling, Valatie, Norman L. Hawkins, Watertown, George L. Manley, Norwich, Leo F Schiff, Plattsburg

Reference Committee on the Report of the Committee on Medical Economics, Frederick H Flaherty, Syracuse, Chairman, Thomas M Brennan, Brooklyn, DeWitt Stetten, New York City, Herbert B Smith, Corning, M A Rogers, Greenwich

Reference Committee on the Reports of the Committee on Public Relations and Councillors George M Fisher, Utica, Chairman, George Cottis, Jamestown, Aaron Sobel, Poughkeepsie, J Lewis Amster, Bronx, George S Towne, Saratoga Springs

Reference Committee on the Report of the Legal Counsel C Knight Deyo, Poughkeepsie, Chairman, Francis H Marx, Oneonta, Carl Boettiger, Astoria, Dudley R Kathan, Schenectady, Harrison Betts, Yonkers

Reference Committee on New Business—A John Douglas, New York City, Chairman, Andrew Sloan, Utica, George E. Welker, Dresden, John D Bonnar, Buffalo, Sylvester C. Clemans, Gloversville.

Reference Committee on New Business—B Terry M Townsend, New York City, Chairman, William A. Krieger, Poughkeepsie, Charles L. Davis, Batavia, John E. Jennings, Brooklyn, Charles R. Barber, Rochester

Reference Committee on New Business—C George W Kosmak, New York City, Chairman, Henry C. Courten, Richmond Hill, Albert W Ferris, Watkins Glen, William P Howard, Albany, Lyman C Lewis, Belmont.

Reference Committee on Credentials Daniel S Dougherty, Peter Irving, Walter D Ludlum.

Reference Committee on the Reports of the Committee on Nursing and the Committee to Study the Curriculum for Nursing Education Alec N Thomson, Brooklyn, Chairman, Claude C. Lytle, Geneva, Henry R. Bentley, Central Bridge, Frank S Child, Port Jefferson, James Walsh, Cortland

Reference Committee on the Report of the Committee on Immunization of Children Against Diphtheria Harry Aranow, Bronx, Chairman, John L. Crofts, Newport, Harvey S Albertson, Oswego, Luzerne Coville, Ithaca, Milton C Potter, Buffalo

Reference Committee on the Report of the Committee on Medical Research Thomas P Farmer, Syracuse, Chairman, John Breen, Schroon Lake, Gustave A. Fensterer, Garden City, Leif G Jensen, Port Richmond, Harvey W Humphrey, Lowville, Frederick J Bowen, Mount Morris

3 Approval of Minutes

The Secretary moved that the reading of the minutes of the previous meeting be dispensed with. Seconded and carried

The Secretary moved that the reports of the President, Officers and Committees be referred to their respective reference committees as printed The motion was seconded and carried.

The Speaker Are there any supplementary reports from committees or any resolutions to be presented?

4 Public Relations Committee Supplementary Report

Dr William H Ross, of Suffolk The Public Relations Committee has a supplementary report to present

To the House of Delegates The Public Relations Committee requests the House of Delegates to appoint the Public Relations Committee of the State Society as it may be constituted next year, as a special advisory committee to work with the Departments of Education and Health regarding the administration of the laws relating to the professional treatment and compensation for professional treatment of the rehabilitation of crippled children of the State as outlined in Article 47 of the education law The reason for this is that there are many details relating to the administration of the law requiring the State to undertake the rehabilitation of crippled children that concern the medical profession. Various circumstances give evidence that the details of administration have not always been in accordance with professional standards and ideals

The Public Relations Committee has given a great deal of time and thought to the problems growing out of the relation of the laws of the State to the Medical

tions to make it possible for physicians or surgeons to accept fees from official or voluntary health agencies for professional services rendered indigent persons coming under the care of those agencies, and it recommends that this be undertaken through the office of the Secretary of the Medical Society of the State of New York

I move its adoption.

Motion seconded, put to a vote and carried

17 CERTIFICATION OF SPECIALISTS

Dr Winslow The committee recommends that the Medical Society of the State of New York memorialize the Regent of the University of the State of New York with a view to establishing some method for the legal certification of competent specialists

I move its adoption.

Motion seconded and carried

18 FEES FOR POST GRADUATE COURSES

Dr Winslow With a view to making post-graduate courses self-supporting, the committee recommends that a nominal fee of $1 00 per capita per course be collected from those attending this course. This money to go to the Treasurer of the Medical Society of the State of New York to be credited to this fund

I move its adoption.

Motion seconded, put to a vote and carried.

Dr Winslow I move the adoption of the report of the Reference Committee on the report of the President as a whole.

Motion seconded and carried (Report Sec. 32)

19 SEWAGE DISPOSAL RESOLUTIONS OF DUTCHESS-PUTNAM (Sec. 8)

Dr Kosmak I have a report from Committee on New Business C.

Your Committee on New Business C has considered the resolutions endorsed by Dr Deyo, of Dutchess-Putnam, (Sec. 8) and approves the recommendations contained therein, including the appointment of a Special Conference Committee by the President of the State Society

I move that these resolutions be adopted

Seconded and carried

20 COMMITTEE ON PUBLIC RELATIONS (JOURNAL, MAY 1, PAGE 523)

Dr George M Fisher, of Utica, presented the following report of the Reference Committee on the Reports of the Committee on Public Relations and Council.

1 The Members of the Committee on Public Relations have studied with a great deal of interest the report made by the Chairman of the Committee on Public Relations and fully appreciate the value of its work, and are likewise conscious of the many difficulties with which it has had to contend during the past year

2 We indorse the efforts made by the Committee in bringing its work to the attention of the Public Relations Committees of the several counties and that its efforts are bearing fruit is evidenced by the reports which have been received

3 The method of the Committee in dividing the State into several units we consider an advanced step and will aid in bringing to a more satisfactory termination the results desired, as well as coordinating the local Public Relations Committees and the several lay agencies The questionnaire to the local Public Relations Committees will aid the Committees and give more concise results

4 We agree with the Public Relations Committee in that the Chairman of each unit throughout the State should be represented by a physician well versed in civic affairs and well acquainted with the methods pursued by their local lay organizations.

5 The eight principles which were adopted by the House of Delegates one year ago, we consider should be the foundation of the work of the Committee as applied to the Medical Profession. Too great stress cannot be laid upon their value in the relationship between the Medical Profession and public lay organizations and each County Society should have them fully in mind when consulting or advising with their respective lay bodies

6 We agree with your Committee that the five functions promulgated by the Public Relations Committee one year ago should be followed by each County Medical Society

7 We consider that the Committee should be congratulated on the work accomplished during the last year in several of the county units, and we will expect a decided and favorable report from all the counties during the coming year

8 The Committee and the State Society should be highly gratified by the results of the conference of the Committee in connection with the State Committee on Care of Crippled Children. This, we consider an advance step—placing the Medical Profession where it rightfully belongs in caring for children who are under State supervision. The same procedure might well be applied to other public and charitable institutions

9 While the Medical Profession is perfectly willing to perform its charitable duties when charity is necessary, still, on the other hand, we consider that every man is worthy of his hire, and it is the duty of the State, and all charitable institutions, where possible, to recompense the attending surgeon or outside consultant to an extent in proportion to the funds available.

10 Your Committee does not consider it advisable for the House of Delegates to establish a set of fees for Charitable Institutions or others, which would apply to the entire State.

Dr Fisher I move adoption of paragraphs one to ten. Motion seconded and carried

21 FEE LIST FOR OPERATIONS ON CRIPPLED CHILDREN

Dr Fisher 11 We recommend as a minimum basis for the guidance of judges in the various counties in passing upon the allowances to orthopedic surgeons the set of fees as arranged between the State Committee on Care of Crippled Children and the Public Relations Committee. This does not make it binding by any regulation of the House of Delegates, but rather a gentleman's agreement between two Committees, thereby relieving the State Society from the danger of censure by any of its members on the grounds of fee regulation.

It is understood that minimum fees for post-operative care shall be in conformity with the minimum fee customarily charged in the locality for similar services.

Dr James F Rooney, of Albany On this question of fees we should make it definitely understood it is a non-official recommendation. A minimum fee bill tends to become a maximum fee bill always, and in this question of a fee schedule we should go slowly, certainly cautiously, and I believe in the beginning definitely unofficially I hope that you will consider this matter very seriously before giving any official approval by this house to a fee bill of any nature whatsoever

Dr Harvey S Albertson, of Oswego I wish to endorse what the last speaker stated I feel that opening the door to this proposition now may mean a wide open door at a later period.

Dr James E Sadlier of Dutchess-Putnam Your Committee on Public Relations took this matter up and it was taken up by two state departments We are dealing now not with a prospective thing, not with prospective legislation, but we are dealing with a law which actually exists in this State, which gives to these two state departments the control of and demands that they shall take care of the indigent crippled children. Your Committee on Public Relations gave this very careful consideration and first promulgated a certain set of resolutions which are printed on page 22 of the annual report. This fee list was agreed upon and is about

I cannot conceive that a resolution of this kind could be reported unfavorably with the amount of funds in the Society's treasury

Dr Townsend of New York your committee has given due thought and ample consideration to all the points which Dr Chalmers has presented We feel that this is an entering wedge toward lowering the dues of the Society

Dr Ernest E Smith, of Queens it seems to me it is a reflection upon an organization of this kind to demand payment of dues from men entitled to our consideration on account of their affliction, and I want to voice the sentiments of the County of Queens, supplementing what Dr Chalmers has said, and express the hope the Society will act according to the recommendations and disapprove the recommendations of the Reference Committee

The Secretary Mr Speaker, this question came before the Executive Committee and the Executive Committee were unanimously in favor of such action It was referred to the legal counsel and your secretary, who felt that the Executive Committee did not have the power to remit the dues nor to pass any resolution remitting dues, and so advised Queens County to refer it to the House of Delegates We are doing a brotherly act and I absolutely believe we could do nothing more to show we were a society banded together for mutual welfare than in helping doctors when they are down and out for reasons outside of their own physical actions We did not consider that it in any way affected the general dues

Dr Edward M Cole, of New York I move that this be re-referred to the committee

Motion seconded, put to a vote and carried

10 COMMITTEE ON LEGISLATION (JOURNAL, MAY 1, PAGE 522)

Dr Walter T Dannreuther, of New York Your Reference Committee on the Report of the Committee on Legislation notes with approval the activities of this committee, and the cooperative work of the Executive Officer, particularly in advising the legislators wisely, and in opposing vicious legislation It is unfortunate that the Chairman of the County Committees could not have been furnished with copies of the bills, for unless the members of these committees are thoroughly familiar with the details of at least the important bills, a sustained interest and vigorous activity on their part can hardly be expected As a matter of fact, if each County Society subscribed annually to the Legislative Index Company, the local chairmen would receive copies of the bills without imposing upon the facilities and resources of the Legislative Committee of the State Society

We recommend that the office of the State Legislative Committee be provided with sufficient clerical help to insure copies of the bills being sent to each County Society Chairman

I move the adoption of the report

The Secretary Mr Speaker, that carriers with it an appropriation for clerical help, and so has to come before the Council

Dr Dannreuther Then I would amend it to read that this be referred to the Council

The motion as amended was seconded, put to a vote and carried

11 COMMITTEES ON SCIENTIFIC WORK AND ARRANGEMENTS

Dr Thomas W Jenkins, of Albany The Report of Reference Committee on Reports of Committees on Scientific Work and Arrangements

On scientific work (Journal, May 1st, page 531) we can only commend the zeal and activity that they have shown in arranging such a valuable program, and inviting eminent men from our own and other States to participate in the reading and discussion of the papers

We note with pleasure that all readers of papers, and those scheduled for participation and discussion, are for the first time members in their component County and State Societies where they are eligible for membership

The Committee wishes to commend the innovation of calling a general meeting at which leaders of American Medicine and Surgery will open a discussion on three subjects from which the Committee on Scientific Work feel that a broader understanding of medicine and surgery will be obtained and much good will be accomplished.

We also note that there is no program arranged for the section devoted to industrial medicine. We feel that members of the State Society would profit well by taking advantage of the Thursday program arranged by the Scientific Committee

Your committee commends the committee on arrangement (Journal June 1, page 701) for the care in providing suitable hotel accommodations, and space for exhibits and the entertaining of visiting ladies and other guests

A recent arrangement is that the Tuesday evening session will be semi-public, semi-social in character

I move the adoption of the report.

Motion seconded.

The Secretary I move to amend the motion, that the portion of the report referring to the section on Industrial Medicine be referred to the Council

Motion on the amendment was seconded, put to a vote and carried

The motion on accepting the report was put to a vote and carried

12 APPRECIATION OF EX-SPEAKER DR. E. ELIOT HARRIS

The Secretary then read a telegram from the speaker, Emeritus Dr E. Eliot Harris

Dr Kalish moved that the secretary be instructed to answer the telegram and express to Dr Harris the felicitations of the House and its good wishes Motion seconded and unanimously carried

13 COMMITTEE ON PRESIDENT'S REPORT (JOURNAL, MAY 1, PAGE 505)

Dr Floyd S Winslow, of Monroe The Committee on the Report of the President reports as follows

In considering the report of the retiring president, this committee on behalf of the Medical Society of the State of New York, expresses its appreciation of the faithful service rendered to this society during the past year, and we especially commend the president for the constructive suggestions looking toward the further extension of the activities of the Society

14 CONFERENCE OF COUNTY SECRETARIES

Dr Winslow The committee further recommends The establishment of an annual conference of the Secretaries of the County Societies

I move its adoption

Motion seconded, put to a vote and carried

15 TRI-STATE CONFERENCE

Dr Winslow The committee recommends that the Budget Committee includes an item to cover reasonable expenses of the Tri-State Conferences

I move its adoption

Seconded

Dr Philips called attention to the fact that the resolution required an appropriation of money

Dr Winslow Then I will amend the recommendation to refer it to the Council.

Motion seconded and carried

16 PHYSICIANS FOR INDIGENT CASES IN HOSPITALS

Dr Winslow The committee recommends that the Medical Society of the State of New York suggests to the hospitals of the state that they modify their regula-

28 Periodic Health Examination and Health Week

Dr Aranow presented the following resolution

Resolved, That a special committee be appointed by the President whose duty it shall be to popularize periodic health examinations, and that a week be set apart to be known as "Health Week" to initiate this campaign.

Referred to Reference Committee on New Business B (Report Sec. 36)

29 Cost of Medical Care

Dr Aranow presented the following resolution

Whereas, great publicity has been given to the alleged "high cost" of medical care, and

Whereas, the amount actually paid for medical services constitutes but a very small percentage of the total

Be it Resolved, that a committee be appointed to emphasize this fact and bring it to public attention.

Referred to Reference Committee on New Business B (Report, Secs 38 and 49)

30 Report of Secretary (Journal May 1, page 507)

Dr Henry S Patterson, of New York I wish to submit the report of the Reference Committee on the Report of the Secretary

Your reference committee heartily endorses the report of the secretary as a whole and congratulates the Society on his painstaking, efficient and complete communication. Your reference committee wishes to emphasize the following features of the secretary's report

1 That it is the duty of each standing committee to furnish the secretary with notices of its meetings, and with reports of all such meetings.

2. This reference committee heartily endorses the secretary's suggestion that the Committee on Public Health and Medical Education be relieved of undue burdens and that such relief be afforded by establishing a standing committee on Public Health

3 That the reference committee endorses the suggestion that the work of the Committee on Medical Economics be broadened so as to include all phases of Medical Economics

4 Your reference committee endorses the recommendation that the executive officer be made field secretary to the Committee on Public Relations

Dr Patterson I move the adoption of the report

Motion duly seconded and carried.

31 Birth Control, Kings County Resolutions (Sec. 5)

Dr John Douglas, of New York Reference Committee on New Business A has carefully considered the resolution introduced by Kings County, and believes there are two different problems introduced in this one resolution—(1) Affecting contraceptive advice (2) Affecting sterilization It believes that these two subjects should not be covered by one resolution, and does not recommend the passing of this resolution in the form introduced because it covers two subjects, and also because it is ambiguously worded.

The committee recommeends that the resolution be referred to the Council for further study

I move that this report be accepted and the recommendation adopted.

Motion seconded and carried

On motion duly made, seconded and carried, the House adjourned to meet at eight o'clock P M

Evening Session

Monday, June 3rd, 1929, 8 00 P M

The Meeting was called to order by the Speaker

The Speaker Is there anything to offer under the head of New Business, or reports of business?

32. Fees for Post Graduate Courses (Sec. 18)

Dr Winslow, of Monroe Mr Speaker, at the afternoon session of the House of Delegates under the report of the Committee on the Report of the President, the resolution was adopted that, with a view to making post graduate courses self supporting, the committee recommends that a nominal fee of one dollar per capita per course be collected from those attending, the money to go to the Treasurer of the Medical Society of the State of New York, to be credited to this fund.

Following the afternoon session there has been considerable sentiment expressed that it was unwise to carry out this resolution, and therefore, as the chairman of the committee presenting the resolution, and one who voted for it, I move for a reconsideration of this question

Motion was seconded and carried.

The Speaker The question is before you for reconsideration

Dr Morris, of Monroe It has been my pleasure for two years to be chairman of Post Graduate Courses given in Monroe County, and I believe there is no better way in which the State Society can serve physicians in the small communities than through these post graduate courses The Medical Society of the State of New York is not a defunct organization financially The charge of one dollar to these men is a mere bagatelle, but it is going to be difficult to levy this fee or charge it. In view of the fact that the financial record of last year shows we still have a balance of $15,688, it seems advisable that this be reconsidered and that we continue to give these courses free of charge to the medical profession I would be glad to have Dr Farmer say a word on this matter

Dr Farmer, of Onondaga Some of you remember in my report a year ago we took up that question and suggested three possible ways that the course might not be too burdensome for the State Society One was the acceptance of funds from some organization for this work, which I do not believe would be satisfactory for many reasons, another was the levying of a registration fee, and it was our opinion that should be deferred, and I am still of that opinion, the third possibility the stimulation on the part of certain county societies, such as the societies in the larger counties, to offer courses themselves, which they could put on without much expense and which might attract the county society Our experience with the courses so far is that a group of doctors are attracted to these meetings who never go to any other medical meetings

I think the one big advantage is the fact that these men appreciate the work of the State Society, and we are selling the State Society to those men. I am afraid if we put a fee on it at this time we will hurt our work in just that respect, and I am afraid those men will discontinue going Not because they mind the dollar so much but it would just react on them that way In my judgment it would be well to wait at least a year or two before taking the matter of presenting a fee.

Dr Heid of New York The finances of your society are in excellent condition. It should be far from the purpose of this House of Delegates to impose a tax upon its members, in their desire or zeal for medical information That is a duty of this society I would move you that this report be accepted with the deletion of Article E, which makes the tax obligatory

The motion was duly seconded.

Dr Van Etten, of the Bronx As Chairman of the Board of Trustees I would like to add the weight of my opinion to the opinion just expressed by the treasurer, that it is entirely unnecessary Therefore I heartily endorse the motion of the treasurer that this tax be not levied.

The motion that the report be adopted with the deletion of Section E was put to House and carried.

33 Dues of Incapacitated Physicians. (Sec 6, 9, 37)

Dr Chalmers I would like permission, sir, to add one

thirty per cent higher than the one now being operated under in the State of Ohio Your committee can only deliberate, it can not act. It is for you to act on this, but your committee felt that in conferring with these departments and deliberating, establishing this minimum and recognizing it is a minimum fee basis, that we were doing something that was going to be of great benefit to the future citizens of this State and at the same time of great economic advantage to the physicians of the State.

Dr Luzerne Conlle, of Tompkins The chairman of your committee has spoken here time and again recommending a minimum fee bill Nothing here is stated as such, and I amend that report to insert in front of "fee" the word "minimum"—minimum fee bill It now says the "following fee bill" I propose to make it "following minimum fee bill"

Motion was duly seconded

Mr Rooney I have listened very attentively and I must state I am not yet convinced there has been any statement made which justifies our accepting the fee bill I again wish to call your attention to the fact that this is a matter of immediate and pressing importance

The Speaker The language of the paragraph I think takes care of the amendment suggested. Are you ready for the question?

On motion the adoption of paragraph eleven was put to a vote The Assistant Secretary announced fifty-four in favor and sixty-three against. The Speaker announced that paragraph eleven of the report was not approved

21 Fee List for Other Operations

Dr Fisher 12 We are also of the opinion that arrangements similar to this could be brought about between other Public Institutions and the Medical Profession, and further suggest that the Public Relations Committee take this into consideration during the coming year I move the adoption of this paragraph

Motion seconded Upon being put to a vote, the resolution was lost

22 Contact With Health Organizations

Dr Fisher 13 We would further recommend that in its future work, the Committee on Public Relations establish contacts with Public Relations Committees of County Societies and State-wide governmental voluntary organizations to aid the future proper coordination between the Medical Profession and Public Health Agencies

I move the adoption of this paragraph

Motion seconded and carried

23 Committee on Public Relations Advisory to State Departments of Health and Education (Sec. 4)

Dr Fisher 14 Your Committee further endorses the supplementary report of the Chairman of the Public Relations Committee and recommends that the Public Relations Committee be authorized and requested to serve as a special advisory committee to work with the State Departments of Education and of Health regard ng the administration of the laws relating to the professional treatment and compensation for professional treatment of crippled children as outlined in Article 47 of the educational law

I move the adoption of the report.

Motion seconded and carried.

Dr Fisher I move the adoption of the report of the Committee on Public Relations as a whole, except the paragraphs which have been stricken out by the House

Motion seconded, put to a vote and carried

24 The Council Executive Committee and Committee on Publication (Journal May 1, page 512)

Dr Fisher I have a further report to present. Your Committee commends the work of the Council and its various sub-divisions, namely the Executive Committee and the Committee on Publication as given in their report.

1 We are in accord with the Executive Committee that it is the opinion of the House of Delegates of the Medical Society of the State of New York, that medical publicity is that which is educational and deals with the Medical Profession in its entirety, whereas medical advertising appertains to the medical publicity which deals with the individual and may be used to his or her personal advantage.

2 The members of the Medical Society of the State of New York have every reason to be congratulated on their Journal which is by long odds the best State Medical Journal published, and the methods pursued by its Editor-in-Chief and the Executive Editor are of the highest medical literary standing

3 We recommend the continuation of its news department and would suggest that further efforts be made in recording the activities of all component County Medical Societies throughout the State.

4 The articles appearing in its Scientific Department have been of high grade, showing a careful selection to conform to the practical needs of the general practitioners

5 The advertising department has been well patronized and the character of the advertising has been entirely ethical and we further commend their methods of carefully editing all advertising copy

I move the adoption of this report.

The motion was second, put to a vote and carried

25 Committee on Immunization Against Diphtheria (Jounal June 1, page 698)

Dr Harry Aranow, of the Bronx Reference Committee on the Report of the Committee on Immunization of Children against Diphtheria.

Your committee strongly commends and endorses the continued support of the anti-diphtheria work of the Medical Society of the State of New York, and its component County Societies

Your committee also wishes to express its appreciation of the cooperation of the Commissioner of Health of the State of New York and the efficient service of the New York State Laboratories also the enthusiastic work of the Commissioner of Health of New York City

Your committee believes in the importance and wisdom of stressing the post immunization Schicking by a competent physician as a further factor of safety

We further urge the continuation of the intensive campaign of education both through the medical profession and the laity

I move the adoption of the report. Seconded and carried

26 Choice of Physician for Injured Workman

Dr Aranow presented the following resolution Resolved that the House of Delegates of the Medical Society of the State of New York, urge the passage of an amendment to the Compensation Act empowering the injured employee to choose his own physician.

Referred to Reference Committee on New Business C. (Report, Sec. 46)

27 A Physician on the State Industrial Commission

Dr Aranow presented the following resolution

Resolved, That the House of Delegates of the Medical Society of the State of New York, continue to urge the passage of a bill amending the Compensation Act so as to provide for the appointment of a physician on the State Industrial Committee.

Referred to Reference Committee on New Business C. (Report, Sec 45)

year you are going to lose time and that the time to start publicity is right now The very resolution can be put in all the papers, to bring out the fact that medical service cost is only a small fraction of the medical expense, and I personally feel that some way ought to be invented to start the campaign right now

Dr Farmer, of Onondaga I think it is a spendid thing, and agree with Dr Aranow, but I still think it belongs to the Committee on Economics, and I think you are taking away from that committee one of its objects

Dr Heyd, of New York Any one who has reflected on the progress of medical practice in the last few years must have been struck with the fact that medicine is losing its prestige largely because the control of medical matters is passing into the hands of lay organizations The doctor has to bear the odium of all the cost connected with sickness, and we should avail ourselves of every legitimate means of showing to the public that the amount of money paid to a doctor in illness is but a small proportion of the total expense. It is unwise to defer this matter for a year until we meet again. I would suggest a substitute motion—that the President be empowered to appoint a special committee to consider this particular problem and report to the Council of the Medical Society for the purposes of giving that information to the public.

The substitute motion was seconded, put to a vote and carried

The Speaker The report of this committee is the substitute motion that has just been carried

39 COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION (JOURNAL, MAY 1, PAGE 526)

Dr Howland, of Chemung The Reference Committee on the Reports of the Committee on Public Health and Medical Education heartily approves the work of this committee and urge the following recommendations

First, a continuation of the post-graduate lectures and clinics

Second, Wherever possible adjacent counties arrange joint meetings in post-graduate lectures and clinics This will increase attendance and interest and will facilitate work and lessen expense.

Third, Each society participating in the lectures, should share a part of its expense. Each county to have a special committee to care for this work and aid the State Committee.

Fourth, Where several men lecture on the same topic there should be a general uniformity in the character of their lectures, along the lines of the usual recognized practices in their particular field.

Fifth, The State Society to still appropriate $8,000 annually until such time as the individual county societies may share in their expense.

Sixth, The House of Delegates will authorize the committee on post-graduate lectures to urge the various county societies to follow the series of lectures as selected by the State Committee, particularly in the field of physical therapy

I move that those recommendations be adopted.

The Speaker I will accept your motion with the exception of being compelled constitutionally to delete the appropriation of $8,000, which must be referred to the trustees I will accept the report with the deletion.

Dr Houland I accept the deletion, and move that report be accepted as amended. Motion seconded

Dr Rooney I move that this section be amended to read as follows

That it be recommended to the Council that it appropriates a sum of money specified by the Chairman of the Reference Committee for the purpose of continuance of the post-graduate work of the Committee on Public Health and Medical Education.

The Secretary Mr Speaker these are almost unnecessary motions because the Budget Committee communicates with the chairman of each committee and asks him how much he thinks he will need Then we recommend it to the trustees for enlargement, for cutting down, or for voting the exact sum

The motion was put to a vote and carried

40 COMMITTEE ON NURSING (Journal June 1, page 694)

Dr Thomson, of Kings Report of Reference Committee on the Reports of the Committee on Nursing and the Committee to Study the Curriculum for Nursing Education

Your Reference Committee considering the reports of the Committee on Nursing and the Committee to study the curriculum for nursing education, believes this committee should be commended for its work during the past year, particularly in the compiling of data for future consideration, and we suggest to the Society the continuation of the committee on nursing and nursing education with particular thought to the need for careful revision of the curriculum requirements

We concur in the recommendation that the Medical Society of the State of New York go on record as favoring a standard of admission to schools of nursing which shall be the equivalent of a minimum of four years of high school

I move the adoption of this recommendation

The motion was duly seconded.

Dr Bedell, of Albany Mr Speaker, I do not believe that this Society seriously wishes to keep some good nursing material out because they have not gone through four years of high school I would therefore ask that the committee reconsider that point. I make that as a motion—that the committee reconsider it

The motion was seconded

Dr Kosmak, of New York I have been intimately concerned with this question, and it has been my utmost endeavor to simplify the curriculum. The longer I have been in contact with the situation the more impressed I have become with the fact that the girls whom we are admitting to training as nursees have an insufficient groundwork for this training I believe a girl to be a good nurse must have the elements of ordinary education. This question of instituting a four years high school curriculum is not going to be a suddenly advanced matter It will have to be developed gradually We should not lower the requirements but elevate them It is much better to lower the technical requirements at the upper end of the course than to retain those at the lower

Dr Sondern of New York If you attempt to lower the high school education part of the nurse's training you are not going to succeed in the thing that is so essential and that is making a more common-sense professional educational curriculum for the nurse.

Dr Van Etten of the Bronx I feel that the preliminary education of the nurse could be very well regulated so as to provide perhaps a little better preliminary education than they have now We are all in sympathy with a simplification of the technical curriculum and I am heartily in favor of that There is on this floor at the moment the assistant commissioner of education, Dr Sullivan, and I ask you for unanimous consent that he speak to this house for a few moments

Motion seconded, put to a vote and carried

Dr Sullivan addressed the house.

The motion was put to a vote on the question of the committee reconsidering that part of the report dealing with the requirements of the nursing profession, and was lost.

The motion of Dr Thomson to adopt the report was put to a vote and carried

41 COMMITTEE ON MEDICAL ECONOMICS (JOURNAL, MAY 1, PAGE 530)

Dr Flaherty of Onondaga Report of Reference Committee on Report of the Committee on Medical Economics

The chairman of the Committee on Medical Economics in his report suggested the adoption of four resolutions

clause to the resolution with regard to the suspension of the fees of the doctor May I present this as a substitute for the other?

WHEREAS, certain practicing physicians in the State have developed diseases which make it essential for them to give up their practice for a time, and whereas this causes, in the majority of instances, their income to cease and works hardship upon them.

THEREFORE, be it resolved that the State dues of any member shall be suspended by the Medical Society of the State of New York for any member in good standing who has an incapacitating illness of at least three months, provided that his County Society makes application for such remission or suspension of dues, accompanied by a statement that the County Society has so suspended his County dues

The Speaker Dr Chalmers, do you wish to withdraw the previous resolution?

Dr Chalmers This is a substitute.

The Speaker It will be referred to Reference Committee B as a substitute for the previous resolution

34 CARD INDEXES OF MEMBERS OF COUNTY SOCIETIES

Dr Hambrook, of Rensselaer I would like to introduce the following motion

That the State Medical Society furnish its component county societies with suitable card indexes to keep account of its membership This will make the work of county secretaries much easier and provide for interchange of data when members change their address

This was introduced last year and acted on favorably I am making this at the solicitation of many county societies who feel they cannot get the proper men to keep the books under present conditions, and that a card index would facilitate the business very much

The Speaker It will be referred to Reference Committee on New Business A. (Report, Sec. 44)

35 REPORT OF LEGAL COUNSEL (JOURNAL, MAY 1, PAGE 515)

Dr Deyo, of Dutchess—Putnam Your reference committee on report of Legal Counsel has read and carefully considered this report.

We believe that the counsel is to be commended for the constructive articles which have appeared in the State Journal of Medicine

We endorse the policy of the counsel in not settling cases on a nuisance basis, and feel confident in his ability to decide upon the merits of each case This policy has made the legal profession at large realize that only suits of merit can be pushed with any hope of success

We note with considerable satisfaction that during the year there has been a decrease in the number of suits started, and an increase in the percentage of cases disposed of

It is to be regretted that there has been an apparent falling off in the number of those insured under the group plan

In order to lessen the number of cases of malpractice suits brought against the members of the Medical Society of the State of New York, it is desirable for all the members to avail themselves of the Society's plan of group insurance. In order to accomplish this object it is recommended that the matter be referred to the Council to devise ways and means to bring this about. It is also suggested that each County Society appoint a special "group insurance committee" to work with the Council along these lines

I move the adoption of the report

Motion seconded and carried

36 PERIODIC HEALTH EXAMINATIONS AND HEALTH WEEK (SEC. 28)

Dr Douglas, of New York Mr Speaker, the Committee on New Business A, wishes to report on the resolution introduced by the Bronx Delegation

RESOLVED, That a special committee be appointed by the President whose duty it shall be to popularize periodic health examinations, and that a week be set apart to be known as "Health Week" to initiate this campaign

I move that this report be accepted and the resolution adopted.

Motion seconded.

Dr Farmer, of Onondaga This question was in the hands of the Committee on Medical Economics, and then a year ago was passed over to our committee, where I really did think it belonged and still think it belongs. I think it is an educational matter and also a public health matter I feel that little by little, whether we know it or not, the Committee on Public Health has gradually lost its identity, because one public health activity after another was gradually withdrawn from it. I do not want to advise the delegates how to act, but I would like to advise that they give this matter pretty sober and sound judgment

Dr Thomson, of Kings Kings County is very much interested in this I agree with what Dr Farmer has said. If we in Kings County have had any success in the functioning of our public health committee, it has been because all matters concentrate in the public health committee, and through special committees we function on special subjects I think Dr Farmer has taken a very sound stand.

Dr Leber, of New York I think it is one of the greatest public health measures of the day, and is going to be taken up by the laymen if the medical men do not. I think the committee will have its hands full in working out this problem

Dr Podvin, of the Bronx The idea of the introducers of this resolution is that the success of the Anti Diphtheria campaign we have recently witnessed was due largely to the splendid work done by the special committee appointed for that purpose. A special committee to work along the same lines as that Diphtheria Committee would be conducive to the success of this campaign, and therefore we favor the adoption of this resolution as introduced

The motion was put to a vote and carried.

37 DUES OF INCAPACITATED PHYSICIANS (SEC. 6, 9, 33)

Dr Townsend, of New York Your Committee on New Business B has the honor to report favorably on the resolution introduced by Dr Chalmers suspending annual dues to the Medical Society of the State of New York of members of County Societies who have an incapacitating illness of at least three months, with the provisions outlined in the resolutions

WHEREAS, certain practicing physicians in the State have developed diseases which made it essential for them to give up their practice for a time, and whereas this causes, in the majority of instances, their income to cease and works hardships upon them,

THEREFORE, be it resolved that the State dues of any member shall be suspended by the Medical Society of the State of New York during the time that a member is absent for his health, provided that his County Society makes application for such remission or suspension of dues, accompanied by a statement that the County Society has so suspended his County dues

I move the adoption of this resolution

Motion seconded and carried

38 COST OF MEDICAL CARE. (SEC. 29)

Dr Townsend Your Committee reports favorably on the resolution introduced by Dr Aranow to appoint a committee to study the alleged high cost of medical care and report at the next meeting of the House of Delegates I move the adoption of this resolution

Motion seconded

Dr Aranow, of the Bronx I think if you wait another

46 CHOICE OF PHYSICIAN BY INJURED WORKMAN (SEC. 26)

Dr Kosmak I have another report. The Committee on New Business C has considered the resolution introduced by the Bronx delegation relative to the free choice of physician by an injured employee. Your Chairman finds it necessary to report a divided opinion among the members of the Committee on the subject of this resolution. It was felt by the majority from which the chairman is excluded that, while the injured employee should exercise a choice as to his physician, some inherent right in the matter resides in the employer, and that to grant this privilege exclusively to one party, would constitute an injustice to the other

Your Committee therefore suggests that, for the purpose of obtaining the opinion of the house, an open vote be taken on this resolution by the delegates present.

I move the adoption of this report.

Motion seconded

The Secretary I move an amendment to that resolution, that it be considered at a time that Mr Stryker is here to give us his legal advice.

The amendment was seconded, put to a vote and carried

47 PRIZE ESSAYS

Dr Bidell of Albany You doubtless know there are two prizes given, one to the essayist who writes the best essay or presents material gathered in the best manner on subjects selected by a prize committee.

Your committee states, sir, that in the material sent to us it is the unanimous feeling of this committee no essay has been presented worthy of either prize.

It was moved that the report be accepted. Motion seconded and carried.

48 LIMITING DOSAGE OF ALCOHOL

Dr Chalmers, of Queens Presented the following resolution

Whereas, It has been stated in the public press that the great State of Illinois has through an action in court raised the question of the right of Congress to limit the dosage of spirituous liquor as a therapeutic agent in the treatment of disease, and the said action is now pending before the Supreme Court of the United States

THEREFORE BE IT RESOLVED, That the House of Delegates of the Medical Society of the State of New York at its annual meeting held in Utica on June 3rd, 1929, heartily endorses and approves the action of the said State of Illinois, and,

BE IT FURTHER RESOLVED, That the Secretary of the Medical Society of the State of New York be directed to forward to the Governor of the State of Illinois a copy of this resolution

The Speaker Referred to Reference Committee C. (Report, Sec. 50)

The Speaker Is there anything further under the head of New Business to come before the House of Delegates at this time?

49 COST OF MEDICAL CARE (SECS 29 AND 38)

Dr Phillips, of New York I believe we are all more or less familiar with the fact that there is being carried on in this country a very extensive investigation as to the cost of medical care. It has been referred to several times during the meeting of the House of Delegates, and if my memory serves me one or two resolutions have been introduced on that subject. I believe the work that is being done is largely financed by the American Medical Association. It is an important study It seems to me that in view of the fact you have taken certain actions here today, if you wish any action to augment the action which you have recommended in your House of Delegates today it would be wise for you to instruct your delegation to the House of Delegates of the American Medical Association to take such action in the form of resolutions to be presented to the House of Delegates of the American Medical Association in regard to this subject as might represent the opinion and sentiment of this House of Delegates

Dr Cole, of New York The report to be made by the committee will be a report of progress only They are going to make a preliminary report but they do not expect to have the final report until three or four years from now

Dr Aranow, of the Bronx If the House of Delegates so agree, may I suggest that our delegates be instructed to bring a resolution before the American Medical Association similar to the one passed here tonight.

Motion seconded

Dr Phillips I think Dr Aranow meant to say, and I think he did say, our delegates to the American Medical Association, and put that in this resolution

Dr Sondern Might we have that motion repeated to us?

The Assistant Secretary read the substitute motion

That the President be empowered to appoint a special committee to consider this particular problem—that is, the cost of medical care—and report to the Council of the Society of the State of New York for the purpose of giving that information to the public

Dr Sondern That would scarcely be a proper resolution for the delegates to carry

Dr Aranow May I suggest that the original resolution be read

Dr Rooney, of Albany I move that this House instruct its delegates to the American Medical Association to take such steps and prepare such resolutions for presentation to that house as will forward promptly the investigation of the question of the cost of medical care of the sick and the proportion borne by these various factors entering into this cost

Dr Aranow I withdraw my motion

Dr Phillips I do also

Dr Rooney's motion was seconded, put to a vote and carried.

50 LIMITING DOSAGE OF ALCOHOL (SEC. 48)

Dr Kosmak Your Committee on New Business C has considered the resolution introduced by Dr Chalmers of Queens, relative to the restriction in the therapeutic use of spirituous liquors

Your Committee hereby recommends the adoption of said resolutions

I move the adoption of the report

Motion seconded, put to a vote and carried

51 RETIRED MEMBERS

The Secretary I have a number of candidates for retired membership The By-Laws read that retired members of this Society shall be active members of component county societies seventy years of age or over who have applied for such retired membership The following have been recommended by their respective county societies Christopher S Best, Middleburg, Henry C. Coe, New York, Walter C Crombie, Mechanicville, J Baxter Emerson, New York, Wolff Freudenthal, New York, Menzo W Herriman, Long Island City, S Adolphus Knopf, New York, Charles H Ludlum, Hempstead, W Golden Mortimer, New York, George J Moser, New York, Isaac H Reiley New York, G W Rossman, Ancram, Peter Scott, Brooklyn, Peter Stockschlaeder, Rochester, George Schoeps, New York, Charles A. Wall, Buffalo, Ludwig Weiss, New York, Joseph C. Willson Canton, Thomas Wilson, Hudson, Lettis H. Woodruff, Rochester

I move that they be placed on the retired list. Motion seconded, put to a vote and carried

Motion to adjourn being made and seconded, the motion was put to a vote and carried, and the meeting adjourned to Tuesday, June 4th, at 9 30 A. M

The first That the House of Delegates of the Medical Society of the State of New York extend to Commissioner Frances Perkins our thanks and appreciation for the efficient and careful consideration of the medical problems before the Advisory Council and that we hereby offer to her all facilities at our disposal to further aid in the solution of such problems. We recommend unanimous and hearty approval.

The second proposed resolution To establish a workmen's Compensation Reference Bureau and that this bureau maintain a trained executive on full time salary is approved by the Reference Committee after the elimination of the words full time.

Third resolution To determine the status of the Life Extension Institute and define the term practicing medicine by judicial decision has the approval of the Reference Committee.

In regard to the fourth and final resolution recommended by the Committee on Medical Economics, to established minimum salary for employed physicians, stated in these words "that all organization employing doctors shall pay a minimum fee of $5 00 per hour to such doctors" Following is the reaction of the Reference Committee. We deplore the exploitation of the individual doctor by organizations utilizing his services, and further agree that there is great disparity in the salaries paid to doctors by public health, welfare, charity organizations and similar societies The Committee feels that it would be unwise at this time to attempt to fix a minimum fee of $5 00 per hour in view of the many varying factors and circumstances which prevail throughout the State We disapprove of this resolution and recommend that the State Society urge its members to expect and request for such professional service, a fee commensurate with the character and scope of the work undertaken, as modified by individual factors—

I move the adoption of the report.

The first resolution was duly seconded, put to a vote and carried

The Secretary The second resolution carries with it an expenditure of funds and has therefore to be referred to the Council.

The Speaker Dr Flaherty, if you will eliminate that part of your report that deals with the appropriation of money and refer that recommendation to the Council I will entertain the motion.

Dr Flaherty I accept the amendment.

The motion on the second resolution, as amended, was put to a vote and carried

Dr Flaherty then read the third resolution, which was duly seconded

Dr Sondern, of New York It appears that this requires a legal decision, the employment of legal talent to obtain it, and probably court procedure, and as that means the expenditure of money, I would amend the motion to refer this to the Council for action

Dr Flaherty I accept that amendment.

Dr Thomson, of Kings Hasn't it been determined by the Attorney General that no one may proceed in a similar way as the Life Extension Institute, because the Life Extension Institute is practicing medicine? In other words, if you were to make application to establish in Brooklyn a similar institution you would be turned down on your incorporation papers because you were practicing medicine illegally, or as a corporation

Dr Heyd, of New York The status of the Life Extension Institute was under a long period of investigation by the Medical Society of the County of New York The Attorney General of the State it is my recollection decided the Life Extension Institute was not practicing medicine under the terms of the law The County Medical Society of New York rested with that decision If the State Society, as Dr Sondern has indicated, wishes to make a test by swearing out an indictment against the Life Extension Institute it is going to cost money, there is no question about it. It is not a motion which should be idly or lightly accepted, and it is my view that a legal battle, the end of which is not visible, will be involved.

The motion as amended was put to a vote and carried.

Dr Flaherty read the concluding paragraph of the report and moved its adoption. Whereupon, the motion being seconded, was put to a vote and carried.

Dr Flaherty moved the adoption of the report as a whole. The motion was seconded, put to a vote and carried

42 REPORT OF TREASURER AND TRUSTEES (Journal May 1, pages 510, 515)

Dr Cady, of Cayuga The Reference Committee on Reports of the Treasurer and Trustees, approves and recommends the adoption of the report of the Treasurer The Committee approves of that portion of the Trustees' report in reference to the accumulation of a trust or investment fund of $150,000, half of which is already in hand and with the following suggestion that the fund be created solely from the accrued yearly surplus and without incurring any further financial obligation on the part of the members of the Medical Society of the State of New York.

The committee further recommends the adoption of the allocations A B C and D, as suggested by the Board of Trustees

I move the adoption of the report

Motion seconded, put to a vote and carried.

43 COMMITTEE ON MEDICAL RESEARCH (Journal May 1, page 521)

Dr Farmer The Report of the Reference Committee on the Report of the Committee on Medical Research

The reference committee on the report of the Committee on Medical Research has carefully reviewed the Committee's report.

The report indicates clearly that the Committee has been alert to protect the safeguards for scientific medical research It is also noteworthy that the Committee has clearly differentiated between true scientific research and questionable experimentation by unqualified persons

Our recommendations are as follows

That the action of the Committee during the past year be approved

That the policy governing such actions be endorsed.

That the Medical Society of the State of New York thank the Chairman and members of the Committee on Medical Research for the services which they have rendered during the past year

I move the adoption of the report Motion seconded and carried

44 CARD INDEXES FOR COUNTY SOCIETIES (SEC. 34)

Dr Douglas, of New York The Committee on New Business A, is ready to report on the resolution of Dr Hambrook of Rensselaer as follows

The Committee on New Business A, are in sympathy with the purpose of the resolution introduced by Dr Hambrook of Rensselaer, to provide cards for indexing members, but as this resolution calls for the expending of money it must under the Constitution be referred to the Council and the committee so recommends

I move the report be accepted and its recommendation adopted

Motion seconded, put to a vote and carried

45 A PHYSICIAN ON THE STATE INDUSTRIAL COMMISSION (SEC. 27)

Dr Kosmak of New York Your Committee on New Business C, reporting on the resolution introduced by the Bronx Delegation urging the passage of a bill amending the Compensation Act so as to provide for the appointment of a physician on the State Industrial Commission recommends its approval

I move the adoption of the report. Motion seconded and put to a vote and carried.

Rooney are practically my sentiments, but I think while the injured person has his primary right of choosing his own physician it might be well to give the employer consultation rights with the employee.

Dr Kaliski, of New York I want to voice the sentiment of New York County, which has gone repeatedly on record for the free choice of physicians That is embodied practically in the resolution of Dr Rooney and we would like to see the House adopt that resolution.

Dr Bowen, of Livingston We lose sight of the fact the employer is anxious to get the employee back on the job as soon as possible. In many cases we have to deal with an employee ignorant, excited, anxious for compensation, who wants to run to everybody he hears of, who is coached by charlatans, and we are asking the employer to pay for all of that foolishness It seems to me it is to the interest of the employer or the insurance carrier to have a competent man to look after these employees

Dr Cottis, of Chautauqua I think the last remark should be considered, and I think we should have a separate law for Greater New York than for the rest of the State. I know that is impracticable, but in the smaller industrial regions the local life insurance companies and local manufacturers are as anxious as we are that employees have good care.

Dr Rooney, of Albany There is nothing in this law or resolution that will prevent the employer or insurance company having any physician they desire see the patient and oversee the treatment, they are given that right in the laws that exist, they have a right to have consultation and make such choice of consultants as they choose. Gentlemen, let us try to keep our eye on one point. We only stand for one thing—the best kind of practice that can be given to the injured employee.

The motion was then put to a vote and carried

54 COMMITTEE ON ARRANGEMENTS THANKED

The Secretary I wish to move a vote of thanks and appreciation of the work done by the Committee on Arrangements, thanking them also for the generous hospitality of the County Society that they represent.

Motion seconded and carried

55 SECTION ON GASTRO-ENTEROLOGY AND PROCTOLOGY

The Secretary I have a request that a section on Gastro-enterology and Proctology be formed. I move it be referred to the Council.

Motion seconded, put to a vote and carried.

56. TELEGRAM TO DR. STOVER

Dr Wightman Mr Speaker, it has just been called to my attention that Dr Charles Stover, of Amsterdam, an ex-president of this Society, is ill at home, unable to be here as a delegate. I would like to move you that the sympathy of this body be tended to him with our best wishes

Motion seconded, put to a vote and carried.

Dr Farmer A short time ago a motion was made to send a telegram to Dr Stover and I was very glad to know that action had taken place. I think this House of Delegates at this time should also send a telegram to our oldest living resident, Dr Albert Vander Veer of Albany, extending to him our heartiest greetings and best wishes I so move.

The motion was seconded and carried.

57 ADJOURNMENT

On motion of Dr Rooney, duly seconded, the House adjourned sine die.

JOHN A CARD, *Speaker.*
DANIEL S DOUGHERTY, *Secretary*

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ADJOURNED SESSION OF THE HOUSE OF DELEGATES, TUESDAY, JUNE 4TH, 1929

52 ROLL CALL

The meeting was called to order by the Speaker at 9 30 A M

The Speaker The Secretary will please call the roll.

The Secretary called the roll and the following delegates responded

William P Howard, Thomas W Jenkins, Brayton E. Kinne, Lyman C Lewis, J Lewis Amster, Harry Aranow, Cornelius J Egan, Louis A. Friedman, Vincent S Hayward, Jacob A Keller, Edward C Podvin, Edmund E Specht, Howard W Davis, Charles D Squires, Seth N Thomas, George W Cottis, Reeve B Howland, Leo F Schiff, Henry J Noerling, Charles D Ver Nooy, C Knight Deyo, William A Krieger, Aaron Sobel, John D Bonnar, J Henry Dowd, Mary J Kazmierczak, John Breen, Charles C Trembley, Sylvester C. Clemans, William D Johnson, Norman S Cooper, John L. Crofts, Norman L. Hawkins, Jefferson Browder, Elias H Bartley, Eugene Marzullo, Adolph Bonner, Thomas N Brennan, Peter J Dulligan, Cameron Duncan, Frederic E. Elliott, Edwin H Fiske, Harold C Denman, Edwin A. Griffin, Augustus Harris, Nunzio Rini, John E. Jennings, Alec N Thomson, Alexander L. Louria, Charles T Graham-Rogers, Joseph W Malone, John J Masterson, Joseph Raphael, Charles E Scofield, James Steele, Luther F Warren, Harvey W Humphrey, Frederick J Bowen, Charles R. Barber, Clarence V Costello, Joseph P Henry, Floyd S Winslow, Horace M Hicks, George B Granger, Albert M Bell, Emily D Barringer, Edward M Cohe, Jr, Walter H Conley, Walter T Dannreuther, Edward J Davin, John Douglas, Ten Eyck Elmendorf, B Wallace Hamilton, Ward B Hoag, Albert S Hyman, David J Kaliski, Samuel J Kopetzky, George W Kosmak, Otto H Leber, J Milton Mabbott, Henry S Patterson, William M Patterson, Alfred C. Prentice, Nathan Ratnoff, DeWitt Stetten, Henry K. Taylor, Terry M Townsend, Louis Tulipan, William A. Peart, Frederick J Schnell, George M Fisher, Joseph L. Golly, Andrew Sloan, Thomas P Farmer, Frederick H Flaherty, Albert G Swift, Charles W Selover, Joseph B Hulett, Charles E Padelford, Harvey S Albertson, Carl Boettiger, Thomas C Chalmers, Henry C. Courten, William J Lavelle, Francis G Riley, Ernest E Smith, Augustus J Hambrook, John H Reid, George A. Leitner, W Grant Cooper, Stanley W Sayer, George S Towne, Dudley R. Kathan, Frederick C. Reed, Henry R Bentley, Robert M Elliott, Leon M Kysor, Herbert B Smith, Frank S Child, Luther C. Payne, George M Cady, Luzerne Coville, Carl F Meekins, Morris Maslon, Walter A. Leonard, Lucius H Smith, Harrison Betts, Merwin E Marsland, Romeo Roberto, George B Stanwix, William N Miller, George E Welker, George Manley

The following Officers, Trustees and Chairmen of Standing Committees were present

Harry R Trick, James N Vander Veer, Thomas H Farrell, Daniel S Dougherty, Peter Irving, Charles G Heyd, John A. Card, Walter D Ludlum, Thomas P Farmer, Arthur J Bedell, James E. Sadlier, Frederic E Sondern, Hyzer W Jones, Edward R. Cunniffe, Guy H Turrell, Edgar A. Vander Veer, Paige E Thornhill, LaRue Colegrove, Austin G Morris, Nathan B Van Etten, Grant C Madill, William H Ross, James F Rooney, Arthur W Booth

The following Ex-Presidents were present Wendell C Phillips, Grant C Madill, J Richard Kevin, James F Rooney, Arthur W Booth, Orrin Sage Wightman, Nathan B Van Etten, George M. Fisher

52 ELECTION OF OFFICERS

The Speaker announced that the meeting would proceed to the election of officers and the following tellers were announced by the Secretary

Edward M Cohe, Jr, New York, Chairman, Vincent S Hayward, Bronx, Reeve B Howland, Chemung, William A Krieger, Dutchess, Thomas M Brennan, Kings, Frederick H Flaherty, Onondaga, George A. Laitner, Rockland, William P Howard, Albany, Aaron Sobel, Dutchess-Putnam, DeWitt Stetten, New York, Andrew Sloan, Oneida, Thomas Chalmers, Queens

The Secretary announced that Dr William H. Ross had resigned from the Board of Trustees, and moved that his resignation be accepted Motion was seconded, put to a vote and carried

The following officers were nominated and elected

President Elect, Dr William H. Ross, Brentwood, First Vice-President, Dr Floyd S Winslow, Rochester, Second Vice-President, Dr Lyman G Barton, Plattsburg, Secretary, Daniel S Dougherty, New York, Assistant Secretary, Peter Irving, New York City, Treasurer, Charles Gordon Heyd, New York City, Assistant Treasurer, James Pedersen, New York City Speaker, John A Card, Poughkeepsie, Vice-Speaker, George W Cottis, Jamestown, Chairman, Committee on Scientific Work, Arthur J Bedell, Albany, Chairman, Committee on Legislation, Harry Aranow, Bronx, Chairman, Committee on Medical Economics, Benjamin J Slater, Rochester, Chairman, Committee on Public Health and Medical Education, Thomas P Farmer, Syracuse, Chairman, Committee on Public Relations James E. Sadlier, Poughkeepsie, Chairman, Committee on Medical Research, Frederic E. Sondern, New York City, Trustees, Nathan B Van Etten, for five years, Harry R. Trick for two years, to fill unexpired term of William H Ross, resigned

The following were elected Delegates to the American Medical Association for 1930-1931

Daniel S Dougherty, Nathan B Van Etten, George A. Leitner, James N Vander Veer, Orrin S Wightman, J Richard Kevin, Samuel J Kopetzky

The following was elected delegate to the American Medical Association for 1929-1930

Harry R. Trick, Buffalo

The following were elected Alternates to the American Medical Association for 1930-1931

John E. Jennings, Edward A. Griffin, Charles H. Goodrich, Edward J Cunniffe, W Warren Britt, William D Johnson, Edwin H Fiske.

The following was elected Alternate to the American Medical Association for 1929-1930

Thomas W Jenkins, Albany

53 CHOICE OF PHYSICIAN BY INJURED WORKMAN (SECS 26 AND 46)

The Speaker The Committee on New Business C has a report.

The Secretary It was deferred until such time as counsel, Mr Stryker, could be here and take the floor

The Speaker Mr Stryker will please come forward. The House will listen to Mr Stryker, our counsel.

Mr Stryker addressed the House.

The Secretary Mr Speaker, the House should consider first the adoption of the report of the committee and then offer it for discussion.

Dr Rooney, of Albany I withdraw my previous motion I move you, sir that this house refer this matter to the Legislative Committee of this Society

The Secretary We must accept the report first.

Dr Rooney Then I withdraw my motion and I move you that we accept the report of this committee

Motion seconded, put to a vote and carried

Dr Rooney I move that the matter embodied in this report of the Reference Committee C be left to the Legislative Committee of this Society with the recommendation of the House that in so far as they believe it wise and judicious that an amendment will be proposed to the Workmen's Compensation Act providing for the free choice of a physician by the employees, and that that is the sentiment of this House.

The motion was duly seconded

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BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at Montefiore Hospital, on June 18, 1929, was called to order at 9 15 P M, the President, Dr Aranow, in the Chair

Election of candidates being in order, it was moved and carried that the Secretary be instructed to cast one ballot for the following candidates for membership Louis Abelson, John G Codik, John A Colucci, William Director, Samuel J Ehrlich, Abraham Gillman, Louis Heyward Harris, James F Hart, Jacob Jacobson, Isaac Jampol, Abraham J Julius, Fannie Isabelle Kapp, I John LaRosa, Edward N Lefcourt, Harry S Nemens, Jacob L Olenik, Samuel J Schneierson, Jacob M Schwarsbram, Edith Tschner and Geza Weitzner

Dr Aranow reported on the recent Annual Meeting of the Medical Society of the State of New York and the satisfactory work done by the Delegates representing our Society

The Scientific Program proceeded as follows

CLINICAL MEETING

1 Types of cardiac failure—S P Schwartz
2 Treatment of Advanced Cardiac Failure—L Tarr
3 Pernicious Anemia Neurological Manifestations—M Keschner
4 Medical Aspects of Surgery in Pulmonary Tuberculosis—J J Wiener, M Fishberg
5 Cases from the Surgical Service—I Cohen, J Gottesman, J M Ziegler
6 X-ray Demonstration of Metastases—A J Bendick.

It was moved and carried that a vote of thanks be extended to Montefiore Hospital and the gentlemen who presented the Cases

Respectfully submitted,
I J LANDSMAN, M D, *Secretary*

NEWS NOTES

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NOISE IN NEW YORK CITY

New York City has an anti-noise society whose objects are described in an editorial in the New York *Times* of June 12

"Pity the Board of Aldermen if the New York Anti-Noise Society succeeds in carrying out its plan to go before the city fathers and, for the space of two minutes, subject them to a select combination of New York's commonest noises!

"What to do about it not even the Anti-Noise Society seems to know Doubtless within a generation or more the public will have either gone mad or developed protective deafness, or have insisted that scientists devise ways of muffling the noises that are the by-products of machines of various sorts, from brakes and exhausts to squeaks and rattles Present city dwellers seek to develop voices able to be heard above the roar

"Political philosophers comfort us with the observation that it is not so long since 'offenses to the nose' were as common in our cities as they still are in the remote regions of China, where there is no drainage or system of refuse disposal and the streets are filled with decaying litter Yet these things, in the name of public health, are now under control There are indications that 'offenses to the eye' in the form, notably, of unsightly rural billboards, are coming within the police power It may be that the public will in time educate lawmakers to suppress offenses to the ear as readily as offenses to the nose and the eye—including much more than unmuffled motors, excessively loud bells and gongs and other sounds which are at present covered by laws and codes"

HEALTH CONTEST FOR CITIES

What New York City has done, other cities can do,—probably better The National Chamber of Commerce is starting a contest among cities to see which one can do the best work in public health The New York *Herald-Tribune* of June 20 describes the proposed contest as follows

"The inauguration of a national health contest, designed to place on a comparable and competitive basis community effort throughout the country in checking economic losses due to disease and premature deaths, was announced today by the Chamber of Commerce of the United States It will be known as the National Inter-Chamber Health Conservation Contest and will be similar to the National Fire Waste Contest in which more than 650 towns and cities are now enrolled

"The period covered by the contest will be from January 1 to December 31, 1929 Awards will be based principally upon the organization and equipment of local health departments, financial support of health activities, both official and voluntary, and facilities for health information and education, water supply, milk supply, sewage disposal and health laws and ordinances

"To all cities entering the contest there will be made available, free of charge, expert assistance from the American Public Health Association and other cooperating organizations, within the limits of their resources, in analyzing conditions and initiating activities for improvement of health conditions"

GORILLA ANATOMY

A joint expedition of Columbia University and The American Museum of Natural History under Dr Henry C Raven, will go to Africa to secure specimens of gorillas for anatomical study Concerning the objects to be attained the New York Herald Tribune of May 24 says editorially

It is a misfortune of biology that the wrong animals happened to be domesticated Had man's first companions chanced to be the chimpanzee and the gorilla, instead of the dog, the horse and the pig, scientists would now know far more than they do about the mental and physical make-up of these apes and their relatives—creatures indubitably closer to the make-up of man than are any other forms of life. Domesticated apes might have been useful, too, in industry and household economy, for an experience of a hundred centuries or so in human companionship might easily have bred docile and intelligent gorillas competent for many tasks now carried out by men or by machines The chance to understand a gorilla's mind even as well as we glimpse the minds of horses or dogs is probably gone forever But the creature's body, with all its important implications for the theory of evolution, science ought to know far better after the expedition of our two New York institutions has returned and given its report"

THE DAILY PRESS

HEALTH OF NEW YORK CITY

The health forces of New York City are discussed editorially in the New York *Herald-Tribune* of June 4 in a way which would do credit to a medical Journal It says

"It's not a bad place to live in, this New York of ours They denounce it on the hustings as a center of moral and physical disease, but the figures do not bear them out Indeed, the baby born in New York, partly because he meets all the germs young, has a better chance of coming through life triumphantly than many a country child whose milk is not inspected, who grows up far from doctors and medical inspections and never learns to meet temptations and disease. The Health Survey of the city, a sort of hygienic regional plan just carried out by the Welfare Council, gives this smoky, crowded, sweating city a rating of 709 out of a mysterious 1,000 possible health scores—which is certainly better than it would rate on a transit scorecard

"The growth of public health work is one of the impressive phenomena of our period, and this survey naturally discloses weak spots and lopsided developments Manhattan, for instance, with less than a third of the city's total population, has more health services than the four other boroughs combined

"We still lay the old emphasis on cure rather than prevention of disease—we spend $150,000,000 annually for the treatment and only $8,500,000 on various forms of preventive work But New York hospitals are pioneers in the preventive clinical and education work which, in some remote future, may make hospitals almost unnecessary And while the municipal Health Department is one of which New York may well be proud, we might well be even prouder In 1927 New York spent an average of 91 cents upon the health of each citizen of the city, but Chicago spent $1 29 and Boston $1 53

"Many of the findings of the survey are technical, they suggest lines of development and coordination among the various existing health agencies In particular, they suggest that the function of the municipal Department of Health is likely to become increasingly to guide, coordinate and assist the work of semi-private health institutions and bodies rather than to administer health services directly This is most obvious in the expanding field of preventive work."

MOVIES IN TEACHING HYGIENE

The place of movies in teaching is being debated pro and con The truth is that moving pictures cannot take the place of hard study, but they can help to visualize conditions which cannot be seen Peristatsis, for example, is an unknown action even to physicians, unless they have seen a living stomach in action, or, better still, an animated series of *x*-ray pictures which repeat the action over and over in a vivid way

The New York *Times* of June 21 has the following item concerning moving pictures in the public schools

"Motion pictures of parts of the human body in action were publicly demonstrated by Professor Clair E Turner of the Massachusetts Institute of Technology at an evening session of the health educational conference of the American Child Health Association

"These reels represent part of a million-dollar program initiated by the camera industry in an effort to develop a subdivision of their industry which would manufacture such material for everyday use in the classrooms of the public schools, according to Professor Turner, who is in charge of the work

"During the day summaries of the recommendations and conclusions arrived at by their previous special sessions were drawn up by the various sections The elementary school section presented its preliminary report at the general session tonight

"Copies of the films shown by Professor Turner will be ready for distribution to the school systems throughout the nation at the beginning of the coming school year They will be sold for $35 each.

'The comment of the educators attending the conference was that such moving pictures would greatly affect the future of school children Instead of finding school work a dry task, the pupils would be able to see their various tasks as delightful experiences, they pointed out

"The action of tiny microscopic digestive glands in the stomach and intestines was portrayed by one of the pictures Another showed the processes of swallowing and the churning of the stomach In the making of these pictures the *x*-ray was used in order to show the movements Circulation of the blood in the embryo of a chicken was also pictured"

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OUR NEIGHBORS

HOW MICHIGAN DOCTORS WORK IN MEDICAL LEGISLATION

The physicians of Michigan have set an example to the doctors of other states in the way they worked legislative matters Read the following account from the June issue of the Michigan State Medical Society

"SESSION ACTIVITY"

"Our two bills were introduced by Senator Engel and referred to the Committee on Public Health of the senate, of which Dr James T Upjohn of Kalamazoo was chairman

"At about the same time there was introduced in the house a chiropractic bill Later, in the senate, the osteopathic bill was introduced

"Now followed a seemingly unending, ever varying, hectoring and trying train of conferences, interviews and discussions that continued through to the last day of the session They served to also clearly reveal the modern style of political methods They were concerned with legislators, lawyers, chiropractors, osteopaths, druggists, Christian Scientists, beauty specialists, spiritualists, barbers, publishers of papers, optometrists, chiropodists, and fanatics All of them being incorporated in our bills or who felt we were tying a noose about their necks Even some of our own members created added problems and difficulties It was a herculean task to deal with these varied groups with their particular quests That task was discharged at no little cost of temper and worry

"One public hearing was had on the osteopath's bill This hearing was attended by some 200 osteopaths and their attorney, who was their spokesman Our society was represented by Dr Guy L Kiefer, Dr R E Loucks, Dr A H Whittaker, Dr G C Penberthy and the Secretary

"Eventually the four bills were reported out to the senate and all of them passed the senate The chiropractic bill was accepted and no oppositions were made to it Our opposition to the osteopathic bill was unavailing, largely due to a speech made on the floor of the senate by its introducer This distorted and unreliable speech was later answered by an open letter to all the members of the legislature and our position set forth

"Under the rules, the bills went to the house and were referred to the Committee on Public Health of the house The chiropractic bill went to the Governor and had ten days in which to be signed or vetoed A gentlemen's agreement was entered into with the chairman of the House Public Health Committee whereby he was to report our bills out in five days so that they and chiropractic bills could be signed on the same day The five days passed and eight days passed. But two days remained within which our bills had to be reported out and passed or failing, the Governor had to veto the chiropractic bill to prevent it from becoming law

"The Governor was a patient in a Grand Rapids hospital He was interviewed He gave us a message at 4 P M A hurried trip, through a terrific rain storm, was made to Lansing Interviews were had with the committee chairman who then finally showed his hand and informed us he would not report out our bills The Detroit men were called to Lansing and the conference continued till after midnight Early the next morning the return trip was made to Grand Rapids The Governor was again seen and later in the day his secretary came to Grand Rapids with the formal veto which the Governor signed at five o'clock—twelve hours remaining ere the chiropractic bill would have become law were it not vetoed

"An interval now intervened in which, by request, several members were called to Lansing for a conference with Senator Woodruff and Governor Green The osteopaths' representative thought a compromise might be accepted Our position was definitely stated and by its terms a compromise was not made We were informed a 'fight would be on' Requests were then sent to all county societies to increase their protests to members of the house Again there was evidenced some very good activity by some parts of the state while others remained dormant.

"A week intervened with no outward evidence of any move by the Legislative Public Health Committee Then on May 1st, seven days before adjournment, word was passed out that the chiropractic bill which had been vetoed would be tacked on as an amendment to our professional qualification bill and so reported out with the osteopathic bill On May 2nd the Public Health Committee of the house reported out the osteopathic bill, our bill amending the Medical Practice Act and the Professional Qualifications Act which had tacked onto it as an amendment the vetoed chiropractic bill Your officers and commission felt that they had made sufficient contact with the legislature and therefore refrained from further activity It was concluded that the best course now would be to permit the legislature to record their vote If the osteopathic bill passed, our last recourse would be Governor Green

(*Continued on page 842—adv xiv*)

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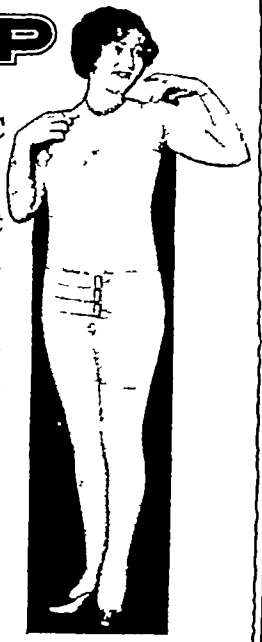
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(*Continued from page* 840)

"On May 6th the house passed the osteopath bill The Professional Qualification Act was reported out with the previously veteod chiropractic bill attached to it as an amendment. Under the rules both bills were returned to the senate where the osteopath bill was again passed and on a parliamentary point the qualification act with the chiropractic amendment was ruled out of order The legislature adjourned on May 8th with the result that only the osteopath bill had weathered the session and was before the Governor for signature

"There now arose the final somewhat hectic incident After the adjournment, the Governor was flooded with some 2,000 telegrams urging him to sign the osteopath bill—more telegrams than he received on the 'Death Penalty Bill.' Then about two o'clock, on the afternoon of Saturday, May 11th, the information came through from a reliable source, that the attorneys for the osteopaths had filed with the Governor a lengthy brief substantiating in a most impressive way the osteopathic claims To the uninformed these claims had face appearance of being conclusive facts, but upon analysis were grossly unsubstantiable It was necessary to supply the Governor with refuting facts from reliable authorities Long distance was employed far into the night. On Sunday, May 12th, our results were transmitted to President Hirschman, Dr Kiefer and Dr Whittaker in Detroit and it was concluded that because of the nature of our returns and an intimation that had been received that a statement from Dr Ray Lyman Wilbur, secretary of interior and also president of the American Association of Medical Colleges, was of uttermost importance The pre-emptive order was to come to Detroit A plane was secured, in an hour and fifteen minutes Detroit was reached With Doctors Hirschman, Kiefer and Whittaker the entire situation was reviewed An endeavor was made to summarize the situation in a telegram but it was impossible to do so because of the many related points that were necessary to clearly visualize the situation for Dr Wilbur The conclusion was that the Secretary should board a train and go to Washington because our representation had to be in the Governor's hands by Tuesday, the 14th This conclusion was reached at four o'clock Reservation was secured on a six o'clock train, a pair of pajamas was purchased and Washington was reached at noon on Monday Dr Wilbur was interviewed at one o'clock and by three o'clock his signed statement was in our hands A taxi enabled the catching of the 3 30 train that reached Detroit at 9 a m Tuesday and Lansing was reached in the afternoon The obtained statements and exhibits were placed before Governor Green at 4 p m

"Governor Green vetoed the osteopathic bill"

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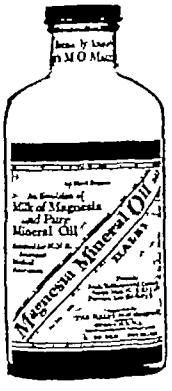
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POSTGRADUATE WORK IN NEBRASKA

Dr J Stanley Welch, writing editorially in the May issue of the *Nebraska State Medical Journal,* says

"Postgraduate work? Yes! But how?

"At Vienna or some foreign medical mecca, perhaps as an interrupted vacation period

"At your alma mater, perhaps remotely located and divorced from you by years

"At the nearest, but to you strange, university medical college

"At your county or district medical meeting as an organized week-end teaching assembly

"At the hospital in your area best organized for teaching

"OR, not at all, like myself

"Postgraduate work I certainly need, but how shall I get it? Today we are accused of graduating Super-Six, -Eight or -Twelve cylinder doctors and putting them on the road with no service stations to maintain them Where will you, doctor, general practitioner, get your fouled medical spark plug cleaned today?

"To organize a teaching team and function it for a two or three day period at stated places costs time and money, and some such experiments have been very disappointing Perhaps they were not in your area Perhaps you did not know about them That was not your fault That was the fault of the organization What we now ask is, "Do you want any of these types of postgraduate work?"

"Three states near us have had courses of nine week's duration, one day a week, in organized districts Thirty doctors were previously registered and paid a cost fee Three classes succeeded especially well where good teachers were procurable Indeed, these three states that success seems dependent on this factor Good teachers are not to be found here, there and everywhere at any time It may be possible to procure through some central body such as the American Medical Association, the Carnegie or Rockefeller Institute, the continuous services of such a teaching staff, providing several states would cooperate Would you subscribe to such an endeavor to bring postgraduate study to your district?"

BUREAU OF INDUSTRIAL HYGIENE

The Michigan State Department of Health has a bureau whose objects are set forth in the June issue of the *Journal of the Michigan State Medical Society* as follows

"A Bureau of Industrial Hygiene has recently been created in the Michigan Department of Health, a division of public health service looking to the interest of industrial and mercantile establishments in their efforts to safeguard the health of their employees

(Continued on page 846—Ad

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WINTER SALAD *(Six Servings)*

	Grams	Prot.	Fat	Carb	Cal.
2 teaspoons Knox Sparkling Gelatine	4.5	4	—	—	—
¼ cup cold water	—	—	—	—	—
½ cup hot water	—	—	—	—	—
½ teaspoon salt	—	—	—	—	—
¼ cup vinegar	—	—	—	—	—
1½ cups grated cheese	150	43	54	—	—
½ cup chopped stuffed olives	70	1	19	8	—
½ cup chopped celery	60	1	—	2	—
¼ cup chopped green pepper	25	—	—	1	—
½ cup cream, whipped	75	2	30	2	—
Total	381	103	13	13	1183
One serving	8.5	17	2	2	197

Soak gelatine in cold water Bring water and salt to boil and dissolve gelatine in it. Add vinegar and set aside to chill. When nearly set, beat until frothy fold in cheese, olives, celery pepper and whipped cream. Turn into molds and chill until firm. Unmold on lettuce leaf and serve.

SPINACH SALAD *(Six Servings)*

	Grams	Prot.	Fat	Carb.	Cal
1½ tablespoons Knox Sparkling Gelatine	10	9	—	—	—
¼ cup cold water	—	—	—	—	—
1¼ cups boiling water	—	—	—	—	—
2 tablespoons lemon juice	20	—	—	2	—
½ teaspoon salt	—	—	—	—	—
1½ cups cooked spinach chopped	300	6	—	7	—
2 hard cooked eggs	100	13	10 5	—	—
Total	28	10.5	9	242.5	
One serving	5	2	1.5	40	

Soak gelatine in cold water and dissolve in boiling water Add lemon juice salt, strain and chill. When nearly set, stir in chopped spinach mold and chill until firm. Serve on lettuce hearts or tender chicory leaves and garnish with hard cooked egg cut lengthwise in sixths and sprinkled with paprika Serve with mayonnaise.

If you agree that recipes like the ones on this page will be helpful in your diabetic practice, write for our complete Diabetic Recipe Book—it contains dozens of valuable recommendations. We shall be glad to mail you as many copies as you desire. Knox Gelatine Laboratories, 432 Knox Ave., Johnstown, N Y

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(Continued from page 844—adv xvi)

"The general purpose of this bureau is to keep in practical touch with the health problems affecting industrial workers, to become familiar with the changes constantly taking place in the rapidly growing and highly specialized field of industrial hygiene, to be able, thereby, to give counsel and aid, as occasion may demand To this end the main functions of the bureau will be

"1 To study the general progress of health service in industries in relation to the various influences that affect the physical and mental well-being of men and women in their employ

"2 To note the types and extent of health service best adapted to Michigan industries, dependent upon their size and the nature of work conducted

"3 To aid in devising and establishing generally accepted standards for practical application of hygiene in industries

"4 To secure data on important items such as occupational diseases and industrial hazards

"5 To establish consulting and advisory relations with health departments of industries, to serve as an exchange medium for procedures proved to be most effective in health promotion and care

"6 To supervise the collection, preparation, and distribution of pamphlets, bulletins, and other material for education in industrial hygiene

"7 To aid in establishing cooperative relations between health departments of industries and local health departments, medical societies, and district nursing, welfare and educational units

"The first step toward the establishing of this bureau was to conduct a survey of industrial and mercantile establishments to learn the nature and extent of health service now being promoted by them, to discuss with plant executives some of the main objectives of their health work, to get their reactions and recommendations as to the value of certain measures, also their anticipated improvements, and to offer any assistance possible from the Michigan Department of Health

"The survey has thus far covered about 100 establishments with employes numbering from 150 to 30,000 No particular preference was shown as to industries visited, the aim being to visit those in which could be observed both the very limited and the most inclusive scope of measures employed in the care of injured and ill employees

"The items noted in the survey are Staff of physicians and nurses, equipment, physical examinations, dispensary or health department service, relations with 'family' physicians, safety measures, welfare programs, benefits derived from the health service in general, and recommended variations and improvements

(Continued on page 848—adv xx)



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(*Continued from page 846—adv xviii*)

"The data gathered in this general survey is enlightening as to the rapid growth and possibilities of industrial health work. It is also reassuring as to the valuable contribution well organized health work in industries can make to the field of public health A resume of some of the significant points brought out by the survey will be included in these columns next month"

WHY PEOPLE SUPPORT CULTS

The *Journal of the Michigan State Medical Society* for June contains the following letter from a Michigan banker who also is a member of the State Legislature

"This letter is in reply to your communication of April 16th to the members of the House of Representatives, and also in reply to the printed circular under date of April 3rd forwarded to us by Dr Warnshuis, Secretary of the Michigan State Medical Society

"In making this reply to you, I do so entirely in the spirit of constructive criticism, holding no brief for osteopaths, chiropractors, or any other school of mechanical or faith-healing, and having in mind, and extending full respects thereto, those sterling, Christian gentlemen who put personal and penurious interest behind them, and look only for the welfare of their patients I refer to those doctors who look at their profession from the consumer's angle, which, after all, is a mighty fine way any of us should view his or her daily activities

"The provisions of the osteopaths' and chiropractors' bills are bringing to the mind of each of the members of the House of Representatives the inference that all is not well in the public mind with regards to the standing of the members of the A M A, and the present difficulties that the medical fraternity are experiencing in the Michigan legislature may be considered as a reaction of the general public to the methods and practice employed by SOME of the medical doctors during recent years In other words, it is the handwriting on the wall that the medical Fraternity has spots on it, and is due for an internal housecleaning, properly conducted by its own members and officers

"Within the last eighteen months, an eminent surgeon, during a gathering of men of his kind in an eastern city (and I deplore the fact that I lost the newspaper clipping, which I have had occasion to quote many times) stated that 95% of the surgery performed in America was needless, was merely inflicting a permanent wound on the body, and in the long run was discrediting the medical profession in the eyes of the consuming public You may know of, off hand, to

(*Continued on page 849—adv xxi*)

(*Continued from page 848—adv xx*)

whom I am referring I am sorry I cannot give you his name as the clipping has been lost.

"From my own personal experience I must say that the medical services rendered to members of my family have been far from satisfactory, and had engendered in me a wholesome disgust of anyone who uses the term Specialist I will outline some of our experiences briefly

"Exhibit One—Dr X in 1915 performed an operation on my wife While the fee charged was very reasonable, the results were almost negligible Aside from this, the surgeon saw fit in his supreme ego to capitalize socially on the case I will let you draw your conclusions in your own imagination

"Exhibit Two—Dr Y in 1925 performed an operation on my wife, making a nine-inch incision for a so-called exploratory operation, and removed from her a perfectly normal appendix, as was proven after the operation by the nurse This operation resulted in very intestinal adhesions, from which the patient suffers today Of course, the bill was a trifling $300, to say nothing of the hospital expense, the pain, the fear and anguish The basic trouble for which she was operated, remains today Judge for yourself

"Exhibit Three—Dr Z in 1927 operated on my nine-year daughter for what he termed a dangerous acute case of appendicitis He removed a perfectly normal appendix, as was again proven by the nurse's testimony, sent me an invoice for $150, which was only a small part of the total cost to say nothing of the child's fear, terror and pain Aside from this ailment, which we might in days past recognize as a plain, old fashioned case of belly-ache, this child is a physically perfect specimen. Again I ask you to judge for yourself

"Our experiences are mere samples of what the public is suffering at the hands of cross-road mechanics, who style themselves as surgeons, and who proceed through their crude guess work to abstract money from people's pockets by the instrument of fear, which is the same process used by the gunman in his tactics to relieve his victims of their money Personally, I see no difference in the final outcome in either case if the surgery has been uselessly performed

"It cannot be expected that the genral public are going to forever stand defenseless against such tactics as this In my every day occupation, I am a banker, and many a wage earner comes to me soliciting a loan that his wife or some other

(*Continued on page 850—adv xxii*)

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(Continued from page 849—adv xxi)

member of his family may have a surgical operation, and I am wondering if this surgery h been as brutal and as foolish as has been performed on my own family, as I know it tak these men anywhere from three months to a y to discharge this debt incurred for such operations Surely, the practice of "gyp" surgery the case of low paid working men is an abominable crime

"This tirade may seem a long way from discussing the osteopath bill, but I am not the only one to whom people have told that they have gone from pillar to post, from one specialist to another, submitting to costly treatments, expensive operations, only to find themselves in worse condition than when they started Some of these people have reported relief by osteopathic o chiropractic treatment. How much depends upon this latter treatment one can make, is questionable

"Now, let us sum this up into one paragraph Is the medical profession actually performing a conscientious service to the lay public that gives them a cure or a relief at a minimum of suffering and expense? That is a question for the A M A to answer, and when the A. M A. can answer this question absolutely in the affirmative, then it has a right to demand that legislative bodies the country over will protect public health by restricting business of administering to the sick to the members of the A M A

"Again, I wish to assure you that this letter is intended strictly in the sense of constructive criticism I like to see people well, and I like to see physicians prosper, but I do not like to stand by silently, just to be a shrewd politician, and see the public buncoed I feel that it is time for the A M A. to rid itself of its fossilized code of ethics, which in the long run are almost mythical, and come down to a true competitive basis that will give the public value received, the same as the manufacturer, merchant and the public utilities and other forms of human endeavor must do, in order to incur and maintain public good will"

GOVERNOR'S VETO OF OSTEOPATHIC BILL

The Governor's veto of the Osteopathic Bill is recorded on page 488 of the *Journal of the Michigan State Society* for June as follows

"To the President of the Senate

"Sir I am returning herewith, without my approval, Senate Bill No 239, File No 152

"Osteopaths have just been given the right to prescribe, administer and dispense narcotic drugs to patients, House enrolled Act No 283 which

(Continued on page 852—adv xxiv)

Patient Types . . .

The Elderly Patient

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It does not burn, irritate or injure tissue in any way

Hynson, Westcott & Dunning

Baltimore, Maryland

(*Continued from page 850—adv xxii*)

has received my signature But this Bill would go further and give osteopaths the right to practice surgery, and have all the other powers of doctors of medicine and surgery This law would permit those specializing in a single type of treatment to have equal privileges with those who have conformed to the requirements of a complete medical school training such as is provided at Michigan's outstanding medical school at the University

"There is a place for the practice of osteopathy I am not objecting to it as a profession Its practitioners are to be congratulated upon their constant endeavor to advance their standards and requirements I do, however, maintain that the State should not set up two separate and distinct routes through to reach the objective of receiving the sanction of the state in the complete and unlimited practice of medicine and surgery

"If, in addition to the additional privileges recently granted the members of the osteopathic profession wish to be licensed to practice medicine in all of its branches, as provided in this bill, they should meet requirements now made of those who now receive that privilege I cannot add my sanction to a bill which sets up a double standard of required qualifications

"Therefore, I veto this bill

"Respectfully,

"(Signed) Fred W Green,
"Governor"

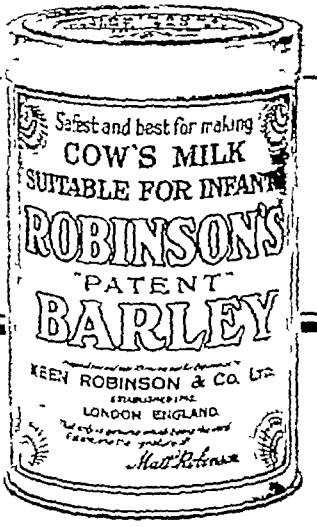
MEDICAL PUBLICITY IN MINNESOTA

The doctors of Minnesota seem to have some sense of humor, or at least the editor of Minnesota Medicine has, for he publishes in the June issue the following extract from the Fairmont Daily Sentinel, April 18, 1929

"The doctor at Austin got owly at the Herald because they thought that paper in publishing the news did not sufficiently reverence the rather remarkable ethics of that profession, which pretends to be grossly insulted if they are given publicity, especially if it smacks of advertising The docs held a caucus and resoluted that the Herald must'nt even mention their names any more Of course the Herald ignored the gag, and just now one of the Austin doctors is in jail awaiting trial for manslaughter for causing the death of a married woman through an illegal operation The Herald, being a real newspaper, is giving the public all the facts and the medics are chagrinned, if that's spelled correctly"

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(*Continued from page 850—adv xxii*)

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"Respectfully,

"(Signed) FRED W GREEN,
"Governor"

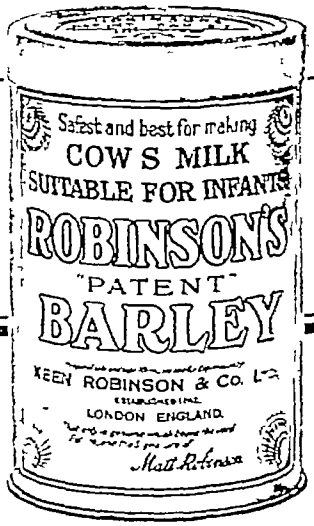
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POST GRADUATE COURSE IN KENTUCKY

The Kentucky Medical Journal for June contains the following editorial on the Post Graduate Course sponsored by the State Medical Society

"The Post Graduate Course of instruction which we will have in Louisville from July 8th to 20th, inclusive, under the auspices of the State Medical Society, is rapidly taking shape, and we are anticipating a large attendance. The Louisville Tuberculosis Association has repeated its invitation to us to have luncheon and a series of demonstrations of all forms of tuberculosis This was an outstanding event during the last year's course The Children's Hospital will have open house with a luncheon such as was enjoyed before

"Although the course is held under the auspices of the State Medical Association, an invitation is extended to all the old graduates of the University and to all the doctors of the adjoining States to be with us at that time and partake of our hospitality A very pleasant feature of the course has been the meeting up with classmates The Louisville Baseball Club will be here most of the time so that on Saturday afternoon there will be an opportunity to see professional ball

"Begin to make plans to come to Louisville at this time as it will be a valuable review of new methods of diagnosis and treatment with plenty of variety so that the visiting doctors will be entertained as well as benefited"

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People suffering from diabetes really enjoy gelatine dishes—and they *can* enjoy them if they have our diabetic recipes prepared by one of the country's recognized dietitians Remember, Knox Gelatine is free from *sugar*—See Page XVII—*Adv*

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Discusses, in addition to pollens, such secondary factors as food, epidermal, dust and incidental proteins

Copy sent on request.—See page XII.—*Adv*

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ROBINSON'S "PATENT" BARLEY & GROATS

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AGAROL

Agarol contains no sugar—safe in diabetes, no alkali—does not interfere with digestion, no excess of oil—to cause leakage. Just the right proportion of ingredients to afford these desirable actions Softening of the intestinal contents, gentle stimulation of the peristalic function.—See page XXI.—*Adv*

FELLOW'S SYRUP

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There is a unanimity of opinion among physicians upon the use of Mead's Dextri-Maltose.

It is shared alike by the pediatrist whose practice is confined exclusively to the feeding of infants, and the general practitioner whose work covers a multitude of different cases

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A few infants can tolerate *any* carbohydrate. But *any* carbohydrate can not be fed all babies under all conditions. Sample and literature on request.—See page XXXII—*Adv*

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NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 29, No 14 | NEW YORK, N Y | July 15, 1929

PIGMENTED GROWTHS OF THE SKIN, THEIR SIGNIFICANCE AND TREATMENT*

By A. BENSON CANNON, M.D, NEW YORK, N Y

A WHITE man, 27 years old, whose only complaint was multiple painless nodules on the skin, was referred to me for diagnosis Six weeks before, he had noticed an almond-sized lump on the left shoulder which was followed in rapid succession by numerous other nodules over the trunk and extremities He had had gonorrhea and a chancroid three years previously

He was a well nourished and developed man, apparently in good health Over the body and extremities, most marked on the trunk, were numerous nodules varying in size from 0 75 to 2 5 cm in diameter Some were subcutaneous, the skin being freely movable over them, while others were attached to the skin, and some were intradermal growths of a slightly bluish tinge They varied in consistency from a moderate firmness to a stony hardness, and were non-tender to pressure The subcutaneous lesions often occurred at regular intervals and in line, giving the impression of following the lymphatics (Fig 1) The superficial glands, liver and spleen were not enlarged The heart, lungs, neurological and eye examinations were negative The blood count, Wassermann reaction and urine analysis were negative A nodule removed from the skin over the abdomen showed, on microscopic examination, melanocarcinoma About three weeks after the first physical examination I was able to see on the scalp, owing to a very close hair cut, a dime-sized ulcerated lesion just above the left ear, having the appearance of a mole. This, the patient said, was due to his physician's attempted removal of a mole by cauterization six months before Previous to my discovery of the mole he had steadfastly denied ever having had a growth of any kind removed A biopsy report of the lesion showed a malignant pigmented mole

The patient failed very rapidly after the appearance of the skin lesions The tumors increased in size and number, the liver and spleen became slightly enlarged, he lost weight and strength, and became pale Melanin was present in the urine only during the last ten days that he was under my care Death occurred about two months after my observation of him was terminated by his leaving for his home in Denmark Ten months had elapsed between the cauterization of the mole and the fatal outcome Had the mole been thoroughly removed at the time of cauterization, how many years of life could this man have expected?† (Fig 2)



FIG. 1

Showing pigmented and non-pigmented metastatic melanocarcinomatous nodules of the skin

Because of the very common occurrence of moles and other skin blemishes and their occasional termination in cancer there is oftentimes much confusion in the minds of the laity as to the significance of the several types This apprehension is frequently shared by the general practitioner and not infrequently by the dermatologist, especially where certain kinds of nevi are encoun-

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y May 23 1928

† Note Case No 1 previously appeared in *The Southern Medical Journal* Vol XX Feb 1927 No 2 pp 141 147

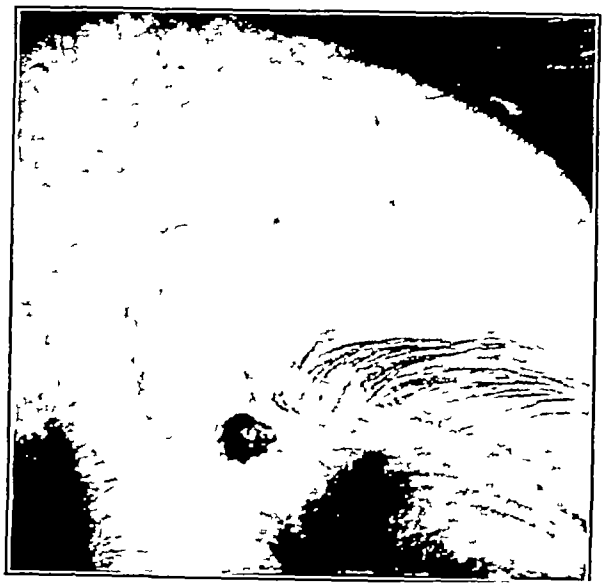


FIG 2

Pigmented mole which has begun to grow Note the irregular shape and surface markings This mole was removed four and one-half years ago No recurrence

tered Every few days we are asked it a certain type of skin growth should be removed and if so, how, and with what results Below, in a general sort of way, I am assembling my observat ons from studying and removing the variou s types of pigmented lesions

The most prevalent type of mole is the soft white or light brown colored pigmented mole Next in frequency one finds the dark, uniformly brown pigmented soft mole (Fig 3) The patient usually wants these blemishes removed from exposed parts such as the face, neck, shoulders and arms for cosmetic results, or from other locations where they are apt to be frictioned by the clothing or cut during shaving or scratched while combing the hair While it is possible for such nevi to become carcinomatous when subjected to prolonged irritation, such instances are exceedingly rare, and I believe never occur after the mole has been thoroughly removed I do not think that the deeply pigmented mole is more likely to become malignant than the lighter one Dr J A Fordyce, J A M A, p 91, Jan 8, 1910, stated that he thought the importance of pigmented moles had been exaggerated, that few had become malignant It has been our practice for many years to take off such moles with the electric needle, either by desiccation or by electrolysis and although I recall two people from each of whom we removed more than a hundred moles, I do not know of an instance where the patient has subsequently developed a melanocarcinoma It was Dr Fordyce's custom to treat each mole for two or more times, believing that in this way less scarring was produced

The light to dark brown colored, verrucous mole while not so commonly seen as the above types, also very rarely becomes malignant I saw a man 64 years old, a few days ago, in consultation with his physician for an opinion as to the advisability of removing a dime-sized uniformly dark brown colored verrucous mole which had been present without noticeable change in character ever since he could remember Twelve years ago he had consulted a number of very able dermatologists in regard to the same question, most of whom advised immediate and wide removal Two days before he consulted me he was again advised to have wide excision with serial sections made of the nevus It is interesting that most of the dermatologists whom he consulted expressed the opinion that once a mole showed evidence of activity or growth regardless of the way it was removed that a metastasis was quite certain to occur I told him I believed that if such a nevus had been present for 64 years without physical change and was located where it was not likely to be irritated that he could feel reasonably safe in leaving it alone On the other hand, there was very little likelihood that the nevus would recur or become malignant should it be thoroughly removed (Fig 4)

Seborrheic warts and senile keratotic lesions, particularly when brown or brownish black in color, are apt to be mistaken for pigmented nevi I have in mind an elderly physician who was warned not to have the brown keratotic warts and spots, which were so objectionable to his wife, removed from his face for fear of resulting melanocarcinoma Such lesions, as you know, are often the site of basal and sometimes prickle cell epithelioma but never melanocarcinoma (Fig 5)

Nevi with and without hair from light to dark

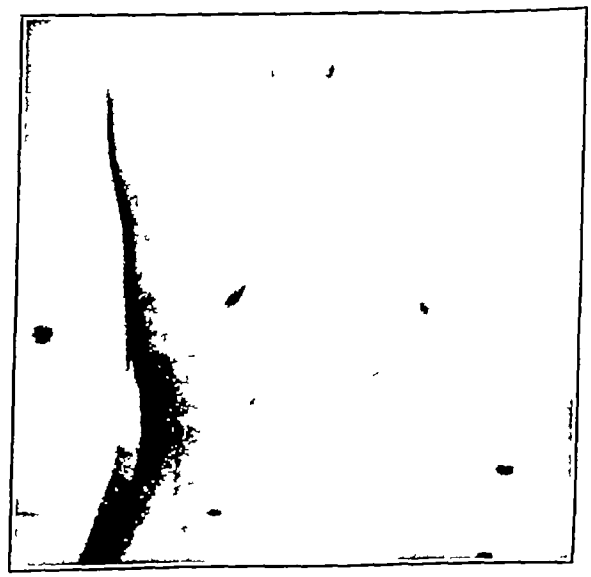


FIG 3

Dark brown pigmented moles

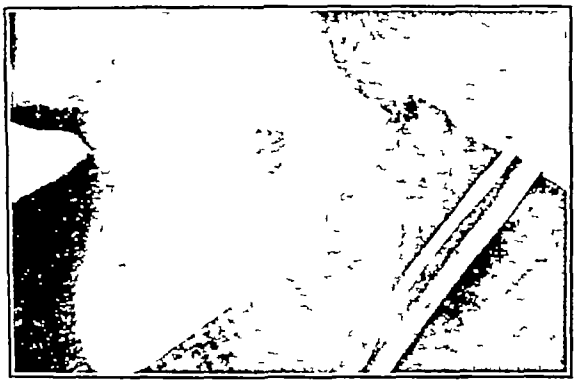


FIG. 4
Showing pigmented, congenital, verrucous nevus

slate or bluish black color occurring in all sizes from that of a split pea to that covering the greater portion of the trunk are not apt to become malignant. Such lesions may safely be removed with the desiccating or electric needle, excised, or even be treated with CO_2. Many dermatologists used to think it advisable to epilate the hairs of the nevi with the electric needle and destroy the remaining portions of the nevus later. Another method long used was one of repeated transverse puncture and electrolysis. So far as I can learn no serious results followed any of these procedures, so one might conclude that such nevi rarely ever develop into malignant growths even after such repeated irritation. (Figs. 6 and 7.)

One often sees dark bluish colored, pin head to large pea sized macular or very slightly raised

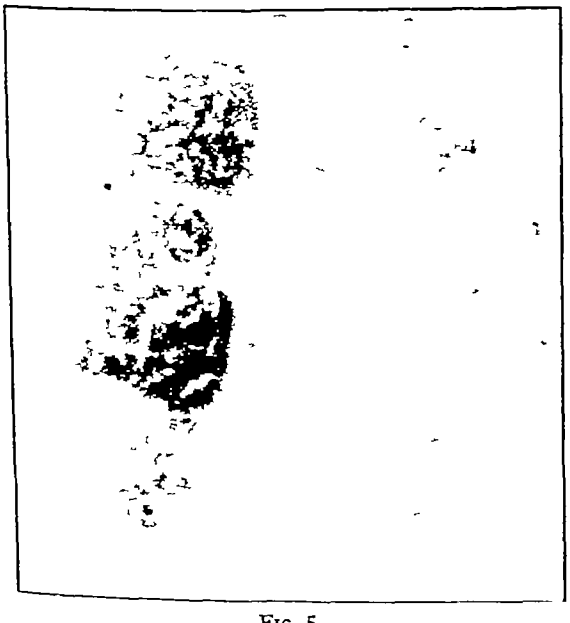


FIG. 5
Pigmented seborrheic warts on the back near the left shoulder



FIG. 6
Pigmented hairy nevus in girl of 12 years, showing the distribution

nevi which have been present from birth. Such nevi, I believe, seldom give rise to a malignancy. They can be left alone or safely removed with the actual cautery, desiccation, excision, or with the skin punch. Professor Krenn of Vienna has a small skin punch attached to an electric line such as dentists use, and by a rotary movement punches out these lesions with various sized drills, leaving the wound to granulate. I heard him say that he had neither seen nor heard of a melanocarcinoma following the removal of such nevi.

Any acquired type of nevus, papular or nodular, pin head to small marble size, bluish purple to brown black developing at any time during life, especially after the patient has reached the age of 30, should be regarded with great suspicion as those growths are frequently forerunners of carcinoma. Oftentimes such lesions



FIG. 6a
Enlargement of the center of the nevus, showing hair

have fine spider-like lines radiating from a central papule In several such lesions that I removed with the endothermic knife I was able to trace the lines of pigment for some distance from the central lesion along the deep cutis When these nevi are small, they are often mistaken for comedones and squeezed or picked with a needle, a thing which most often results in rapid enlargement of the black papule A young woman 28 years old consulted me 1½ years ago for a black papule the size of a No 6 shot on the left cheek, of six months' duration, which had gradually increased in size Thinking it a blackhead, she picked it with a pin and pressed the lesion between her finger nails When seen twenty-four hours later the central brownish blue papule was surrounded by an areola of redness and infiltration the size of a twenty-five cent piece which could be easily picked up between the fingers She was given a soothing lotion and when she returned four days later the swelling and redness had disappeared and only the dark papule remained This we removed with the endothermic knife, using a wire loop As nearly as I can judge the majority of melanocarcinomas occurring on the mucous membranes of the mouth and genitals originate from this type of nevus, and they not infrequently have their origin in the skin (Figs 8, 9 and 10)

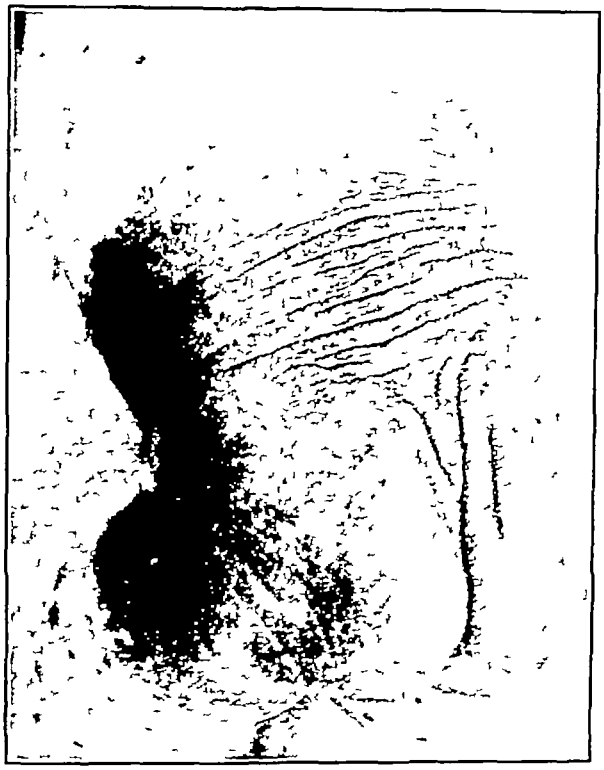


FIG 7

Congenital bluish black nevus in a child age 22 months

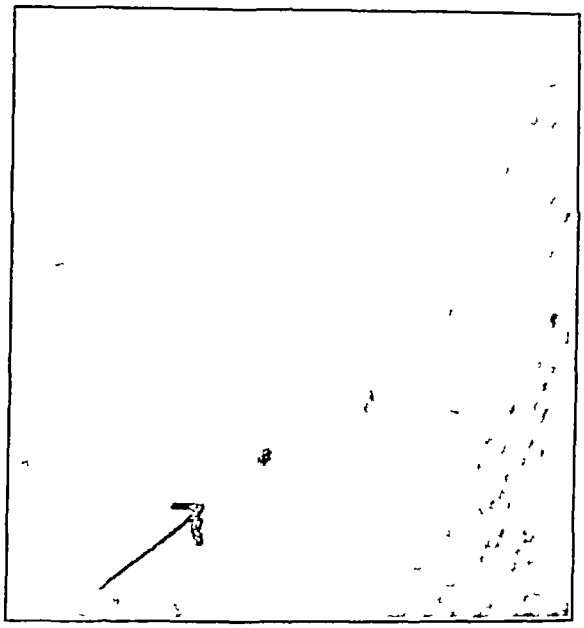


FIG 8

Showing an acquired, pin head sized, papular, pigmented nevus

Still another type of nevus which is prone to become malignant is the brownish or bluish mottled, slightly raised plaque often varying in size from a split pea to 1″ or 2″ in diameter This plaque not infrequently becomes verrucous over one part Such lesions are always dangerous and should, I believe, be thoroughly removed Not infrequently a malignancy will



FIG 9

M L, age 65, with melanosarcoma on cheek, with melanotic pigmentation of the skin on chest Died 5 years after picking a pin head sized, black dot on cheek which had gradually increased in size



FIG 10

Man, age 44, presenting multiple bluish brown colored pea to marble sized, smooth nodules, said to have been present for 10 years Followed 4 years after a similar acquired lesion had been removed from the back of the knee

develop in the pigmented area as illustrated by the accompanying picture (Fig 11) The following cases are illustrative

CASE REPORT

Case 2 I saw Mr J D, age 54, with Dr J A Fordyce in December, 1922 He had a dark colored growth over left side of forehead at edge of hair of six months duration When he first noticed it, the lesion was a dime-sized, dark brown to bluish colored elevation and it had since gradually increased in size His general health was good with no loss in weight Past and family histories were negative

Examination showed an elevated wedge shaped lesion about 1½" x 2" in diameter occupying the left side of forehead and scalp just in the middle of the part of the hair The base of the wedge was ¾" in diameter, bluish brown in color, warty, and surrounded by salt and pepper like, stellate nodules from the size of a pin head to that of a millet seed

It was diagnosed as beginning melanocarcinoma We widely excised the lesion with the endothermic knife from 1" to 1½" beyond the border, the flap about 4½" x 3" in diameter was lifted off, and then the base and edges desiccated Microscopic sections of the central part of the growth showed melanocarcinoma

The wound gradually healed by granulating, the patient gained in weight, and is living and perfectly well today For several years his urine was examined at repeated intervals for melanin and gave a positive reaction only twice, one week about six months after excision of the growth There were four smooth, elevated, pea sized, bluish colored nevi on other parts of the body

CASE REPORT

Case 3 Mrs E M, age 59, consulted me in April, 1923, complaining of a bluish colored growth on the outer surface of the right arm of one year's duration Lesion had begun as a small black dot, gradually increasing in size Her general health was excellent with no loss in weight. Family and past histories were negative There were no other lesions on the body except for occasional brownish soft moles

Examination revealed a dark bluish brown colored, elevated, smooth growth on the outer and upper third of the right forearm about the size of a twenty-five cent piece The lesion was widely excised 2" beyond the border of the lesion Pathological report of sections showed melanocarcinoma The wound granulated leaving a smooth, white, depressed scar No melanin was found in the urine at any time Patient is living and well today with no evidence of recurrence

CASE REPORT

Case 4 Mr J McG, age 66, consulted me on February 20 of this year, complaining of a growth on the outer side of the right thigh just above the knee of one year's duration He had had a flat, dark colored, raised, dime-sized plaque at the site of the growth as long as he could remember During the past year

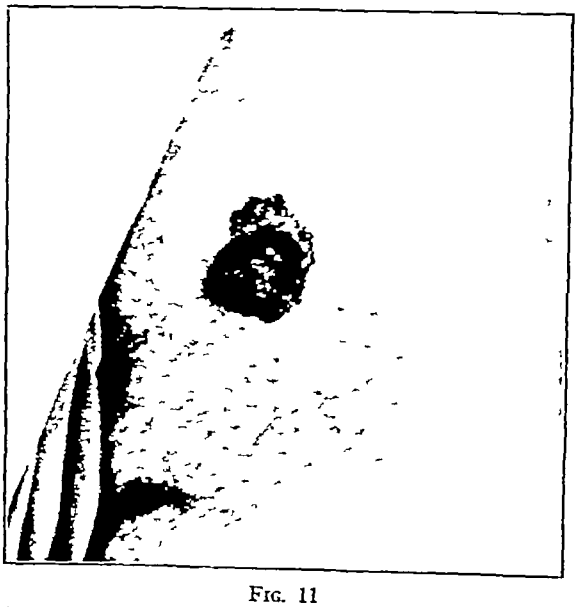


FIG. 11

Melanocarcinoma of 1 year's duration on a congenital melanotic nevus plaque

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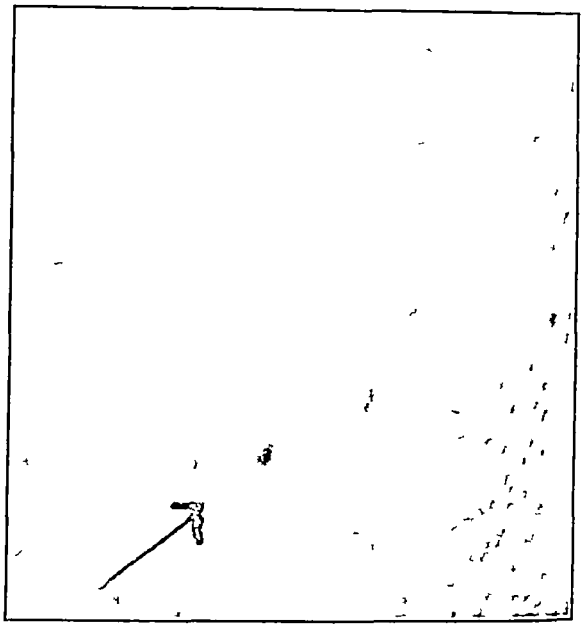


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Six of this number are dead, death having occurred from 10 months to 4 years after the first evidence of malignancy The other cases have been under observation for from 4 months to 6½ years, and only one of this number has shown any evidence of a recurrence, that of a young girl who had a melanocarcinoma removed from the conjunctiva of the eye followed 2½ years later by a melanotic nodule on the skin between the eyebrows

It is often exceedingly difficult to determine clinically or even histologically whether a particular type of melanotic growth has become malignant, or whether if thoroughly removed, there will or will not be a recurrence I believe that it is generally conceded that if a pigmented lesion, whether of the acquired or congenital type or a dark pigmented mole, has begun to grow and to show change in color, ulceration, irregularity in shape, or surface markings, a malignant change is probably taking place. By adding to the clinical evidence that of a pathological study where the sections show an irregular, downward growth with separation of the basal layer and perivascular and interstitial edema, a round cell infiltration and the formation in alveolar arrangement of pigmented nevous cells which are irregular and swollen, and the finding of some of these cells in the perivascular and interstitial spaces of the cutis, we can assume the presence of a malignant change The difficulty of establishing a diagnosis of a section from a melanotic growth is illustrated in two of the cases that I am reporting, one being that of a metastatic nodule removed and submitted to the pathological department of one of our larger institutions with the report that there was not sufficient evidence to make a diagnosis of melanocarcinoma Another similar nodule which was removed from the same man and submitted to the same pathologist showed all evidences of a metastasized melanocarcinoma. The other case was that of a section of a melanotic growth taken from the eye and shown to a number of the leading pathologists of America and Europe with a division of opinion as to whether the growth was malignant or a nevus I believe that if sections of a melanotic growth show the same type of structure and tissue reaction as that encountered in sections taken from a known case of melanocarcinoma that we can usually feel fairly certain that the case under investigation is one of melanocarcinoma

A hemangioma undergoing fibrous change is oftentimes very difficult to distinguish from a melanocarcinoma as illustrated by accompanying photographs (Figs 12 and 13)

Showing that the pathological picture of melanocarcinoma is variable Pierre Mason in Chapter X of "Tumeurs des Tissuo Pigmentaires" says that in spite of wide distribution melanotic tumors have common characteristics, but they have not the same histology Some resemble sarcomas, while others epithelioma. Usually they present a complex structure, sarcomatous on one side and epitheliomatous on the other, there being no sharp division between the two

Henry K Gaskel, *J A M A*, 60 341, Feb 1, 1923, states that nevi from which melanocarcinoma are apt to occur should never be disturbed unless there is slight irritation or signs of ulceration or degeneration. When this takes place wide



FIG. 12

Acquired traumatic hemangioma—lesion had developed following the squeezing of a blackhead six months previously and gradually increased in size, was bluish in color and firm on pressure Section of growth showed angioma

and deep excision is the only thing to be done. He advises the removal of pigmented moles when located where there may be irritation from ill fitting shoes, clothing, x-ray, or shaving, as they often cause speedy death He further states that any irregular in outline or waxy, smooth, with frequent little elevations, dark purplish in color should be regarded with suspicion He found the most common situation was the eye, face, extremities, especially the foot

The origin of melanin has long been a matter of controversy and is closely correlated with the question of the origin of nevus cells Von Recklinghausen's view, "Uber die Multiplen Fibrome der Haut," 1882, that a mole was a lymphangiofibroma was accepted until 1893 when Unna advanced the theory of epithelial origin. This theory has had many supporters, notably Bruno Block who, by the development of the dopa reaction, has indicated the site at which melanin is found K Kissmeyer, "Studies of Pigmentary Nevi in the Human Skin," working in Copenhagen with the dopa reaction attempts to prove

a nodule had developed in the center of the plaque which had gradually increased in size and frequently bled All his life he had had two other similar bluish colored plaques, one on the left thigh and the other on the outer left side of base of neck, which had shown no tendency to grow He had lost one sister with melanocarcinoma

Examination revealed, on the outer and lower aspect of the right leg just above the knee, a purplish brown colored nodule 1" x ¾" in diameter and ½" high, oval in shape, resting in the center of a smooth, slightly raised, brownish purple colored area about ¼" to ⅜" wider than the central mass On the anterior surface of the left thigh was a pea sized, macular, pigmented area at the left side of which was a large, brownish and bluish colored, warty lesion 1" x 1" in diameter

Treatment consisted of wide excision with the endothermic knife, the excision going about 1½" to 2" beyond the margin of the pigmented area It healed by granulation with formation of a smooth, depressed, white scar Biopsy of the nodule disclosed melanocarcinoma Urine has been negative so far and there has been no evidence of a recurrence

Case Report

Case 5 Mr L P, a young white man, age 28, seen in October, 1923, had a black, elevated spot on the outer surface of the left thigh This had begun about a year before as a small split pea-sized, black spot and had slowly grown Past and family histories were negative

Examination revealed an elevated, irregularly shaped blue-black spot about the size of a twenty-five cent piece, the surface was uneven There was no glandular enlargement We excised the spot with the endothermic knife going 2" beyond the border of the growth The wound healed of granulation No melanin was found in urine at any time The patient is living and apparently well

While nevi may occur on any part of the cutaneous surface, mucous membrane or menînges and undergo malignant change, the majority of melanocarcinoma have originated from acquired melanotic growths, more often located on the extremities

In a review of 14 reported cases of melanocarcinoma in which the primary growth could be ascertained, there were 11 from the acquired type, 2 from a congenital nevus, and the other from a nevus on the scalp Five of these were on the feet, two on the mucous membrane, and the remaining seven on face, head, trunk or upper extremities The age incidence was from 2 years to 84, the average being 49 There were 7 of each sex The duration of life from the time the lesion showed signs of malignancy was from 4 months to 4½ years, the average being 2½ years Metastasis to the skin was present in only 3 cases, 2 showing generalized nodular growths and the other a diffuse infiltration of the skin over the lower extremity where the primary growth occurred There was no glandular enlargement in these cases, whereas it was usually found in those in which the skin was not involved

A C Broders and W C MacCarty, *"Surgery, Gyn and Obst,"* vol 23, p 28, July, 1916, in a report of 70 cases from the Mayo Clinic found no region of the skin predisposed to the formation of melanocarcinoma, but the lower extremities most frequently affected They believe that cases originating in the eye have a better prognosis than those originating in the skin or mucous membrane The average age of the cases they report was 49 years, the average duration of the lesion before examination, 11 years All of these cases were operated upon and 63% were dead one year from the date of operation, 86 8% had died 3 years after operation, and 13.2% were living 4 years after operation The general concensus of opinion puts the average duration of life after the onset of malignancy at about 3 years In exceptional cases the duration of life from the beginning of a melanocarcinoma is sometimes much less or much greater In one case death occurred four months after lesion was noted on the glans penis Whiteside, *"Boston Medical and Surgical Journal,"* Vol XCII, May, 1891, reports death in 6 months after the beginning of the primary lesion Dr J A Fordyce reports in *J A M A*, p 91, Jan 8, 1910, one case metastasized 10 years after the primary lesion in the eye, although he gives the average duration of life as 3 years J N Roy, *"Medical Record,"* Nov 2, 1927, Vol 72, p 730, reported a case in which a patient for 20 years previous to consultation had had a pigmented growth on the palate This had slowly enlarged for 12 years Patient was living at the time of report a year later

Of the 13 cases of melanocarcinoma that I have seen 4 were women and 9 men, the ages varying from 10 to 69 years, the average being 44 Ten originated from the acquired type of nevi, having been present for from 6 months to 15 years, the average for about one year, one came from a congenital nevus, and one from a brown mole, while the other one was thought to have been from a mole removed 4 years previously The locations were

Scalp	2	One at the part of the hair, the other in front above the right ear
Near the knees	3	Two on the outer side, and one back of the knee.
Foot	1	On the sole beneath the heel
Gum	1	
Cheek	1	
Eye	2	
Thigh	2	On the outer side
Arm	1	On the outer side.

quently in those countries where there is close contact between rats and humans, many cases have been reported from Japan Horder in 1910 mentions the first cases reported in British medical literature Since then a few cases have been reported in publications of England and Ireland but usually with rather scanty details Herzfeld and Mackie[3] of Edinburg, presented a very carefully worked up case in 1926 Up to 1915 there had been reported about 50 cases in the United States, since then much laboratory work has been done on the disease and quite a number of cases reported In 1924 Mooser[4] reported two cases, in 1925, Dembo et al[5] reported a case as did Monroe and Mooser[6], in 1926 Theiler[7] reported one case, Baker[8] three cases, Hennerich[9] one case, and Lanford[10] one case, in 1927, Foster[11] reported one case, Rubino[12] two cases and Bayne-Jones[13] one case

The disease is most commonly conveyed to man by the bite of an infected wild rat, more rarely is it transmitted by infected cats Mooser[4] in examining wild rats was able to isolate the casual organism of rat-bite fever in about five per cent of rats examined Other animals which prey upon rats may become infected and transfer the infection to man In the laboratory Theiler[7] has shown that white mice and rats may harbor the infection without symptoms whereas the guinea-pig develops pathological changes comparable with those found in man Mooser[14] found that rabbits may also be infected with the disease

The search for the causal organism of rat-bite fever went unrewarded until 1916 when Blake[15] isolated the streptothrix muris ratti and Futaki[16] found the spirochaete morsus muris While occasional investigators since have reported finding the streptothrix, the majority have considered the spirochaete as the responsible organism and the streptothrix a secondary invador The spirochaete is notoriously difficult to isolate which may account for many failures to prove this point However, the prompt reaction of the disease to the administration of salvarsan or one of the other arsenicals strongly suggests that the causal organism is a spirochaete

The first cases of this disease were reported from Japan but since then cases have been reported from all over the world More cases are reported from sea ports and coastal towns than from cities of the interior Most of the early cases occurred in adult males but of late there has been a great increase in the number of cases occurring in children

There is considerable controversy as to the pathological changes produced by rat-bite fever in the human Blake[15] found in the case from which he isolated the streptothrix an acute ulcerative endocarditis subacute myocarditis, interstitial nephritis and hepititis and hemorrhagic infarcts of the spleen Other investigators feel that these changes are not characteristic of rat-bite fever but are rather the result of infection with the streptothrix isolated by Blake So few persons die as a result of this disease that satisfactory pathological investigation of the disease in humans has not been accomplished The Japanese investigators with considerable experience report but minor pathological changes found in those dying of the disease

The symptoms of rat-bite fever are definite There is usually the history of a bite by a rat The wound caused by the bite commonly heals quite promptly and with no more than the ordinary local reaction During the prodromal stage symptoms not unlike those preceding typhoid may be present, such as malaise, weakness, indefinite aches and pains, etc After a period of incubation of from 10 to 28 days, changes take place in the wound and general symptoms appear The area about the bite becomes swollen and painful, the tissues take on a dusky red color, the wound looks as if it was going to break down and discharge The anxious physician is tempted to incise it but usually nothing but dark blood is obtained The regional lymphatic glands become swollen and painful and often lymphangitic streaks appear The delay in the onset of local wound signs is a point of differentiation between this condition and ordinary wound infection. The onset of local wound signs is often accompanied by a chill and this is followed by fever The temperature is commonly high, from 103 to 104, the fever may be of the remittent or intermittent type It is usually marked by exacerbations at intervals of 2 to 6 days unless influenced by treatment In untreated cases, the paroxysms may continue for weeks, in severe cases the fever may be continuous in type while in the mild cases there may be but a slight elevation of temperature. In some cases the fever will remit for long periods

The skin eruption which accompanies this condition is quite characteristic and was present in about two-thirds of the cases reported It makes its appearance with the onset of fever and then gradually fades only to return with each exacerbation The eruption is usually found on the extremities and trunk and consists of slightly elevated maculo-papules varying in size from 1 to 5 centimeters The eruption has a bluish red color when the temperature is at its height, between the bouts of fever, the faded eruption has a dirty coppery color

Urinary examination is commonly negative The appearance of albumin is usually interpreted as an unfavorable omen There is usually a slight leucocytosis and a mild secondary anemia Some observors have reported a positive blood Wasserman in these cases Bayne-Jones[13], although his patient did have a positive Wasser-

that the nevus cells are originating from the pigment forming epidermis cells, which give up their connection with the neighboring epidermis cells and are slowly eliminated from the epidermis into the corium

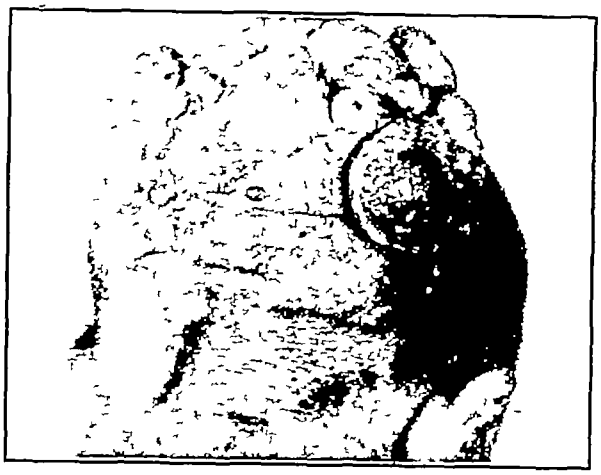


FIG 13

Child, age 4½ years, with gradually increasing nodular growth of the scalp since birth Originated as bluish silver dollar sized, soft angioma Ulceration and glandular enlargement, of 4 months' duration Had been diagnosed melanocarcinoma Sections of tumor showed fibroma angio-sarcoma while section of the glands revealed simple inflammatory condition Growth removed by Dr George A Wyeth with endothermic knife Child living and well

Thormahlen discovered that the urine of patients suffering from secondary melanotic cancer turned dark on oxidation I have repeatedly examined the urine for melanine in the cases of melanocarcinoma that I have had under my care and in only two instances was it present, the first being in case number 2, where it was found on two occasions six months after the melanotic growth had been removed It has not been present since, during a period of six years The other instance was found in case number 1 only in the terminal stage of the disease, a short while before death That the presence of melanine in the urine is not always evidence of melanocarcinoma is illustrated by the case of a woman 42 years old whom I saw 7 years ago suffering with a severe type of catarrhal jaundice, her trouble had been diagnosed as melanocarcinoma of the liver because of the presence of the melanine in the urine This woman made an uneventful recovery and is still living and well

Eppinger Biochem Zchrschr, 28 181, 1910, claims that the mere presence of a melanotic sarcoma, no matter how extensive, will not produce melanin unless the liver is extensively involved He argues that normal liver breaks down melanin that escapes into the circulation

J P Peters in *Arch Int Med*, November, 1923, Vol 32 709-717, "Melanuria Without Melanosarcoma," reported the case of a boy, age 13, suffering from cirrhosis of the liver and acites, who during life and at necropsy showed no evidence of melanosis, but whose urine contained large amounts of melanin

SUMMARY

1 Most people have congenital, soft, white, brown or black moles and sometimes verrucous, which are as a rule harmless and if removed thoroughly by any method do not give rise to carcinoma The same is true of pigmented, hairy nevi and the small, smooth macular, blue congenital nevus

2 The congenital nevi irregular in shape, color and surface markings and the acquired type occurring in the papular form are usually the types that give rise to melanocarcinoma, and should be radically removed with the endothermic knife as soon as they make their appearance, the wound being left open to granulate Where the lesion is removed early and thoroughly in this manner, I believe that there is very little likelihood of the development of a melanocarcinoma

3 Any lesion that shows evidence of growth, change in color, surface markings irritation or ulceration should be immediately and radically removed

4 Of three cases of proved melanocarcinoma removed with the endothermic knife by wide excision of the growth and the wound left to granulate, there has been no evidence of recurrence in 6½, 5½ and 5 years respectively A fourth case in which a tumor was removed 4½ months ago is also free from evidence of metastasis

5 The average expectancy of life from the time a nevus begins to show evidence of malignancy is usually believed to be about three years In exceptional cases it varies from six months to twenty years

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RAT-BITE FEVER REPORT OF A CASE

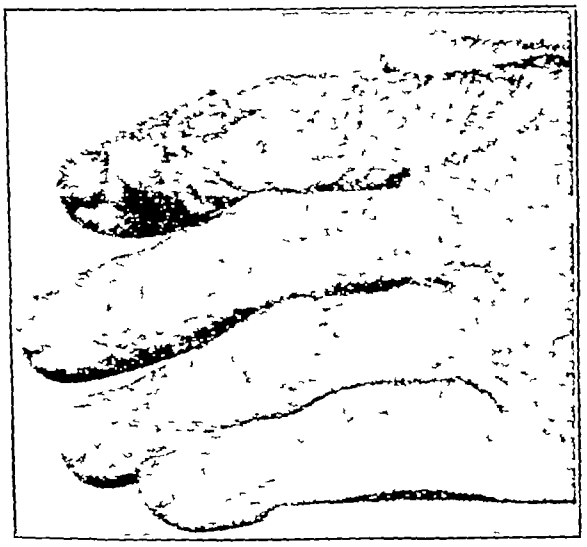
By ARTHUR M DICKINSON, M D, ALBANY, N Y

RAT-BITE fever is an infectious disease, following the bite by a rat and characterised by fever, typical eruption, involvement of the regional lymphatics and prompt response to arsenicals

The disease was apparently first reported in Japan where it was looked upon with as much fear as rabies formerly was in this country Wilcox[1] reported the first case in the United States in 1840 Miyake[2] in 1900 published the first detailed account of the disease Due to the fact that the disease is found more fre-

*Read before the Albany County Medical Society, February 13, 1929

perature rose to 102 8, the eruption appeared to be more marked than ever before. On August 3rd, forty-eight hours after administration of the arsephenamine, the temperature fell to normal for the first time since admission On August 4th, there was marked improvement in the patient's condition, he felt better and ate his food with more relish, the wound was healing and had a healthy appearance, the gland in the axilla was smaller and the eruption had almost disappeared By August 8th, the gland in the axilla was very small and not tender, the skin eruption had disappeared and the temperature



Showing rat-bite of index finger The characteristic skin eruption, though present, does not show in the photograph

still remained normal. The wound looked indolent and a slough was noted in it. The patient was discharged to his home at his own request. On August 16th, the patient visited me at the office He was feeling good, the wound was healthy in appearance, a very small gland was still palpable in the axilla, no eruption was noted On August 28th, I again saw the patient in the office and at this time the wound was entirely healed but the finger was slightly swollen One week later the patient was readmitted to hospital with an infection of the tendon sheaths of the flexor tendons of the right forearm There was no demonstrable source of infection Incision and drainage was followed by a very prompt recovery Cultures from the pus obtained showed a staphlococcus In October, some three months after I first saw the patient, he was again referred to me with fever and indefinite aches and pains but no eruption or signs of trouble with the finger Feeling that this was a fresh paroxysm of rat-bite fever, arsephenamine was advised but refused. Acording to a subsequent statement of the patient this attack lasted about eight days A recent report on the patient, seven months after he was first seen, states that he has been well since.

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man reaction, introduces experimental evidence which seems to show that rat-bite fever does not give a positive Wasserman reaction

The spirochaete can occasionally be isolated from blood cultures especially if these are taken at the height of an attack of rat-bite fever In some instances the streptothrix described by Blake[15] is found More commonly the blood cultures are sterile The serum obtained from the wound will sometimes show the spirochaete as in the case reported by Dembo et al[5] More often the organisms are obtained by excising one of the skin eruptions and injecting this material into laboratory animals as done by Bayne-Jones[13] Herzfeld and Mackie[8] obtained the organism by innoculating the laboratory animals with material from involved glands As previously stated the isolation of the specific spirochaete is extremely difficult

The diagnosis will depend upon the history of a bite by a rat or other animal capable of transferring the infection, the appearance of the wound, the typical exanthem and the fever curve The proof of a rat bite need not be positive, we may merely suspicion it as did Baker[8] in one of his cases The prompt disappearance of symptoms upon administration of arsenicals is almost diagnostic The isolation of the spirochaete is not necessary although a quite proper refinement

Although a mortality of 10 per cent was previously assigned to rat-bite fever, this is much too high As a matter of fact the mortality should be almost nil with adequate treatment In the literature reviewed, Baker[8] reports the death of only one case and it does not seem that this is chargeable to rat-bite fever Infection with the spirochaete of rat-bite fever is considered so innoculous by Solomon et al[17] that they used it experimentally to replace the malarial treatment of paretics

Rat-bite fever can be prevented by prompt cauterization of rat bites with carbolic or nitric acids After the condition is definitely established, salvarsan or one of the other arsenicals is indicated In many reported cases only one dose was required to kill the organisms, in some cases several doses were required

Case Report

V N entered the Albany Hospital, Albany, N Y, July 21, 1928, complaining of the left index finger He stated that on July 5th or 6th, while taking a rat out of a trap, he had been bitten on the back of the finger Following the bite, the wound bled freely and home remedies were applied The wound healed promptly and caused little inconvenience to the patient About 12 days after the patient had been bitten, the finger became red, swollen and painful The patient consulted a physician who incised the dorsum of the finger The physician informed me that he obtained about a teaspoonful of pus from the finger Because of persistence of pain and swelling, the patient was referred to me.

Upon admission to hospital, the condition was thought to be a simple infection of the dorsum of the finger, the finger was red, swollen and painful, the incised wound looked rather indolent, it was filled with a dirty grayish yellow exudate The temperature was 101.2, the urine was negative Bichloride hot packs were applied to the finger On the day following, there was noted no change in the wound or in the patient's general condition, the temperature went to 102 On July 24th, a blood count was done with the following report—rbc 4,200,000, wbc 7600, hgb 75% This day the temperature rose to 103 Under the impression that there must be some retained infectious material in the finger, it was incised under nitrous oxide anesthesia but no pus was obtained During the day, a tender gland about the size of a marble was found in the left axilla and there was slight enlargement of the epitrochlear gland There was tenderness along the course of the brachial vessels but no lymphangitic streaks were observed A maculopapular rash appeared on the left forearm, with a few spots on the dorsum of the hand and a few above the elbow None were observed on the rest of the body These maculo-papules were red or copper color and varied in size from 8 to 30 mm in diameter *X*-rays of the hand were negative for bone disease On July 27th, a blood culture was taken and reported negative The fever still continued as will be seen from the temperature chart There was little change in the local or general condition of the patient except that he appeared rather dull mentally By July 30th, there was a marked subsidence in the local symptoms, the finger was less swollen and painful, the eruption was beginning to fade and the gland in the axilla was smaller The temperature was still up to 101 however Saline dressings had been used on the finger for the past few days and a dark field examination was made of some of the exudate from the wound This showed no spiral organisms but did show many cocci and a few motile organisms Blood examination at this time was reported as follows rgc 4,600,000 hgb 80%, wbsc 8 200, differential count-polymorphonuclears 68%, lymphocytes 20%, mononuclears 12%, red cells normal The blood Wassermann was negative

By this time we felt that we were dealing with a clinical case of rat-bite fever although we had not been able to check the diagnosis by laboratory means On August 1st, the patient was given gm 0 4 sulpharsephenamine intravenously On this day the highest temperature recorded was 101 On the day following there was a marked aggravation of all symptoms The tem-

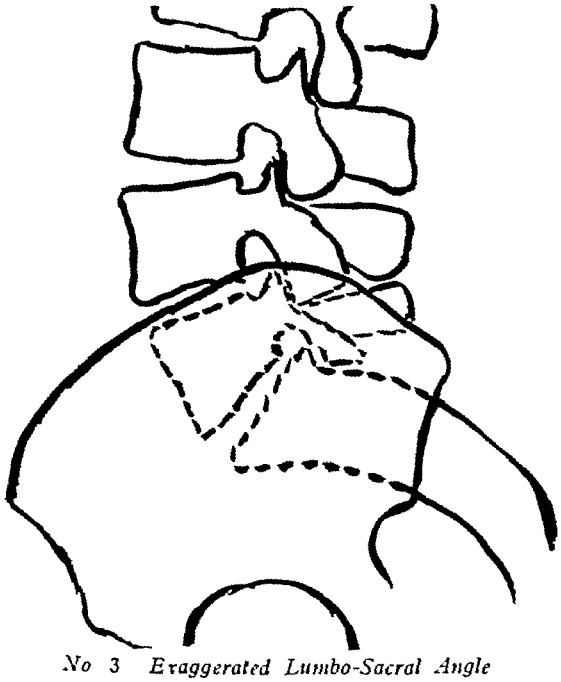
to hold it there. We see this in cases of infantile paralysis, with back and abdominal muscles affected Such a patient cannot pull herself up to an erect position, but, if you sit her up straight, she can often balance wonderfully well, though a very slight push will cause her to collapse

Just in case you think No 2 drawing is exaggerated, here is a tracing from a lateral *x*-ray of a lumbar spine (Nos 3 & 3a) Note the sharp curve, with the sacrum almost horizontal, and the pelvis tilted way forward, with the anterior superior spine pointing down toward the ground As you look at this tracing there seems to be almost nothing to prevent the fifth lumbar vertebra from sliding right off into the pelvis Only the articular processes seem to hold it in place That is quite true, with the assistance of a lot of good strong muscles and ligaments But, as the force of gravity acts straight down, and not around corners, there must be a lot of tension and strain on those muscles and ligaments In No 4 you see a more normal sacro-vertebral angle, pelvis more level, fifth lumbar less tilted forward, sacrum more vertical It seems to me self evident that less muscular effort is needed in this sort of position, than in that shown in No 3

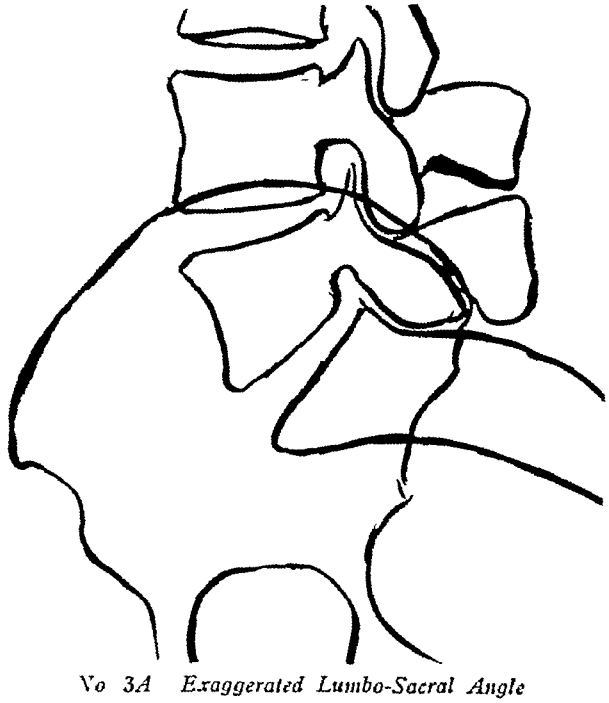
What happens when any muscle is put under constant strain? It aches You have all experienced the effect of such strain at various times Most of the tall men among you probably come out of the operating room, after a long session, with a backache, especially if the table is a little low Why? Muscle strain, of course In the old days of clincher rims, changing a tire was one of the best ways of demonstrating postural backache you could wish for

The position of the body shown in No 2 is very often seen in people of middle age, and beyond, especially those who have not taken any pains to keep themselves in good physical trim Usually they haven't had time Too large a family to bear, and then to rear, with too little help But men are just about as bad, Most of our so-called "upstanding citizens", when you see them in the golf club locker room, or the YMCA Gym look exactly like this chap in No 2 drawing

There are, of course, a great many different types of people. There is the long thin type, so often associated with ptosis There is the short stocky type, and many intermediate The main trouble that students of posture have is in the fact that there cannot be any one normal for everybody There must be a normal for every body type The structure of the spine differs greatly In the tall, thin type, you will usually find lumbar vertebrae which look like those in No 5, another *x*-ray tracing Note the shape of these vertebral bodies Square, or somewhat taller than they are wide Now note another tracing (No 6) from an *x*-ray of a short stocky type These lumbar vertebrae are much wider than they are tall In this type of person you would not expect to find nearly as much normal flexibility of the spine as in the type shown in No 5 On the other hand this wide type can stand much heavier work, over a long period of years, than the more flexible sort In the less



No 3 Exaggerated Lumbo-Sacral Angle



No 3A Exaggerated Lumbo-Sacral Angle

BACKACHE IN WOMEN, FROM AN ORTHOPEDIC STANDPOINT*

By CHARLES D REID, M D, SYRACUSE, N Y

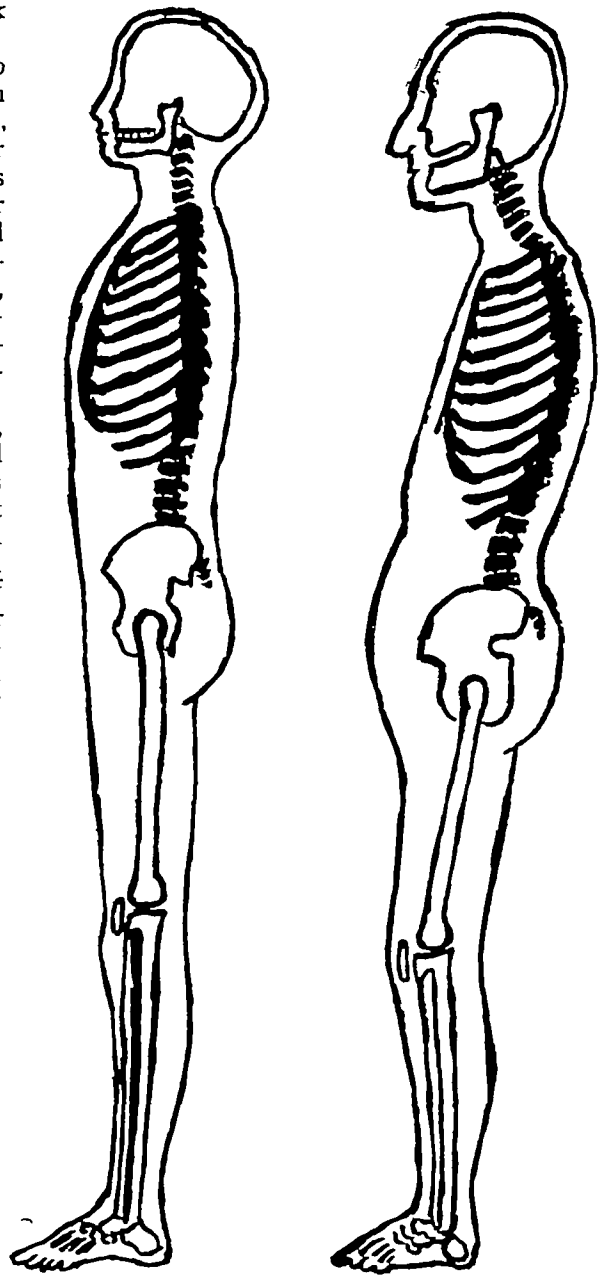
MY reason for appearing before the section on Obstetrics and Gynecology with an orthopedic paper is, that I would like to discuss with you, for a few minutes, a type of case which is a familiar one in both your offices and mine, namely the woman with the low back pain

The time allotted to me will not allow me to more than mention most of the causes for pain in the lower back Pelvic inflammatory diseases, bad malpositions of the uterus, and many other conditions do, of course, cause pain, which is referred to the lower back Then, as other causes, we have trauma, causing fractures and sprains, malignant disease, congenital abnormalities, and last, but perhaps most frequent of all, the various types of arthritis In all such intra- or extra-pelvic conditions there is definite pathology to be found, and treatment aimed to remove such pathology will usually result in relief

The sort of case I want to discuss however, is that in which you can find little or no real pathology Your pelvic examination reveals nothing wrong, or nothing severely misplaced at any rate There is no history of injury, though almost anybody can think up some back strain or slight injury if they try Ordinary *x*-rays of the spine show no arthritis, or evidence of other trouble And yet the patient has a chronic backache She hardly knows what it is to have a day free from pain, yet she drags along, doing her work in some sort of fashion, which is not good for her, nor for her family, and calls for relief just as urgently as the most severe accident case

The answer to cases of this sort is to be found in bad use of the body mechanics This is something which any one of you can demonstrate on yourself, very easily Just recall the appearance of the spine, as seen in profile There is the slight forward cervical curve, the slight backward dorsal curve, the slight forward lumbar curve, and the more marked backward curve again over the sacrum The pelvis is level, the anterior and posterior superior spines just about the same distance from the floor The thighs are fully extended, and the knees straight Such a figure as is shown in No 1 schematic drawing Here you see the body weight is borne on the bony skeleton all the way to the ground When the body is in this position, all the muscles are concerned with is preserving the balance Practically none of the weight is supported by muscular action And if you recall, more than half of the body weight is above the waist

Now let the body assume a posture shown in No 2 drawing Here you see an exaggeration of every curve in the body Note the forward head, with increased cervical curve, the flat chest, with increased dorsal curve, the prominent abdomen, and especially the short sharp lumbar curve The pelvis is tilted forward, the sacrum is nearly horizontal There is no possibility of this body weight being borne in such a position without considerable constant muscular tension



No 1 No 2

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany N Y May 22 1928

only examined a few hundred, but from those he has seen he expects to find practically the same percentage in bad posture, or about four out of five. That sounds very like the pyorrhea ads, doesn't it? And as he sees both girls and boys, you have a great many potential backaches now beginning in the schools in every city in the country

Now you will be getting ready to ask me why, if my figures are correct, we don't all have backaches all the time? Because we compensate for bad body mechanics just as so many people compensate for bad hearts for years without symptoms The potential trouble is there, and only requires the proper strain, or other stimulus, to begin to give trouble

Just a few words as to treatment It is really very simple in the majority of cases and yet very difficult. Which paradox is explained by an example or two Suppose a patient comes to you with some common complaint, a "cold," or a gastric disturbance of some sort After examination you give her a few directions as to diet, and so on, and a bottle of medicine to take three times a day, and she gets well—maybe as a result of your treatment, maybe not. Or you examine another and find that she needs an operation, She goes to the hospital, you do your stuff She lies in bed and is waited on, maybe for the first time in years, for a few weeks, and is well

In both these instances your patient is the passive recipient of your treatment She has had practically nothing to do herself But in these postural cases it is the patient who has got to make constant voluntary effort herself All you can do is show her how She must make a radical change in her habits of a lifetime, in standing, sitting, walking, breathing, and over a considerable period of time till she gets into correct habits Once she does it long enough to find out that it works, the rest will be easy, but it takes some time.

Don't expect to cure these backs with belts, braces, or any form of apparatus No splint ever cured anything yet All any splint does is prevent further damage, while some other means is curing the disability Put belts on your bad cases if you must, and they do help temporarily at times, but impress it on your patient that she has a perfectly good chance of getting permanent relief without the use of any apparatus for the rest of her life, if she will just put forth a little effort on her part, daily, for a reasonably short time, and "get the habit" of good posture.

THE RELATION OF ARSENIC TO PUBLIC HEALTH*

By C. N MYERS, Ph.D, and BINFORD THRONE, M D, BROOKLYN, N Y

Studies from New York Skin and Cancer Hospital.

THE deleterious action of poisonous plants and potions furnished prehistoric man with a weapon that inspired fear in the hearts of all who came within his reach These weapons were sometimes unscrupulously employed for criminal purposes, at others they were unconsciously employed medicinally In the latter case mystery and superstition gave rise to ideas of supernatural powers As old as poison lore, as insidious as poisons go, there has come down to us a substance that is now praised, and now decried but at times unsurpassed as a therapeutic remedy At the short time at my disposal it is impossible to go into a great many details, but a brief outline will be attempted

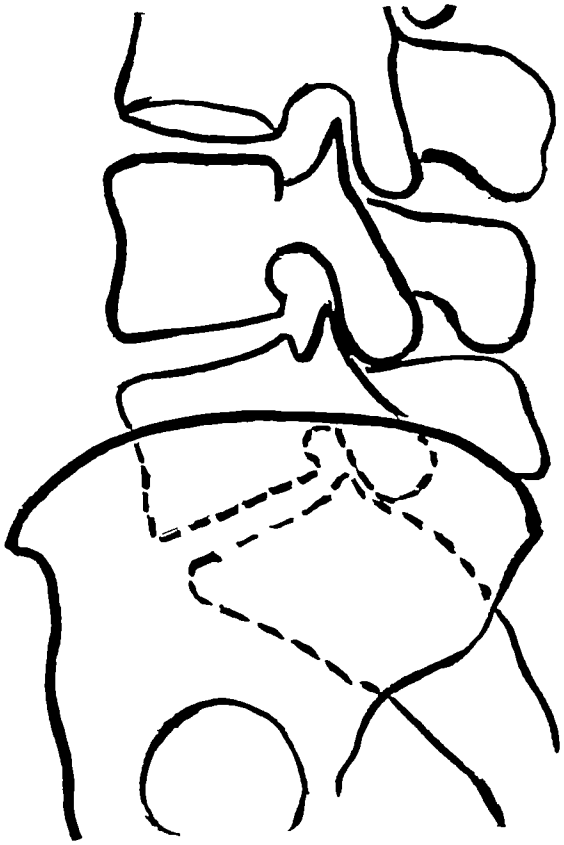
Arsenic and its effects have been so notorious that it has found its way into the literary achievements of learned people Arsenic on the one hand has been one of the most common and terrible poisons while under other conditions it is one of the most powerful and useful drugs In the days of Grecian achievement Hippocrates swore that arsenic should never be in the hands of the general public, yet at our present time it is seen in the hands and on the hands of a large number of clinical patients It might further be recalled that the early alchemist looked upon orpiment as the key to the Philosophers' Stone The relation of Geber and the early Arabian chemists is too well known to more than allude to the trisulfide, "white arsenic" and metallic arsenic in association with his investigations

The first direct evidence of arsenic as a poison for criminal purposes is found in the official record of the trial of one, a minstrel, Wondreton by name, in 1384 His attempt to kill Charles VI of France, his brother, two uncles, and others of the nobility has been referred to by us in previous publications As a lethal agent arsenic has probably figured more largely in history than any other poison The epidemic of poisoning that ran through France in the early part of the eighteenth century prompted the French Government to take drastic steps to stop it Arsenic probably has been the cause of more deaths known and unknown than any other one substance

Medicinally orpiment became official in sixteen of the pharmacopoeias of Europe during the seventh century Lanfranc's collyrium enjoyed two centuries of popularity as an application to ulcers Fowler's solution, Donovan's solution—Asiatic pills, atoxyl, arsacetin and the Salvarsans are other arsenical preparations that have maintained their popularity as therapeutic agents In this relation one must think of the element and realize its remarkable curative power Even under these

* Read before the Swampscott Meeting of the American Chemical Society September 12 1928.

flexible spines it follows that it does not take as much exaggeration of curves to cause muscular strain, as in the others Hence, before you make up your mind as to whether a patient is in very good, or very bad posture, you will probably have to get an x-ray of the lumbar spine, and deter-



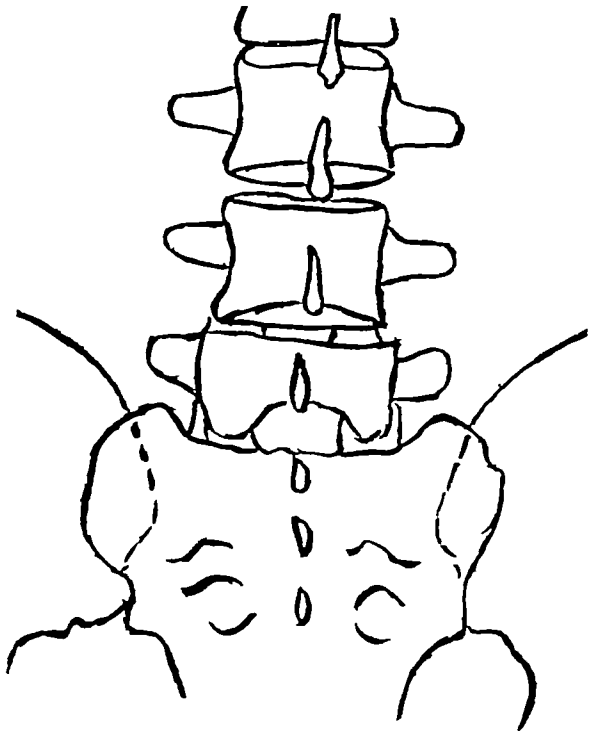
No 4 "Normal" Lumbo-Sacral Angle

mine by it the type of back you are dealing with

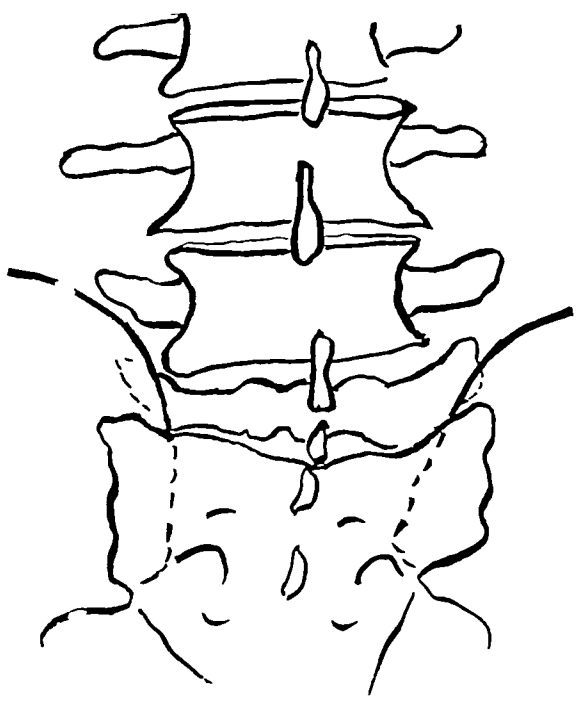
Bad body mechanics does not begin suddenly in middle age or later, or at any definite milestone An orthopedic examination of school children is, in some cities, being initiated as part of the regular routine, and some surprising facts are being found Dr Lloyd T Brown,[1] of Boston, made an examination of the freshman class at Harvard, some years ago Seven hundred young men were examined Of these, only seven and a half percent, about fifty in all, were found to be in grade A posture. Twelve and a half percent more were fairly good That means that only one in five of a representative group of young men was in even reasonably good posture The rest were all bad, and about a hundred and seventy-five of them, or one in every four, was in grade D posture, like my No 2 drawing I haven't time to go into details of his findings, how so many of the grade D group complained of chronic backaches, even at that age, and so on

[1] Lloyd T Brown. Boston. *Med & Surg Jour* clxxxii. No 26 June 24, 1920

The orthopedist who is beginning a survey o Syracuse school children, gave me some very sim ilar figures He has no final statistics, as he has



No 5 Flexible Type



No 6 Strong Weight-bearing Type

the blood, urine, hair and milk from about 200 persons has led to the conservatively made statement that arsenic is found "normally" in a large number of persons, depending on the character of their food, drink, medication and environment. Under conditions of restricted diet, it may be entirely absent Some persons do not give a positive test at all times Recent chemical investigations show to some extent that all sorts of drugs and foods may be contributing factors in the detection of arsenic in human beings, the outcome depending on the methods of manufacture and the preparation of the foods Arsenic is almost invariably present, in varying amounts, in persons applying remedies containing ingredients contaminated with it to inflamed or ulcerating skin surfaces, and to a greater extent in persons receiving the element either by mouth, or intravenously, or connected with arsenicals in a preparative way At any rate, the latest analytic data, including such simple, every-day items as rhubarb and soda, sulphur ointment and sulpho-ichthyolate preparations as well as foods, in the list of "carriers" of arsenic, show that a careful history of the patient is requisite before arriving at a final decision regarding the meaning of the arsenic content of the blood, urine, or even the organs"

Later Cornwall and Myers showed that arsenic may pass from maternal blood to foetal blood and that even foetal tissues may take up arsenic, thereby proving that arsenic according to our present day artificial mode of living may be a normal constituent.

With these fundamental values in mind our interests are directed to the part that arsenic plays in the daily life of the average individual In general there are two types of individuals Those who are sick and those who are well, those whose resistance is so low that they are unable to resist the attack of the invading cause and are suffering with disease.

This briefly answers the question as to why some individuals suffer from poisoning and others are apparently temporarily immune Finding arsenic as a clinical entity in a large number of individuals immediately raised the question as to its source. Arsenic from a medicolegal point of view, and normal arsenic was discussed several years ago by one of us, and more recently by us in its relation to skin diseases, and internal medicine. It has been shown physiologically that arsenic is not a necessary constituent for the normal functioning of the tissues and that it acts as a stimulus to the involuntary nervous system and by prolonged action it paralyzes these functions, thereby resulting in dysfunction These clinical symptoms observed by us and the arsenic demonstrated in the blood and urine, are erythema, hemorrhagic and gangrenous processes, keratosis, leuconychia, leucoderma, pigmentation, scleroderma, universal psoriasis and psoriasis of the palms, eczema, peripheral neuritis, motor ocular paralysis, muscular atrophy, chloasma, and dermatitis exfoliativa These clinical symptoms may result from the use of amounts of arsenic many times less than the therapeutic dose and may appear several years after the initial exposure

These results have been confined by many independent workers and a report has appeared by Dr Carl Vogel of St. Luke's Hospital dealing in detail with this subject. As stated above, our investigations caused us to examine the blood, urine, and tissues of a great many cases and the finding of pathological amounts of arsenic in these specimens brought about additional studies on the source of the arsenic

It was earlier pointed out by us that arsenic is a contaminating substance in calamine and zinc lotion, ichthyol, rhubarb and soda, sulfur ointment and a variety of drugs taken internally Our attention was further directed to the subject of arsenic several years ago when certain abnormalities in the trypanosome equi perdum test suddenly appeared. Careful examination of the test revealed the fact that arsenic was present in the tissues of the rat thereby causing an arsenic resistance to this protozoal organism Examination of the food of the rat showed the presence of arsenic in the potatoes, and the canned tomatoes Examination of glucose used in supplementing the diet also revealed the presence of arsenic As soon as an arsenic-free diet was employed in raising the rats the test returned to its normal value Cotton from four different localities was obtained and arsenic varying from 0 0973, 0 578, 0 903, and 0 109 milligrams per 100 grams were found Our interest in this matter was brought about by the appearance of several patients handling cotton goods at the clinic showing typical arsenic symptoms Fruit handlers, tailors, electrotype workers, engravers, submarine workers, painters, physicians from an office recently decorated with green paint, insecticide workers, readers of the rotogravure section of the newspapers, children reared by artificial means, and individuals using tonics, tobacco smokers have represented the type of patients in whom arsenic has been detected

The therapeutic dose of arsenic trioxide is one-thirtieth of a grain, and that of sodium arsenate is one-twentieth, both according to the U S Pharmacopoeia After careful search in regard to the source of contamination it has been noted that peaches, pears, grapes, lettuce, celery, tomatoes, potatoes, cabbage and apples are the most common carriers among the fruits and vegetables Fish, lobster, and oysters among the sea foods, dextrose products, baking powder, cocoa, impure acid phosphate, cheap candy, and some baby foods, beer, wine, cider, moonshine were common articles of food and drink carrying undue quantities Elsdon of England found arsenic in 9 out of 51 bread wrappers The prevalence of arsenic in foods and beverages is widespread and the clinical symptoms are just as prevalent in these

circumstances occasionally severe disturbances are noted On the other hand our observations must be directed to healthy and diseased organisms for which arsenic is not specific and note its deleterious effects

European health authorities have ever been alert to this menace and our attitude in respect to its action has often led to the remark that America deals carelessly with the subject The beer cases in England (1900), the seventeenth and eighteenth century epidemic of poisoning in France, Gautier s work of 1899, Abel and Battenberg (1899) in Germany, lead the way in arsenic study in Europe The presence of arsenic in wall paper, and the investigations of Putnam and Hill at the Massachusetts General Hospital mark the early endeavor by American investigators in solving this problem

Before entering into this subject more deeply the critic immediately raises question as to what constitutes the fundamental basis for this subject —namely, what is the normal value and is there a normal value? Answer must be briefly made to this query Initially it should be stated that the reagents are carefully tested by blank determinations and in the amounts dealt with arsenic is absent. In the second place, reference is made to the original report of Gautier to the Paris Academy of Sciences in 1899 The Committee of the French Academy arrived at the following conclusions

"Speaking from a medicolegal point of view, I would state that arsenic, aside from the thyroid, mammary and thymus glands, never occurs in the human body except in the skin, hair, bones, milk and sometimes in the feces and then only in traces which are often infinitesimal Excepting the brain, the other organs and fluids, especially those forming the bulk of the body, as muscular tissue, liver, spleen, kidneys, lungs, blood, urine, etc., fail to show the slightest trace of arsenic
If a chemist therefore examines individually these arsenic-free organs by my method or by one less delicate and finds traces, especially appreciable traces, of this metalloid, such arsenic has been absorbed during life either medicinally or criminally"

In the editorial comment of the *Journal of the American Medical Association* the following appeared

'Somewhat less than a quarter of a century ago, the French chemist Gautier aroused considerable discussion in scientific circles by his communication to the Academie des Sciences of Paris on the occurrence of arsenic in the body He asserted that this element is a normal and consistent constituent of the thyroid, mammary glands, brain, thymus, hair, skin, milk and bones of man and various animals The quantities involved were very small, being at most less than 0 75 mg for each hundred grams of tissue. The content in the blood was almost infinitesimally small, not exceeding one part in fifty millions Gautier's statements were confirmed in a general way by a number of French chemists, but the quantities recorded by them were decidedly smaller

"Previous to this time the chief interest in the possible presence of arsenic in human tissues lay in its medicolegal bearings This subject was at one time an exceedingly "popular" poison, so that it figured prominently in many trials for murder The fatal dose is comparatively small, but since the methods of detection are very delicate, it has usually not been difficult to establish the presence of even minute amounts of arsenic post mortem in the organs when the use of the substance has resulted in death The finding of quantities approximating a lethal dose was the most important evidence that a prosecutor was wont to gather Great stress was therefore laid on the use of arsenic-free materials for embalming, and the chemist needed to be doubly cautious with respect to the purity of all chemicals used in his toxicologic analyses It is easy to appreciate, therefore, how disconcerting was the report, by a scientist of international repute, regarding the existence of "normal arsenic" in the body, even though the quantity was small at best There was, however, another aspect of possibly large significance attached to Gautier's comments In 1895, only a short time before the French communications were made, Baumann announced the discovery of small quantities of iodin as a normal constituent of the body, localized in the thyroid gland. With the rapid demonstration of the great physiologic significance of a few milligrams of a formerly unsuspected tissue component, it was a natural consequence that attention should be directed to the possible biologic importance of traces of other elements Copper and manganese were early taken into consideration, because of their widespread distribution in nature, and at this juncture came the announcement about arsenic.

The assumption that arsenic plays a part, as does iodin, in the functioning of certain tissues will be clearly negatived if it can be demonstrated that the former element is not a constituent of these tissues This is the outstanding problem of the physiologist. It does not concern the toxicologic expert, to whom it is immaterial whether minute quantities of arsenic in the body are normal or of fortuitous origin, so long as they are of a magnitude too small to have medicolegal significance. Of late, a new interest has been developed by the growing use of arsenicals in human therapy The problem of their action and distribution will be greatly confused if the drug administered is superimposed on quantities of arsenic, however small, which have an extraneous origin or a "normal" function This has been clearly recognized by Fordyce, Rosen and Myers at Columbia University, College of Physicians and Surgeons, as well as others, in their studies of arsenic as a remedial agent. An examination of

the blood, urine, hair and milk from about 200 persons has led to the conservatively made statement that arsenic is found "normally" in a large number of persons, depending on the character of their food, drink, medication and environment. Under conditions of restricted diet, it may be entirely absent. Some persons do not give a positive test at all times Recent chemical investigations show to some extent that all sorts of drugs and foods may be contributing factors in the detection of arsenic in human beings, the outcome depending on the methods of manufacture and the preparation of the foods Arsenic is almost invariably present, in varying amounts, in persons applying remedies containing ingredients contaminated with it to inflamed or ulcerating skin surfaces, and to a greater extent in persons receiving the element either by mouth, or intravenously, or connected with arsenicals in a preparative way At any rate, the latest analytic data, including such simple, every-day items as rhubarb and soda, sulphur ointment and sulpho-ichthyolate preparations as well as foods, in the list of "carriers" of arsenic, show that a careful history of the patient is requisite before arriving at a final decision regarding the meaning of the arsenic content of the blood, urine, or even the organs "

Later Cornwall and Myers showed that arsenic may pass from maternal blood to foetal blood and that even foetal tissues may take up arsenic, thereby proving that arsenic according to our present day artificial mode of living may be a normal constituent.

With these fundamental values in mind our interests are directed to the part that arsenic plays in the daily life of the average individual In general there are two types of individuals Those who are sick and those who are well, those whose resistance is so low that they are unable to resist the attack of the invading cause and are suffering with disease

Thus briefly answers the question as to why some individuals suffer from poisoning and others are apparently temporarily immune Finding arsenic as a clinical entity in a large number of individuals immediately raised the question as to its source Arsenic from a medicolegal point of view, and normal arsenic was discussed several years ago by one of us, and more recently by us in its relation to skin diseases, and internal medicine. It has been shown physiologically that arsenic is not a necessary constituent for the normal functioning of the tissues and that it acts as a stimulus to the involuntary nervous system and by prolonged action it paralyzes these functions, thereby resulting in dysfunction These clinical symptoms observed by us and the arsenic demonstrated in the blood and urine, are erythema, hemorrhagic and gangrenous processes, keratosis, leuconychia, leucoderma, pigmentation, scleroderma, universal psoriasis and psoriasis of the palms, eczema, peripheral neuritis, motor ocular paralysis, muscular atrophy, chloasma, and dermatitis exfoliativa These clinical symptoms may result from the use of amounts of arsenic many times less than the therapeutic dose and may appear several years after the initial exposure

These results have been confined by many independent workers and a report has appeared by Dr Carl Vogel of St. Luke's Hospital dealing in detail with this subject. As stated above, our investigations caused us to examine the blood, urine, and tissues of a great many cases and the finding of pathological amounts of arsenic in these specimens brought about additional studies on the source of the arsenic

It was earlier pointed out by us that arsenic is a contaminating substance in calamine and zinc lotion, ichthyol, rhubarb and soda, sulfur ointment and a variety of drugs taken internally Our attention was further directed to the subject of arsenic several years ago when certain abnormalities in the trypanosome equi perdum test suddenly appeared. Careful examination of the test revealed the fact that arsenic was present in the tissues of the rat thereby causing an arsenic resistance to this protozoal organism. Examination of the food of the rat showed the presence of arsenic in the potatoes, and the canned tomatoes Examination of glucose used in supplementing the diet also revealed the presence of arsenic As soon as an arsenic-free diet was employed in raising the rats the test returned to its normal value Cotton from four different localities was obtained and arsenic varying from 0 0973, 0 578, 0 903, and 0 109 milligrams per 100 grams were found Our interest in this matter was brought about by the appearance of several patients handling cotton goods at the clinic showing typical arsenic symptoms Fruit handlers, tailors, electrotype workers, engravers, submarine workers, painters, physicians from an office recently decorated with green paint, insecticide workers, readers of the rotogravure section of the newspapers, children reared by artificial means, and individuals using tonics, tobacco smokers have represented the type of patients in whom arsenic has been detected

The therapeutic dose of arsenic trioxide is one-thirtieth of a grain, and that of sodium arsenate is one-twentieth, both according to the U S Pharmacopoeia After careful search in regard to the source of contamination it has been noted that peaches, pears, grapes, lettuce, celery, tomatoes, potatoes, cabbage and apples are the most common carriers among the fruits and vegetables Fish, lobster, and oysters among the sea foods, dextrose products, baking powder, cocoa, impure acid phosphate, cheap candy, and some baby foods, beer, wine, cider, moonshine were common articles of food and drink carrying undue quantities Elsdon of England found arsenic in 9 out of 51 bread wrappers The prevalence of arsenic in foods and beverages is widespread and the clinical symptoms are just as prevalent in these

conditions as when arsenic is administered therapeutically or accidentally Our investigations show that there is no fixed quantity which will produce lesions, therefore no tolerance limit should be fixed It is absolutely impossible to determine beforehand whether a small dose—even infinitesimal in amount—will act as a fulminator in producing any one of the clinical symptoms previously mentioned All dynamite is potentially explosive—percussion of any type adds the necessary impetus Arsenic is exactly in this class in its relation to health Lead and copper also must not be overlooked but their discussion is extraneous to this report In our Clinic about 35 per cent of the cases with skin lesions of the eczema type are due to arsenic This does not include the large group of neurological cases that are gradually being classified, nor does it include that group of obscure cases coming into the hands of the Internist in which paralysed functions have been observed Dr W B Long who is associated with us has been able to reproduce skin manifestations by smoking cigarettes The presence of arsenic in tobacco was very ably worked out by Remington who reported his findings in the *American Chemical Journal* The presence of arsenic in these products enumerated is certain but its control is open to question

Recently the boll-weevil control has made use of the aeroplane, the anophelene larvicide control has also made use of this same method The public at large are submitted to this same arsenic action The use of insecticides combining copper, lead and arsenic is also a widespread source of contamination The public at large eat the fruits and vegetables The excretion of arsenic following the consumption of fruits, vegetables, and fish is markedly increased showing definitely that arsenic is passing into the circulatory system Death from chronic arsenic poison has been noted eight years after the exposure In our cases it is not uncommon to find clinical symptoms two to six years after the exposure Hills found arsenic present in the urine of 75 per cent of the specimens examined and attributed its presence to wall paper, and insecticides

Large expenditures of time and money have brought about widespread use of larvicides and insecticides, yet the public health has not been given adequate consideration due largely to the choice of the lethal agent Propaganda for the widespread application of these substances has resulted, followed by arbitrary methods of control based upon inaccurate tolerance limits In England 1/100 of a grain per pound and per gallon has been fixed arbitrarily to allow for the sale of these products It is our opinion that no arsenic should be present as contaminating factors in foods and drugs, that arsenic control is as important in vegetables as in fruits, that either fewer fruits or less perfect fruits are preferable to contaminated fruits It is our opinion that the future holds in store more drastic measures which will demand the elimination of arsenic as a contaminating factor and that arsenic and lead insecticides must be supplanted by safer agents It is too early to evaluate the total destructive influence of these substances on human health The time is not far distant when the importance of arsenic and its relation to health will be recognized and the regulatory procedures will be properly handled by the health service Furthermore the development of new destructive substances will demand a more careful study of health first and insecticide destroying properties secondarily

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EPILEPSY AND THE CONVULSIVE STATE A CRITICAL RESUME WITH COMMENTS ON THERAPY*

By SAMUEL BROCK, M D, NEW YORK, N Y

FROM time to time, a critical resume of an unsolved problem in disease seems opportune Newer researches lead to newer theories or modifications of older ones, different physiological and pathological concepts are established, therapy becomes more rational and less empirical In the case of such a puzzling complex as epilepsy, one must ask the indulgence of the reader if many essential questions still remain unanswered, and if much that is well known is again presented in a different setting

For a number of years, it has been evident that epilepsy is not a disease sui generis but a symptom complex of a many-sided nature As a consequence, one began to speak of "The Epilepsies" Of late, however, the term, "convulsive state," has been introduced to replace the time-worn word, "epilepsy" with its traditionally restricted connotations

Types of Convulsions Mechanism

By the convulsive state is meant a paroxysmal disorder of clonic or tonic muscle spasm involving larger or smaller segments of, or even the entire body The resultant movement is an involuntary, disordered, utterly purposeless one, throwing the part, or the entire body out of normal into an abnormal posture Whether consciousness is or is not disturbed will depend upon considerations to be discussed later

In the idiopathic type of convulsive state (grand mal), three phases may be recognized in the order of their appearance, one—a fleeting flaccid stage during which the individual falls, two—the tonic phase, three—the clonic phase Quite rarely the attack may be limited to the flaccid stage in which the acute general loss of tone produces sudden "deposturing" or collapse The tonic stage with unconsciousness is due to suspension of cortical function, and the uninhibited activity of centers in the brain stem The succeeding clonic phase indicates return of cortical activity, even irritation The tonic and clonic stages may appear separately in man, and for the sake of clarity will be so considered in the following

The types of such seizures are (1) Tonic, and (2) Clonic. The tonic type is often seen succeeding the very transient flaccid stage of the so-called grand mal seizure, and is usually generalized Centers in the brain stem are functionally disconnected from the dominant cerebral cortex, and their uninhibited activity or their isolation results in a decerebrate rigid state Normally the inhibiting impulses are believed to be mediated by the fronto-ponto-cerebellar pathways (Weed Warner and Olmstead) The stimuli are transmitted from the brain stem centers to the final common pathway probably along so-called extra-pyramidal pathways This tonic state consists of a widespread spasm of the extensor muscles The head is retracted, the back arched, the extremities extended and adducted, the hands are pronated, the fingers are flexed, the feet are in equinus, the jaw is tightly closed (Sherrington, S A K Wilson) In man the upper extremities are usually flexed and the head and eyes turned to one side Consciousness is lost

The *constant* dilatation and fixity of the pupils, the early pallor succeeded by redness and cyanosis, the *occasional* loss of urine and feces, salivation and perspiration are phenomena of the grand mal attack referable to activity of the vegetative nervous system

The clonic or Jacksonian fit is due to irritation of the motor cortex of the brain, the abnormal stimuli are carried by the intact pyramidal tract to the lower motor neurone, thence by way of its final common pathway to the musculature If the focus of irritation spreads, then adjacent centers in the Rolandic area are affected in a very regular manner which is conditioned by their well-known anatomical juxtaposition The movements are interrupted, and frequently segmental When this type of convulsion occurs alone, consciousness is not disturbed, until the movement spreads from one half to the other half of the body

A spinal and bulbar form of convulsion is best seen in cases of strychnine poisoning Here there is anarchy in the realm of the lower motor neurones, and a toxic extensor spasm is noted, comparable in many respects to the above-described Consciousness is fully retained

A number of facts are known about the induction of the convulsive state in man and the higher mammals Yet we know of nothing introduced from without which will render man or animal subject to recurrent spasms Herein lies the great difference between exogenous convulsogenic agents capable of producing a *single* series of convulsions and the disease of man with its remarkable *tendency to paroxysmal repetitions* of the convulsive state The reason for this periodic recurrence is unknown It can hardly be explained by the assumption of any special theory When we know why the attacks are recurrent we shall have gotten down to a very fundamental element in the understanding of the disorder Collier believes that the periodicity and other facts argue strongly for a disturbance in metabolism, a "toxipathic" (i e a humoral factor) as the basic cause

Analysis of Convulsogenic Factors

If one analyzes the many factors involved in the production of the convulsive state, it becomes evi-

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dent that they may be grouped under one of two headings—A Cerebral, B Humoral The experimental work of W E Dandy and R Elman illustrates this duality best If a normal cat be given absinth by mouth in sufficiently large amounts, convulsions will result This illustrates the operation of a pure humoral exogenous factor If now, one produces a lesion in the cerebrum of the animal, either by simple extirpation of the cortex and sub-cortex, or by simply placing a foreign body beneath the cortex, it is soon found that one-third to one-seventh the initial dose of absinth will be convulsogenic By injuring the cerebral tissue, a cerebral factor is introduced

In Table I, we have the humoral factors

TABLE I

Humoral Factors

I Exogenous	II Endogenous
1 Alcohol, lead (absinth, camphor—monobromate, santonin, picrotoxin, apomorphin, etc.)	1 Uremia.
2 Insulin (anoxemia ?)	2 Eclampsia
3 Alkalosis (due to hyperventilation)	3 Endocrine dyscrasias Hormonal Disturbances a. Parathyroid, b Thyroid, c. Pituitary, d Ovarian.
4 Foreign Proteins	4 Toxins of the infectious diseases in infants
	5 Spasmophilia.

The Humoral Factors

Among them, certain items deserve especial comment In rare instances, the individual may suffer from the convulsive state only when sufficient alcohol is imbibed Rosett in this country and O Foerster in Germany, have drawn attention to the effects of forced over-ventilation of the lungs In normal persons, tetanic features appear In 55 per cent of epileptics, the convulsive state is precipitated The alkalosis produced by the deep breathing seems in some way responsible for the attacks, possibly through the disturbance of the calcium ion balance in the blood (F Georgi) Fried and Frisch found an increased blood calcium in these cases The tetany so induced in normal individuals points to the parathyroid gland, and disturbed calcium metabolism In this connection, Geyelin, of New York has emphasized the beneficial effects of starvation on those afflicted with convulsions Work in Cobb's Laboratory in Boston, has tended to prove that the acidosis accompanying starvation is a factor in this prevention of convulsions Yet further work discloses that neither acidosis alone nor ketosis alone prevent seizures Furthermore studies in the acid-base equilibrium (v i) show that the formation of endogenous acids seems to be part of the critical physico-chemical change just preceding the convulsion

In agreement with the recent studies of the German school to be discussed below, is the work of the Italian investigator Cuneo, who believes that there is a disturbance in the starch metabolism resulting in the formation of certain acids (acetic, lactic, butyric, tartaric) Normally the liver and small intestine break these up into urea and sodium carbonate In epilepsy, they are found unoxidized in the urine Osnato, Killian and their co-workers have found increased lactic acid in the blood and cerebro-spinal fluid of epileptics in the interparoxysmal period An acidosis results, in the presence of which, the cellular nucleo-histon bodies split into nucleinic acid, and a convulsogenic proteose (The salts of the afore-named acids are also convulsogenic) Donath (quoted by Muskens) believes that in the convulsive state, alkaloid-ammonium compounds, fragments of normal metabolism, react on a nervous system, the threshold of which has been lowered by either hereditary, or congenital, or toxic, or infectious, or traumatic affections These compounds are trimethylamin, cholin, kreatinin, guanidine, and ammonium carbonate Except for the first (trimethylamin) Donath produced convulsions with these agents

A number of observers have studied the question of the split products of protein metabolism L M Wallis and W D Nicol (England) found that about 20 per cent of epileptics gave positive skin reactions They removed the offending proteins from the diet in some of these cases, gave others peptone by mouth, and reported good results Others, including J S Collier, were disappointed in the use of protein therapy In connection with anaphylaxis, V M Buscaino's work deserves mention On examining 396 thyroid glands he isolated an abnormal protein from the thyroid of 71 per cent of epileptics Abderhalden tests with the serum of epileptics reacted positively with the thyroid of epileptics much oftener, and more intensely than with non-epileptic thyroids In certain cases he regards the convulsions as an anaphylactic crisis [1]

In the group of endogeneous humoral factors, *the endocrine* dyscrasias are of especial interest. The role of the parathyroids in the convulsive state of tetany is well known In three cases of severe epilepsy, O Foerster implanted human parathyroid glands He reports unmistakably beneficial effects on the number and intensity of the convulsive seizures In regard to the thyroid gland, Buscaino's observations, above-mentioned, are of interest

Elsberg and Stookey showed that thyroidectomized animals are more susceptible to absinth in the production of convulsions The parathyroid glands may also have been injured in their

[1] The recent work of Lennox is of especial interest in this connection. He and his co-workers found an increased concentration of blood fibrin in 34 of 100 epileptics A possible relationship to abnormal protein metabolism and disturbed liver function is suggested by Lennox. He points out that the liver may have a so-called detoxifying function as shown by the fact that dogs in which an Eck's fistula had been produced when fed meat, may have convulsions.'

experiments The foregoing observations lend weight to the belief that the parathyroid and thyroid glands cooperate in rendering innocuous toxic convulsogenic elements (foreign protein split products?) in the blood stream (Timme, Zabriskie)

As regards the pituitary gland, two points deserve mention One is the frequency of signs of dyspituitarism (acromegalic features, or Fröhlich's syndrome), and sella turcica changes demonstrable by X-ray, in the epileptic. The other is the fanciful hypothesis in which the pituitary gland is believed to enlarge periodically in a sella too small for it. This results in a suspension of function of the posterior lobe which is said to produce an increase of general cortical irritability The nearby uncinate gyrus is pressed upon and is apt to be the initial explosive focus

Just what role the gonads play is difficult to say During the menstrual period and pregnancy, the seizures are often increased in number and severity

Concerning the *hormones*, Frisch classifies them as follows a. those inhibiting the convulsive tendency—parathyroid, pancreas, thymus, gonads and those thyroid hormones that accelerate protein and fat metabolism, b those promoting the tendency, adrenals and certain hypophyseal hormones and those thyroid hormones which stimulate the sympathetic, the adrenals and sugar metabolism He refers the convulsive tendencies of childhood, puberty, menstruation, pregnancy and the climacterium to upheavals in the hormonal status

Physico-Chemical and Metabolic Studies

The recent studies of de Crinis, F Kraus and Felix Frisch, especially the latter's stimulating monograph ("Das Vegetative System der Epileptiker," published by J Springer, 1928), show the remarkable, dominant part played by humoral processes in the idiopathic convulsive state Their researches in physico-chemistry (electrolytic and colloidal studies, etc) revealed new and striking facts which seem to point the way to the final elucidation of the great enigma I shall attempt a brief analysis of these excellent contributions Their studies emphasize the findings in the interval or *preparoxysmal* phases of the disease During the interval period, the vegetative nervous system shows a pathological lability, variability and responsivity, with no dominance of vagus or sympathetic innervation. The attack itself is associated with a state of sympathetic dominance.

In the sphere of metabolic activity they demonstrated remarkable findings only disclosed by *serial studies* Firstly, in the preparoxysmal phase, a *water* and *NaCl* retention were often found (associated naturally with oliguria and a gain in the patient's weight) Secondly, rare cases showed the above during the interval period with a relative water-NaCl diuresis just before the attack Thirdly, certain cases showed a retention of NaCl without a corresponding water retention in the tissues The first group is associated with a hypochloremia, the others by markedly variable blood chloride values

The other electrolytic constituents of the blood show considerable variations The blood calcium is under normal in the interval, and rises considerably above normal just before the convulsion, as shown by *serial studies* Potassium values vary greatly with no relation to the time of the attack Calcium and potassium are antagonists Calcium ion concentration leads to a splitting off of H (acid) ions, potassium to splitting off of OH (alkaline) ions Hence, calcium attracts the acid ions into the blood stream which leads to relative alkalinization of the tissue cells It is interesting to note that relative richness in calcium and magnesium diminishes the convulsive tendency of nerve centers, relative richness in potassium and sodium increases it This coincides with the retention of Na and the withdrawal of tissue calcium in the pre-paroxysmal phase Increased blood calcium has been found in eclampsia (Consoli) and during the menses A disturbance in the *acid base equilibrium* is present in epilepsy In the intermediate stages of metabolism endogenous acids appear which disrupt the alkali-CO_2 coalition This acidosis is manifested by—1 a reduced CO_2 combining power (de Crinis), 2 *a lessened alkali reserve* (determined by titration) i e *hypocapnia*, 3 an increase of the diffusible alkali and a concomitant diminution of the total alkali (Frisch and Walter), and 4 a "dysregulation" of the NH_3 concentration However, the undisturbed regulatory mechanism of the epileptic prevents any actual change in the blood's reaction The increased convulsive tendency brought about by hyper-ventilation is not accompanied by an actual change of the circulating-blood to an alkaline reaction

Serial basal metabolism determinations reveal a unique, marked variability in the amounts of oxygen consumed The variations may reach an amplitude of 40 per cent. The values of the specific dynamic action of protein also show similar but less marked fluctuations In 60 per cent of the cases, the reaction of the protein addition remains under normal The nutritional investigations of Kauffmann and deCrinis show a preparoxysmal lessening of oxygen consumption and carbon dioxide production but without parallel curves Carbohydrates, proteins and fats are all involved Consequently variations in the respiratory quotient occur revealing incomplete oxidation The variations are believed to be due to disturbances in the activation of the inactive circulating hormones This is the result of changes in the peripheral autonomic cellular metabolisms and varying impulses emanating from the central nervous system control It is significant that acidotic animals show a diminution of oxidative processes (Chvostek)

The serum protein colloid picture of the epileptic shows a characteristic deviation toward phases of high dispersion, which is especially manifest preparoxysmally and during a series of attacks The amount of the total blood protein is raised, such increase is taken up entirely by the albumin quota Remarkable variations are encountered here also The coarse dispersion fraction gives normal values This deviation to higher dispersion conditions the increased water retention and is associated with the increased calcium content of the blood The typical blood changes are to be regarded as the "humoral mirror picture" of the tissue changes

The lessened nitrogen excretion in the preparoxysmal phase is interpreted as the consequence of the inhibited protein splitting and synthesis at this critical time so that actual nitrogenous intermediate products circulate about which have no physiological but rather a toxic action

The extraordinary significance of these complex colloidal changes is shown by the fact that drugs producing deviation to the right (high dispersion) excite convulsions and those that provide a left deviation (coarse dispersion) inhibit seizures

The residual nitrogen and blood sugar fluctuate but are elevated preparoxysmally The blood cholesterin is also elevated at this time.

Electrolytic changes, colloidal reactions, hormonal influences, vegetative nervous impulses play in concert upon the cell's surface (colloidal "membrane") and interior, altering the permeability of the former and the irritability of the entire unit Hober illustrates these complex interrelationships in the treatment of epilepsy as follows 1 sedative therapy erects a narcotic barrier between the cell and its milieu 2 Withdrawal of NaCl and calcium administration dehydrate the colloidal "membrane" and produce a "condensation barrier" 3 The attack itself "unloosens" the cell so completely that its responsivity to stimuli is much reduced for a considerable period

In Table II, I have attempted to show the interrelationship of these important changes The peculiar heightened dispersion of the colloidal protein produces retention of water and increase of calcium The lessened oxidation permits the appearance of acids (which disrupt the acid—base equilibrium) and causes an increase of the residual nitrogen The latter may also be, and the increased blood sugar and cholesterin are, attributable to sympathetic hormonal dominance

As a result of their studies, Kraus and Frisch emphasize the disturbances in the physicochemical life of the body cells and fluids as the essential disturbance in epilepsy The remarkable fluctuations present in all the individual physicochemical processes again reflect the unstable cell-blood exchange A hereditary constitutional defect (comparable to that seen in diabetes mellitus) must underlie this remarkable disease

TABLE II

Physico-chemical Changes in the Preparoxysmal Period of Epilepsy

1 Retention of water and sodium chloride.
2 Increase of blood calcium (from subnormal)
3 Deviation to high dispersion of blood colloidal protein (albumin), so-called deviation to the right.
4 Acidosis—a Lessened alkali reserve (hypocapnia),
b Reduced CO_2 combining power,
c. Diminution of total alkali with increase of diffusible alkali
5 Lessened oxygen consumption and carbon dioxide production. Falling of the respiratory quotient
6 Increase of residual nitrogen in blood
7 Increase of blood sugar
8 Increase of blood cholesterin
9 Increase of electrical excitability of peripheral nerves

Dominance of sympathetic (adrenal) hormonal influences

THE CEREBRAL FACTOR

The cerebral factors may now be considered. They are enumerated in the following table

TABLE III

Cerebral Factors

A—Diseases

1 Neoplasms (including bony growths)
2 *Congenital and heredo-degenerative disease*
3 Degenerations and scleroses (viz., multiple sclerosis, tuberous sclerosis, encephalitis periaxialis diffusa, senile cortical atrophy, presenile gliosis, etc.)
4 Traumatic processes
5 Infections and parasitic disease (viz, lues, tuberculosis, encephalitis, abscess)
6 Vascular disease (vascular spasm, arterio-sclerosis, hemorrhage, emboli)

B—Irritants

1 Mechanical (viz, air)
2 Electrical
3 Thermal
4 Chemical (viz, strychnine painted on the cortex)

C—Psychogenic Processes

1. Theory of Regression (L. Pierce Clark)
2 Theory of Rosett The normal epileptoid reaction.
3 Hysteria

From the above table, it becomes evident that almost all organic cerebral diseases can induce the convulsive state Is it possible to find a single pathological determinant common to all which is the true cerebral factor?

MacRobert, in this country and Muskens abroad, both suggest dysmyelinization as a possible factor The former stresses "anatomic defectiveness in which the vital feature is a paucity of functionally active fibre tracts This specific defect may be but a part of a wide spread neural agenesis or may exist alone, the result of a failure in the final stages of development, namely, myelinization of the nerve fibres" A kind of defective insulation of the nervous stimulus results *In this* connection, paroxysmal spasms are rarely encountered in amaurotic familial idiocy, although Hassin stresses the frequent occurrence of decerebrate extensor hypertonus B Sachs does not regard convulsions as an essential part of this disease in *which almost all the ganglion cells of the* nervous system degenerate Whereas in encep-

halitis periaxialis diffusa of Schilder, a disease in which the fibre tracts suffer most in a dysmyelinization process, convulsions are frequent Yet the dysmelinization theory hardly seems tenable when one considers the important humoral factors It has not been proven by any of the finer anatomical studies, and throws no light on the convulsive state produced by certain vascular conditions to be described

The observations of O Foerster seem to show that in the vascular mechanism of the brain we will find the *basic cerebral factor* On the operating table he has observed at least one hundred times a preparoxysmal vaso-constriction and anemia of the exposed brain with a diminished volume The tonic convulsion then occurs with a rapid fall of cerebrospinal fluid pressure. The removal of cortical function due to the vasoconstriction permits the unbridled or isolated centers in the brain stem to manifest this tonic decerebrate phase, and serves to explain the unconsciousness Then venous stasis comes on rapidly, accompanied by a great increase in brain volume and cerebrospinal fluid pressure The stasis now produces cortical irritation and the clonic (Jacksonian) phase appears This vasomotor theory (Nothnagel explains the attack's sudden onset and cessation, and the radiation of a Jacksonian cortical attack The sensory aura and the postparoxysmal weakness may be ascribed to transient loss of function from local anemia Further weight is lent this vascular basis when we consider the various vascular conditions which are able to provoke the convulsive state

TABLE IV

Vascular States

A—Disease of Cerebral Blood Vessels

1 Arterio-sclerosis
2. Endarteritis obliterans
3 Angiospastic migraine.
4 Raynaud's Disease
5 Aneurysms
6 Embolism.
7 Congenital smallness of carotids or vessels of the Circle of Willis

B—Changes in Cerebral Circulation

1 Heart Block.
2. Restoration of previously impaired cerebral circulation.
   a. After drowning,
   b After strangulation,
   c. After suffocation.
3 Pressure upon, or ligation of carotids and vertebral arteries

Recently more evidence favoring the vasomotor theory was given by the work of O B Meyer Pieces of cortical arteries show rhythmic spontaneous contractions when placed in normal serum These can be kymographically reproduced It the serum of an epileptic be used the contractions are absent or diminished, this occurred in 15 out of 17 cases irrespective of the time (with regard to the paroxysm) of the withdrawal of the serum In six cases of hyperthyroidism the contractions were increased

Some years ago, Mac Robert and Feimer explained the frequency of the convulsive state in temporal lobe neoplasms by assuming that the pressure of the tumor interfered with the circulation in the overlying Sylvian artery

Increased cerebrospinal fluid pressure of itself does not cause convulsions (W M Kraus), but if other factors are present then such increase will help precipitate the convulsive state (Elsberg and Pike)

The convulsive state has also been regarded as essentially of psychogenic origin, especially by L Pierce Clark Following the psychoanalytic approach, he regards the fit as a regression, a withdrawal from reality into the blessed Nirvana of the intrauterine foetal state Objections to this point of view are many It does not account for the occurrence of convulsions in deep sleep (which, in itself, is an adequate escape from reality), the incidence of convulsions in animals of the mammalian phylum, nor does it explain the status type of convulsion with its frequent fatality This point of view in no way clarifies the convulsive state based on known organic conditions as general paresis, tumor, etc.

In a somewhat different category is the ingenious theory of Rosett. He believes that normally, "a stimulus requiring sudden movement on the part of the organism or the narrow focusing of attention, and certain functions such as sleep, defecation, sneezing, coughing, parturition, lead to a temporary reduction or extinction of the cerebral functions" This may lead to a "tonic contraction of the entire skeletal musculature resulting in the posture of decerebrate rigidity"

"The biologic purpose of the reaction is the automatic fixation of the relatively central joints preparatory to any possible needed movement of relatively distal segments of the body and limbs" To its normal incidence he applies the term "normal epileptoid reaction"

Perhaps this conception helps to explain the tendency of the seizures to appear as the individual is going to sleep or awakening ("Vorzugsmomente" of the German writers), and the very occasional appearance of convulsions in the beginning of ether or chloroform narcosis (Patch)

Yet Rosett is not able to explain the reason for the appearance of that periodic, massive, exaggerated response which constitutes the convulsive state. He has contributed some interesting psychological side lights to the problem

To discuss the hysterical convulsion would require a consideration of hysteria which would take us too far afield Obviously, its mechanism though related to, is different from, the convulsive state herein considered

Heredity

Many have emphasized the element of heredity in the convulsive state. In his recent analysis, Muskens shows that about one-third of his cases

had epileptic forbears in the direct and collateral line About one-eighth revealed insanity in the direct and collateral line In heredity, alcohol played a part in about one-twentieth of the cases, and lues in only about one-fiftieth Striking as these figures are they do not aid us at all in the study of the fundamental causes of the seizures

"Reflex" Epilepsy

Before speaking of the pathology, brief reference may be had to the so-called "reflex epilepsy" which belongs in the field of romance Diseases in the nasal, aural, dental, genital and other spheres were held responsible for the attacks in some mysterious manner In his analysis of two thousand cases, Muskens found no instance of this type Today we hear very little of this old myth

Pathology

Is there a fundamental pathology to the convulsive state? To be sure, ganglion cell degeneration, subpial marginal gliosis, and other more generalized glioses have been described Gerstmann found atypical and even foetal cells in the molecular cortical layers Volland found regulary karyolytic and degenerative changes in the anterior horn cells in myoclonic epilepsy A milky cloudy pia has been the sole finding in cases of focal epilepsy in which biopsies have been obtained (Muskens, et al) Alzheimer at one time (1898) even went so far as to say that ("Man könnte die epileptischen Anfälle als Folge eines Druckes ansehen, den die herbere geschrumpfte Rindenoberfläche auf das tiefer liegende Hirngewebe ausübe ") one could regard the epileptic seizure as the result of pressure, which the sharply shrunken cortical surface exerts upon the deeper cerebral parenchyma Yet with the passing of time, a different attitude of mind has been forced upon most observers This is due to the fact that negative findings have been recorded by careful observers in cases which had neither lasted too long nor been accompanied by mental deficiency or dementia The general opinion now held is that the pathological changes found are the *result* of the long enduring process, not the *cause* (Binswanger, Zabriskie, et al) Hence the idiopathic convulsive state has no essential cerebral pathology Alzheimer and his pupils believe that the convulsive state is a common attribute of warm-blooded animals, and is to be regarded as a reaction produced by a humoral poison on a nervous system in which lessened tolerance, or lowered threshold, has been brought about

All the facts fit in with the above conception It permits the study of neural and extraneural factors, the cerebral and the *important humoral ones* It would seem, then, that the convulsive state is either brought about by (1) a group of poisons operating upon the cerebral vascular mechanism producing vasoconstriction and cerebral anemia, then congestion, (2) by local cerebral disease or disturbed vascular conditions upsetting the vascular equilibrium or (3) by combinations of the above[2]

Therapy

The therapy of so-called idiopathic epilepsy may be considered under certain headings (following Muskens)

1 Hygienic and fit—prophylactic measures
2 The treatment of
  (a) The established case,
  (b) The stubborn case,
  (c) Status Epilepticus
3 Surgical treatment of traumatic epilepsy

I Hygienic measures and the prevention of the seizure

In cases where one or a few minor or major seizures have occurred or where heredity or suspicious prodromata (known to have preceded an attack) make one suspicious of the development of this disease, one may restrict the treatment to certain dietetic and other measures without using sedative medicines These prodromata may consist of one or more of the following—constipation, coated tongue, malaise, especially *myoclonic twitches,* mood changes, irritability, headache, hyperidrosis, gastric or other abdominal distress The patient and those taking care of him should understand explicitly and follow slavishly the following admonitions A careful record should be kept of all unusual symptoms for the physician's guidance Constipation is to be avoided A glass of warm water should be taken night and morning Abdominal masage with a wooden ball, cereals, such as bran with *stewed* fruit, night and morning and mineral oil at night are useful. If no movement has occurred by mid-day, a soap enema should be given, colonic irrigation two or three times a week may remove toxic material and promote large intestine activity In stubborn cases, the addition to the mineral oil of agar-agar and phenolphthalein (as in a number of proprietary mixtures) may be of aid Gastro-intestinal X-ray studies should be made more frequently A ptosed stomach, a redundant or spastic colon, adhesions, etc , are brought to light not infrequently, and require special treatment. Examination of the feces is in order Intestinal worms require vermifuges

In general, fasting should be avoided Muskens advises that a piece of zwieback be eaten quite soon after awakening Alcohol and coffee should be strictly forbidden (caffeine-free coffee can be used) *Raw* fruit, fresh bread, rich salads, chocolate candy, fancy desserts and overeating ought to be avoided The patient should eat simple

[2] Despite the emphasis now laid on the humoral factors, it must be evident that the cerebral lesions not only determine the type of symptoms produced but also undermine the natural resistance of the nervous system against convulsive seizures. Such lesions then, as loci minores resistentiae, form part of the vicious cycle.

foods often and a little at a time, rather than heavy meals at set intervals Careful chewing is necessary, to promote which all bad teeth require fixing One hour's midday rest in bed following luncheon is an essential An ambitious school child may have to be put on a partial school day Specific allergic food poisoning may be suspected and skin tests employed

The high fat or ketogenic diet has been recommended by Peterman, Talbot and others in children Convulsive seizures are said to disappear completely in one-third of all children so treated Adults react less advantageously Normally the fat carbohydrate protein ratio is as 1 4 In this high fat diet the attempt is made to reverse the proportions 4 1 The fat is gradually increased in order not to upset digestion The minimal protein requirement during this dietary regime consists of about 1¼ grams of protein per kilo (Talbot) Acidosis, ketosis, lowering of the blood sugar and diminution of the blood's alkaline reserve result The ketosis causes an increase of calcium excretion without altering the blood figures at any time Hence, the giving of calcium lactate (2 to 3 grams daily) (Talbot), is advised to prevent decalcification The acidosis alone or the ketosis alone do not control the seizures One may give enough sodium bicarbonate to render the urine alkaline without causing an attack (conversely acidosis attained by the administration of large amounts of ammonium chloride does not control the seizures) While it would seem that the ketosis produced is the more important factor in preventing the seizures, further work is necessary to settle the problem

Overstudy, too little sleep, religious controversies and other arguments, "thrilling movies," "heavy" reading before bed, gambling or excited card play and sexual excesses are forbidden Smoking should be cut down, nicotin free cigarettes should be used by preference Head injury, even trivial "bunking" is to be avoided, likewise inversion of the head (as in digging) or too much exposure to sun.

The physician should carefully investigate the circumstances preceding the *first* seizure and attempt to remove the particular provocation In this connection, the value of a keen nurse, or observing relative, cannot be overestimated I have laid particular stress on this phase of the treatment because we can prevent the seizures in a number of patients by scrupulous attention to the aforementioned details Unfortunately the neurologist or other physician sees the patient when the attacks have set in with such regularity that sedative medication is needed in addition

The Treatment of the Established Case

All hygienic details are to be enforced

Luminal has proven of considerable value and has supplanted the bromides Elixer of luminal should not be used in this connection because of its alcohol content A tablet of ¼ to ½ gr is given three or four times a day If there is a tendency to seizures during the night, one-half to one and a half grains may be given on retiring and less during the waking period (one-half to three-fourths of a grain) For those whose seizures appear very soon after arising, the dosage may be "massed" at that time instead of on retiring

The bromides are usually given in equal parts of the potassium and sodium salt If the amount of NaCl eaten is curtailed it should not be necessary to go beyond 60 to 70 grains a day in early cases In older recalcitrant types higher dosage may be needed To offset the tendency to skin erruption, Gower's suggestion, viz, the concurrent use of Fowler's solution is helpful To prevent arsenic accumulation, it is advisable to stop this adjuvant from time to time, viz, one week out of three

Recently Notkin (The Regulation of Chloride-Bromide Intake in Epilepsy—The Psychiatric Quarterly, October, 1927), reported better results with a balanced bromide—chloride therapy, than with luminal He used a proprietary drug, "Sedabrol," which is a small bouillon cube containing about 1 1 grams of sodium bromide and 0 1 grams of sodium chloride. Two to six cubes a day were given, at times luminal was added Except for the elimination of salty foods, the usual amount of table salt was allowed The basic idea of this therapy is an old one It is to have a balanced proportion between the amount of bromide substituting the sodium chloride in the body, and the retained sodium chloride, with the avoidance of bromism However, I fail to see why a proprietary drug must be used to accomplish this object.

Incidentally, the ease with which the chloride and bromide radicals replace each other in the body provides an almost specific treatment of bromidism, viz, sodium chloride internally, and externally (in the form of sodium chloride solution compresses) if the bromide skin eruption is troublesome Rather than ascend to the higher doses of bromide, many combine luminal and bromide especially when the efficacy of one or the other drug has waned Borax has also been used especially abroad, in doses of one to three grams per day, usually with bromides I have used sodium biborate in doses of grains V to XV, three times a day alone, and with luminal and bromide especially when treating persistent petit mal seizures The addition of calcium lactate to one or combinations of the foregoing drugs in doses of grs V to X, three times a day, is of occasional value

For petit mal, Gowers advised nitroglycerin, two to five or more drops of the 1 per cent solution It may be used with the bromides, and is said to be effective in those cases with a poor peripheral circulation, cold fingers, etc. The stability of the nitroglycerin solution may be enhanced by the addition of a few drops of dilute

hydrobromic acid (Muskens) As a reserve of "extra medicine" to anticipate a known exciting factor, Muskens advises the following mixture, the parts being—tincture cannabis indica, five to ten, potassium bromide, twenty-five, gum arabic, q s , aqua, 1000, in doses of one to four spoonfuls a day This combination is also of value in the treatment of the prodrobromata, or as an added medicine to be taken a few days before (two spoonfuls), during (three to four spoonfuls), after (two spoonfuls), the menstrual period It should not be suddenly stopped but gradually reduced

The indiscriminate use of the endocrines is to be deprecated If there are signs of pituitary disease (viz , large upper spaced central incisors, acromegalic or hypopituitary (Froehlich) features *x*-ray evidence of small or malformed sella turcica), whole pituitary gland may be used in doses of gr ½ to iss three times a day In mild cases, pituitary gland may be tried alone, usually one of the aforedescribed sedatives is also added In certain women, the attacks are apt to occur only directly before, during or just after the menstrual period or are much worse at that time In these cases, I have increased the amount to one and a half or twice the sedative medication, during the six or seven days involved and have given whole ovarian substance gr I to III, three times daily continuously, over a longer period of time Occasionally, thyroid gland may be added either to the pituitary or the ovarian gland Of course as the seizures lessen, the sedative drug should be reduced in amount but the patient, the nurse or the relatives should be carefully instructed *not* to stop any of the medicines because they "ran out of it and were going to see the doctor in a few days anyway" A number of attacks, even a status epilepticus may be so induced in a case which has been running a favorable course Such reductions should be carried out under the physician's continuous surveillance

For the stubborn case which has not responded to the foregoing, Muskens uses the "Iodide- mercury course" Other medications are stopped, the patient is put on a pill of iodide of mercury 050 gm (a high dosage), one to three times a day for about fourteen days, or until gingivitis or diarrhoea or vomiting or fever or backache appear The dose is lessened but the medicine is kept up until the above symptoms show that further treatment is inadvisable While the patient is taking this treatment and for a time after it, Muskens uses a bread-loaf in which has been incorporated, zinc lactate 120, zinc oxide, 100 grams, borax 1 gram and bromide 5 grams The patient eats this bread vehicle with its contained medication in the same way as he eats ordinary bread I am not aware of its use in this country Some very laudable results are said to have followed the above program in the recalcitrant cases

Special colonization of the deteriorated or hopeless epileptic and institutionalization of the insane or criminal type offers no special problem at this time

Status epilepticus—This justly feared manifestation can be sometimes prevented if dietetic errors, omission of medicine or other gross neglect of the rules of treatment can be obviated When present, chloroform or ether inhalations, high enemata and a quiet darkened room are the first requisites Then luminal-sodium or paraldehyde intravenously, or the bromide chloral mixture rectally are employed Intravenous strophanthin or digalen may be needed to combat a failing heart

Surgical treatment of traumatic epilepsy Although surgical procedures are of very doubtful value in the idiopathic types of this disease, they have a distinct field of usefulness in traumatic epilepsy Splinters of bone subdurally located, adherent dura with enlarged veins, serous encephalitis, localized brain swelling, foreign bodies in the brain substance, pia-arachnoidal cysts, meningeal adhesions, etc, have been successfully treated in a number of instances However, no operation should be considered before the hygienic and medicinal treatments above outlined have been given a thorough trial

The relation of the trauma to the convulsions must be definite In this connection, it should be noted that four or five years may elapse between the time of injury and the onset of the convulsions Headache may occur during the interim The long duration of the seizures even if generalized is not a contraindication to operative intervention A scar with an underlying bony depression or defect is very often present Focal organic signs or Jacksonian seizures should occur Local or generalized headaches may be present Where the Jacksonian twitches persistently lead to generalized convulsions, European surgeons, following Sir Victor Horsley, operate and remove the offending cortical center, which must be carefully delimited by electrical stimulation The resultant paralysis (monoplegia) is a price worth paying, for the elimination of the distressing generalized attack Careful postoperative treatment is necessary similar to that employed (as above) in the prevention (hygiene) of the non-traumatic convulsions

SPONTANEOUS RUPTURE OF THE HEART CASE REPORT*

By MAURICE PACKARD, M.D., and H. F. WECHSLER, M.D., NEW YORK CITY

Due to its dramatic nature, medical literature contains a superabundance of case reports of this condition, spontaneous rupture of the heart. However, as Krumbhaar and Crowell point out in their exhaustive review of the subject, a great many of these are so woefully deficient in important details, that the completeness of both the clinical and pathological observations has led us to publish the following case.

G. B., white male, 55 years of age, born in Russia, was admitted October 24th, 1927, with the history that three days previously, after a heavy meal, he was suddenly seized with severe pains high up in the epigastrium. He perspired copiously and had an intense fear of impending death. The following night, the pains recurred, and were more severe and viselike in character. They were now situated in the left epigastrium and radiated to the umbilicus. This attack had persisted until the present, the pain finally localizing to the region behind the lower end of the sternum. The day before admission he had twice vomited with temporary relief of his distress.

His past history was negative except for mild dyspnoea on exertion, severe heart-burns and eructations for the past month. For years he had smoked 60 cigarettes a day.

His physical examination revealed drowsiness and pin-point pupils due to the morphine administered, markedly labored respirations which later became Cheyne-Stokes in character, and moist rales at the base of both lungs. The heart was moderately enlarged to the left by percussion. The apex beat could neither be seen nor felt and the heart sounds were barely audible. No murmurs were heard. The pulse was 110, soft and regular. His blood pressure was 90/80. The abdomen was distended and there was slight tenderness in the right upper quadrant and in the epigastrium. The temperature was 99° F.

Laboratory findings were: Hgn. 85 per cent., R. B. C. 4,250,000, W. B. C. 23,800, polys. 85 per cent., lymph. 8 per cent., tr. 7 per cent., urine, albumen 2 plus, microscopic negative.

The evening of his admission, he suddenly became convulsed and markedly cyanotic, foamed at the mouth and vomited about two quarts of watery fluid. His pupils became widely dilated. In the space of two minutes, his heart and respirations ceased. The peculiar rushing and roaring sound heard over the precordium, which has been described in a single case, was not audible.

Autopsy. The pericardium was distended with about 350 c.c. of fluid and clotted blood. The heart was enlarged, weighing 450 gms. and measuring 11 cm. by 10 cm. by 6 cm. Situated in the upper third of the anterior surface of the left ventricle, 7 cm. above the apex and 3.5 cm. to the left of the septum, was a ragged, linear rupture of the epicardium, myocadium and endocardium (Fig. 1). Externally, the tear measured 1.6 cm. in length and ran roughly parallel to the septum. Its endocardial opening was practically of equal length and situated about 2 cm. posterior to the papillary muscle of the aortic cusp of the mitral valve. The left ventricle was concentrically contracted and markedly hypertrophied, its wall measuring 2 cm. in thickness, except in the neighborhood of the rupture, where for a radius of 1.8 cm. the wall became abruptly thinner. At the actual site of rupture, the wall measured only 0.4 cm. The muscle here had a mottled, brownish-red appearance interspersed with brighter red areas and irregular blackish streaks. The myocardium elsewhere was dull brown in color. The right ventricle was dilated and measured 0.4 cm. in thickness. Except for slight thickening of the free edge of the mitral and aortic cusps, the valves were negative.



FIG. 1

Spontaneous Rupture of Heart. Stylet in Rupture.

The aorta showed a moderate atherosclerosis. Both coronary arteries were tortuous and markedly calcified. Situated in the descending branch of the left coronary artery, 1.5 cm. from its origin, was an adherent thrombus which occluded the lumen of the vessel.

Anatomical Diagnosis. — Atherosclerosis of

* From the Medical Service of the Gouverneur Hospital.

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Surgical treatment of traumatic epilepsy Although surgical procedures are of very doubtful value in the idiopathic types of this disease, they have a distinct field of usefulness in traumatic epilepsy Splinters of bone subdurally located, adherent dura with enlarged veins, serous encephalitis, localized brain swelling, foreign bodies in the brain substance, pia-arachnoidal cysts, meningeal adhesions, etc , have been successfully treated in a number of instances However, no operation should be considered before the hygienic and medicinal treatments above outlined have been given a thorough trial

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PERSONAL EXPERIENCE WITH UTERINE PROLAPSE*

By GEORGE B BROAD, M D, SYRACUSE, N Y

MY PAPER is largely a review of my recent work with uterine prolapse. No attempt will be made to discuss at length factors involved in the causation of this affliction. It is pretty well understood fascia enters very largely in supporting tissues of the body The pelvis is no exception Surgical procedures based upon this principle bid fair if they are properly chosen, to meet with the greatest number of successes in dealing with mechanical defects The trauma of childbearing at times attenuates and undermines the strength of the fascial plane of the pelvis, especially the fascia under the bladder and more particularly that extension of this fascia going back to the uterus, known as theuterovescial fascia Could this fascia be preserved, we would see but little uterine descensus I do not underestimate the fascia of the pelvic floor This is essential but it plays a role secondary in importance to the fascia of the anterior vaginal wall The condition of the cardinal ligaments of the uterus has to be considered in discussing the factors leading to uterine descensus The number of children borne play a very minor part in the causation of uterine prolapse We have all seen the exceptional instance of uterine prolapse in the young unmarried woman, who has borne no children. The relationship of cervical elongation to true uterine descent will not be discussed although it is invited at this point

A discussion of the numerous plans for replacing prolapsed pelvic organs in a very natural way falls into two groups first, utilization of the fascial planes by vaginal operations, restoring these structures by one of several procedures such as the Ward, Fothergill or allied operations Secondly, the combined operation of suspension of the uterus or even its removal, together with plastic work, such as the Gillium with its many modifications or even hysterectomy with implantation of stump We may add to these two main groups certain special operations where a different principle is involved, like the Mayo vaginal hysterectomy which uses the broad ligaments for part of the bladder and anterior vaginal wall support, also the Watkins Wertheim interposition operation I would like to say at this point that every one of these procedures has its place in overcoming the descent of pelvic organs My paper deals largely with the interposition operation because in my hands it has most satisfactorily accomplished the results, if at all indicated The indications for this operation have enlarged with my experience Most operators have accepted the indications for this procedure about as follows Uterus in moderate prolapse, say the first or second degree, an organ not too large in a patient past the childbearing period. I agree most decidedly with these indications In my work, I have made the limits a bit wider I use this operation in a selected few in the childbearing period who give their consent, if they have already had children and are physically unfit to bear more I usually in the childbearing period limit the application of this operation to those in the very late 30s or early 40s Of course, the patient must be sterilized This is usually done by removing the tubes and resecting a portion of the uterus where the tube is attached I have also adapted the Watkins interposition idea to uteri that under ordinary conditions would be too large for the space If I feel the size is a definite hindrance, I resect a portion of the uterus, leaving enough of the uterine body when sutured together to adequately support the bladder, not following the Bissell plan of removing most of the uterine musculature

I have repeatedly found it necessary to remove minor pathology, the most frequent, of course, being small uterine fibroids I have on a few occasions been forced to change my plan. Where an interposition operation was intended, if I do not think the structures adapted to this procedure, I have changed the operation, doing a Mayo vaginal hysterectomy I have to confess I do not think I do as satisfactory a Mayo operation as is done by many experienced operators To me it is rather simple to remove the uterus by this method but it is not so easy to feel that I have secured the upper vaginal vault At times I have a sense of insecurity concerning the adaptability of the broad ligament to support the bladder unless a rather complete radical cystocele operation is performed I find in the Mayo operation, I am inclined to narrow the upper vagina more than I should I believe I can utilize the uterosacral ligament as an anchor for the upper vagina more than I have in the past.

I have had no experience with the Baldwin-Emmett or similar operations

In patients in the childbearing period, where this function should be preserved, I practically always do a combined operation, namely, combined plastic with suspension, generally the Simpson modification of the Gillium or the Oldhausen I rarely remove the uterus from above, trusting to any operation utilizing the cervical stump It has fallen to my lot to re-operate an occasional patient for prolapse where the operator attempted to correct uterine prolapse by an abdominal supracervical hysterectomy and failed. Secondary operations where uterus has been removed, I consider among the most difficult Under such conditions, I suture the freshened cervical stump to the abdominal wall by non-absorbable sutures I have found the technique in this operation somewhat simplified if the cervical

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y May 23 1928

aorta Coronary sclerosis Thrombosis of left coronary artery Infarction of myocardium of anterior wall of left ventricle with rupture through the infarct Hemopericardium Hypertrophy of left and dilatation of right ventricle

Histology—The myocardium about the rupture was the seat of an hermorrhagic infarct (Fig 2) The muscle fibres here had completely lost their nuclei, were swollen and their striae indefinite Marked hemorrhage was present between the fibres and there was an infiltration of polymorphonuclear leucocytes and microphages Many of the latter contained pigment. About the periphery of the infarct were found marked hyperemia and fatty degeneration of the muscle fibres Sections through the left ventricle near the apex showed a marked interstitial fibrosis The left coronary artery exhibited marked atherosclerosis

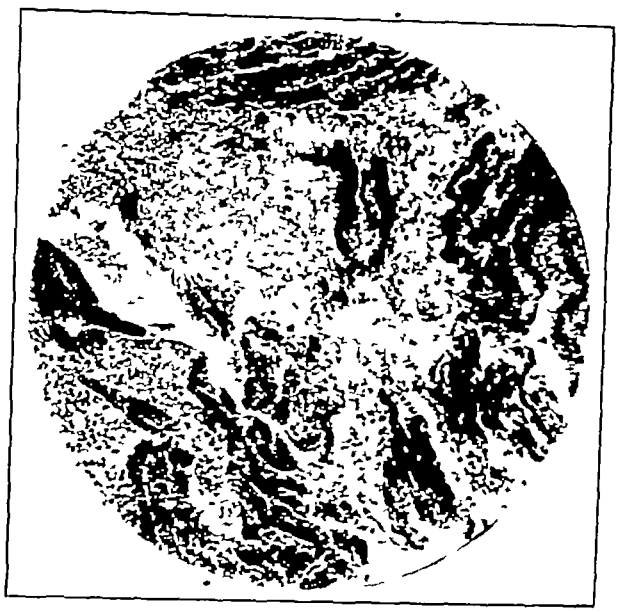


FIG 2
Hemorrhagic Infarct, left ventricle

and a partially organized thrombus in the lumen of the vessel (Fig 3)

Histologic Diagnosis — Coronary sclerosis with partially organized thrombus Hemorrhagic infarction of myocardium Myocardial degeneration and fibrosis

Comment—The case here reported is an exceedingly typical one of spontaneous rupture of the heart due to coronary disease It closely parallels the most frequent clinical and pathological findings in this group which comprises the vast majority of the 654 cases studied by Krumbhaar and Crowell The only deviation is the age of our patient which is somewhat below the usual age in which this condition occurs

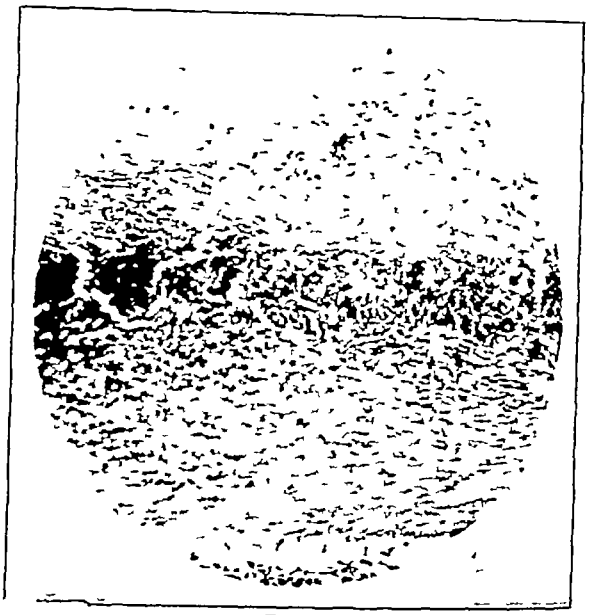


FIG. 3
Organizing Thrombus in Left Coronary Artery

Among the interesting features are the huge number of cigarettes consumed by the patient and its possible relationship to the coronary sclerosis, the diagnosis of coronary thrombosis, and then the actual observation of the patient at the time of rupture while he was lying quietly in bed That an increased intracardiac pressure is not the exciting cause of the rupture in our case is shown by the blood pressure Apparently the cause must be sought in the site, the character, and the rate of necrosis of the infarct

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FIG 1 Spontaneous Rupture of Heart. Stylet in Rupture

FIG. 2 X 250 Hemorrhagic Infarct Left Ventricle.

FIG. 3 X 250 Organizing Thrombus in Left Coronary Artery

I have combined under abdominal operations the vaginal suspensions, chiefly the Simpson modification of Gillium and Oldhausen, always with plastic work, also one case of complete prolapse of cervix and bladder, original hysterectomy having been done elsewhere. In this case the stump was sutured to the abdominal wall, followed by vaginal plastic work In dividing the results into symptomatic and anatomical groups, the number of cases is again not great enough to be conclusive but is indicative Thirty-two out of thirty-eight cases submitting to interposition operations were cured of all symptoms Four had definite urinary symptoms One of the cases with urinary disturbances had a feeling of desiring to empty the bladder frequently Another patient had a feeling that the bladder was incompletely emptied although in neither of these cases were the symptoms particularly annoying There were two cases of urinary incontinence. This incontinence occurred before the operation In both of these I did a Kelly sphincter constricting operation in addition to the interposition In both cases patients were improved but not entirely cured I believe these two cases should not properly be charged against the interposition operation. Another one of my patients was conscious of some bearing down in the pelvis when on feet for a long time She is one of the two cases with anatomical defects In another the cervical stump was pointing partway down vagina when patient strained No symptoms There was one failure. I did not see this patient but her physician said she could force cervix down so it appeared at the vulval aperture She is now practically an invalid from other causes and he reports but little inconvenience from her descensus

In the eight abdominal cases, all were symptom-free The vaginal hysterectomies were comfortable. Two patients upon whom the LaForte operation was performed are symptom-free for descensus, although in one case I have been forced to divide the bridge holding the organ back because of uterine bleeding, which reappeared nearly sixteen years after menopause, exciting suspicion of cancer of the uterus I regret to say we found a cancer in the body of the uterus in this patient

I have found it almost impossible to be accurate in my anatomical tables I have used the term "satisfactory" to signify the result in this table Many of the anatomical results seem perfect if that term can be rightfully used in any operation of this kind. In many others, there was a slight prominence in the anterior wall where uterus was sutured in the interposition operation Minor defects I have not recorded but have reported them in Table No 3, as comprising practically 20% of cases inspected They were inconsequential and patients were unconscious of their presence I have recorded only the gross defects In one there was a definite sagging of the anterior vaginal wall of which the patient was conscious In the second there was a definite descent of the cervix in upper vagina, causing no symptoms This was the patient referred to in Table No 2 There was one complete failure There were no gross defects in the abdominal group In the vaginal hysterectomies one of the patients has a narrowing of the vagina in the upper part, producing no symptoms at present

TABLE NO I

Uterine Prolapse Operations

Total Number Operations 100

I—Watkins	55
II—Abdominal - combined	30
III—Plastic and Mayo	15
Degree	
First and second.	55
Third or complete	45
Age	
Oldest	75
Youngest	22
Average	50
Mortality	
One (Watkins)	

TABLE NO II

Patients Examined 50

Symptoms		Cured	Partial	Failure
Watkins	38			
Symptom free		32		
Slight urinary symptoms			4	
Some sagging			1	
Failure				1
Abdominal-combined	8			
Symptom free		8		
Plastic and Mayo	2			
Symptom free		2		
LaForte	2			
Symptom free		2		
		44	5	1

TABLE NO III

Patients Examined 50

Anatomical		Good	Poor
Watkins	38		
Satisfactory		35	
Some descent			2
Failure			1
(Minor defects 20%)			
Abdominal-combined	8		
Satisfactory		8	
Plastic-Mayo	2		
Satisfactory		1	
Vault vagina narrow			1
LaForte	2		
Satisfactory		1	
Slight descent			1
Totals		45	5

In one of the LaForte operations, the uterus had descended down the gutter on one side but was producing no symptoms The one death reported in Table No 1 was caused by an infection This patient was a fairly good risk although uterus was large It was one of the cases in which

stump is grasped on the vaginal side by a tenaculum left in the vagina When the abdomen is opened an assistant by pressing the vaginal tenaculum forward and upward at once locates the cervical stump from the abdominal side, very much simplifying one step in the procedure

There is one operation for uterine prolapse that is nearly obsolete I have never seen it done by another and surely the occasion for its use must be infrequent Yet there is an occasional aged widow whose general condition is such that any operation requiring a general anesthetic would be hazardous I have on three occasions under the above conditions performed the LaForte operation which consists of denuding a central pathway through the anterior and posterior vaginal walls from the vaginal introitus to within 1½ inches of the cervix This denuded area can be as wide as one wishes and can be made under local anesthesia The suturing together of this denuded pathway, when healed, forms a bridge down the center of the vagina, which supports the descending organs Enough mucosa is left on either side to permit the escape of cervical discharges

I presume every operator develops points in his technique which may not have been described by the original operator but are used by him to obtain results These can hardly be called modifications of the operation although they may explain his success in part in any particular operation I was once told by an observer that I did more than the usual Watkins interposition I was told I utilized the uterovesical fascia in obtaining a strong fascial plane in closing the anterior vaginal wall over the cervix Of course, I do this intentionally, for it holds the cervix more strongly in place in the upper anterior vaginal wall

I also wish to emphasize the fact that I amputate practically the entire cervix in every interposition operation A secure operation on the posterior vaginal wall is to my mind very important The operation as performed by the late and revered John G Clark is the one I prefer to do It makes a rectocele or an enterocele practically impossible It considers the posterior wall as a true hernia as it properly should and makes secure the fascia plane over the rectum well up to the cervix

When I have finished the interposition operation, I like to think of the uterus as a living pessary, holding the bladder securely upward, anchored in place by strong fascial planes, the initial sutures securing the uterus to the fascia near the pubes anteriorly, one central suture always extending from the uterine fundus to a point near the vesical sphincter

The tabulation of results in a condition like uterine prolapse is open to many errors It is rather difficult to draw conclusions from it in a comparative way For instance, the degree of prolapse If the three-degree division is attempted, the first and second degrees may blend so closely that borderline cases might easily be placed in either group The personal equation cannot be disregarded There can be no difficulty whatever in tabulating third degree or complete prolapse cases if the uterus is entirely outside of the vagina but if it is only partly outside, again error creeps in To simplify classification, I have grouped all cases with uterine descensus to the vulval aperature in one group, and all cases where a major portion of the uterus is outside in the second group This classification answers my needs for the present paper Another difficulty is encountered in tabulating results Perfect anatomical results with cure of all symptoms is the ideal There may be minor anatomical defects of which the patient is unconscious, without symptoms I have divided operative results into two groups The first table having to do entirely with symptoms and the second table having to do with the anatomical results I have attempted a tabulation of 100 cases of uterine prolapse operated by me These cases largely represent my experience with this affliction during the past five and one-half years, but not entirely I have taken these cases from the records of only one hospital where I do most of my work They have been chosen consecutively without any attempt at selection I have added two cases outside of this group in order to present to you the LaForte operation These two patients were operated upon by me about ten years ago

Chart No 1 shows the sub-division made in selection of operative procedures The Watkins interposition operation was performed in fifty-five cases The abdominal operation which combined suspension and fixation with plastic work, 30 cases Vaginal work alone which includes the vaginal hysterectomies with the LaForte operation, 15 cases The mortality was 1 When degree of prolapse was considered, an attempt was made to divide this list into the two groups above mentioned I felt we could place approximately fifty-five cases in the first group, namely, first and second degree prolapse cases and forty-five in the third degree or complete prolapse group

I have been able to check up satisfactorily but 55 of the 100 cases operated upon Forty-two have been examined by my assistant and myself The remainder by family physicians, augmented by personal reports from patients who could not come in person A 50% follow-up has been disappointing to me but it was the best we could do It does not enable me to draw fair comparisons beyond the total number checked over You will observe that the number of interposition operations followed up is greater in proportion than the total list, thirty-eight out of fifty-five

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Some descent			2
Failure			1
(Minor defects 20%)			
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Satisfactory		8	
Plastic-Mayo	2		
Satisfactory		1	
Vault vagina narrow			1
LaForte	2		
Satisfactory		1	
Slight descent			1
Totals		45	5

In one of the LaForte operations, the uterus had descended down the gutter on one side but was producing no symptoms The one death reported in Table No 1 was caused by an infection This patient was a fairly good risk although uterus was large. It was one of the cases in which

resection of the uterus seemed necessary Patient suffered no shock of consequence but died at the end of five days from infection

I regret that it has been necessary for me to take this list from a series almost entirely within the past five and one-half years Many of these patients have been too recently operated upon to have the results at the present time final It is quite possible I shall have a greater number of failures than now appear In my experience by far the greater number of failures occur within the first six months and if the patient goes nine or ten months without defect, the chance of failure is exceedingly small To this extent my tabulation will have value My motive, however, has not been to establish a record of symptomatic or anatomical cures but rather to show an adaptability of the interposition operation to a somewhat larger group than is now accepted by most operators

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THE PRACTICING PHYSICIAN IN PUBLIC HEALTH

By JAMES N VANDER VEER, M D, ALBANY, N Y

The address of the President of the Medical Society of the State of New York before the annual Conference of Health Officers and Public Health Nurses at Saratoga, on June 25, 1929

As President of the Medical Society of the State of New York I bring its greetings to the State Health Department, Health Officers, and Public Health Nurses here gathered, and the appreciation of the Society for the privilege of participating in the discussion of the questions of public health

So much has been accomplished in preventive medicine by our State Health Department as a whole, and its components in the various Counties through you, that congratulations are in order And yet many aspersions have been cast upon the doctor for his apparent lack of interest in the same However, many of you who sit before me now are the same doctors that will sit before me in our own State and County medical meetings and discuss these same questions that come up from the other angles than may be put forth here in such a meeting

While it is unbecoming in a speaker to criticize in a negative manner one who has preceded him on the program, and is also your guest, I am, however, going to be so bold as to crave permission to make the statement that the topic of Dr Wynne's address is self-evident to the doctor, who surely vaccinates in most instances those who have come in contact with a case of smallpox (where allowed by the contacts), and gives prophylaxis to those who are in the same family where exists a case of diphtheria (where permission is granted), and so could examples be spun out to any length to prove that the doctor is alive to preventive medicine and its economic soundness

But—and here lies the crux of preventive medicine—the practising physician cannot expend the time in argument with a recalcitrant mother, father, or grandmother as to why Johnny should be given the Shick test or be immunized when sister Susie has diphtheria His time must be converted into dollars and cents as it is his capital investment, and in the present, the public only sees him as an actor in curative medicine *after* Susie and Johnny have become ill And his efforts are limited in his production of wealth and in work done only by his physical endurance in many instances, and by the brains which he puts into his efforts

Here is the question put in this manner as the doctor sees it If we can convince the *average person,* and the *public* as a whole, that preventive medicine is worth while and pays in dollars and cents, then we have a common ground for all agencies to unite and forward a broad program

The doctor, as an individual physician, is trying here and there to fulfill his part as a member of various health groups, but he acts as an individual, and in many instances because of his desire to fulfill his lay civic duty I am glad to say that also the Medical Society of this State is earnestly endeavoring to do its share to forward this immense movement Through its various committees, in a small way perhaps, it is attempting to spread the gospel of health, but it lacks the essential of that which is most necessary—namely the large finances whereby the public may be reached through the press, such as are at the command of the State, and in the hands of many philanthropic organizations

Its resources are only those from the dues of its own members It has no large gifts to adapt to its program, and under present conditions should not directly accept endowments demanding subservience to a program other than what it, as a Society, might determine As a result its efforts are dwarfed in comparison with those of lay health organizations who yet leave to the doctor the work of rehabilitating those who are weak and are falling by the wayside through disease

Those who are sick and diseased are now occupying and filling the mind of the practising physician, and his work must naturally be at their beck and call But when the education of the public as a mass, and as individuals within that mass, has been accomplished, by more than the mere scratching of the surface as we now see it, the physician will be found as the one who has largely accomplished this result as an individual

in his community, with the help of the other agencies concerned

He has but to be furnished individually in each little hamlet, or large city where he may reside, with the proper educational material as the sinews of war, to teach the public to demand preventive medicine, and then from school children on up through the grownups will our hopes come true.

The failures of such a program somewhere along the battle front are found in the individual physician or local officers of organzations, whose carrying out of orders and plans are failures because of their own inability to forward the general good, and because they cannot deal intelligently with their inferiors or superiors, and should, therefore, as an army, be due for demotion

The successes of such a movement come from unanimity of thought and action, after plans have been made by leaders of broad minds, in correlating all the forces which can and should be brought to bear in this one effort

In this effort of preventive medicine your State Medical Society seeks to play its part, and asks that it be invited in every instance to take its proper place in the great plan now evolving, so that each of its members may know what is expected of him, and may be made to see the just reward which will be his, when the battle has been won Success will be in the proportion that each recognizes the advantages of the ammunition of different types utilized along the whole line

As in an army, officers and men are lost and must be replaced, so is it in a health fight,—to say nothing of the thousands being born every day who must first be taught the primer of good health in the school and in the family, and then be educated as adults to follow naturally the higher problems as those of second nature.

The Medical Society has to educate yearly its fledglings, as must the State through your Health Officers Association educate its new local directors,—and together we must unite to educate those born this very minute as I speak, to a higher degree than are those who are now about to pass to the Great Beyond

This as I see it is our bond of union in such a vast and wellnigh limitless field

EDITORIAL

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For list of officers of County Medical Societies, see this issue, advertising page XXVIII

SEASONAL ACTIVITIES

Medical Societies, like schools and churches, have their seasonal activities Social events are characteristic of the summer work of medical societies County Societies have their outings, and larger groups, such as the Lake Keuka Medical and Surgical Association, combine science and pleasure in a three-day outing shared with the ladies

Recreational meetings have a great value in educational and administrative ways for they afford officers and committeemen the opportunity to explain their plans to individual members, and to make those friendly contacts which vivify and personify the impersonal activities of the medical societies

DOCTORS AND HEALTH AGENCIES

The history of the State Medical Society shows that the medical profession of New York State has always had problems A survey of it shows the evolution of medicine, and demonstrates that certain principles of relationship with other agencies run throughout its organized history There has always been found a solution for the evils confronting organized medicine, and an interesting thing is that the correction of them has come from the medical profession itself influenced only by public opinion

The correct solution of all the present disturbances of the practice of medicine will be found without impairing the position of the medical profession. The medical profession is so essential to the welfare of mankind that no one should be unduly disturbed by anything or all things confronting medical practice today, but rather to be concerned with the correction of them before they produce more than a minimum of disturbance

Dr Ray Lyman Wilbur at the last Annual Congress on Medical Education said that physicians are "the prey of tradition" In the influence of tradition may lie the medical profession's major difficulty in adjusting itself to the new relationships that must ultimately be met by the medical profession If, as Dr Wilbur says, we accept tradition as the name given to the process by which one generation protects its product from change by those who are to follow, we can understand in part at least why the relationship of the medical profession changes so slowly in its attitude toward other health efforts by other agencies and other organizations But, the principles underlying the profession of medicine are the same as they were one hundred years ago Nothing has supplanted the object of the A M A "to extend medical knowledge and advance medical science, to enlighten and direct public opinion in regard to the great problems of medicine" These principles must remain as the basis of all relationship of the medical profession to all health agencies

A large number of medical men are still in the position of isolationists, and are making little definite effort to make use of the features that are common to medicine and to health agencies Should not lay health effort go on with our endorsement, while we are endeavoring to correct its mistakes instead of wasting time in the futile effort to stop it?

The Medical Society of the State of New York took a forward step three years ago when it formed a Public Relations Committee Constructive work has been undertaken by it It has become already an asset to organized medicine The Committee itself has had its own viewpoint enlarged, and has acquired an understanding of the need of a closer relationship between the medical profession and other health effort either by health agencies or by industry The work of this committee should give to the general medical profession a better understanding of the new era in civic medical consciousness and its manifold responsibilities The Public Relations Committee of organized medicine in this State has begun to mark out the pathway that can lead to a real cooperation of professional and lay health work, and a beginning understanding of the conditions upon which they can work together If this is accomplished, it will be a service to health advance unsurpassed by the work of any other committee of organized medicine

There is an industrial revolution in the whole world Nothing is standing still in the business world, or in our national affairs and relationships, or in medicine and health conservation Professor Shotwell of Columbia University, an authority on International Policy, is making extensive contributions to the general subject of Public Relationship," which is equally applicable to medical relationship We have been so inextricably wound up in the past traditions that we have had difficulty in seeing that a new chapter is being written in the cure and prevention of disease in response to public opinion The effort of voluntary organizations to aid in the solution has behind it public support The partial failure of medical practice to distribute adequate service at reasonable cost to a large percentage of the people has stimulated industry to undertake medical service to its employees Would the Standard Oil Company, the Telephone Company, and others be undertaking to provide medical service to their own people if the medical profession had met fully the expected service in the beginning of illness of their employees, that is, if we had been more interested in the prevention of later illness?

Medical leadership in health programs can become powerful only by peaceful cooperation instead of controversy The greatest danger in our public relations is that we have not fully realized that a new era has begun, and that the people have acquired a new sense of their responsibility in advancing welfare, charity, and health When business corporations in increasing numbers hold special meetings to consider these things, giving the reason among others that it pays in a financial way, and then form organizations placing the management of them in the hands of business and civic leaders often men of dynamic personalities, it should suggest to the medical profession that there is developing a force too powerful to ignore, and so potent that if united with medical leadership in its medical administration it will vastly increase the accomplishments of the medical profession and become an asset to all that is best in its objectives

The activity of health agencies and foundations is of itself an indication that there is a new condition confronting the medical profession No one should expect the future of medical relationship to repeat the past It is already different, and it seems reasonable to expect that it will steadily become increasingly different Since we know the past in medicine, and since we should see the present trends in health effort, there is not much excuse if we are some day taken by surprise and find that we are not a part of the readjustment There are forces in health and welfare activities in the world today that were not even thought of a few years ago They are gathering power, and as surely as daylight follows night, these new forces will to an unknown extent influence or disturb the practice of medicine unless we join with them

The problem for readjustment is quite easy On one hand, high cost of medical care, leading to an inadequate service to a large class, and to an organized body that intends to give it, and on the other, encroachment on private practice with economic disturbance We should approach this problem in a spirit of conference, remembering that we have no mortgage on health programs

The problems are nearer a solution than they have been because of just two things 1, lay agencies seem now to recognize that sound health programs depend upon the leadership of those medically trained, and 2, a growing recognition by doctors that they are not organized to carry health programs to the public We must soon bring about this general cooperation or it will be done for us by the force of public opinion

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Illegal Practitioners—A quarter century ago the medical societies prosecuted illegal practitioners and received the fines which were imposed What the result was is described in the July, 1904, issue of this JOURNAL

"The past month has been a record one in the number of illegal practicers brought to justice, and up to the time of going to press eight were convicted of practicing medicine, and there are four others that have not been reached for trial The work of the Association has been a matter of favorable comment by the courts, and the complaints resulting from the knowledge of the manner in which these prosecutions have been conducted have increased until now there is an average of one complaint a day

"It is also evident that there should be an amendment to the law under which illegal practicers are prosecuted, fixing the amount of fines which should be not less than $100 for a first offense, and not less than $250 for the second offense, and coupled with a larger term of imprisonment

"With the two new judges on the Special Sessions bench it is evident there is a feeling that smaller fines should be imposed in these cases, and the result of their service upon the bench covering a period of the last three months is very plainly evident in the increasing illegal practice, owing to the fact that these individuals realize that they can well afford to pay a small fine and when brought into court for the second offense perhaps a month later, to pay a slightly advanced fine

"The members of the Court will soon see the added work following these small fines, and though arguments are presented they are taken with the realization that possibly the remarks are influenced by the fact that the Association gets such fines as may be imposed"

MEDICAL PROGRESS

The Heart and the Way in Which It Is Supported During Life.—G Arbour Stephens, writing in the *Practitioner*, May, 1929, cxxii, 5, points to the need of a better understanding of the way in which the pericardium functions as a support to the heart. In disease the normal negative pressure within the pericardial cavity disappears and with it the suction action, so that the pericardium no longer fits closely to the heart and is unable to give it the support it requires In health the shape of the heart, as shown by roentgenograms, is the same whether the subject is in the vertical or the horizontal position, while in disease there is considerable difference Polygrams taken from the same patient in the prone and then in the upright position show a great deal of difference, there being additional waves in the prone position which can be explained only by assuming that they are due to movements of the pericardial fluid caused by disturbance of the negative pressure and the defective suction action Heart sounds, which in a healthy heart are practically the same in both vertical and horizontal positions, have a tendency in patients with heart disease to change as the patient changes position These variations which are found in disease are evidence also of a disturbance of the cardiac lubrication In disease, when the muscle fibers are not working as they should, exudation becomes irregular and the pericardial contents become abnormal The thin-walled auricle is the first to suffer from lack of support and to give evidence of fibrillation These facts suggest the need of a new theory for the causation of fibrillation instead of the one generally accepted. In angina pectoris the sudden increased exudation and the accompanying modification of the tension in the sac causes the agonizing pain The great value of digitalis is due to the distinct effect it has on the contraction of the muscular fibers of the heart and therefore on exudation, which takes place through the coronary vessels, it seems as if all the drugs, such as pituitrin, adrenaline, and the nitrites, owe their success to the effect they have on the capillary circulation A heart which has poor and inadequate lubrication is a heart whose myocardium and myocardial vessels are in bad condition The methods here suggested may be of value in the early diagnosis, classification, and prognosis of heart disease

Cardiac Pain.—In a discussion of the nosology and clinical associations of cardiac pain, Robert L Levy shows that pain in the region of the heart may be a symptomatic manifestation of many pathological states It may be encountered in affections of the coronary arteries or of the aorta, in cardiac valvular disease, in pericarditis, in poisoning of the heart, as by tobacco, coffee, or tea, in disorders of the hematopoietic system, in endocrine disorders, or in cardiac neuroses, or it may be of undetermined pathogenesis Perpetuation of the name originally given to the condition, and the concept of angina as a clinical entity, has resulted in confusion and disagreement as to its precise meaning It is, therefore, suggested that the term "angina pectoris" be abandoned Pain resulting from disturbances in the region of the heart may best be described as "cardiac pain" In making a complete cardiac diagnosis, this should be qualified by a statement as to the probable structural and functional changes with which the pain is associated The conception of pain as a symptom will make for better diagnosis, for rational therapy, and for more accurate prognosis Therapy must be directed toward correcting or alleviating the basic disorder Until more is known concerning the mode of production of pain and its sensory pathways from the heart, cervical sympathectomy should be performed only on patients who suffer intensely, who have not improved under well directed medical care, and who, in the opinion of the physician, will stand surgery without undue risk Patients with coronary disease are poor surgical risks, and it is in this group that the worst sufferers are found The paravertebral injection of alcohol into the posterior nerve roots is an uncertain procedure and is not without hazard.—*American Heart Journal*, April, 1929, iv, 4

Blood Glands and Blood Pressure.—F Kisch of Prof Wenckebach's Medical Clinic, Vienna, begins his article with the blood pressure in Graves's disease. He tested 84 patients, chiefly women with a pronounced type of the disease, with some anticipation of finding a high incidence of hypertonia, but this was present in no more than 30 of them, while but one showed hypotonia and the balance were normal in this respect There was no definite relationship between basal metabolism and blood pressure, although others, as Mannaberg, have noted some connection between high tension tachycardia and increase of basal metabolism above the average The author's research in certain patients with other than hyperthyroidism showed that hypotonia may also be associated with an increased basal metabolism, notably

in valvular heart disease with decompensation He is quite satisfied from numerous quoted figures that blood pressure has no necessary association whatever with the rate of basal metabolism Does low blood pressure stand in any definite relationship with hypothyroidism? Barach found that such an association occurred in the great majority investigated and the author has partially confirmed this statement Roberts who tested 350 cases of miscellaneous patients with low blood pressure found but a small percent with disease of the endocrine glands The contrast between the thyroid and adrenals in this respect is marked, for in Addison's disease hypotonia is the rule The author makes a category of hypotonic and asthenic subjects, which is much broader in scope, in which permanent hypotonia is one of a number of symptoms, but if other symptoms are reckoned as essential, as headache, constipation, insomnia, enlarged tonsils and lymphatics, lymphocytosis, etc, the percentage of those showing notable hypotonia is less than 40 This large group of patients then cannot owe their condition to adrenal insufficiency although the latter may be a factor—at least the term "hyposuprarenal constitution" has been proposed to denote it—*Klinische Wochenschrift,* April 16, 1929

The Rapid Reduction of High Blood Pressure in Acute and Dangerous Cases—A Graham-Stewart states that many cases of chronic hyperpiesis develop at times, secondary to such states as alimentary toxemia, deficient elimination, and psychological unrest, a condition in which a grave load is superimposed on a chronically high pressure Such added loads threaten the life of the individual from severe and possibly fatal hemorrhage These states are amenable to dramatic improvement on the plan of treatment outlined It is highly important that all the patient's mental anxiety be allayed in a definite and confident way For several weeks the diet should be as sparing as possible and should consist of carbohydrates, fruit, and vegetables

Calomel is given for two or three successive nights—an eighth of a grain every half hour for eight doses—followed in the morning and thereafter every morning by a mixture of magnesium and sodium sulphate sufficient to produce genuine catharsis Equally important is the use of sodium bromide, 15 grains three times a day for a week To this is added 7 to 10 grains of ammonium hippurate In the presence of a dangerous height of the pressure tablets are given containing 2 grains of lithium hippurate, 1 grain of sodium nitrite, and 1/200 of a grain of nitroglycerin As an alternate to this a good prescription is Sodium nitrite ½ 2 grains, ammonium hippurate 7-10 grains, sodium bromide 10-15 grains, spirit of chloroform 10 minims, collosol iodine 1 drachm, and distilled water to 1 ounce This is given three times a day after food, and well diluted Intestinal detoxication may be assisted by giving 3 ounces of liquid paraffin a day in divided doses and 2 ounces of kaylene saline twice daily In the author's experience venesection is of little and brief value—*The Practitioner,* May, 1929, cxxii, 5

Transitory Disorders of the Arterial Tension—Ch Achard discusses arterial hypotension and hypertension, of both the temporary and critical types The former may be recognized by eliciting the white line of Sergent Clinical types are the Stokes-Adams syndrome, ordinary syncope, hemorrhagic and miscellaneous forms encountered in the course of various diseases While traumatic shock is often associated with loss of blood a fall of blood pressure also takes place in non-hemorrhagic shock, this including also the so-called delayed or toxic shock Various poisonings, chloroform inhalation, and so-called protein shock are also attended by fall of blood pressure A different type of hypotension which is more protracted and not very pronounced is seen in acute febrile affections, and from this it is but a step to permanent low tension as seen in a variety of chronic diseases and notably in pulmonary tuberculosis, heart diseases of certain kinds, Addison's diseases, etc Essential hypotension without known causal factors is a well recognized condition In all forms adrenaline is indicated with the proper casual remedies The opposite condition of transient hypertension is not so readily formulated into groups Crises of this condition have been described especially by Pal, for example in lead colic, in the gastric crises of tabes dorsalis, in renal diseases, etc A special form figures in puerperal eclampsia, leading up to the convulsions In some subjects who would ordinarily be set down as victims of permanent hypertension the condition is really one of critical attacks only Here would fall certain cases of angina pectoris Authorities like Vaquez, Mackenzie, and other cardiologists have described various special types of transitory hypertension, largely discovered by pressure-recording apparatus—*Le Progrès Medical,* April 13, 1929

Local Treatment of Burns—Dr E Makai discusses this subject by remarking on the present vogue of the ointment treatment This consists in reality of the old oil dressing and numerous solid substitutes, medicated or not The author, however, is critical of the ointment treatment to the complete exclusion of dry powders and wet compresses All of these

measures have the power of reducing the pain by exclusion of the atmospheric air, but we are entitled to a more rational and studied plan of management based on filling all the indications Pain may be the first symptom to offset, but we have to bear in mind that much dead tissue is to come away, and that is long as this is undisturbed toxic substances may be absorbed Moreover this tissue is an ideal culture medium for bacteria With the elimination of the dead tissue regeneration must be stimulated or at least favored It does not seem to the author that any one stereotyped plan should be followed, for at certain stages of burns wet dressings are preferable, at others dry dressings and at still others ointments Much also depends on the location, area, and depth of the burn, the age of the patient, and so on Loose wet dressings, including the permanent bath, are indicated under certain conditions, but on account of the maceration which follows, regeneration may be impeded It should therefore be well to alternate wet applications with dry dressings, and eventually to cut out the former entirely in favor of the latter Epithelization does much better with dry dressings The evil of dry dressing, which makes it necessary to resort to moist ones, is the formation of a crust composed of the powder and the wound secretion, which in turn favors the accumulation of secretion beneath the crust Hence the problem is often what to avoid in the treatment of burns—avoid crusting on the one hand, maceration on the other In the healing stage petrolatum spread thinly on gauze is useful —*Münchener medizinische Wochenschrift,* April 5, 1929

Non-Tropical or Indigenous Sprue —In the literature of sprue there have appeared from time to time references to the occurrence of indigenous sprue in persons who have never left the confines of Northern Europe Recently Thaysen has reported a series of cases which he discovered in Denmark, and which he describes as "Non-Tropical Sprue" Philip Manson-Bahr has questioned the diagnosis because of the relatively small size of the stool and the absence of accompanying anemia He made the statement that he would apply the most stringent and searching tests before he admitted that any suspicious case occurring in England was an example of true sprue He now reports a case which he has watched for five years and which he believes is a case of true tropical sprue originating in England The patient, a woman, 28 years of age, suffered from vomiting, diarrhea, and rapid loss of flesh The stools were of enormous size, frothy and of a sour odor Aphthae of large size appeared in the mouth The abdomen was doughy and distended, the skin inelastic and dry, and the area of liver dullness distinctly diminished There was anemia of the typical kind and a slight leucopenia Under the accepted treatment—milk diet, rest, and nursing — great improvement took place and she regained her former weight Two years later, after the birth of a fourth child, there was a relapse, with the typical symptoms, and during the next two years occasional relapses occurred After a severe relapse pernicious anemia developed, which responded well to Sir James Cantlie's meat dietary, recovery being complete There have been no symptoms for the last four years Manson-Bahr reports this case in view of the possibility of others of a similar nature being encountered in non-tropical countries —*Journal of Tropical Medicine and Hygiene,* May 1, 1929, xxxii, 9

Gas Poisoning in the Industries —Prof H Zangger contributes the third of a series of articles on this subject and touches incidentally on gas explosions With the rapid development of new industries not enough heed is paid to new possibilities of accidents He mentions the explosive motor gases connected with the automotive industry, the dangers of explosions unforeseen in connection with general catastrophes, mentions by name a large number of poisonous suffocating bodies which might in theory be liberated and the optimum conditions for their liberation We do not however see any allusion to nitrogen tetroxide nor explosive *x*-ray films in this connection, perhaps because this subject is not, strictly speaking, connected with industry directly Most of the author's text is devoted to other types of gas poisoning in which there is no explosive liberation but only a steady absorption with the development of a certain amount of tolerance In his discussion on first aid the subject of explosions naturally comes to the fore and he mentions some recent catastrophes in which phosgene and carbon monoxide were the gases accused Much more space is given to prevention and this consists largely in the use of the gas mask, especially the so-called filter mask But experience with the entire subject of mask protection has been shocking, in other words the presence of gas masks in a plant gives only a false sense of security, based on theoretical grounds —*Schweizerische medizinische Wochenschrift,* May 4, 1929

The Chlorides in Nephritis —F Rathery states that since the publication of the researches of Widal, Achard, and others a diet poor in chlorides has been daily prescribed in Bright's disease This diet, given indiscriminately, has become a cure-all, which is an evil for in some nephritics this regimen not only does no good but is positively injurious Man

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LEGAL

By Lloyd Paul Stryker, Esq
Counsel Medical Society of the State of New York

LEGAL LIABILITY FOR MEDICAL SERVICES

It is important for physicians rendering services at the request of a person other than the patient, to make inquiries as to who will be responsible for their compensation The mere fact that a blood relationship exists between the patient and the person who requests the physician to render the services, does not of itself render that person liable to the physician for the services so rendered It cannot be safely assumed by the physician that the person at whose request he renders services to a patient will necessarily be responsible for the value of the services rendered

In one case which was before our Court of Appeals for decision, an action was brought by a physician to recover compensation for medical services rendered by him in attending and prescribing for the daughter of the defendant while she was sick at the defendant's residence The value of the services was admitted, and the issue litigated was whether the defendant was liable to pay therefor The patient was a married woman, the wife of one John Jones She had been sick at her own residence about three months, when, because of the wish of her mother, she was brought to the house of her father, the defendant in the action. The defendant had employed two other physicians before the plaintiff was called in

It appeared from the evidence that about a month after the patient had been in the home of her mother and father, a person came into the the plaintiff doctor's office, who was unknown to him, but who he afterwards discovered to be the husband of the patient, and this person told the plaintiff that the defendant was desirous of having him see his daughter the next day The doctor accordingly went to the defendant's residence, saw the patient, examined the case and received from the defendant a case history On the trial the doctor testified that on each day that he saw the patient, her father, the defendant, was present. All the directions with respect to the treatment of the patient were given by the plaintiff to the defendant father It was also established that the plaintiff had sent his bill for services to the defendant. The defendant testified that he never employed the plaintiff nor did he request any person to call him He denied that he was present during the consultations or that he received any instructions from the physician In holding that the father was not legally obligated to pay the physician for the services rendered to his daughter, the court said

"The plaintiff must then rely upon having shown such facts and circumstances as will sustain the law in implying therefrom a promise by the defendant.

"Prominent among those which are relied upon is the fact that the patient was the daughter of the defendant And were she a daughter for whom, by reason of her minority and dependence upon him, the defendant was under a natural obligation to provide necessaries, this fact would be strong, with others to be mentioned, to sustain an implication of a promise *** But the relations between the defendant and her were not such as that there was upon him such obligation She was much past her majority; she was married, she had lived with her husband and their children, separately from her father, in a house of their own, she was, at that time, living with her husband and their children Her husband was bound primarily to supply for her all that she needed Though she was brought from their own house to that of defendant, it was at her mother's instance and for a special purpose, that of having her under the immediate care and attention of her mother No reason for the removal, other than this, is shown This did not impose upon him any greater general obligation than existed before. Nor did it give ground for the law to imply a special obligation. Again, the interest exhibited in the case by the defendant to the plaintiff, his recital to him of a history of her trouble, his presence when the plaintiff made his professional calls, alone and in consultation, his receiving directions as to treatment, his recognition, to others, of the fact that the plaintiff was in attendance, his recital, to others, of the plaintiff's opinion of the patient's condition, and his knowledge of the frequency and length of continuance of the professional visits of the plaintiff, without any disclaimer on the part of the defendant of liability, are relied upon as circumstances making a basis for an implication"

"It is true that a person may not avail himself of the benefit of services done for him without coming into an obligation to reward them with a reasonable recompense But he cannot be said, in the meaning of the law, to avail himself of services as so done when they are not for his individual benefit, nor for that of any one for whom he is bound to furnish them The acquiescence of one in the rendering of service or

is intended by nature to eliminate a certain amount of saline matter daily, at least half of which is sodium chloride, and it is unnatural to cut this substance out of the diet save for some very special reason If there is an unnatural retention of this salt then we must get rid of the surplus With kidneys damaged the latter backs up in the blood and tissues and water retention may also be present. We may wave the question of whether the chlorine or sodium is the dangerous element and be content to know that in chloride retention, with or without edema, the salt-free diet is of marvelous value, thanks to Widal But with nephritis unaccompanied by salt retention the withholding of salt from the diet gives rise to a train of symptoms comprising asthenia anorexia, vertigo, even vomiting at times Salt privation has been much studied in animals and normal human subject and its syndrome is well-known A certain degree of privation of salt in certain nephrities has led to extreme emaciation, low blood pressure, subnormal temperatures and a high alkaline reserve There is also nitrogen retention All of these symptoms soon disappear or improve on the addition to the diet of a little salt L Blum has described a uremia or azotemia from lack of salt and we see that this condition may develop alike with too much or too little salt in the food It is obvious that the blood of the nephritic should always be examined for chlorine and the treatment based on such findings —*Bulletin de l'Académie de Médecine*, April 16, 1929

Congenital Debility and Its Conquest—A Peiper of the University Pediatric Clinic, Berlin, refers to the mortality the first few days post partum, not including the cases where death results from some definite lesion In some cases in which death is attributed to a lesion the actual cause must be set down as congenital weakness Naturally the premature children form a special class The problem of hemorrhages is of special significance, for death is commonly attributed to such accidents, especially when seated within the cranium However it is not always easy to show the mechanism of death in these cases, for the part of the encephalon most involved may not be of vital importance to the infant Death need not result from hemorrhages in the cortical area but if these occur in the vicinity of the medulla they are incompatible with survival In general a hemorrhage may cause death directly or indirectly or may not be responsible for the death at all. The former custom in the case of a dead premature child which had succumbed after surviving birth was to assign the death to congenital debility Unless an autopsy has been made, nothing is gained by the more refined diagnosis of traumatism of birth, cerebral hemorrhage, or the like In cases of suspended respiration there may have been some injury done by efforts at reanimation, or the early care of the newborn may have been defective, permitting chilling, etc The problem of combating the mortality of the newborn must resolve itself into special minor problems Thus there is one premature to every 10 children born at term and much depends on the age of the premature infant The effort should be first to prevent the premature expulsion of the child, the causes of which should be known Thus more premature children are born among the proletariat than among the sheltered classes and this is due largely to defective nourishment —*Deutsche medizinische Wochenschrift*, April 26, 1929

Bang Infection—Prof Poppe, a veterinary surgeon of Rostock, refers to infection of mankind from the infectious abortion in cattle, cases of which are rapidly accumulating Such transmission was formerly denied for had it been possible, it was said, it would have been frequent, because the milk of such infected cattle is subject to consumption by large numbers of the public Laboratory and experimental work by a number of investigators showed finally that the active organism accused was identical with or closely similar to the *Micrococcus melitensis* and that the disease itself was analogous to Malta fever In order to distinguish the two diseases one should go on the supposition that Malta fever is due primarily to the milk of infected goats while Bang infection is communicated in various ways by the cow and pig Thus far we have no generic term to denote both diseases The earliest cases of Bang infection were found in the United States and occurred in children who drank raw milk Later, cases were recognized in the Mediterranean countries but apparently without any confusion with Malta fever In the final summary to his article Poppe apparently chooses the term undulant fever to designate both diseases jointly or perhaps the Bang infection only Suspicion should be aroused when individuals who run a temperature are able to be about with little disturbance of the general health, but it is necessary to exclude a number of other maladies comprising typhoid, paratyphoid, malaria, grippe, and sepsis In all such cases the first step has always been to make a Widal test, and now we should add to the latter an agglutination test with a strain of the *Brucella abortus* or Bang bacillus The next step is to trace the history of exposure, if any, to cattle and their products or to swine. The author admits that the relationship between the two forms of undulant fever is still far from clear, being based chiefly on the identity or non-identity of the offending organisms —*Münchener medizinische Wochenschrift*, April 26, 1929

LONDON LETTER

THE GENERAL ELECTION

This letter is being written during the "turmoil" of a general election but a great change has taken place in the exciting times mentioned by Charles Dickens To-day no visitor to London would imagine anything out of the ordinary was taking place, and yet the most "experimental" election England has even seen is in progress For in this election for the first time a wholesale enfranchisement is in force, and everyone over twenty-one, male and female, has a vote The new law gives the vote to an additional 4,000,000 women and the result is that female voters outnumber the male voters by nearly 2,000,000 How these votes will be cast is entirely uncertain It is probable that until the novelty wears off the women will vote in large numbers, and may well decide the issue To which of the three parties the majority of the new votes will go seems to be a mystery even to the party organizers, and we must wait and see We men are always rather inclined to belittle our womenkind's political acumen, but history does not show that masculine wisdom has been very conspicuous in the conduct of international relations, and we have little to flatter ourselves upon The modern young lady does at least know her own mind, and is not slow to express her views One wonders what Oliver Wendell Holmes would have thought of it all, and how he would re-write his well-known lines

"The freeman casting with unpurchased hand
The vote that shakes the turrets of the land"

CONGRESS OF MILITARY MEDICINE AND PHARMACY

The Fifth International Congress of Military Medicine and Pharmacy has just met in London and proved a great success It was presided over by Sir Matthew Fell, the Director General of our Army Medical Services, and no better nor more active President could be desired It is sad to think that this genial giant, in the very prime of life, must, by the inflexible rules of the Service, resign his post next September, and retire from work he loves so well We shall miss him and his almost fanatical fear of after-dinner speaking The two principal functions connected with the Congress were the reception at the Royal College of Surgeons, and the banquet at the Guildhall At Lincoln's Inn Fields I found the fine rooms of the College filled by a polyglot assembly wearing every uniform known to civilization We all seemed to think, or perhaps to hope, that each visitor, whatever his nationality, could speak French, and with one accord we attacked everybody we did not know in that seductive but difficult language I have no doubt that much excruciating French was spoken that night by both sides, but everything was very jolly and informal At the Guildhall, Lord Moynihan, newest of peers and most gifted of orators, gave an address which was eloquent even for him from whom we expect so high a standard He paid a well-deserved tribute to Florence Nightingale, the great founder of scientific nursing, to whose work in the Crimean War the whole world is indebted for nursing as we know it I cannot help regretting that we know so little, and rarely hear, of one who lived nearly 200 years before Florence Nightingale, and founded a great hospital and did fine work for her country Jeanne Mance left her native country of France to cross the Atlantic to Canada, and in the thirty years of her too short life (1642-1673) originated a great nursing sisterhood in that country and founded the Hotel-Dieu in Montreal I often think of the picture of her, mounted on a very spirited grey palfrey, turning her back determinedly on the castellated walls of her ancestral home, and setting out, against her parents' wishes, on the Great Adventure The modern girl is not so modern, after all!

INTERSTATE POST GRADUATE ASSEMBLY

The Interstate Post Graduate Assembly of North America has just concluded a flying visit to London, and we have been doing our best to show our visitors how much we appreciate these pilgrimages Sir John Bland-Sutton welcomed the members in a delightful speech in which he compared the difficulties of the early days of scientific investigation with the ordered progress of the present. Sir John has always something to say which is worth remembering, and savors instruction with a humor entirely his own, but I do not think he will ever better his reference, in an address to the same Assembly some years ago, when he compared his audience to a flock of migrating birds, the mystery of which phenomenon he had never been able to solve

H W Carson, F R C S

benefit to another, not entitled to call upon him therefor, is not equivalent to an acknowledgment that it is rendered at his request So far as legal responsibility was concerned, the defendant, though the father of the patient, was a stranger to her and to her necessities He could neither require of her, nor be required upon by her It has been held that a special request by a father to a physician to attend upon his son, then of full age but lying sick at the father's house, raised no implied promise on the part of the father to pay for the services rendered *** A physician attends in every case on request, that fact alone is not sufficient for the inference of a special contract *** Still less, where there has been no special request by the father to the physician, and no more than acquiescence in his calls It was the duty of the plaintiff to know or to learn the true legal status of the patient, and what were her true legal relations to the defendant, and he cannot rely upon any seeming legal and necessary dependence of her upon him In the case of minor children, even, the law imposes this duty upon those who would furnish them with necessaries, relying upon the credit of their fathers and seeking to charge them *A fortiori*, is it so in the case of an adult married daughter living with her husgand so that all these circumstances, upon which stress is laid in behalf of the plaintiff, afford no support to his claim

As it would be unnatural for the parent of an invalid child, though legally emancipated, or for an intimate and confidential friend of her, not to know the rise and course of her malady, not to be interested in the state of it as disclosed at any time to skilled inspection, not to be so anxious as to be in waiting when scientific skill was to be applied for its cure, not to be ready to receive directions for treatment in the intervals, so it is not to be implied in the one case more than in the other that, from these manifestations, because unaccompanied with an express repudiation of liability, a liability may be implied They are to be referred to natural affection and friendly sympathy, rather than to an acquiescence in the rendition of a personal benefit, or counted as acts done under a sense of legal obligation"

In another case in the same court the doctor was called one evening by a woman who told him that her daughter, a married woman, was seriously ill and asked the doctor to come to see her The doctor replied that he could not go without the consent of the daughter's husband This consent was not obtained at that time, but about two weeks thereafter the doctor had an interview at his office with the mother and her son-in-law She introduced her son-in-law to the doctor and in his presence asked the doctor if he would go up to see her daughter and the doctor said he could He thereupon went with the mother and made an examination of the patient. After the examination he informed the mother that he would like to withdraw from the case because of the particularly grave condition of her daughter, to which the mother replied "Doctor, you have been my friend, you have attended my family, you have attended my husband and our children, and I beg of you, for God's sake, don't desert Maude" (Maude being the name of the patient) The doctor thereupon consented to treat the patient and was in continuous attendance upon the patient until her death, which occurred about two months after his first visit The doctor rendered a bill for his services to the mother, and when payment was refused he began action against her In holding that he was not entitled to recover, the Court of Appeals said

"The only question upon this appeal is whether the defendant came under any obligation to the plaintiff That turns upon whether the law will imply a promise on her part to compensate him If we might assume the existence of a moral obligation, that would not determine that a legal, or enforceable, obligation existed The general rule, that, where a person requests of another the performance of services, which are performed, the law implies a promise by the former to pay their reasonable value, has no application in the case of a physician, rendering professional services to a third person, if the relation to the patient of the person, who requests them, be not such as imports the legal obligation to provide them"

"A physician, in the absence of a special contract, may recover upon an implied agreement to pay for his services *quantum meruit*, when they have been rendered at the request of the patient, or of a person who, in the eye of the law, is regarded as being under a legal obligation to provide such professional services for the patient, such as a husband, or the parent of a minor child In the present case, according to the plaintiff's testimony, he refused to attend the patient until the husband had consented, which may be said to be a recognition, at least, of the marital relation, with its consequent responsibility, or liability It, certainly, followed that when the husband's consent was given, an obligation arose on his part to pay the reasonable value of the services which the plaintiff might render"

The court held that there being no express promise by the defendant to pay, the circumstances did not warrant any implied promise on her part

The attention of the medical profession should be directed particularly to the concluding sentence in the court's opinion, which reads as follows

"It would be a simple matter, in cases where the physician is called upon to attend a person, at the instance of some one not standing in a responsible relation to the patient, to inform himself as to whom he shall look for his compensation"

THE DAILY PRESS

MEDICAL LEADERSHIP

Much has been written on the subject of leadership Instruction in leadership is given to varied classes of employees ranging from executives at the head of great corporations to boy scouts on the theory that the ability to lead may be developed The *New York Times* of July 5 has an editorial on the elements of leadership, which says·

"A Chicago University professor has been applying exact scientific methods in trying to find out whether there is such a distinct quality in man as 'leadership' The word and the thing have been thrown at us in countless ways Even babes in arms have been minutely studied to see if they bore in their tiny bodies and dawning minds promise of becoming leaders of mankind But now we are told after these painful researches that 'there ain't no sech a thing' The Chicago professor has studied sixty men, ranging from the heads of gangs now in prison, to soldiers and business men who were offered as fine specimens of leadership But they all baffled inquiry Nothing could be found in them, any more than Mark Twain's man could find in the Jumping Frog, to show superiority over their fellows

"The conclusion is that this mysterious gift of leadership is largely a delusion Fortunate environment and lucky opportunities count much more than latent ability So runs the Chicago professor's logic, but there is one evident weakness in it The man who succeeded must have had at least the native ability to seize the happy skirts of circumstance when they passed him

"There is the little indefinable something in one individual that enables him to open his oyster, when it is presented to him, while another merely fumbles at it. This may not be wholly luck or exclusively leadership, but the blend of the two is necessary to success"

The Medical Society of the State of New York is searching for men who will be leaders in County Medical Societies The editors suggest that leaders are those who do things according to the plan of the preacher in the Book of Ecclesiastes "Whatsoever thy hand findeth to do, do it with thy might." Lincoln said that he had known many great men and all of them seemed like the rest of us, except in their practical knowledge of one or two subjects which made them leaders

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THEY SAY

Next to the joy of discovery is the elation that follows a logical explanation of a mystery James J Montague, in the department "More Truth Than Poetry" in the New York *Herald-Tribune* of June 21, explains the light of fireflies in a way that is entirely satisfactory to his five-year-old boy.

Lightning Bugs

The lightning bugs, long years ago,
Were not with flickering beams aglow,
But journeyed forth their food to find
Like others of their fluttering kind,
Not in the watches of the night,
But in the brilliant broad daylight.
However, when the creatures found
That there were hosts of birds around
Between the dawn and set of sun
And fond of insects, every one
They wisely chose to wait till dark
Before they started forth to lark
Along the singing river's edge
And past the orchard and the hedge.
But bugs more safely fly at night
If each one has a tiny light.
And so beneath their wings they bear
A torch that twinkles in the air
The while their lofty way they thread
When all the birds have gone to bed
And bugs cannot be caught for food
To give a songster's hungry brood.
It may perhaps occur to you
That the foregoing is not true.
All I can say is, it was told
To me by Bill, who's five years old

To this alluring tale absurd, we add our editorial word A lot of bunk that folks believe will quickly clear up and relieve their rheumatism, pains, and colds comes from the brains of five-year-olds

NEWS NOTES

HEALTH OFFICERS' CONFERENCE

The twenty-eighth annual Conference of Health Officers and the eleventh annual Conference of Public Health Nurses of the State of New York had a larger attendance this year than ever before in its history While the program was good throughout there were several striking features Among them was the splendid address of Governor Roosevelt who said that there had been a great change in public health in forty years and he wondered how far it would lead us in the next forty years He said, "Every state has undertaken the care of the health of its people The state has a right to see that the health of its people is as good as it can be The public has a right to have health and it is the right of the state to control in health matters Individual doctors are not to blame for the lack of public health because they have not the machinery at hand to make their efforts effective" Governor Roosevelt hopes that we will have a health census in this country something as they now have in Australia All health effort in the state is now undermanned and underpaid

The Governor's speech was splendidly received and showed an unusual interest in health matters and an unusual grasp of how health can be improved

Among the papers there were two of very practical value—one on, "Practical Epidemiology" by Dr Frank W Laidlaw, District State Health Officer and another by Dr Arthur T Davis, County Health Officer of Suffolk County on, "A County Health Department in Operation"

There were many other excellent papers and excellent discussions of them As a whole, it seems fair to say that this conference was better than any other among the very successful conferences held yearly by the New York State Department of Health

W H Ross

FRANKLIN COUNTY

The regular semi-annual meeting of the Medical Society of the County of Franklin was held in the John Black Memorial Room in Saranac Lake, June 12, 1929 Luncheon was served at the Hotel Saranac, after which a business session was opened at 2 p m The following members were present Dr P F Dolphin, President, Dr G F Zimmerman, Secretary-Treasurer, Dr F F Finney, Censor Doctors Trembley, Stamatiades, Packard, Kinghorn, Van Dyke, White, H B Brown, Heise and Baldwin Visiting doctors, L W Gardner, Saranac Lake, F J Abschul, Long Branch, N Y

The following nominating committee was named by the President —Drs Finney, Packard and Heise The following nominations were submitted and approved,—President, E S Welles, Saranac Lake, Vice-President, P E Stamatiades, Brushton, Secretary-Treasurer, G F Zimmerman, Malone, Censor for three years, G C de Grandpre, Tupper Lake

Dr R L Strong of Bloomingdale was elected a member

Dr C C Trembley reported on the meeting of the State Medical Society

Drs Kinghorn, Baldwin and Trembley were appointed a committee to draft resolutions on the deaths of Drs E R. Pfarre and G M Abbott

After some discussion regarding the advisability of a uniform medical and surgical fee for Franklin County, it was decided to leave the matter in abeyance, and it was moved by Dr Trembley and seconded by Dr Finney, that the old fee bill of 1919 be abrogated Carried

At the scientific session the following papers were read and discussed —

(1) "Colds and Tuberculosis," Dr F H Heise, Saranac Lake Discussed by Dr Packard

(2) Case Report, "Infantile Intussusception," Dr P G Stamatiades, Brushton Discussed by Drs Dolphin and White

(3) "Tuberculosis in the Practice of the General Physician," Dr E N Packard, Saranac Lake Discussed by Drs Kinghorn and Heise

(4) "Some observations on Eye, Ear, Nose and Throat work in General Practice" Dr G F Zimmerman, Malone. Discussed by Drs Beattie, Brown, Dolphin, and White

Meeting adjourned

G F Zimmerman, *Secretary*

BOOK REVIEWS

INTERNATIONAL CLINICS. Edited by HENRY W. CATTELL, A.M., M.D. Thirty-eighth Series, Volume IV. Octavo of 312 pages, illustrated. Philadelphia and London, J. B. Lippincott Company, 1928.

This volume contains some of the lectures on the diseases of old age delivered last October at the New York Academy of Medicine. Radiotherapy in malignant disease is well presented by Pfahler, while angina pectoris is ably discussed by Harlow Brooks. The menace of circulatory insufficiency in obesity, particularly when emphysema and bronchitis are associated with it, is elucidated by Barker. Anders deals with immunization. Epilepsy is analyzed by Brock. The differentiation between syphilitic and non-syphilitic lesions of the skin is made clear by Howard Fox. This is to name only some of the articles and not to imply that the others are not up to their high standard.

A. C. J.

MODERN PROBLEMS IN NEUROLOGY. By S. K. KINNIER WILSON, M.D., B.Sc. Octavo of 364 pages, illustrated. New York, William Wood and Company, 1929. Cloth, $6.00.

The subject matter is spread over 15 chapters and relates to many obscure neurological problems in connection with the epilepsies, narcolepsies, the motor systems with particular reference to disorders of motility and muscle tone and their relations to Striatal disease. Certain instabilities of mood such as pathological laughing and crying are discussed and the various anatomical and physiological mechanisms underlying dysaesthesiae and the Argyll Robertson pupil.

With respect to epilepsy the author begins by noting the difficulty of giving even a good definition, and points out that while the fit is often spoken of as a disease it really *is nothing more than a symptom* correlation of which with the intrinsic processes of the nervous system is far from satisfactorily settled.

He does not regard the psychological explanation as sufficient. Even though underlying pathology cannot be demonstrated in all cases of fits he postulates a physiological basis. He has little use for the theory of regression in this connection. The origin of the stimulus is debated, particularly with respect to cortical and infracortical origins and cortical and transcortical decontrol. The uncertain relation of variations in cerebral circulation to muscular movements and unconsciousness is dwelt upon.

In considering the narcolepsies it is pointed out that any contrast between them and the epilepsies is simply contrasting symptoms and disregards the question of similarity of mechanisms behind each. It is concluded that up to the present our knowledge does not go far toward *a solution of the problem of mechanisms* responsible for the symptoms of this disorder, but the similarity of outward manifestations to those of the epilepsies is obvious and suggests the possibility of similar causes back of each.

In Chapter VI the author refers to "the old motor system and the new," and discusses it from the standpoint of comparative anatomy and physiology, experimental physiology, and clinico-anatomical studies and reaches the conclusion that disease of the cortico-spinal or new motor system "releases an action-pattern innate in the spinal cord." In this pattern there is increased tone and a maintenance of attitude. The outstanding clinical features of striatal disease are three—variability of muscle tone, involuntary movements, and absence of paralysis in the strict sense.

Under Disorders of Motility and Tone with reference to Striatal disease are discussed, voluntary motion, muscle tone, and involuntary motion. Parkinson's Disease and the Parkinsonian Syndrome are taken as examples *of a striatal malady. Various abnormalities falling in* each of the above groups have been observed and the conclusion reached that striatal disease per se does not directly explain the mechanism of their causation but that explanation must be sought elsewhere. "Notwithstanding weakness, slowness, rigidity and tremor, the ordinary muscular components of voluntary movement behave normally in cases of striatal disease, contrary to the views of not a few writers on the subject." In respect to involuntary movements, particularly choreoathetosis, he has this to say: "it represents a complex type of involuntary movement for the carrying out of *which motor mechanisms of cortical site* are requisite —it is the expression of disorder of a system. To its continuance afferent cerebello-cerebral defect of regulation contributes—any theory attributing its origin uniquely to striatal destructive lesions is impossible." As to tremor, "voluntary inhibition of this decontrolled mechanism is essentially imperfect, inconstant, uncertain and unsustained.—Tremor is an involuntary movement belonging to the old motor system (infracortical, subpallial), while choreo-athetosis *is an involuntary move*ment of the new (cortical and pallial) motor system." He voices his belief that the main features of striatal disease are muscle tone regulation disorder and appearance of involuntary movements. That they are "positive" symptoms caused by freeing of non-striatal mechanisms from striatal control.

Chapter XII refers to pathological laughing and crying and their frequent association with hemiplegia, pseudobulbar paralysis and disseminated sclerosis. Although attention is drawn to the obscurity of the mechanisms for these emotional states the suggested conclusion is that the emotional producing stimulus is cortically appreciated and "that there are corticifugal paths for the expression of the emotions via the facio-respiratory apparatus distinct from those of voluntary innervation of the same nuclei."

In studying the dysaesthesias with their neural correlates several clinical examples are given of the lesion at various levels. The conclusion is suggested that at times a neural at others a vascular or sympathico-vascular origin underlies the conscious manifestation of tactile painful, and thermal dysaesthesiae.

The Argyll Robertson pupil mechanisms are studied at some length. The author believes that the pupillary and visual paths to the superior colliculi are not identical and that the light reflex stimulus from the superior colliculi passes to the third nerve centres, in which, evidence seems to indicate is the pupillo constrictor centre from which the impulse passes through the ciliary ganglion to the sphincter iris. It would appear that distal to the third nucleus the pathways for iris contraction to light and convergence accommodation are identical.

Several theories as to location of the underlying pathology of the A.R. sign are mentioned, the most probable, he thinks being near the aqueduct, catching the fibres before they enter the third nerve nucleus. As to the myosis of many A.R. pupils there is also a good deal of speculation.

One is struck with the apparently unbiased logic of the author's approach to the solutions of these problems. It is a valuable contribution and should point the way to future successes in dealing with some of these vexing questions.

A. E. SOPER.

FOURTH OF JULY ACCIDENTS

The *New York Herald Tribune* of July 5 has a summary of the Fourth of July accidents occurring in New York City, which includes two killed and fifty-seven seriously hurt The list is as follows

Man, aged 29, killed by the bursting of a cannon of his own manufacture

Boy, 7, killed playing with fireworks

Man, 35, shot in hip by an unknown celebrator

Nine persons shot by blank cartridges

Man, 23, and man, 40, burned by firecrackers tossed on their arms

Boy, 15, burned by exploding blank cartridge which he was examining

Firecracker burns were the causes of injury of 13 persons, some of whom were holding the crackers in their hands and one was holding it in his mouth

Boy, 12, injured in the eye by a firecracker in his pocket lighted by another boy

Girl, 5, dress on fire from a sparkler

Three persons burned by clothing ignited from bonfires

Boy, 15, cut by a bursting bottle in which he exploded a firecracker

These are only the accidents which came to the notice of newspaper reporters in New York City within a few hours after the day of celebration Doubtless the newspapers will give a summary for the whole country within a fortnight

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A COAT OF TAN

A sunburn is a certificate of a day's outing, a coat of tan is a diploma of a fortnight of leisure with the added halo of a martyrdom of sunburn to attain it The *New York Sun* of July 3 contains an editorial on how to tan gracefully, and quotes the following rules

"Acquire a coat of tan gradually, by repeated brief exposures to sunlight

"Do not sleep on the beach in the direct rays of the sun

"If your skin will not tan you are a 'heliophobe' and should avoid the direct rays of the sun

"When fishing or sailing do not forget that water reflects the ultra-violet rays of the sun

"In July and August protect yourself as much as possible from the direct rays of the sun if you want to avoid illness from sunburn"

The editorial proceeds

"This is sound advice at all times, it is particularly pertinent on the eve of the Fourth, when city dwellers go to countryside and beach. The sun's rays, if properly applied, have undoubted therapeutic value, but many recruits to the sun-tan treatment forget that overexposure may lead not only to pain but also to serious illness"

The soreness of the sunburn is evidence of skin injury and an inflammation in which there is an absorption of the dead products which produce sickness similar to that produced by a burn with fire If people understood the cause of the sickness, an inflamed skin would be considered as evidence of foolish recklessness It is well known that a sense of fatigue or general discomfort often follows even a mild degree of sunburn

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TAKING THE PULSE

A mysterious halo has always been ascribed to the old doctor who with solemn dignity performed the ritual of taking the pulse An editorial written in the New York *Herald-Tribune* of July 8 says

"The bedside manner is threatened with losing its watch That first familiar act of the old-fashioned doctor, to take out his gilded turnip of a timepiece, touch your wrist gently and look both wise and comforting, turns out, science says, to be little better than medicine-man magic"

But after describing a new apparatus for recording the pulse beats, which he assumes that every doctor owns, the writer makes amends for his iconoclastic remarks by writing

"That traditional individual, the family physician, apparently doomed a few years ago to fade out into nothing in the shadow of the specialist, seems to be recovering his luster The facts about pulse counting are only one of the signs that knowing the patient whom he treats is one of the healer's greatest assets"

Mead's Dextri-Maltose

THERE is a unanimity of opinion among physicians upon the use of Mead's Dextri-Maltose

It is shared alike by the pediatrist whose practice is confined exclusively to the feeding of infants, and the general practitioner whose work covers a multitude of different cases

An abundance of clinical evidence has proved it is well tolerated, easily assimilated and generally productive of satisfactory results In combination with various cow s milk and water modifications it has probably *successfully* been used to feed more infants than any other carbohydrate offered the medical profession

A few infants can tolerate *any* carbohydrate But *any* carbohydrate can not be fed all babies under all conditions The success characterizing the use of Mead's Dextri-Maltose in the combined experience of infant feeders is that it will successfully feed *more* infants than any other now in use

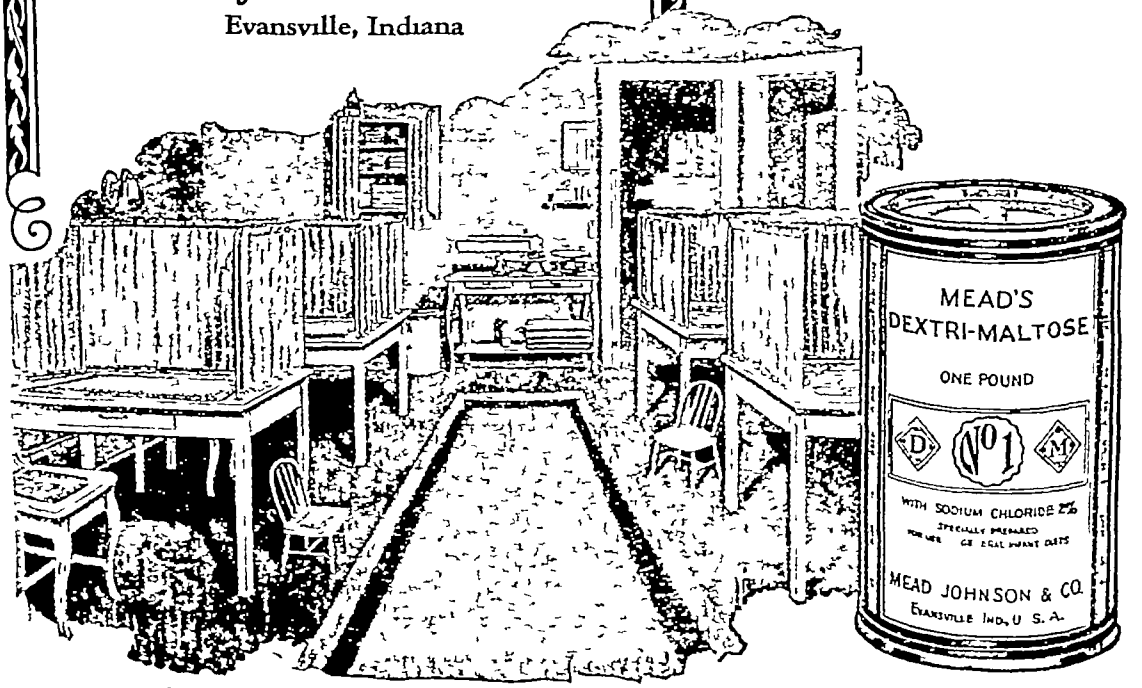
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OUR NEIGHBORS

KANSAS MEDICAL SOCIETY ANNUAL MEETING

Since the New York doctors held their annual meeting on June 3-6, they will be interested in the meetings of other state societies The Kansas physicians held theirs on May 7-9, at Salina, as reported in the June issue of the *Journal of the Kansas Medical Society,* which says

"The membership of the society remains practically the same year after year—around the 1,500 mark

"In 1925, according to the American Medical Association Directory, there were 2,364 physicians in Kansas, in 1927, according to this same authority, there were about 2,296 physicians in the state, a decrease of 68 in two years I might mention right here that the population of our state was increased by 59,000 during the same period of time I'll leave it to you to figure out how many additional patients each doctor is destined to attend"

Then follows five pages of reports from the ten councillor districts These review the condition of the county societies, and are excellent and informative to an unusual degree

Medical defense is discussed as follows

"The cases which we have had, during the last few years, have been, for the most part, better calculated to elicit a real fight in the courts It used to be the habit to bring suits against our members for the most unsubstantial reasons Lawyers were easily found who encouraged this practice, and doctors were also easily found who lent support to it But cases of this kind were often thrown out of court on demurrer or else were easily beaten in a short trial At the present time it is difficult to get a lawyer to undertake an action without strong prospect of success, from his point of view, and it is harder to get medical testimony to support a suit against a medical man The cases we do have therefore are harder fought, last longer and cost us more money than formerly It is still our policy to discourage compromise and to fight the cases brought against our members to the courts of last resort This has had the effect of deterring the litiginous tendencies formerly so prevalent

"It has cost the Defense Fund, as shown by vouchers from No 105 to No 120, inclusive, the sum of $2,297 43 to carry on during the past year This is $348 41 in excess of the expenses of the previous year"

"Defense Board Expenditures—15 Years"

1915	$ 1,254 95
1916	1,189 27
1917	777 45
1918	809 58
1919	759 41
1920	1,245 51
1921	1,458 35
1922	1,236 08
1923	1,310.96
1924	1,479 76
1925	1,970 05
1926	2,008 13
1927	1,981 03
1928	1,949 02
1929	2,297 43
Total, 15 yrs	$21,726 97
Average, per yr	1,448 46

Twenty-one cases were considered by the Medical Defense Committee, as follows

1 Fracture of femur Action lapsed
2 Puncture of bladder during child birth Action lapsed on the death of the doctor
3 Fracture of radius, pending
4 Appendectomy,—dismissed
5 Fracture of tibia Settled by insurance company
6 Injured tibia Jury disagreed at first trial Second trial, verdict set aside because of misconduct of a juror Third trial, jury disagreed
7 Fracture of radius,—failed to prosecute
8 Dislocation of elbow Two trials, verdict for the doctor
9 Fracture of radius, and no *x*-ray Verdict for the doctor
10 Fracture of radius Verdict for doctor, but is appealed
11 Burn from fluoroscope Verdict against the doctor who is appealing
12 Colle's fracture Dismissed
13 Gunshot wound, death from hemorrhage. Settled by insurance company
14 Mastoid operation Verdict for doctor
15 Sponge left in operation field Verdict of $1,000 against the doctor Paid by insurance company
16 Assault for performing an unauthorized operation Verdict for the doctor
17 Fractured forearm Doctor held
18 Failure to remove an instrument Settled by insurance company
19 Failure to attend patient. Doctor's demurrer to plaintiff's evidence sustained Motion for a new trial

(Continued on page 906—adv xii)

(*Continued from page 906—adv xii*)

"We were informed early and often that petitions were useless, that members of the legislature paid no attention to them—that they themselves so stated We happen to know, however, that the members of the legislature that passed the chiropractic bill gave the large petitions as their excuse for voting for it and the then governor gave the large petitions received as his excuse for not vetoing it. We have not yet been persuaded that there is an honorable legislator or rational politician that would ignore a petition signed by 150,000 voters, or 100,000, or even 50,000 voters

"From a summary of the activities of the members of the society in this campaign as compiled from the records in our office one can only conclude that fewer than 200 cared whether the basic science bill was passed or not

"Cooperation by the newspapers of the state is very essential in any educational campaign and particularly one of the character we have been trying to conduct. We feel that the Kansas newspapers have been very generous to us We are sending short articles to seventy of them every week

"Our publicity campaign can be most successfully conducted through the county newspapers, they reach a large proportion of those who need the education, but they can least afford to donate the space and can least afford to antagonize a considerable per cent of their paying patrons"

The report of the meeting closes with a discussion of the diphtheria campaign and the promotion of hygieia.

QUESTION AND ANSWER COLUMN

In the May first issue of this Journal, page 575, comment was made on the establishment of a "Question and Answer" column by Minnesota Medicine, the organ of the Minnesota State Medical Association The June issue of the Minnesota Journal has a page entitled "Consultation Bureau," in which question one and its answer read as follows

"What is the purpose of the Consultation Bureau?

"This service was established March 22, 1929, by the Committee on Hospitals and Medical Education Dr W A O'Brien, Assistant Professor of Pathology, University of Minnesota, was placed in charge A subcommittee was formed to assist Dr Meyerding and Dr O'Brien in working out the details of the plan Any member of the Minnesota State Medical Association may submit questions for answer and an attempt will be made to give an immediate reply If this is impossible, efforts will be made to make it as prompt as feasible, depending on the nature of the question Since

(*Continued on page 908—adv xiv*)

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(*Continued from page 904*)

20 Infection of jaw bone Pending
21 Fracture of femur Pending

The Bureau of Public Relations reported as follows

"Since the Bureau of Public Relations was established, there have been prepared and sent out from this office 99,800 pieces of mail, pamphlets, reprints, circular letters, including 7,500 articles to newspapers in the state, and in addition a considerable amount of correspondence naturally required in the regular business of the Bureau

"Since May, 1927, the activities of the Bureau have been diverted somewhat from the original plan Its activities have been directed in large measure toward a publicity campaign for the basic science law More than 45,000 pamphlets, reprints and circulars concerning this proposed law have been mailed since that time in addition to several thousand letters"

The Bureau asked the cooperation of the 88 counties, and reported as follows

"Forty-eight of these men gave us more or less assistance and cooperation Some of these were very active and gave us very important and reliable information, but we are including among the forty-eight every one who replied in any manner to at least one letter

"But there were thirty-eight who did not even reply to a single letter, and if they took any part in the campaign our office received no information from them and has no record of any assistance from them"

"As the time for the convening of the legislature approached it seemed that some means must be found by which the people could express their wishes in the matter of legislation to the legislators Petitions seemed to be the only available means for this purpose We therefore sent blank petitions to each member of the society asking him to secure at least 100 signatures This would give us approximately 150,000 names and it did not seem probable that there might be a single member of the society unable to secure that many names Apparently we very greatly overestimated the popularity and influence of the members of our society in their various communities, or we were entirely mistaken as to the extent of their interest in the passage of this bill —for when the legislature convened we had received 8,274 names and these had been sent in by 129 members What shall one infer as to the other 1,370?

(*Continued on page 907—adv xiii*)

Matching the Blood Stream

IN a therapeutic substance it is not always practicable or even desirable to match the blood, because the blood stream is not only the food supply of the cells but also their outlet system for waste products.

Take a systemic alkalizer, for instance. It should contain neither sulphates nor lactates, as the former is a decomposition product and the other a fatigue product in the circulation.

ALKA-ZANE

furnishes potassium, sodium, calcium and magnesium in the form of *phosphates, carbonates* and *citrates*

For a practical understanding of its merits, let us send you a liberal quantity of Alka-Zane.

WILLIAM R. WARNER & COMPANY, Inc.

113-123 West 18th Street, New York City

(Continued from page 908 adv xiv)

"5 An independent lesion

"Ringworm is said to be very common in calves, but veterinarians inform us that it is very unlikely that the patient has contracted ringworm from this source Favus is very rare in this country Anthrax must be considered but you did not describe the lesion Some type of fungus infection is very likely Perhaps the most important lesion to be considered is the independent affair Please send us a description of the lesion as this would be very helpful"

THE MAINE PUBLIC HEALTH ASSOCIATION

The medical profession of the State of Maine dominates all forms of public health work to an unusual degree through the Maine Public Health Association which is closely affiliated with the Maine Medical Association The Public Health Association, which was described in this JOURNAL of April 15, 1927, page 438, performs many of the functions which in New York are under the State Charities Aid Association

The entire June issue of the Journal of the Maine Medical Association is devoted to the annual reports of the Public Health Association The Field Secretary reports

"Incorporated as an 'educational institution' in 1920, the organization has grown steadily and consistently New departments have been added from time to time, and new activities have been made a part of our program Among our policies at present are listed the stressing of the annual physical examination by family physicians, the importance of early diagnosis, particularly for tuberculosis and cancer, a continuation of and increase in the public health nursing services, an emphasizing of the Clean-Mouth Campaign and Six-Point Child activity, an increase in our clinic program, a continuation of well-baby and preschool conferences and clinics, and last, but by no means least, the maintenance of the famous Maine Three-Quarter Century Club

"That the general public realizes the need and importance of public health work is shown by the fact that at the annual town meetings held during March, 1928, the sum of $14,655 00 was appropriated for the maintaining of nursing services under our supervision These appropriations varied from $5 00 to $1,800 00, according to the size of the town, the amount of work to be done, and the interest in public health nursing, but the total amount as compared to the $6,150 00 reported in 1927 is certainly encouraging"

The Public Health Association promoted a Three-Quarter Century Club, which is described as follows

(Continued on page 910—adv xvi)

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Sample and literature upon request

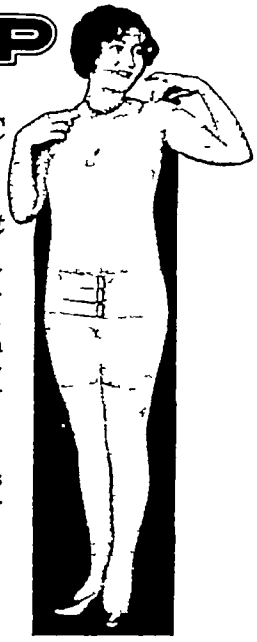
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THE ORIGINAL MALTED MILK
HORLICK'S

(*Continued from page 907—adv xiii*)

the opening of the Bureau, the following types of questions have been received

"1 Difficult diagnostic problems
"2 Inquiries concerning new drugs
"3 Medical legal questions
"4 Information concerning good textbooks
"5 Opportunities in graduate study

"One of the interesting features has been a large number of diagnostic problems submitted Every one is requested to use the Bureau as much as possible and any member of the State Medical Association may be called on to help out in answering the questions This is just another example of the trend in medical practice of working together for self-betterment and for better service to our patients"

Question number 2 is on whooping cough, and number 3 is on pulmonary hemorrhages

Question number 4 and its answer are as follows

"Female, age 45, complains of a swelling in the deltoid region, which has been coming on gradually for the past two years There has been more rapid growth in the last three months Patient complains of pain in the shoulder and arm at times She fell down the stairs about eight years ago, striking this shoulder It became black and blue, and she was unable to use the arm for some time Since then, she has had rheumatism in this region Tumor is the size and shape of half of a small orange and is not tender When the arm is passive, the tumor is soft, but when the muscles are contracted, the mass becomes hard and elevated Radiographic examination shows a tumor of the soft parts There is apparently no involvement of the bone The tumor is apparently partially calcified.

"Answer The most probable diagnosis is encapsulated hematoma Because of the difficulty in being absolutely certain, it is advisable to do a biopsy It may be necessary to excise the mass, even if it is found to be benign, because of the pain"

Question 5 is asked and answered as follows

"I have a patient who has what he calls 'calf-itch' His calves have some sort of an itch, and he seems to have contracted it What is the post probable diagnosis, and what is the treatment?

'The following conditions should be considered

'1 Ringworm
"2 Fungus infection
"3 Favus
"4 Anthrax

(*Continued on page 909—adv xv*)

(*Continued from page 910—adv xvi*)

ticians who have given this valuable service largely for the benefit of the rural sections of this state who are greatly in need of such a service All the expenses of these clinics are borne by the Maine Public Health Association The nurses have given valuable assistance in the Early Diagnosis campaign Through their initiative, thousands of little booklets, 'Let Your Doctor Decide,' have found their way into pay envelopes of the industrial plants in the state The health films, Let Your Doctor Decide,' also has been shown before many audiences, and large posters in store windows and schoolrooms show that the public health nurses are ever thinking how they can best teach health in its broadest and most constructive sense to their people. The nurses have this year helped to provide reparative clinics in dentistry in three new territories for children who are unable to pay only a small sum By teaching the little ones the way to the dentist's office early in life, perhaps they will have acquired the habit so firmly that they will continue to go in adult life."

The latter half of the Journal contains the reports of the branches in the several counties of the State

BALLOTING BY MAIL IN COUNTY SOCIETIES

"The Philadelphia County Medical Society has adopted the plan of voting by mail How the plan works is told in the following editorial in the Pennsylvania Medical Journal for June

"The membership of this county society averages about 2,200 It is never possible to obtain a representative vote at the annual meetings or when conduct of business by ballot is necessary Owing to the facts that the meetings are held in the evening and to the extent of territory covered by Philadelphia County (the city and county being the same), it is exceedingly difficult for general practitioners who have evening office hours, more especially those living a distance from the place of meetings (who sometimes have to traverse fifteen miles) to reach the place of meetings in time to hear a greater portion of the scientific programs or attend the business sessions

"In order to obtain a representative vote, it was deemed advisable, in considering a revision of the by-laws, to make it valid to vote

(*Continued on page 912—adv xviii*)

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A Private Home for Convalescents Semi-invalids and Elderly People.
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Quiet, Restful, Exclusive, Accessible

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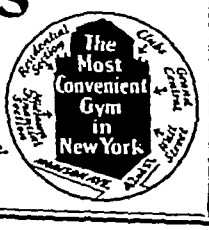
The Follow-Thru Of Your Instructions

THE physician who prescribes exercise for his patients is generally too busy to follow thru his instructions to see whether the prescription is being carried out—or neglected

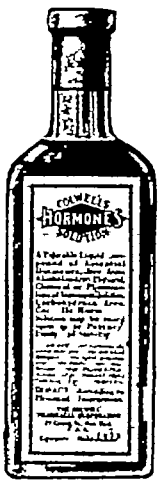
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Manufacturers of
Stable Liquid Endocrines

A general solicitation for Directory advertisements in the next issue of the

Medical Directory *of* New York, New Jersey *and* Connecticut

is now under way

We request our members to send to the Advertising Department of the Directory names of firms making bids for their business, so they may be approached for advertising contracts

Committee on Publication

(*Continued from page 909—adv xv*)

"Perhaps the most unique phase of our program is the organization and continuation of the famous Three-Quarter Century Club Many state associations give particular care and attention to the boys and girls in their commonwealth, but, so far as we can ascertain, the Maine Public Health Association is the only state organization that duly recognizes with honor and festivities the residents who have achieved longevity In 1928 the annual field day and reunion was held in Bangor, August 2nd, and the Chamber of Commerce of that city entertained the group, numbering about 5,500, in royal manner"

Finances are described as follows

"In summing up the year's finances very briefly, a total of $64,004 53 was received, while the expenditures were $62,618 86 leaving a balance Jan 1st, 1929, of $1,385 67 in the treasury All bills have been paid, and the Maine Public Health Association begins the new year with all debts eliminated, and expressing the hope that the wonderful spirit of cooperation which has been so evident during the past year will continue through 1929'

The report of the Health Education Service is devoted principally to activities of the Modern Health Crusade and the Clean-Mouth Campaign The Six-Point Child activity which was described in the New York State Journal of Medicine is briefly described and a seventh point was added based on the registration of the child's birth The report of the Director of the Nursing Staff also refers to the six-point child as follows

"No nurse is meeting completely the needs of her service unless she stresses health education The minimum health requirement, the Six-Point Child, for the school pupils and children entering school, was adopted and sponsored by this health association in the latter part of the year No project was ever received with greater enthusiasm or with more success Over 5,000 school children had qualified at the end of the year on the six points of health, namely, teeth, throat, vision, hearing, posture and weight It had become a great factor in securing corections of defects The children insist on being 'Six-Pointers' and therefore the parents must have the necessary corrections done"

The Clinic service is described as follows

"Reorganization of the state-wide clinic program is being started this year A full-time clinic nurse has been employed for six months She will be sent in any territory which desires a diagnostic clinic in lung, heart, cancer or orthopedic conditions, and will look after the details in the carrying out of such a clinic, also consequent follow-up This nurse will work in cooperation on this clinic program with a staff of diagnos-

(*Continued on page 911—adv xvii*)

MEDICAL SPEAKERS

The Journal of the Kansas Medical Society for June has the following editorial remarks about medical speakers at the State meeting

"In order that the three-hundred-fifty who did attend the meeting might be able to discuss these papers intelligently it would have been a good idea to have the secretary or some one with a good voice, read them for the authors Why would it not be a good plan to appoint a reader at each annual meeting, just for the purpose of reading for those who fail to make themselves heard?

"Occasionally there is one who can put on an illustrated medical lecture successfully, but they are few and far between In the first place lantern pictures require a good deal of explanation to be worth while and twenty minutes is not long enough to describe more than a few pictures in connection with a paper Charts which appear to be coming into fashion again are usually unintelligible when thrown on the screen, most of them being so prepared that the projected image cannot be read by a majority of the audience. A few years ago there was a fad for graphs and every lecture and published paper was accompanied by from one to twenty or more They are rarely seen now, but charts and projected pictures were much in evidence at the Salina meeting A few good pictures which really illustrate some particular point in the text of the paper may be worth while, but the majority of those usually shown don't tell the audience as much as would one or two carefully formulated sentences made up of carefully selected plain understandable English words

"There are occasions when a lot of time is consumed entirely foreign to the question before the house, or about various things when there is no question before the house but that is the fault of the presiding officer Parliamentary rules were formulated for the purpose of expediting the proceedings of such bodies as our House of Delegates and lack of observance of these rules is responsible for a great deal of wasted time And yet it seems that our delegates resent any attempt to enforce observance of these rules either by the presiding officer or other members of the house. Even when the presiding officer is experienced in parliamentary usage he hesitates to enforce the rules in face of the obvious displeasure of the members"

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by mail Announcement was duly made to the members that a special business meeting would be held April 24th, at 10 p m, following the scientific meeting It was announced that the meeting was 'to vote upon the proposed changes in the by-laws as published in the *Weekly Poster*, granting permission of all members of the society to cast votes by mail' There are other changes in the by-laws to be acted upon at the same time

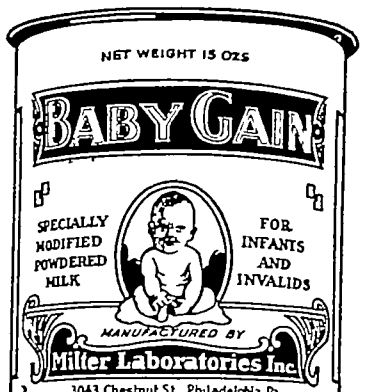
"It is of interest to note that only 242 votes were cast The change in the by-laws permitting balloting by mail was approved by the very narrow margin of five votes The argument of the opponents was that if a member had the interest in the county society he should have, he would be willing to sacrifice his office hours or any other engagement to attend a business meeting It was demonstrated at the meeting that casting a ballot by mail will be as secret as casting it in person at a meeting

"The Board of Directors requested the counsel for the society to submit for their consideration a resolution which would make balloting for officers and revision of by-laws by mail obligatory, no balloting to be done at the time of the business meeting This resolution was duly adopted, and the instructions for balloting given the required publicity

"At the annual meeting held May 15th, with a membership of 2,200, there were 903 ballots cast—the first in the memory of any of the living members that anything approximating a representative vote had occurred In the instructions, attention was called to the fact that the ballots must be received in the mail at the designated place not later than noon of the day of the meeting Only three ballots were received after the prescribed time, and of course were not opened One physician delivered his ballot, after the time, at the wrong place There were two candidates for president, the winner, receiving 450 votes, his opponent 442 votes

"The chairman in charge of the tellers, was especially selected because he was unalterably opposed to balloting by mail, with the thought of reassuring the opponents as to the fairness of the procedure

"It is conceded by the majority of the members that balloting by mail is very desirable."



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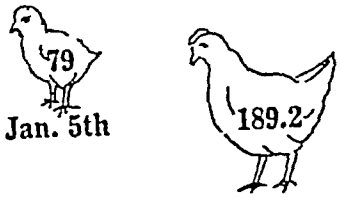
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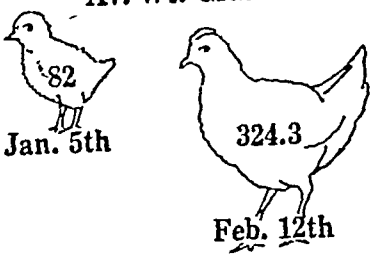
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COUNCIL ON PHYSICAL THERAPY DEMONSTRATES BIOLOGICAL VALUE OF WINTER SUNLIGHT THROUGH VITA GLASS

A reprint in abridged pamphlet form is now available, presenting details of a test by the Council on Physical Therapy of the American Medical Association, to determine the biological value of winter sunlight as transmitted by different types of window glass This experiment was fully reported in the Journal of the American Medical Association for May 14, 1927

Chickens were fed a diet deficient in Vitamin D Results The Vita glass chickens gained more than twice as much weight as the control group (under common glass) and were free from all clinical signs of rickets, (although two chicks out of the 14 showed slight traces of the stigmata of rickets under X-ray examination,) while all the control group developed rickets

The results from the Vita glass group and the mercury vapor arc group, as regards gain in weight and immunity from rickets, were practically identical

In summarizing its conclusions from this experiment, the Council reported in part "The results of these investigations encourage the belief that there are now available materials for glazing our windows which do not possess the fault of window glass in excluding the health-giving rays of sunlight"

The Council's demonstration of the antirachitic efficiency of winter sunlight through Vita glass is substantiated by the results of similar tests conducted with white rats by Captain William D Fleming of the U S Army Medical Corps, and reported in recent issues of the *Military Surgeon*

Reprints of Captain Fleming's reports are also available, and may be secured, together with the digest of the Council's experiment, by mailing the accompanying coupon

Vita Glass Transmission Constant After Few Weeks Exposure

Vita glass has been subjected to numerous accelerated weathering tests by the U S Bureau of Standards, by Professor Stockbarger of the Massachusetts Institute of Technology, and by many other physicists. These physical or quantitative tests, as well as biological experiments with rats and chickens, have established the fact that the solarization (weathering or seasoning) of Vita glass takes place quickly and that after a few weeks of actual use its transmission of ultra violet light becomes constant

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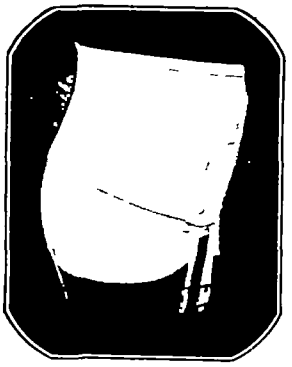
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IGNORANCE REFLECTED IN MEDICAL LEGISLATION

The June issue of the Michigan State Medical Society has the following editorial discussions of the need of educating the legislators

"There exists a misunderstanding in the minds of many legislators in regard to the whole matter of the healing art Someone probably has felt himself unfairly dealt with by some member of the medical profession, henceforth he has a grudge against the whole profession This shows a poor faculty for generalization It is as if a person who fell downstairs should move for the abolition of this mode of seeking a higher or a lower level The members of the medical profession are human, they do not claim to be any better nor any worse as individuals than the members of any other profession or social group They have sought to improve their profession as such and to advance medical knowledge by encouraging and where possible participating in medical research They have hitherto given freely of their time to indigent sufferers as well as in aiding in the great field of preventive medicine They do not ask anything for themselves, but they are extremely solicitous of the future of the art and science of medicine, anxious, because they are in a position to realize the medical situation as no one else can be expected to realize it

"The admission of the healing cults to rights and privileges (and also may we add responsibilities) of medical practice is tantamount to admitting a layman who has a smattering of business law to the right to practice every branch of law, or a person who has acted as an architect's building inspector to practice architecture on the same terms as a master, or the person with not even a smattering of the science of engineering to engage in the erection of some gigantic structure

"If the attitude of a considerable portion of the legislature can be said to reflect the opinion of the state regarding scientific medicine, there is a big field for health education as it has been carried on by the Joint Committee on Health Education However, with the ample facilities for medical training which the people of Michigan have provided at the state university it is difficult to realize that they would endorse the legislative acts of some of their representatives"

PRECEPTORSHIP FOR MEDICAL STUDENTS

The *Wisconsin Medical Journal* for June discusses the probable influence of medical preceptorship on the distribution of physicians to rural districts and says:

"Merging of the theoretical into the practical is the problem of medical education today. To distribute medical service equitably among those who need it is a proposition in which both physicians and laymen are interested.

'How far physicians are losing the missionary spirit in the struggle that is forced upon them by high standards and a long and expensive course of training cannot, as yet, be estimated. Whether the commercial is supplanting the missionary spirit may be debatable but the fact remains that intensive technical instruction is diverting the present day graduates from rural locations to the larger medical centers where there are better facilities for cultural development, contact with leaders and where prospects for financial gain are more alluring

"It is a truth that no one will question that doctors cannot be too well prepared for the responsibilities of medical practice but it is a question whether or not modern methods of education are producing the highest grade of practitioners for the all around requirements of the people they will be called upon to serve.

"The medical graduate, unless he be among those fortunate enough to secure a position in a clinic or association with someone with an established practice, must readjust himself to the needs of the people or communities he offers to serve. And his big problem during the first few years of practice is so to adjust himself and so apply the knowledge he has acquired as to establish himself in his chosen location, and give the service expected of him

"The University of Wisconsin, by its preceptorial plan, has taken a long step ahead in medical education. The three months the senior student spends with a preceptor, and his group brings him into closer contact with actual conditions of practice than an internship possibly can.

"If he takes advantage of the opportunities offered, he sees the emergencies and learns to meet them. He sees patients in their homes and under all kinds of conditions from poverty to wealth. He learns something of the problems of the home as they come under the observation of the physician and sees the many sides of the treatment of the sick in body and mind.

'He acquires a degree of tolerance for the weakness of humanity and a broad conception of his mission and learns that his is a profession and not a business. He learns the many sides to a doctor's life while ministering to the varied needs of suffering humanity, and finds that there is compensation for his service that cannot be measured by money though faithful and efficient service will bring adequate financial returns.

'He is given a glimpse of the difficulties of reaching patients in remote sections giving service in the presence of most adverse conditions and a realization of the joys of accomplishment

The student with a receptive mind cannot help being greatly benefited by his experience during his period with a preceptorial group, and the experiment of our university give promise that it will be adopted generally as an essential in every medical college curriculum. How far it will go toward solving the problem of adequate service to the rural communities remains to be seen but it is certainly a step in the right direction."

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Deprived of the family life, confined on a single floor—the fate of invalids unable or unfit to climb stairs Such imprisonment can be abolished quickly by installing a

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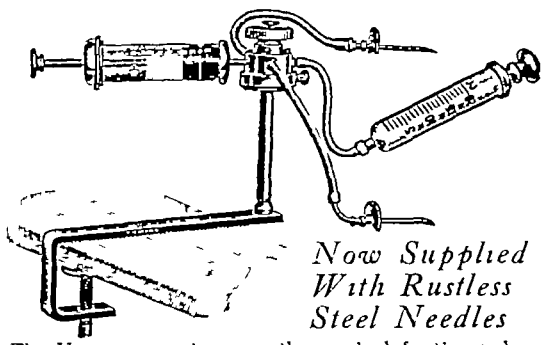
An economical, easily operated and absolutely safe elevator, so simple that a child can operate it. Our new illustrated booklet will be sent upon request.

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Apparatus alone	$25 00
Record syringe	4 50
Luer syringe	2 50
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NEW YORK STATE JOURNAL of MEDICINE

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TUBERCULOSIS AND ASTHMA IN CHILDREN*

The Incidence of Positive Tuberculin Tests in Children with Asthma and Their Relationship

By HENRY A. REISMAN, M D, JAMAICA, N Y, and RAOUL L MASON, M D, NEW YORK, N Y

From the Pediatric Department of the New York Post Graduate Medical School and Hospital

THE solution of an asthmatic condition in children is at times both baffling and discouraging It frequently taxes one's ingenuity We are beginning to realize more every day that asthma is a symptom the causative factor of which presents a problem in diagnosis, that sometimes defies solution Heretofore, up until about one year ago, much attention was given to the extrinsic causes such as inhalations (Pollens and Emanations) and ingestion (foods) The intrinsic causes such as infections of the lungs, foreign bodies and foci of infection outside the lung, as sinusitis, are now coming to the front as playing an important role in the causation of asthma. Stout[1] reports sinusitis in 26% of a series of cases of bronchial asthma. The result of the treatment of the sinusitis upon the asthmatic condition has definitely proved more than a coincidental relationship Manges and Hawley[2] found that of 155 children, who had foreign bodies in the air passages, six at one time had been diagnosed as asthma. For the past several years we have studied the asthma patient from the standpoint of Tuberculosis and two years ago began routine tuberculin tests (intra-dermal) on all asthmatic children, the results of which we found most interesting

The intra-dermal tuberculin test (1-1000) was performed on all children in the Asthma Clinic, the ages varying from 8 months to 14 years In some instances where the test was negative the mantoux was repeated with a more concentrated solution (1-100) The tests were read at the end of 48 hours and a week by a disinterested third party Of 158 consecutive cases of asthma in the Asthma Clinic 61 (38 6%) gave a positive tuberculin test. This is an unusually high incidence of tuberculous infection particularly in our age group and it does not include several definite cases of tuberculosis where the patient did not return for the reading of the test and where the tuberculin test was negative because of previous tuberculin therapy, for tuberculin therapy is one of the causes of a negative tuberculin test in the presence of a tuberculous focus

The question arises therefore as to how we are to interpret the above results There are just three possibilities

(1) That asthma and tuberculosis occur independently of each other and that there is no relationship

(2) That asthmatic children are particularly susceptible to tuberculosis

(3) That many tuberculous patients present symptoms of asthma

That there is a relationship is evidenced by the fact that 38 6% of the children (8 months—14 years of age) presenting asthmatic symptoms gave a positive tuberculin test compared to 16 9% (5 yrs —14 yrs) of the non-asthmatic children There is therefore an excess of over 21% If there was no relationship whatsoever one would expect to find about the same percentage of positive tuberculin tests among the asthmatic as in the non-asthmatic child Surely one would not expect to find a greater percentage, no more so than we would expect to find a greater percentage of positive tuberculin tests among those with ingrown toe-nails At least the increase should not be so overwhelming Chadwick[24] performed tuberculin tests on grade school children selected because they were either underweight, in poor health or because they gave a history of contact Of about 30,000 children thus tested he obtained a positive tuberculin test in only 2,806 children (9 3%)

As for the second possibility it is obvious that in order to give a positive tuberculin test one must come in contact with a tuberculous individual or material and hence become infected, although in many instances a history of contact may not be elicited Being susceptible has nothing to do with the child coming in contact with the organism although it may have something to do with the

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y May 23 1928.

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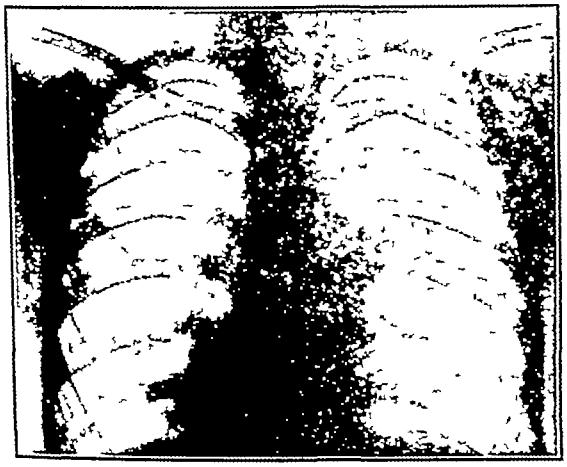
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(2) R. H, male, age 12, had frequent attacks of asthma and gave a positive tuberculin test On physical examination we found a positive D'Espine sign, and crepitant rales in the right upper lobe anteriorly indicative of the beginning adult type of tuberculosis Mother has definite evidence of tuberculosis and his sister seven years of age, has a positive tuberculin test with a moderate Hilum glandular enlargement

Case 2—R. H, Roentgen Ray Examination, *X*-ray Interpretation

Examination shows sufficient mottling and nodulation at the hilus to suggest an old tuberculous lymphatic infiltrative process This responsible for further root branch thickening In addition to this, the upper intercostal branches are accentuated, visible in the first and second intercostals on both sides, somewhat more prominent on the right, suggesting the likelihood of a



CASE 3

congestive stage of infiltration in the parenchyma, especially in the right upper lobe

Diagnosis Old lymphatic hilus tuberculosis

(3) V H, female, age 7, continuous attacks of asthma Behind the asthmatic wheezing which was present throughout the whole chest, showers of fine crepitant rales could be heard, posteriously on both sides near the spine, at about the level of the angle of the scapula, typical of the active juvenile type of tuberculosis The whole family is suspected of being tuberculous Patient is at present in a tuberculosis sanatorium

Case 3—V H, Roentgen Ray Examination, *X*-ray Interpretations

Examinations show the heart proportionately quite small A very pronounced infiltrative process is seen extending from the hilus into the central lung field, not so much along the root branches as towards the interlobar septal region, especially so on the right side The likelihood is



CASE 4

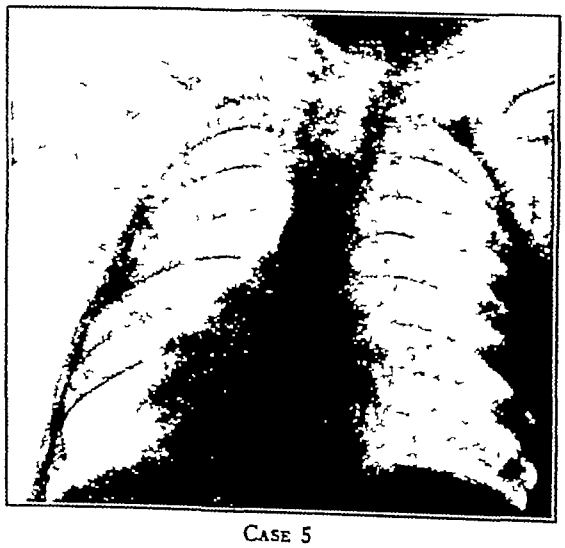
that an actively progressing lymphatic hilus tuberculosis

Diagnosis Actively progressing lymphatic hilus tuberculosis infiltration

(4) M B, female, age 5 years Frequent asthmatic attacks which continued for 6—8 weeks Has positive Tuberculin test Physical signs revealed fine crepitant rales in 3rd interspace anteriorly near sternum with sibilant and subcrepitant rales thruout chest She has a positive tuberculin test and clinically she is tuberculous

Case 4—M B, Roentgen Ray Examination, *X*-ray Interpretation

Examination shows the total heart area proportionately small The hilus is the seat of an old lymphatic infiltrative process with fibro-calcific nodules, this infiltration has extended along the lower root branches with a partial central consolidation of the left lower lobe. The appearance is that of a hilus tuberculosis with probable



CASE 5

activity of the disease after infection has taken place It is the contact with subsequent infection that will produce a positive tuberculin test and there is no reason to believe that asthmatic children have a priority in becoming contacts or infected

It seems to us, therefore, both by exclusion and inclusion that all evidence points to the third possibility, that tuberculous patients present asthmatic symptoms This is substantiated by both the high incidence of tuberculous infection and our clinical data, namely, history of contact, physical signs, *x*-ray findings and tuberculin therapy

Charles Hendee Smith[5] in a large series obtained a positive tuberculin test in 16 9% of children between the ages of 5-14 years and living in our locality Using this as a standard (for many have reported a lesser incidence, (Sill[6] 9 2%, Slater[4] 5 3% and 8 6%, Chadwick[24] 9 3%) and comparing it with the figure obtained from our asthmatic children 38 6% we find an excess of over 21% positive tuberculin tests in children presenting symptoms of asthma It is logical to assume that that excess 21 7% is due to the role that tuberculosis plays in children with asthma Similarly we would expect to find a higher incidence of tuberculin tests in children with large chronic cervical adenitis, because the percentage and role that tuberculosis plays in chronic cervical adenitis would be superimposed upon the incidence of tuberculous infection in the average child

We do not wish to convey the impression that over 20% of all asthmatic children are tuberculous in origin In our group we found many who were definitely tuberculous Naturally the part that tuberculosis plays in asthma will vary with the group Our problem of absolutely proving a relationship is difficult because the diagnosis of tuberculosis is lacking in precision and because of the difficulty of proving the tuberculous focus to be the cause of the asthma Our results may seem at first an exaggeration but a review of the clinical history of a few of our cases not only corroborates but still further emphasizes the opinion that in a large percentage of cases the asthma is due to a tuberculous focus Grossfield concluded after investigating 215 cases of Bronchial asthma, that most true cases of asthma are of tuberculous origin This view we believe is the other extreme

(1) E S, female, age 13 years, had almost daily attacks of asthma and gave a positive tuberculin test Physical examination revealed a positive D'Espine sign, moist and crepitant rales posteriorly near the spine at the level of the angle of the Scapula with some crepitant rales in the apices Throughout the chest there was typical asthmatic breathing, clinically she was tuberculous For a long time we were unable to elicit



CASE 1

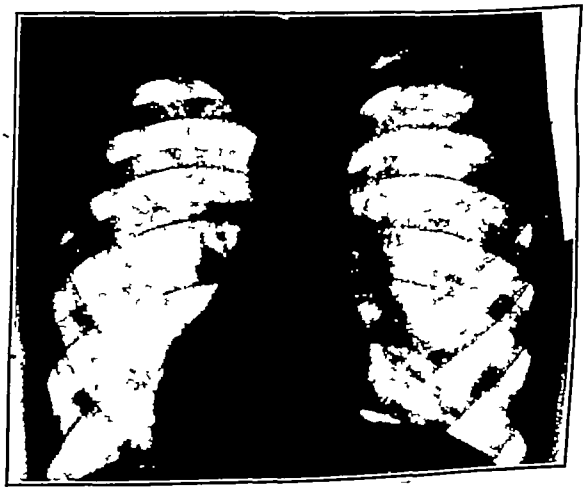
a history of contact. About three months ago we learned from Mrs S that the father had then died of pulmonary tuberculosis

Case 1—E S, Roentgen Ray Examination, *X*-ray Interpretation

Examination shows the condition practically as previously reported, namely the heart is of the elongated, dropped type yet with pronounced bulging of the left auriculo-pulmonic curve along with aortic retraction The heart picture is that of a mitral stenosis

The pronounced hilus, root branch and central bronchial thickening is also as previously noted, with a nodulation in the central lung field suggesting tubercle the probable etiological factor

Diagnosis Mitral stenosis Hilus T B



CASE 2

(3) Harsh breathing
(4) Abdominal distension

History About two months ago baby developed a cold and breathing became harsh A diagnosis of bronchial asthma was made by a prominent Pediatrician One month later child developed fever and cough The breathing still remained harsh Since then temperature has varied from 99—104° and not associated with any particular time of day

Physical Findings

(1) Impaired resonance right side posteriorly particularly over middle and lower lobes with diminished breath sounds

(2) Sonorous and sibilant rales throughout chest both sides together with some fine crepitant rales

Diagnosis on Admission

(1) Thickened Pleura
(2) T B Central Pneumonia, right
(3) Foreign body

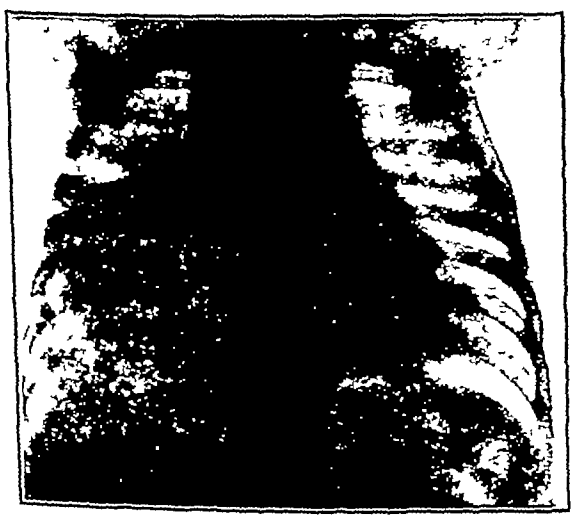
Temperature 103-2 on admission with irregular fluctuations between 100 and 105

Laboratory findings

(1) Mantoux 1—1000 positive
(2) Blood count

R. B C	4,	176, 000
W B C		16, 000
Poly,		78%
S L		18%
L L		3%
Trans		1%

(3) Urine negative
(4) *X*-Ray See illustration H C L
Died April 7, 1927



CASE 8

Autopsy Summary

(1) Caseous pneumonia and tuberculosis bronchitis and peribronchitis of left lung
(2) Broncho-pneumonia right lung
(3) Tuberculosis ulcerations of intestines
(4) Tuberculosis of lymph glands, pulmonary and mesenteric
(5) Miliary T B in spleen, liver and pancreas
(6) Tuberculosis Pleuritis

Here again we have histories of contact of sanatorium care with the physical findings confirmed by autopsy as in H C L with *x*-ray findings and positive tuberculin tests which form corroborative links in the diagnosis of tuberculosis

Case 8—H C L., Roentgen Ray Examination, *x*-ray Interpretation

Examination of the thorax shows almost absent illumination of the lower two-thirds of the right pulmonic field. This area is bounded superiorly by the interlobar septum, and since the density is seen centrally with a convex line of demarcation, suggests the likelihood of an encapsulated exudate though the possibility of a central lung abscess must also be considered

In addition to this, there is a central bronchial pneumonia in the visible portion of the right upper lobe

Diagnosis Central bronchial pneumonia, concomitant pleuritic involvement, probable abscess at right base, interlobar as well as lung involvement to be considered.

Contrary to the teachings of the last decade that there was an antagonistic action between asthma and tuberculosis we now find them very closely related Variot and Bruder[8] in 1904 were the first to observe the expiratory type of dyspnea associated with enlarged Tracheo-bronchial glands In 1907 Bougaral[9] reported ten cases which he collected from the literature Schick[10] in 1910 presented 36 cases of asthma caused by Tuberculous Tracheo-Bronchial glands of which 13 were confirmed by autopsy He maintained that in infancy and early childhood the occurrence of expiratory dyspnea and wheezing were diagnostically significant of Tuberculous Hilum glandular enlargement A positive Tuberculin reaction and Roentgen Ray findings corroborated the diagnosis Eckert[10] Rach[11] Sauer[12] Hall[13] Fishberg[14] Pierson[15] Finkelstein[16] Ratner[17] Marfan[18] and Abt[19] have reported cases of Tuberculosis of the hilum glands in children simulating asthma Peshkin and Fineman[20] reported three cases out of several hundred under observation

Throughout the literature the opinion is almost unanimous that the asthma is due to some form of pressure or obstruction from the enlarged tracheo-bronchial glands Schick[13] stated that the pressure is exerted at the bifurcation of the trachea or main bronchus Cameron[22] Eckert[11]

tuberculous pneumonia extending along the lower root branches, especially prominent in the central-lower lobe

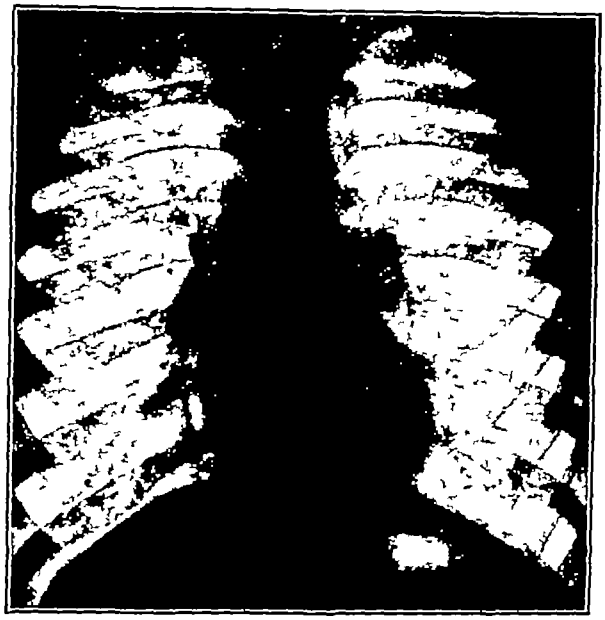
Diagnosis Hilus tuberculosis Central tuberculous pneumonia

(5) K A, male, age 3½ years X-Ray shows central tuberculosis Has positive tuberculin test Had attacks of asthma at least every month Has not had an attack since Mantoux and tuberculin therapy

Case 5 K A, Roentgen Ray Examination, x-ray Interpretation

Examination of the thorax shows considerable lymphoid nodulation at the hilus and in the central lung field suggesting the likelihood of hilus and central tubercle infiltration

It may be worthy of note that the fifth rib on

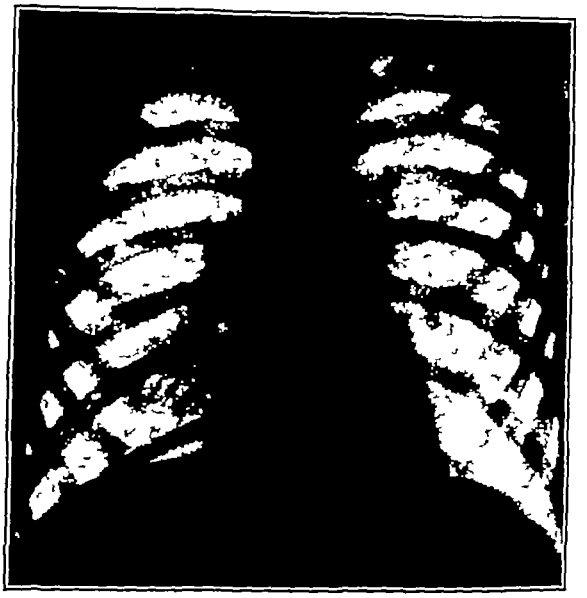


CASE 6

the left side is congenitally small and apparently without attachment at the costo-condylar junction

Diagnosis Hilus and Central T B

(6) M K, male, age 13 years Frequent attacks of asthma since 3 years of age Mother died of tuberculosis 8 years ago Crepitant and subcrepitant rales were heard near spine at about level of angle of scapula *X*-ray revealed typical juvenile tuberculosis Tuberculin therapy with a 1-1,000,000 dilution prevented further asthmatic attacks Through an error he was given stronger solution of tuberculin 1-100,000 and he had an attack of asthma all week The patient was forewarned that this would occur, further injections with the 1-1,000,000 dilution again kept him free from attacks



CASE 7

Case 6—M K, Roentgen Ray Examination, x-ray Interpretation

Examination of the thorax shows considerable increase in the size and density of the hilus with lymphoid nodules both here as well as in the central lung field, suggesting a hilus and central tuberculosis

Diagnosis Hilus and Central T B

(7) E G, male, age 9 years *Attacks of* asthma every few days, has a positive tuberculin test, and is at present in a tuberculosis sanatorium Brother has been in a tuberculosis sanatorium and has had several attacks of pulmonary hemorrhage Another brother, age 3 years, has a positive tuberculin test We are unable to find the source of infection

Case 7—E G, Roentgen Ray Examination, x-ray Interpretation

Examination shows a considerable increase in size and density of the hilus, the mottling and nodulation sufficient to suggest a lymphatic infiltrative process in all probability tuberculous This infiltration has encroached a considerable distance on the central lung field mainly along the root branches resulting in root branch and central bronchial thickening This is fairly uniform throughout the central lung field, somewhat more marked on the right side, evidently an infantile type extension of the hilus lesion

(8) H C L, male, age 8 months, admitted to Babies Ward, March 29, 1927, case No 23064 He was sent to us with a diagnosis of asthma Chief Complaint

(1) Fever for past month

(2) Cough

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148-25 88th Ave., Jamaica

A PERFORATED DUODENAL ULCER IN A CASE OF PEMPHIGUS*

BY OSCAR L LEVIN, M D, NEW YORK, N Y

IN reporting this case of pemphigus in which the autopsy revealed the presence of a perforated duodenal ulcer, I am not attempting to point out any causal relationship between the two conditions Rather, I wish to stress the fact that in the case of a baffling disease like pemphigus, of which we have scant statistical data because of its comparatively rare occurrence, much might be added to our knowledge of the condition, if an attempt were made to have more thorough clinical evidence assembled, and autopsies performed in every case More particularly, any unusual findings, whether they be considered significant or not, should be placed on record, so that we may be fully aware of any and all possible complications

It occurred to me upon learning of the presence of the perforated duodenal ulcer in the case reported here, that since ulceration of the gastro-intestinal tract following severe external burns was not an uncommon occurrence, perhaps if we had more post-mortem data and better clinical information about pemphigus and its complications, we might learn that there is more than mere coincidence in the finding of ulcerations of the lining of the gastro-intestinal tract in this condition

A thorough search of the literature revealed only one reported case of pemphigus in which a duodenal ulcer was present The case in point is that of Goldenberg and Highman[1] It is interesting to note that in their report of thirty cases of various types of pemphigus observed during five years at the Mount Sinai Hospital, only two necropsies were performed, and one of these revealed the presence of an ulcer of the duodenum

Several writers on the subject of pemphigus make mention of the fact that since the seat of origin of the disease is so often the mucous membrane of the mouth, pharynx, or larynx, it is not unlikely that the mucous lining of the digestive tract is involved further down

Morris[2] actually includes among the possible complications of pemphigus, Bright's disease, pneumonia, tuberculosis, and "ulceration of the intestinal follicles"

Pusey[3] states that the lesions may occur anywhere in the body "and presumably in the stomach"

Schamberg[4] goes so far as to say that pemphigus leads to a fatal end "often through complications of the intestinal or respiratory mucous membranes"

But only these vague references to the involvement of the intestinal tract are the most that can be found in the literature on the disease

On the other hand, in the case of severe burns, there is a fair amount of literature reporting ulceration of the intestinal tract. In 1842, Curling[5] reported twelve such cases where autopsy revealed acute ulceration In all of his patients the lesions found were in the duodenum near the pylorus Since then autopsies have revealed in numerous cases either a severe inflammation of the lining of the gastrointestinal tract or ulceration

Rouchese[6], as a result of his observations in three hundred and forty-eight cases of burned persons, believed the causal relation of burns to the ulcers was doubtful But, on the whole, the general opinion of men who have had experience in this field, is that duodenal ulceration occurs in about five per cent. of the fatal cases of severe burns The ulcers are nearly always found in the first part of the duodenum Although the mechanism of the production of these ulcers is not yet known, the explanation offered is that excretion of toxic material into the gastro-intestinal lumen takes place, and that the mucous lining is thereby injured, causing ulceration

In the following instance of a perforated duodenal ulcer found upon autopsy, in a case of typical pemphigus, the question arises as to whether as in burns, the ulcer was a complication induced by the disease, and would not

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y, May 23 1928.

Rach[12] and Peshkin and Fineman[21] are of the same opinion as to the mechanism of the asthmatic attacks Our work, however, has led us to believe that the asthma is due to a sensitization on the part of the individual to the bacterial products of the tubercle bacilli probably tuberculin

In support of our belief we offer the following

Tuberculin Therapy for the asthma was given in a series of 30 cases to children presenting asthmatic symptoms, a positive tuberculin test and who did not respond to the routine asthma treatment. The results obtained were so encouraging that we are continuing this form of therapy and more complete data will be published at some future date We wish to emphasize that we do not routinely give tuberculin therapy to asthmatic children with a positive tuberculin test and that when it is given it is only from the standpoint of desensitization It is only after all the skin tests have been performed and the routine asthma treatment has failed, that tuberculin therapy is instituted, for not all asthmatic children with a positive tuberculin test have their asthma dependent upon the tuberculous focus The routine treatment mentioned includes foreign protein such as peptone The tuberculin therapy in many instances acted almost like a specific In several the relief was almost instantaneous with no more attacks In others improvement was evident after the Mantoux was done and before Tuberculin Therapy was given, while in still others the tuberculin therapy had caused the attacks of asthma to decrease both in frequency and intensity In several instances where, thru error or otherwise, too much tuberculin was given the asthmatic condition was greatly aggravated and if the patient had been asthma free for a period it reappeared If the asthma was due to obstruction it is difficult to understand how the obstruction could disappear in so short a time Comparison of the x-ray films taken before and after tuberculin therapy had either cured or improved the asthma showed no appreciable change in the size or amount of shadow or pathology in the hilum If there was an obstruction the tuberculin therapy cured or improved the asthma with the obstruction remaining, and if there was not an obstruction how then can we explain the asthma?

The mechanism of the asthma dependent upon a tuberculous focus in the Tracheo-bronchial glands and the good results obtained with tuberculin therapy could be explained on the basis of sensitivity and specificity However, we can also conceive how obstruction from the tracheo-bronchial glands may produce asthmatic symptoms This may have occurred in a few of our cases that did not respond to tuberculin therapy and who were of the advanced juvenile type, for we have found that those with the least amount of pathology responded most readily to tuberculin therapy Either the asthma in the above instances was due to obstruction or the cases were too far advanced to respond to tuberculin therapy Eiman[22] in a very recent publication states "some of the secretion proteins or their split products and bacterial proteins may become reabsorbed through the injured walls of the bronchi and thereby bring about a sensitization of the individual to his own secretion" "A similar sequence of events may develop in sinus infections" Horton Casparis[25] considers a tuberculous focus somewhere in the body as the underlying factor in phlyctenular kerato conjunctivitis and that it is a local manifestation of hypersensitiveness of the individual to tuberculin All of the children gave a positive tuberculin reaction Eighteen patients with phlyctenular-kerato-conjunctivitis were treated with tuberculin subcutaneously and in every instance positive relief began immediately

We believe that an analogous process takes place in the case of tuberculosis and asthma.

We wish to expound the theory that asthmatic symptoms in tuberculous children excepting those due to other known causes are due to a sensitization on the part of the individual to the tuberculous bacterial antigen, protein or toxic products contained in tuberculin or to a sensitization to tuberculin as a whole

It is apparent that in view of the high incidence of tuberculous infection, the many histories of tuberculous contact, the frequent finding of physical signs of the juvenile and early adult types of tuberculosis, the x-ray findings, the numerous histories of sanatorium care among the children presenting symptoms of asthma, together with the results obtained with tuberculin therapy, we must conclude that there exists a relationship which cannot be denied This relationship demands more attention, so that proper measures may be instituted for the treatment of the tuberculous infection, which is being masked by the asthmatic symptoms and thus present its getting beyond control

*The authors are indebted to D W H Meyer for the interpretation of the X Ray Plates and to Mrs. C B Adams for her generous assistance.

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The blood examination on September 30, 1927, revealed 80% hemoglobin, and 5,200 white blood corpuscles The differential cell count gave the following results polymorphonuclear leukocytes, 79%, lymphocytes, 16%, mononuclear leukocytes, 1%, eosinophiles, 1%, myelocytes, 2%, and myeloblasts, 1%

The urine was clear, of acid reaction, had a specific gravity of 1 012-1 014, and was negative for albumin, sugar and acetone Occasional white blood corpuscles, epithelial cells and a few hyaline casts were present

Further Course of the Disease

The patient was hospitalized on August 23, 1927, and treatment consisted of bland ointments, luminal, bromides, and morphine for pain, and wet dressings of potassium permanganate for the fingers On August 25th, daily injections of a 2% solution of sodium arsenite were begun, starting with five minims, and increasing the dose daily by one drop *X*-ray therapy was begun on August 27th, and a note made by one of the internes states that since these treatments were instituted the results obtained were beyond expectations On September 8, 1927, only two weeks after her admission, the face, trunk and hands were markedly improved The lesions showed a tendency to dry and were less inflammatory The patient stated that she felt much better, but complained of slight itching The next week, progress was still favorable, but on September 20, 1927, a new crop of bullae appeared on the forearms and face After three days, these began to desiccate, but new lesions were still appearing *X*-ray therapy was continued On September 25th, new lesions appeared on the trunk and extremities, and the patient complained of "sticking" pains over the chest and abdomen The next day at six P M, she vomited small particles Her nausea was relieved by peppermint powder, but at six forty-five P M, she vomited twelve drams of light brown fluid During the next four days she had three or four attacks of vomiting, which seemed to bear no relation to the ingestion of food On September 30, a soap-sud enema caused much flatus and some fecal particles were washed out She complained of tenderness and excruciating pain in the right halt of the abdomen, but rigidity was difficult to determine She also suffered from dyspnoea At this time Dr Goldenberg suggested the possibility of a surgical abdomen but it was agreed that she was in no condition to be operated upon Her temperature pulse and respiration were unaffected At nine P M she was given twenty grains of sodium bicarbonate internally and a suppository of one grain of codein and five grains of aspirin were inserted At four A M, she again complained of pain in the side and at ten A M she received a low enema The next day at two-fifteen P M she was perspiring profusely, and dyspnoea was more marked She was cyanotic, but her pulse was of good quality One hour later she was unconscious Adrenalin, caffein and digitalis were administered, but at four-ten P M, breathing ceased.

AUTOPSY FINDINGS

General

The body was that of a fairly well-nourished, well-developed, middle-aged, white woman in incomplete rigor mortis Numerous skin lesions were scattered over the entire body The most typical of these were superficial bullae, containing non-purulent, slightly yellowish fluid Some of these were ulcerated and presented weeping, reddish bases which did not extend deeply into the skin These were apparently the remains of ruptured bullae They were aggregated and covered almost the entire abdominal, thoracic and posterior surfaces of the body They were extraordinarily fetid The lesions were also present on the scalp, eyelids, face, lips, nose, anterior and posterior cervical regions, vulva and buttocks The lesions on the anterior tibial region were more discrete and about the size of a pea. No evidence of induration was present The abdomen showed a midline scar and a linear one on the left loin

Abdomen

The panniculus adiposum was very well developed Numerous fibrous thickened strands were found throughout this tissue On opening the peritoneal cavity, a large amount of dark, brownish-red, clear fluid was seen Some oil drops floated in the fluid There was no evidence of either collapsed or dilated loops of gut A fluid which was present in both upper gutters and the pelvis, was pailed out and it was noticed that a similar fluid containing coffee-ground material, welled out of a punched out opening in the anterior wall of the duodenum There was no peritoneal reaction about the site of this opening, except for a few easily separated, thin, fibrinous adhesions, extending to the gall-bladder There was a similar thin, fibrinous peritoneal exudate over the cecum and a few loops of ileum The remainder of the peritoneum was smooth and glistening, except for the region immediately about the cecum where an exudate similar to the one described was noticed There was no evidence of localized peritonitis or walling off of the infection The omentum was in its normal position

have developed had there been no pemphigus, or, whether the ulcer had been present previous to the onset of pemphigus, and was made worse by the disease

Report of Case

History—R F, a female, white, Hebrew, aged thirty-six, born in the United States, was admitted to the Mount Sinai Hospital on August 23rd, 1927, with a diagnosis of pemphigus During her life she had resided in Toledo, Ohio, and New York City Her habits were regular, and there was no history of any illness during infancy or childhood The family history was irrelevant and revealed no instance of a skin complaint The patient had been married seventeen years, and two children, aged sixteen and fourteen, were living and well There were no miscarriages and no venereal history could be ascertained In 1914, she had had a nephrectomy performed by Dr A A Berg, at the Mount Sinai Hospital, for a nephritis of pregnancy Her recovery was uneventful In 1915, an operation was performed in Toledo, Ohio, for the removal of a tumor from the right lower quadrant of the abdomen, but the character of the growth was unknown In 1925, a complete hysterectomy was done at the Lebanon Hospital Recovery was uneventful The patient has not menstruated since

History of Cutaneous Condition—Before I was called into consultation, the patient had been under treatment for six weeks by her family physician, who had made a diagnosis of erythema bullosum She was admitted to the Mount Sinai Hospital with a diagnosis of pemphigus According to the patient's statement, several months prior to her admission to the hospital, a plate of false teeth fell into a sink, containing a cleaning fluid She lifted out the plate, washed it thoroughly with water and replaced it in her mouth The very next morning a few blisters appeared in her mouth, causing her some pain These lesions increased in number, spread over her cheeks and tongue, and made swallowing and breathing almost impossible In about a week the mouth lesions subsided, and a "pimple" appeared on the left naso-labial fold The lesions recurred, spread and ulcerated One week before her admission to the hospital the extremities, chest, abdomen, rectum and vagina had become involved There were ulceration, pain and fetidness

Physical Examination

The patient, a middle-aged woman, was lying in bed, and complained of pain over the areas showing skin lesions She looked quite ill, and a foul odor surrounded her Her temperature was 101° Fahrenheit, pulse rate 100, and respiration 24 per minute

It was difficult to examine the lungs because of the painful condition of the skin An occasional moist rale at the bases could be detected, but there was no dullness No change in voice or breath sounds was noted The heart was not enlarged, and a soft short systolic blow over the base was not transmitted Examination revealed a nephrectomy scar on the left side, a midline abdominal scar, the result of a hysterectomy, and a right inguinal scar, where the tumor had been removed The viscera were not palpable, and there was no tenderness, except over the ulcerated skin Because the patient complained of pain, the examination about the umbilicus and over the buttocks was very unsatisfactory

Dermatologic Examination

The main lesion on the skin was a bulla arising from apparently normal skin or on an erythematous base The lesions varied in size from a pinhead to that of a walnut The smaller lesions were tense while the larger bullae, as on the fingers, were flaccid, and the tops tended to fall over Their contents at first clear, rapidly became cloudy and pustular in character The entire skin showed a generalized eruption of such lesions, which when they broke left discrete and confluent ulcerated areas The palpebral margins of the eyes were covered with crusted remains of bullae There was a moderately severe conjunctivitis of the left eye, but there were no definite lesions on the conjunctivae The mucous membrane of the nose, as far as could be seen, was covered with crusted lesions, probably the remains of bullae Breathing through the nose was difficult because of the obstruction, and upon removal of the crusts bleeding was produced The external ears and the neck were involved with similar lesions Large superficial ulcers covered the chest The condition was worse in the folds of skin, as under the breasts

The hands, palms, fingers, and forearms showed large, flaccid and tense bullae, varying in size from that of a pinhead to about three-fourths of an inch These were filled with turbid and yellow purulent material On the lower extremities there were a few ulcerated bullae between the toes and over the upper part of the thighs Only an incomplete examination could be made of the rectum and vagina, but it could readily be seen that these parts were involved

Laboratory Examination

Pus taken from a punctured bulla on September 2, 1927, showed polynuclear cells and gram positive cocci

slightly narrowed, but the lumen of the coronary arteries showed no atherosclerotic plaques In fact it appeared to be wider than normal The aorta was elastic and showed only a few atherosclerotic plaques, more marked near the arch, about the coronary arteries There was no myocardial fibrosis

Microscopic Examination

Under the microscope the spleen showed hypoplasia of the Malpighian corpuscles The pulp was very cellular, and there were a number of cells containing brown pigment. The sinus endothelium was prominent and there was general congestion There was no iron reaction

The skin revealed congestion of the subcutis and localized areas of edema with bullous formation The lungs showed emphysema with edema and atalectasis The adrenal glands were autolyzed, but the pancreas was normal The liver was extremely fatty and the fat globules were very large, especially in the periphery of the lobule The liver cords were extremely thin The korpffer cells were swollen and prominent everywhere and contained black pigment in fine particles There was no iron reaction

The gall-bladder contained brown pigment and was normal in every other respect. The colon and the one kidney which was present, were both normal A small area in the duodenum showed the base of the ulcer with necrosis of glands and infiltration of the mucosa and submucosa with polymorphonuclear leukocytes

Summary and Conclusions

A report is here made of a typical case of pemphigus, in which the lesions first appeared in the mouth, and which was followed rapidly by a generalized bullous eruption The cutaneous reaction was unusually intense, the bullae were enormous, widely disseminated and resulted in large denuded areas This was accompanied by clinical evidences of a severe toxemia For five days the patient complained of indefinite gastro-intestinal symptoms and death occurred from a perforated duodenal ulcer Dr Goldenberg, because of his own experience with the finding of a duodenal ulcer in one of his cases of pemphigus, had suggested such a possibility

In the case here reported, it is a moot question in my mind, whether the ulcer resulted from the pemphigus, and would not have developed had there been no pemphigus, or whether the ulcer had been present and was only rendered worse by the products of the disease.

Since pemphigus is not a very common disease, and autopsies are comparatively infrequently made, thereby limiting our knowledge of the possible complications that might be encountered in this disease, it is rather difficult, in my opinion, to come to any definite conclusion about the unusual finding of a perforated duodenal ulcer It may be true that the presence of the ulcer in this case indicates no relationship to the disease, but the point which I wish to make is that perhaps when our knowledge of pemphigus and its complications is increased by more definite statistics of the possible findings, we may learn that ulceration of the lining of the gastro-intestinal tract in pemphigus is not purely coincidental

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URTICARIA, THE SEARCH FOR AN UNDERLYING AGENT*

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IMMUNOLOGISTS feel that all the phenomena of the urticarial group of diseases will ultimately be explained and controlled by their methods Gastro-enterologists and bacteriologists are heartened by recent reports of success in treating urticaria by correcting abnormal conditions in the bile passages, while surgeons stand ready to remove foci of infection wherever they may be found

Without minimizing the very real help which often follows any of these methods of handling chronic urticaria, dermatologists are often faced with the problem of relieving those patients who exhibit no discoverable exogenous cause for their symptoms It seems to us that the successful treatment of chronic urticaria will involve a better understanding of its mechanism within the body and therapy directed toward the control of this mechanism Recently acquired knowledge in regard to physiology of the blood vessels and in

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Gastro-intestinal Tract

The oesophagus was normal The stomach wall was somewhat thickened, and its mucosa was normal, but of a rather pale color There was no flattening of the rugae, neither were there any ulcerations nor changes in the peritoneal coat. In the region of the first portion of the duodenum, at its anterior surface, about one and a half centimeters from the pyloric sphincter, there was a punched out ulcer with overhanging margins The base of this ulcer was formed in its upper portion by the muscular layer of the duodenum, but in its inferior portion there was an opening which entered directly into the peritoneal cavity The margins of this ulcer were indurated for about one and a half centimeters about its periphery There were no enlarged glands in the lesser omentum or portio hepatis No evidence of a walling-off process about the perforation from the peritoneal side could be seen, except for the few gall-bladder adhesions already mentioned The duodenum contained a large amount of coffee-ground material The rest of the gastro-intestinal tract showed the remains of old blood, but otherwise nothing abnormal The mesenteric lymph nodes were normal

Liver and Gall-bladder

The liver weighed 1,520 grams, was normal in size and shape and had a light yellowish-brown appearance Glison's capsule was everywhere smooth and glistening The margins of the lobes were neither sharp nor especially round A cut section revealed a distinct lobular structure in which the central veins were quite prominent, and the liver tissue about it appeared yellowish On squeezing the gall-bladder, bile was expressed into the duodenum The wall and mucosa of the gall-bladder were apparently normal, but the gall-bladder contained a dark viscid bile and several black, pigmented stones about the size of cherry pits The portal vein contained fluid blood

Spleen

The spleen weighed seventy-five grams and was small in size Its capsule was wrinkled and the organ was soft and could be folded upon itself A cut section revealed an intensely red surface in which the trabeculae were increased The Malpighian bodies were not easily seen and the pulp did not scrape

Kidneys

Only the right kidney was present This weighed one hundred and sixty grams There was a large perinephritic fat body The capsule stripped easily and revealed slightly wider than normal cortex and medulla The cortical markings were distinct as were also those of the medulla The kidney was slightly softer in consistency than normal The right pelvis and ureter were normal The left kidney was absent and replaced by fibrous and fat tissue. The left ureter was also absent. The bladder was rather small and contracted, but its mucosa was normal, except for some slight trabeculation The right ureter could be probed very easily through the orifice of the bladder, but though the left urethral eminence was seen in the bladder, its lumen was obliterated

Uterus and Adnexae

The vagina showed nothing abnormal The cervix was hard and showed some old lacerations The supracervical portion of the uterus, the tubes and ovaries were all absent. There was a healed scar in the peritoneum running down from the lateral walls and attached to the cervix

Chest

There was no free fluid in either of the pleural cavities There were strong adhesions at both apices and in the region of the left lower lobe, but the remainder of the cavity was smooth and glistening Deep scars could be seen in both apices There was a fibrocaseous nodule at the left apex and at the upper portion of the left lower lobe On incision, a thick caseous material escaped from these walled-off areas and there were some scars beneath them All the lobes of the lungs were unusually well aerated Numerous bleb-like areas collapsed on incision The cut surface was very dry In the region of both lower lobes there were some areas which were not well-aerated and somewhat fleshy in consistency They were very slightly raised above the remaining tissue on the cut surface No granular nor cloudy fluid could be expressed The pulmonary artery showed no gross atherosclerosis either in its larger or finer branches The bronchi were pale The larger branches contained the coffee-ground material already described in the oesophagus, but this did not extend into the small bronchi The right lung weighed three hundred grams, and the left two hundred and ten grams The tracheobronchial lymph nodes were not enlarged

Thyroid

This gland was normal in every respect.

Heart

The organ weighed two hundred and fifty grams, and was of normal size The left ventricle was markedly contracted and very firm The right ventricle was slightly dilated and its myocardium was flabby The valves were entirely normal The orifices of the coronary artery were

without causing symptoms When, however, the substance is given off in concentrated form it acts as a capillary poison from outside the capillary, producing in its immediate vicinity a local condition of edema Lewis' experiments are exhaustive and it seems difficult to account for the observed facts on any other basis If his work is generally accepted urticaria will be explained as a local response to the excessive release of a normal metabolite, either histamine or some histamine-like substance

One of the puzzling things connected with the study of urticaria is the great variety of exciting agents known to produce the same response in different individuals If we can think of these substances as exciting agents *only*, causing their effects through the release of an increased amount of some normal product of cell life, a step toward the better understanding of urticaria may have been made.

Before it can be proved that histamine or some histamine-like substance is the underlying agent in urticaria it will probably be necessary to have available a simple and delicate quantitative test for the substance Also, it must be admitted that histamine injected intravenously does not produce urticaria, possibly because the resulting transudation is so widespread and uniform

Assuming that histamine is the underlying agent in urticaria two methods of treatment seem logical (1) a diminution of the patient's response to this poison, and (2) the prevention of its release in excessive concentration

To reproduce a given degree of experimental shock it has been found that the second dose of histamine must be much larger than the first We, therefore, attempted to diminish the response of a group of cases of chronic urticaria by successive subcutaneous injections of slowly increasing doses of this substance

Seven patients were treated for periods varying from three weeks to four months One-tenth cc of a 1-1000 dilution of histamine was injected subcutaneously and the dose was increased gradually by 0 05 cc until 0 3 cc was reached The amount was not further increased as the response of the patients became too acute In the beginning the injections were given once a week or, in a few cases, twice a week During this period, covering ten weeks, both patients and physicians felt that progress was being made Reactions from injections diminished in intensity, the fall in blood pressure became less or ceased, and the patients reported clinical improvement At this stage the number of injections per week was increased to three Thereafter the patients failed to improve and in some instances seemed definitely worse The failure in this series of cases may have been due to impatience on the part of the experimenters or to a mistaken line of experimentation

Following the second line of approach, it was felt that the release of the toxic substance in excessive concentration might be prevented by making the cells less permeable In a general way the inherent protoplasmic reaction of living cells is known When stimulated they show lessened turgor, lowered surface tension, greater permeability, lowered surface charge, lessened calcium and increased potassium content Peterson and Wallis in a study of variations in the time of blister formation concluded that "there is a direct chemical basis for the difference in permeability and inflammatory response, namely the ratio of calcium to potassium" "The impermeable cell has," they think, "a greater amount of calcium in proportion to its potassium, while the permeable cell has a small amount of calcium in proportion to its potassium"

The effectiveness of calcium in the treatment of urticaria has been seriously questioned, for it has been repeatedly observed that the calcium content of the blood serum in this disease is within normal limits Nevertheless, it was felt that the use of calcium might be justified theoretically as well as empirically since it is thought to decrease cell permeability, reduce hypersensitiveness of the nerves and tends to maintain calcium potassium equilibrium The only dermatologist we know who feels satisfied with his treatment of urticaria gets his results by the intravenous use of calcium chloride urea (Afenil) We are now treating a group of chronic urticarias with calcium by mouth and by intravenous injections So far all but one case show marked improvement.

In recent literature the phrase "physio-chemical equilibrium" is often used It is applied to the condition of a hypersensitive patient who temporarily is free from symptoms The writers feel that, although their work up to this point has been inconclusive, the newer conception of the mechanism of urticaria may lead to the discovery of some way of restoring and maintaining this physio-chemical balance

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biochemistry is of considerable assistance in this matter

The phenomena of urticaria depend on the development of extracellular edema Edema depends on increased capillary permeability If the circulatory system is though of as consisting of a propulsive organ, the heart, a conducting system, the arteries and veins, and a permeable system, the capillaries, in which the blood performs its work of cleansing and nourishing the body tissues, the tremendous importance of the capillaries becomes evident

Until twenty years ago the capillaries were thought of as simple endothelial tubes whose action was controlled by the condition of the arteries on the one side and the veins on the other Efforts to explain certain striking conditions, such as traumatic shock, on the basis of alterations in the vaso-motor mechanism, as it had been understood, were found to be inadequate and an intensive study of the capillaries followed

The first important observation was that the capillaries are not simple endothelial tubes but are partially covered by contractile cells (Rouget cells) These cells are probably concerned in the regulation of the size of the capillaries The second observation was contributed by Krogh who found 85 open capillaries per square millimeter in guinea-pig muscle when the animal was at rest as compared with 2500 open capillaries per square millimeter in active animals The third observation, made by a number of independent workers, was that the capillary tone can be varied without the intervention of the nervous system and seems to be determined by local conditions within and without the capillary endothelium A fourth discovery was that a group of substances acted as capillary poisons, causing increased permeability and dilatation These new observations enable us to visualize the mechanism of the production of edema Also we are able to explain the fall of blood pressure which accompanies both traumatic shock and urticaria not on the basis of a loss of tone of the vasomotor system, but through the tremendous increase in the number of open capillaries and their degree of dilatation and permeability

Ebbeke says "Urticaria and shock can be explained on the same basis, by considering the effect of the substances that produce them on the capillaries and the capillary circulation. There can be different degrees of the urticarial reaction and different degrees of shock depending upon the degree of capillary dilatation The substances producing both are products of cell metabolism (protein products resulting from irritation or destruction of the cells and present in the local or general circulation in abnormally increased quantities The relief of such conditions depends on shutting off the source of the toxins, increasing the capillary tonus and relieving the capillary hyperemia"

The Committee on Wound Shock and Allied Conditions during the war weighed and discarded many of the older conceptions of shock and Cannon, in 1923, published his book on Traumatic Shock embodying the results of this work His conclusions are that shock results from the absorption into the circulation of the products of cell destruction, that these products are toxic, causing paralysis of the capillaries, increased permeability, loss of plasma into the surrounding tissues, loss of blood volume, concentration of the blood, deficient return of venous blood to the heart, and a consequent fall of blood pressure in spite of the efforts of the vasomotor center to compensate for the loss of volume by constriction of the larger vessels

The exact substance in traumatized tissue which thus acts as a capillary poison is still undetermined It may be that there are more than one However, the work of Dale, Laidlaw, Richards and others on histamine shock indicates that this substance or some similar product of cell metabolism is the active agent

Histamine is the most powerful of the amines and a typical capillary poison It is produced by decarboxylation of histidine, one of the amino acids It has been recovered from the intestine, the liver, the lungs and is probably present in all tissues In extreme dilution it is non-toxic Introduced into the circulation it causes shock The degree of shock produced depends on the amount of the substance and the rapidity with which it is injected In animals it reproduces with surprising accuracy the symptoms of anaphylactic shock, in man those of traumatic shock When injected subcutaneously in 1-1000 dilution, even in minute dosage, it produces a typical urticarial wheal locally and causes a fall in blood pressure, flushing of the face and neck and a feeling of giddiness

Histamine causes contraction of unstriped muscle and dilatation of the capillaries Since Landis has recently shown that dilatation alone is insufficient to cause transudation of plasma and since edema follows the use of histamine it is evident that a poisoning of the endothelial cells accompanies the paralysis of the Rouget cells of the capillaries This poisoning of the capillaries may be temporary, as occurs in urticaria and in mild shock or it may be permanent, resulting in gangrene as found in chronic ergotism It is well known that histamine is the active constituent of ergot.

In wound shock the poisonous substance is probably released by the injured cells and taken up by the blood stream, poisoning the capillaries from within Lewis, after a long series of experiments, has concluded that a substance closely related to histamine is a normal product of cell metabolism, that when this is released in normal amount it is rapidly diluted by the tissue fluids, finds it way into the circulation and is destroyed

by three glasses of milk together with six glasses of soft drinking water each day

As the patient improves in general strength, exposure of the entire body to the actinic rays of the sun or of the Quartz lamp, together with massage, constitute helpful measures The light exposures should be very brief at first, such as three or four minutes at each session, lest the patient's surfaces be irritated, and interference with sleep result

Change of scene, climate and surroundings is very helpful, as early as it can possibly be instituted, by removing a patient living at the sea level to an inland point, and removal to the seashore of the patient who lives on higher ground inland

Probably the best results are obtained at a well equipped health resort, where an atmosphere of cheer, available proper food, a routine life and careful nursing are features, and peace and quiet prevail In no morbid condition is the scriptural injunction more applicable than during the depressed condition to which close attention is necessary, to wit, "Despise not thou the day of small things," for each little added annoyance increased impatience and distress, which, in turn, sap the reduced nerve force and often defeat the attempt to secure extra sleep The nurse, therefore, must be warned by the doctor to look out for crumbs, wrinkles in bed clothing, unpleasant odors, unnecessary noises, all visitation except the most judicious, want of ventilation, and any interference with practically constant companionship of the quietest nature for the patient.

STUDIES IN URTICARIA*

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THE employment of immunological principles to explain pathological skin conditions is not by any means new Many dermatological diseases have either been suspected or have been known to be manifestations of hypersensitive phenomena for a long time. Among these are many of the erythemas, the urticarias, the eczemas, and a number of other dermatosis, as dermatitis venenata, dermatitis medicamentosa, etc

It was the urticarias that we decided to study first for the reason that we have found a way of experimentally reproducing the wheals of a constitutional urticaria in a natural manner This method of wheal production, as we have previously explained, was first suggested to us by the work of Prausnitz and Küstner, who demonstrated that an intradermal injection of certain hypersensitive patients' serums into the skin of a normal individual, temporarily sensitizes that injected site to the same substance to which the patient is sensitive A wheal can be elicited at that site by the direct local intradermal injection of the offending protein

We went a step further and showed that with the employment of serums of certain food hypersensitive patients the wheal could also be elicited at the passively sensitized site by the oral or rectal administration of the offending food to the passively sensitized subject, and in this way simulating the mechanism of a constitutional urticaria

1 *Types of Urticaria*

In the course of our experimental studies, we examined many cases of urticaria for clues to the offending factor We found that the patients in whom the specific excitant was identified, could be divided into two groups

Group I Urticarias whose etiology was definitely demonstrated by skin tests for hypersensitiveness

Group II Urticarias whose etiology was determined chiefly by history, and only occasionally confirmed by skin tests

There was still another group of cases in whom the etiology could not be determined in spite of the most careful history and complete sensitization tests This phase of the question will be taken up at some future date.

2 *The Differences Between Both Groups of Urticarias*

The patients of group I differed from those of group II in the following chief characteristics (1) they all gave positive skin tests for the specific offending factor, (2) removal of the excitant cleared up the symptoms, (3) besides the skin manifestations, many of these patients showed mucous membrane involvement of either of the respiratory tract in the form of "frequent colds," as rhinitis, hayfever, asthma etc., or they had associated gastro-intestinal disturbances as "acute indigestion," "frequent vomiting" etc., (4) the "antibody" (reagin) could be demonstrated in the blood stream, and for this reason their sensitivity could be transferred by means of their serum to skin sites on normal individuals, in whom wheals could be induced by the direct local testing of the sensitized area, and in some subjects, also by the ingestion or rectal administration of the offending food

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AFTERCARE OF INFLUENZA CASES*

BY ALBERT WARREN FERRIS, M.D, F.A.C.P., WATKINS GLEN, N Y

SINCE 1889, influenza has been endemic in this country, few sporadic cases in various parts of our territory being followed by widespread outbreaks and very numerous instances, varying in attack and course, and often difficult of diagnosis

The recent and continuing recrudescence which appeared in many parts of the country and, indeed, in many parts of the world, has not been noted for great mortality except in Great Britain, but it is generally reported that a large majority of the cases have been characterized by deep depression, during or immediately after the febrile or bronchial phase of the disease, for we must consider the depression, whenever occurring, as part of the attack, and as due to the action of the toxines of the disease upon the cerebrum

It is reported from many quarters that this depression consists not only of disappointment and chagrin, with impatience and irritability, but also of general dread, special fears without reasonable foundation, and even morbid thoughts including fear of impending catastrophe and suicidal impulse In fact, several instances of suicide have been reported in recovering or apparently recovered cases

The most understanding and devoted care by physician and nurse is essential in all these depressions, if the duration of the condition is to be shortened and the nerve reserve of the patient is to be increased and conserved For the nurse to wait until the patient asks for definite ministration is not sufficient, nor is it adequate for the physician to order close care and attention. Definite and practical directions are necessary, and these the physician must supply

Before the medical adviser lies a wide field for psychotherapy Daily encouragement and good cheer are necessary, together with assurance of improvement to come, and with the statement that depression in these cases is of very usual occurrence and that it is by no means an unfavorable symptom It should be explained to the patient that it is a result of the influenza poison which will be eliminated as time goes on

It is very desirable that the content of the patient's mind should be changed by substituting safe and sane ideas, for the morbid ones that he is encouraged to communicate to his physician.

In cases of this fell disease where there is little physical exhaustion, muscular activity such as walking, pitching a ball, housework, shoveling snow or earth, etc, will change the current of thought. In many other cases reading furnishes a sure mental diversion, and in most cases playing games such as with cards will give decided relief In a few cases definite intellectual exertion such as writing or dictating correspondence, or descriptive composition, give relief from mental distress, and will be followed by a natural trend of thought and mental poise and calmness, at least for a time, this diversion being repeated upon return of depression

Disturbing dread or actual depression may be relieved by administration of small amounts of black coffee repeated as frequently as necessary during the day Certain clinicians recommend Dr Harrower's preparation of Lydig cell substance, and as we know that all infectious disorders damage the thyroid gland and reduce its activity, it is wise to add to the medication, three times a day, one-fourth grain of thyroid gland substance Favorable action of the thyroid gland is also secured by the use of two or three drops of a saturated solution of potassium iodide after each meal A subnormal blood pressure calls for the administration of suprarenal substance in two grain to five grain doses

It is important that a rather large amount of food be taken by the patient, reliance being placed upon oranges, green vegetables, milk, cream, butter, cottage cheese (or cream cheese), and eggs, to the exclusion of meat, with a tablespoonful of cod liver oil at the close of the meal

Sleep is of prime importance, and it may be difficult to obtain it while lying flat, if the breathing is labored It may be secured by a patient so affected if bolstered up nearly in a sitting position A hypnotic may be necessary, one or other of the barbituric acid derivatives such as allonal, one-half to one tablet acting as a comforting sedative to prevent waste of nerve force and to induce refreshing slumber Often hot milk or malted milk at bedtime induces sleep

Elimination by skin, kidneys and bowels is essential, the skin needing least attention, and a successful digestive condition being secured by small doses of Epsom Salts or Rochelle Salts before breakfast daily Diuresis will be caused

*Read at a meeting of the Schuyler County Medical Society, Watkins Glen, May 21st, 1929

Delayed reactions are occasionally noted, but their significance is not very clear at present.

8 *The Association of Mucous Membrane Lesions with Urticaria*

In testing various types of urticaria, we noted a rather interesting relationship between positive skin tests and the urticarias with mucous membrane phenomena The association of such diseases as asthma, hayfever, gastroenteritis, etc., with urticaria very often placed that patient in group I since the offending factor was very frequently located by the skin tests As we will show shortly, it was the reagins* of such cases only, that we were able to demonstrate at the passively sensitized sites by the ingestion of the offending food

Purely local mucous membrane lesions in the mouth as erythematous macules, slight edematous erythematous patches, or abrasions, or an accompanying angioneurotic edema of the lips, tongue, etc., were occasionally noted in association with the generalized urticaria. Such patients rarely responded to testing, since they often indicated a sensitivity of the drug idiosyncrasy type, which is not responsive to skin testing In some such patients, we were, however, able through a careful history to locate the offending agent to be in the mouth washes employed by these patients, as the menthol in Listerine, and the oil of cassia in Lavoris

9 *The Demonstration of "Antibodies" or Reagins*

The only cases in which reagins were definitely demonstrated were as stated previously, the urticarias that gave positive skin tests, those of group I These patients are, therefore, the only ones whose skin manifestations were immunological in the strict sense of the term as defined by Coca —"the result of the interaction of antigen and its antibody"

We have shown that the two methods of demonstrating the reagins at the passively sensitized sites were as follows first, the method of Prausnitz and Küstner, which includes the direct injection of the antigen in the sensitized site, and, second, the modification of this method as practiced by us, namely, the oral or rectal administration of the offending food to the passively sensitized subject As stated previously, the association of mucous membrane lesions, as asthma, nayfever, etc , with the urticarias (or other hypersensitive skin manifestations as eczema, pruritus, etc.) had an important bearing on the type of reagins present in that particular case. These specific antibodies were the only ones which would allow demonstration at the passively sensitized site either by the oral or rectal administration of the offending food So far, all our experimental serums were obtained only from such patients What the connection between the mucous membrane lesions and these specific reagins is, we are not as yet ready to state

The presence or absence of demonstrable reagins is the main distinguishing characteristic feature of these two groups of urticaria Whether the mechanism of all types of urticarias is therefore alike, is problematical Group I consists of food sensitive patients, who have demonstrable reagins in the circulation, which in conjunction with their respective antigens are responsible for the urticaria They are therefore definitely immunological in mechanism

Group II is chiefly due to drugs, intoxicants, serums, etc. The active principle in drug sensitivity is not antigenic, and hence no reagins have as yet been demonstrated, or satisfactory evidence been advanced as to their existence. The mechanism of action of this group of cases is at present not understood

With this definite distinction between the two groups of urticarias, we are justified in assuming, at least for the present, that all urticarias are not due to one common mechanism of formation.

10 *Experimental Urticaria*

In our previous reports on experimental urticaria we discussed the production of wheals through internal channels We disclosed the underlying principle which is the basis for all our studies in urticaria, and also described all fundamentals regarding technic in preparation of the serum, methods of injection, etc. We showed that up to the present, we have found only two types of serums, one fish sensitive, and the other sensitive to egg, which will allow the induction of wheals at the passively sensitized site by the ingestion or rectal administration of the offending food We described the complete reaction, induced in this manner, together with its various types of pruritus, erythema and wheal on the normal skin, and showed that they corresponded clinically and morphologically to the skin reactions of a constitutional urticaria

We have also been able to reproduce these wheals on abnormal skins, and on locations where urticarial lesions are not usually seen clinically Reactions were produced on atrophia cutis, scleroderma, ichthyosis, keloid, scar, psoriasis, multiform erythema, etc., and on these locations the wheals were as a rule very prominent and distinct. We will discuss this phase of the question more fully in the near future.

In connection with wheal formation and production, the question of the mechanism of the wheal of urticaria factitia suggested itself to us We are convinced that the dermographism is not an exaggerated normal phenomenon as is claimed by a number of observers, among whom are

*Reagins Coca and Grove have suggested this term to designate the specifically reacting substances in the serum of hypersensitive individuals. They are different from the ordinary antibodies, and can best be demonstrated by the method of passive local sensitization of Prausnitz and Küstner

3 *The Relation of Heredity to Hypersensitiveness*

Heredity influence is at present recognized as a very important etiological factor for the development of hypersensitiveness in humans Positive histories can be elicited in over 50% of patients The type of symptoms, whether urticaria, asthma, hayfever, etc, as well as the age of onset of the hypersensitive manifestations is also dependent on familial influences The stronger the inheritance, the earlier will the symptoms appear

4 *Skin Tests for Urticaria*

The skin manifestations of all urticarias, whether of group I or group II are practically alike—they all show simple and polymorphous wheals of various shapes and sizes To classify them therefore, on skin lesions alone was impossible In some few instances, however, this could be done For example, it was noted that the presence of small annular or semiannular wheals, with or without surrounding erythema, indicated an urticaria usually not diagnosed by skin testing Again, angioneurotic edema is often associated with either group, but where it occurred alone, without any associated respiratory or gastro-intestinal symptoms, no positive skin tests were usually elicited Both of these types of urticarias were therefore placed under group II

Skin testing in the urticarias, therefore, was only of value as a diagnostic procedure in those patients classed under group I, because as was stated previously, these were the only cases that demonstrated positive skin reactions Even in these cases, the final decision as to the offending factor did not always rest with the skin test—it is after all the clinical test which is the deciding factor The urticaria must be relieved by the removal of that suspected excitant before it can be definitely credited as the cause of the disease

5 *Positive Skin Tests*

Only intradermal injections with freshly prepared extracts of raw unchanged proteins were performed in testing all urticarias

As has just been stated, a positive skin test does not always give the clue to the etiology for that urticaria A positive skin test may be interpreted on any of the following principles (1) it indicates the specific cause of the disease (usually a food) in that individual, (2) it might indicate a definite sensitivity, as for instance the presence of an associated asthma or gastro-enteritis, etc, but not necessarily the etiology of the urticaria, (3) it might indicate a latent sensitivity—a condition which has not yet matured, but will some day show itself by the development of hypersensitive manifestations, (4) it might indicate a pseudo-sensitivity, as a result of recent injections of horse serum (diphtheria antitoxin) Such skin test reactions are usually transient and not very marked, (5) a positive skin test might be obtained for a specific agent, and yet no symptoms develop on exposure to that excitant This is frequently observed in cases that have been treated with the gradual increasing intramuscular doses of the offending protein, and in spite of the disappearance of the hypersensitive systems, will persistently demonstrate positive skin tests, long after the patient had lost his sensitivity clinically It has been definitely demonstrated that positive skin reactions may precede or outlast clinical food sensitivity for a year or more

6 *Negative Skin Tests*

Negative skin tests on the other hand do not necessarily exclude that tested protein as the offending factor, since it is occasionally noted that the ingestion of a specific food will induce an urticaria in spite of the negative results on testing.

Negative tests may be explained on the following principles (1) A negative test may indicate a true absence of sensitivity, (2) a negative reaction might occur very early in the development of a specific protein sensitivity in a patient, but subsequent testing, however, will indicate the same antigen as the offending factor, (3) negative tests might be due to the unreliability of the extracts employed. Such reactions are frequently observed in vegetable and fruit (Strawberries) sensitive cases These extracts deteriorate rather rapidly, and unless strictly fresh extracts are used, false reactions are often obtained, (4) a negative reaction to certain proteins might occur in an urticarial patient, who, however, clinically demonstrates the etiology to be that specific food. Such a result usually indicates that the excitant is not the raw protein which is used in testing, but an altered form or split product, as a result of cooking, or to digestive or putrificative changes of that food in the gastro-intestinal tract, (5) most drugs or chemicals as bromides, aspirin, pyramidon, etc, give negative reactions, in so far as indicating a specific drug sensitivity is concerned Wheals, however, can be produced by the introdermal injection of many drugs as morphin, codeine, peptone, histamin, etc., but reaction so produced are simple factitious wheals, and will occur practically in every individual, and have no definite immunological significance.

7 *Multiple Skin Reactions*

Multiple positive skin reactions from two to five or more are frequently observed in hypersensitive individuals Usually, however, not all of these indicate the offending factor for the urticaria. Some might indicate the remains of a previous sensitivity which is dying out, others might foretell the onset of a hypersensitive group of symptoms at some future time, while still others might indicate mucous membrane sensitivities, as asthma, hayfever, etc.

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Lewis, Krogh, and others, but is an indication of some pathological process in that patient

The question that we set out to answer was this is there a dermographism inducing principle in the blood of patients with generalized urticaria factitia, which might be demonstrated by injecting the serum of such patients into the skin of a normal individual, and then stroking the injected sites?

We accordingly selected ten of the most severe types of patients presenting urticaria factitia, and employed their serums in these tests With only one serum were we able to transfer a dermographism inducing principle to skin sites on normal individuals This would therefore suggest that the mechanism of all factitious urticarias is in all probability not similar—that, like the usual urticarias, there are also two types of dermographism, one in which the dermographism inducing principle is demonstrable by our technic, and one in which it is not

The complete experimental results with this particular dermographism inducing serum is the subject of a communication, published recently*

* Complete bibliography will be found in the following articles of the authors Walzer A. and Walzer M. Studies in Urticaria. Wheal Production Through Internal Channels, Am. J M. Sc. 173 279 1927 Walzer, A. and Walzer M. Urticaria II The Experimental Wheal Produced on Normal Skin Through Internal Channels Arch Dermat & Syph. 17 659 (May) 1928. Walzer A and Walzer M Urticaria III The Experimental Urticaria Factitia. Arch Dermat. & Syph. 18 868 (Dec.) 1928

THE TREATMENT OF PLACENTA PRAEVIA*

BY HERVEY C WILLIAMSON, M D, NEW YORK, N Y

As there is no known preventive for placenta praevia the treatment resolves itself into curative measures

On the Cornell Division at Bellevue Hospital we have adopted a routine plan of treatment for placenta praevia When a patient is admitted with a history of vaginal hemorrhage a careful abdominal examination is made Unless there is severe bleeding, vaginal examination is withheld until preparation for operative delivery is made The reason for this is that we do not wish to remove clots and risk a fresh hemorrhage nor do we care to make an unnecessary examination because of the possibility of introducing bacteria

A diagnosis can often be made by abdominal examination The presenting part is high and the lower uterine segment feels boggy The blood pressure must be taken for evidence of shock and as a differential point in the diagnosis of accidental hemorrhage A relatively high blood pressure with albuminuria is suggestive of the latter condition The patient's blood is typed and the proper donor secured If the patient is not in shock she is prepared for operative delivery Thirty c c of 2 per cent mercurochrome solution is instilled into the vagina and an examination made to establish the diagnosis The cervix is usually sufficiently dilated to feel the placenta If a central or partial placenta praevia is found, an extra-ovular No 4 Voorhees bag is introduced Unless the baby presents by the breech an external version is performed so that the feet are easily accessible A slight gas anesthesia may be necessary for this manoeuvre The patient remains in the operating room as the bag is usually expelled into the vagina in a relatively short time We consider it very important that the surgeon in charge remain in attendance as a severe hemorrhage may occur when the bag passes into the vagina As soon as the bag has passed into the vagina the patient is anesthetized, the bag removed and another instillation of mercurochrome made The operator then introduces his hand, through the placenta in the central and at the free margin in the partial type, and brings down a foot A very slow extraction is then performed in order to prevent rupture of the lower uterine segment We do not wait for a spontaneous delivery The placenta is then expressed or removed manually and the uterus and vagina packed with iodoform gauze through a tubular packer After the uterus is packed, the cervix should be inspected and any tears that are bleeding should be sutured before the vagina is packed The fundus should be carefully watched post-partum to prevent hemorrhage behind the packing One cubic centimeter of pituitary extract should be given

Occasionally, when vaginal examination is made, sufficient cervical dilatation is present for delivery and in this case a version is done at once

If, on admission, a patient is bleeding and shows evidence of shock by the usual symptoms, she is treated in the following manner The vagina is tightly packed with iodoform gauze The patient is placed in the Trendelenburg position, morphine is given by hypodermic, tap water is instilled by rectum, saline is injected by hypodermoclysis and 500 c c of gum glucose is given intravenously A transfusion is done as soon as it can be arranged The blood pressure is taken at frequent intervals and operative delivery deferred until the systolic pressure has risen to 100 or more After recovery from shock, the patient is delivered by version and extraction as outlined above

The insertion of a bag may not be always necessary in the marginal type of placenta praevia as rupture of the membranes allows labor to be-

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y, May 23 1928

gin and the presenting part controls the bleeding In four of our cases rupture of the membranes was sufficient to induce labor and in three rupture of the membranes followed by the introduction of a bag Under these circumstances the bag is inserted in the intra-ovular position In only four of our cases of marginal placenta praevia was operative delivery necessary following the expulsion of the bag

Cesarean section is employed only in carefully selected cases of central and partial placenta praevia The patient suitable for the operation is one who is not in shock, who has suffered no severe blood loss and upon whom no vaginal examination or manipulation has been made prior to admission The proximity of the placenta to the cervix makes infection an easy matter

The use of vaginal hysterotomy in the treatment of placenta praevia should be limited to cases in the fifth to sixth month of pregnancy in which the cervix is long and tightly closed There were two cases in this series, both about sixth months pregnant, that were satisfactorily delivered by this operation.

During the treatment of patients with this grave complication frequent blood pressure readings should be taken We believe that this is the most valuable criterion for the determination of shock. If the systolic pressure is 90 or below immediate measures, as outlined above, are instituted Arrangement for transfusion should always be made and if there has been a copious hemorrhage antepartum, it is imperative to give it before delivery with possibly another afterward We require the attending surgeon to remain with the patient until delivery is complete, and the patient transfused and out of shock

Statistics

Sixty-five cases of placenta praevia were treated during the five year period 1922 through 1927 There were five maternal deaths, fourteen infant deaths and seventeen stillbirths

Thirty-one patients were treated by the use of the bag, version, extraction and packing, as described above Eleven were found to be sufficiently dilated for immediate vaginal delivery, either by version and extraction, breech extraction or forceps

There were five cesarean sections, four of the low classical operations and one of the low cervical type Two vaginal hysterotomies were performed

In the marginal group, eight patients were delivered spontaneously, four after rupture of the membranes to induce labor and three after the introduction of an intra-ovular bag

65 Cases of Placenta Praevia, 1922-1927
Bellevue Hospital, Second (Cornell) Division

Method of Delivery	Central	Partial	Marginal
Spontaneous	0	0	8
Membranes Ruptured and Spontaneous	0	0	4
Bag and Spontaneous	0	0	3
Bag, Version and Extraction	17	10	4
Version and Extraction	4	2	1
Breech Extraction	1	0	1
Cesarean Section	5	0	0
Vaginal Hysterotomy	2	0	0
Forceps	1	0	2
	30	12	23

65 Cases of Placenta Praevia, 1922-1927
Bellevue Hospital, Second (Cornell) Division

	Multipara	Primipara	Maternal Deaths	Infant Deaths	Stillbirths
Central	24	6	5*	8	10
Partial	11	1	0	1	4
Marginal	20	3	0	5	3
	55	10	5	14	17

* 1 due to erysipelas antepartum

Severe hemorrhage occurred in twenty-five cases of which sixteen were central, five partial and four marginal placenta praevias Thirteen of the cases were transfused, two antepartum Gum glucose was used in five cases

Maternal Deaths

Five maternal deaths occurred in the series, all in the central type

Case 1 B V H Admitted May 2, 1922 Para 1 Age 35 Central Placenta Praevia. Delivered by classical cesarean section Died from puerperal infection on the 12th day postpartum

Case 2 A N Admitted April 11, 1925 Para IX Age 42 Central Placenta Praevia Bag

65 Cases of Placenta Praevia, 1922-1927
Bellevue Hospital, Second (Cornell) Division

	Total No Cases	Estimated Blood Loss: To 1000 cc	1000 1500 cc.	1500 cc. plus	Packed	Transfusion: No	Transfusion: Time	Gum Glucose: No	Gum Glucose: Time
Central	30	12	2	16	24	9	7 PP 2 AP	4	2 PP 2 AP
Partial	12	7	0	5	6	2	2 PP	0	
Marginal	23	13	6	4	5	2	2 PP	1	1 PP

Version and extraction 2000 c c saline by hypodermoclysis 250 c c gum glucose intravenously Expelled packing and clots Died immediately

Case 3 A L Admitted June 21, 1926 Para iii Age 24 Central Placenta Praevia Delivered by version and breech extraction 1000 c c saline by hypodermoclysis Bled through packing Died during transfusion

Case 4 A B Admitted February 4, 1927 Para v Age 35 Central Placenta Praevia Bag Version and extraction Packed 450 c c gum glucose Died during transfusion

Case 5 M T Admitted February 11, 1924, to the erysipelas ward with facial erysipelas and a temperature of 102 Entered hospital for vaginal bleeding Vaginal packing was introduced and after its removal a No 4 bag Delivery by version and extraction Uterus was packed There was no difficulty with the delivery and no profuse hemorrhage at this time. The patient died six days later of general infection

Conclusions

As a routine treatment for placenta prævia, the insertion of the extra-ovular bag is the most suitable procedure in the central and partial variety and the intra-ovular bag in the marginal type.

2 The intravenous use of gum glucose to relieve shock temporarily until transfusion can be given, has been helpful and safe.

3 Transfusion is the most valuable means of combating shock and should be used in the treatment of placenta praevia before, during and after the delivery

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THE TREATMENT OF PSYCHONEUROTICS AND BORDERLINE MENTAL STATES*

BY D C WILSON, M D, CLIFTON SPRINGS, N Y

THE treatment of this class of patients is still in such a chaotic state and varies so with the individual physician, with his environment and education, that it would seem worth while to emphasize a few points that have come to our notice while handling these cases during the last five years So many cases come to the clinic with the diagnosis of one of this group of diseases, yet are found to have none of its characteristics, while so many others enter with such a diagnosis, yet are frank and dangerous psychotics that we are taught again and again that the diagnosis is difficult and that there is still a great deal of misunderstanding In fact, we know that the correct idea of the patient very often cannot be formed until weeks of observation have been utilized and even then, an exact understanding of the case may be impossible The diagnosis of a neurosis has been made 2,639 times at the Clifton Springs Sanitarium and Clinic during the last five years and although such a diagnosis is not made without great care and close observation, follow up shows the report in error in some instances It has been impressed on us especially that we are more apt to underestimate the seriousness and the gravity of the mental disorder A psychoneurosis very often is found to be but the beginning of a well organized psychosis It is not difficult to recognize that a neurosis is present but the prognosis is exceedingly hard to make

A survey of the attitude toward this type of mental disease is very interesting Psychiatrists through the latter part of the Eighteenth century and continuing to the time of Morel in 1850 were looking for unity of cause, course, and outcome in all insanities The concept of vesania or pure insanity covered practically the entire field of so-called mental disorders It is very interesting to note that Cowles in 1885 still held to this term but considered neurasthenia as its initial stage. In this country at least the next development in the history of the psychoneuroses was controlled by the organic neurologist, the somatists (perhaps) or rather those who considered a neurosis as resulting from organic disease namely physical weakness either inborn or acquired Perhaps the influence of Weir Mitchell had a great deal to do with this His "Fat and Blood" and other articles are certainly built around this assumption. This led to the belief that the neuroses were the legitimate property of the organic neurologist, or the internist, who treated them with little regard for their mental mechanism We still feel this influence so that when a diagnosis of neurosis is made, it is considered by some as evidence of ignorance and to be synonymous with the admission of failure to find any somatic cause Such diagnosis by exclusion should be absolutely stamped out and if made it should be insisted that the intrapsychic conflict causing the neurosis be demonstrated Gradually toward the end of the nineteenth and the beginning of the twentieth century a new concept of all mental disease has developed

As far as the psychoneuroses are concerned this change of attitude has been instigated and carried on most enthusiastically by Freud and his disciples His teachings have undoubtedly shed great light on the cause of this class of diseases, their interpretation, and treatment As one dwells among and studies these people one learns to appreciate more and more the Freudian classification, and although not agreeing with his explanation of the etiology of each, yet one must admit

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the great contribution that has been made By Freud the neuroses are divided into the psychoneurosis and the actual neurosis or those that have a definite organic element In the former group the hysteric is recognized as a form of reaction to a repression by means of a somatic conversion, while the psychasthenia reacts symbolically with fears, phobias, and obsessions The anxiety neurosis, one of the actual neuroses, is founded on the basis of fear, while the neurasthenic has become narcistic and is paralyzed by self worship During the last two decades the interpretation of all mental disease, to a certain degree, has followed Freudian lines Now the mental diseases are considered to arise from intrapsychic conflicts caused by some disagreement of the id, libido, "elan vital", or instinctive drive and the ego or ego ideal, while the form of disorder depends on the type of personality and the severity of the conflict This attitude has put the neuroses definitely in the class of mental disorders showing them to be the most interesting and hopeful field that is open to the psychiatrist

It is perhaps worth while to review a few of the criteria sometimes used to differentiate the neurotic from the psychotic. The former is supposed to have insight, to understand that something is wrong, and to seek outside help, while the psychotic does not realize that anything untoward is happening No such difference exists Many psychotics have complete understanding, even correctly diagnose their own condition, while a clear understanding is the last thing the neurotic often desires It is often stated that a neurotic will never become a psychotic. This is, of course, not true Many psychoses give the history of previous so-called nervous breakdowns The involutional depression case has often had frequent stages of mild depression and acute agitation which simulate neurotic states very closely In the onset of schizophrenia, Sullivan[2] states as follows "The great number of our patients have shown for years before the break clear signs of coming trouble A number of them were brought to notice by the outcropping of behavior of a simple psychoneurotic sort, unwitting attempts at the hysterical incapacitations not only preceded many psychoses but make up much of the psychotic picture in some cases Reactions by obsessive substitutions are seen in a small number to have preceded for years frank schizophrenia, a mingling of doubts and scruples of a simple psychoneurotic nature The graduations from the neurasthenic picture into schizophrenic would be easy to observe, did we but attend more clearly to the mental state of quasi-normal adolescents Anxiety conditions which deepen into schizophrenic panic occur in numbers The psychiatrist sees too many end states and deals professionally with too few of the pre-psychotic" The distinction, therefore, between the two mental mechanisms is often impossible and becomes a distinction almost without a difference Hysteric and schizophrenic reactions, manic states, mild depressions, hallucinations and delusions, ideas of reference, and stupors are found in both classes They are mal-adjustments of the individual of varying degree and kind, depending on the severity of the intrapsychic conflict and reacting strength of the individual "In the psychoneurosis," according to Noyes,[3] "the conflict results in a compromise that neither violates the customs of society nor damages the personality" The problem is to decide whether the personality has been seriously damaged and society outraged There is also another problem which seems to be most important, that is, to decide the accessibility of the intrapsychic conflict The success of treatment hinges on the ability to reach an understanding of the conflict The disease is benign or malignant according to this criterion This fact decides the necessity for a complete and detailed psychoanalysis, the question of committment and institutional care.

Ideas regarding therapy for the pre-psychotic or benign mental are many Most text books of today say the ideal treatment is psychoanalysis, but if this is not practicable the Weir Mitchell treatment should be used A person who is not equipped or does not believe in either method of therapy is left without resource Internists who handle these cases believe firmly that if foci of infection are removed, disorders of the different viscera attended to, and the patient rested, success will follow Yet, it is well known that rest is often absolutely contraindicated. The psychiatrist in private practice who does not devote himself to psychoanalysis, would explain the internist's success as an example of the accessibility of the conflict or would look for a prompt recurrence of the disability What is the psychiatrist to do? He has so many patients, even if trained to do so, he could not analyze completely He also has seen the dire effects of attributing all nervous disorders to sexual causes It is not pleasant to be dwelling constantly in the realm of perversion, or of anal, oral, or genital eroticism He has been warned of the dangers of incomplete analysis The analysist can only handle a very limited number, the rest cure fails, but someone must handle this great mass of suffering individuals A doctor said to me "My mornings are delightful while I make rounds, but the afternoons are terrible. My office is crowded with people who say they are nervous I can't get anywhere with them Can you tell me what to do?" The answer to this problem is found in the fact that in the benign mental case, the conflict is accessible No detailed analysis is necessary, but enough so that the mental mechanism is revealed, can be grasped almost completely if not in entirely, and finally is understood well enough to explain it to the patient while definite and practical plans are instituted to bring about adjustment. This form of partial

analysis is successful and will bring results

Heldt[4] in the Ford Hospital has demonstrated his ability to manage mental diseases in the general hospital He has shown what great benefits follow the simple adjustments It seems to me that the internist who tries to treat these patients is taking a great risk, he has not the time or the training to work out a practical scheme for rehabilitating this form of maladjustment He should not have his office full of nervous patients, he should refer them to a psychiatrist or if this is not possible, take the time to learn that soma and Psyche are one and as the mind is in conflict so is the body, then try to rearrange the abnormalities of thought The psychiatrist on the other hand can recognize after a little study the extent of the conflict and the accessibility of the source of the anti-social trend If the case is too malignant and simple analysis fails, then it should be segregated perhaps for a detailed analysis or for institutional care The neuropsychiatric ward of the general hospital cooperating with a well run, out-patient department offers much in the solution of our mental problems

The ideal form of treatment for the prepsychotic then, depends first, on the understanding that the neuroses are a form of mental disease and are often potentially malignant There is no borderline, between the psychoses and psychoneuroses, one fuses into the other Neuroses should be treated as other forms of mental disease Next, an unbiased view of the patient should be obtained if possible The patient no matter how hard he may try, cannot tell you the complete truth as often they cannot distinguish between truth and imaginings, especially when questioned they will often describe fantasy as fact A relative who gives a slightly different view is of great assistance, while a neighbor is even greater help A clear understanding of the case is most often entirely impossible without this outside aid, it is so easy to suggest one's own thoughts and have the patient pass back the suggestion as an actual experience that one must have some other contact beside the physician—patient relationship A well organized social service of course, is the ideal, but if this is not available, the opinion of the family doctor not as a doctor but as an understanding friend can nearly always be obtained

The status of the physical organism must also be thoroughly investigated, somatic trauma is just as important as psychic and must not be underestimated, calling, as it does, for a close communion between the internist and psychiatrist An anxiety state excited by a diseased gall bladder cannot be cured unless the gall bladder is attended to A neurasthenic reaction in a person poisoned by bad teeth and tonsils is difficult to cure unless the toxic focus is removed The correction of hyperchlorhydria, spastic constipation, poor circulation, and abnormal diets by some simple therapy is often of most vital importance The attitude is frequently taken that a person is too nervous to stand surgical shock such as tonsillectomy or the removal of bad teeth First, the nerves must be strengthened before anything is done There is truth in this and it is a matter for careful judgment depending on the individual case but it seems to me to follow, if there is definite and unquestioned pathology, that final success will be obtained sooner and with much less difficulty if this can be removed before rather than after the attempted adjustment It, however, must be remembered and re-emphasized that neuroses do not develop in a day, that emotional instability such as seen in a neurotic reaction to a diseased state is deep-seated in the personality Therefore, it must not be thought that because organic disease is found, it explains the presence of a neurosis

The next therapeutic step is the development of a chronological history of the patient's life and reactions gradually portraying an understandable picture of the personality and its environment, detailed enough so the physician can understand the conflict and can explain the unhealthy compromise This may take from five to ten conferences of an hour but rarely need be more extensive It is not required of one to delve into infantile fixations, sadistic trends, or other deep-rooted psycho-pathology, a form of research that can be left for the more malignant case which can now be recognized, segregated, and if necessary institutionalized Such deeper studies often cloud the picture in the more accessible cases and while interesting psychologically, prevent a successful outcome

Following this comes the period of regeneration A way out must be found, the instinctive drive liberated, redirected, given new birth, new hope and understanding guidance Reeducation, retraining, and help in overcoming fears must follow These cases cannot be allowed to drift, they need support during convalescence A parole system similar to the one used with the psychotic would be ideal These people could be made reportable to the state mental hygiene commission which in turn could force a constant recheck, but as this is not yet possible they should certainly be made to report from time to time to the analyzing physician or some other that understands their mental mechanisms At each recheck they can again be adjusted, strengthened, and directed until able to control their own responses and to face reality without compromise

I would like to give two cases illustrating a few points in this paper

Case No 8098, a woman of thirty, entered the Sanitarium first on February 7, 1922 She complained of a great deal of pain about the rectum Her father was a clergyman, who gave up his ministry at forty-eight, because of a depressive attack from which he recovered The mother had nervous exhaustion at 42 The patient had

been a very precocious child, very difficult to manage, and stated that she always considered herself superior mentally At the age of 2 she was operated for hemorrhoids, after which she had a temporary loss of vision As the sight returned she began to have pain in the rectum, for which she ran the whole gamut of the medical world, consulting our most famous medical clinics and medical men as well as osteopaths and Christian Scientists At twenty-four she was better and remained so for two years when the pain in the rectum returned forcing her to again seek all kinds of advice and to have many local operations until she was finally put on her feet temporarily again She was treated by means of suggestion for a year and a half until she was able to teach for three years and afterwards serve as a Y W C A secretary for three more At this time she was first in my care complaining of a slight recurrence of her malady from which she promptly recovered

In June, 1927, she returned because of nausea and mucus colitis Complete study showed nothing physically wrong but an achylia and she left apparently improved having been diagnosed a psychoneurosis, hypochondrical type The mental disorder was not investigated further

In December, 1927, she reentered complaining of sleeplessness and was found to be in a schizophrenic panic Several psychiatrists had seen her during this interim but had been unable to help her Analysis at this time was very difficult and entirely unsuccessful but it demonstrated that she had been schizophrenic from the outset as the reactions in early adolescence had undoubtedly been of this character She is now in Bloomingdale The malignancy of this process should have been recognized years before and appropriate therapy instituted, perhaps it would have failed but at least it could have prevented many surgical shocks and osteopathic procedures

The second case is given to illustrate the value of partial analysis

Mrs E W, aged 36, entered January, 1928, complaining of shell shock following many superficial injuries received during a terrific explosion in August, 1926 During the two years she had suffered a great deal from a severe burning pain in the upper left abdomen, had been bed-ridden most of the time, had spells suggesting catatonic stupor, and at times she felt separated from her body, things were unreal and she seemed separated above herself watching her own conduct Up in one corner of the room she had seen almost daily a hideous monster which took on many shapes After some difficulty it was found that during childhood the patient was greatly domineered and imposed upon by her mother causing her to develop definite feelings of inferiority Then at the age of sixteen she had been taught by her lover to assert herself so that she overcompensated and since that time had driven herself without stint and even after marriage continued at high speed pressed on by fear that she would not equal or surpass every rival until she became very successful and the head of a large office Her husband in the meantime stood still, frowned on all advancement, wanted her alone more or less as an idol, and discouraged all social outlets He was a "wet blanket," refused to have children and did not satisfy her sexually She made every effort to cover this up so they appeared to the world a very happy couple although at the time of the accident she had been so unhappy for ten years that she was even contemplating suicide as a method of escape She continued to drive herself at high speed to forget The crash came, a way out was offered, and she went to bed to stay there, of course, with much agonizing and suffering After the story was told the patient was urged to talk the matter over frankly with her husband She delivered an ultimatum after which she stated that she had begun to do what she wanted for the first time in her life She got out of bed and has apparently made a complete recovery This woman had been seen by many physicians and neurologists and I believe could have been cured previously by an investigation of her mental make-up

In conclusion may I emphasize the value of considering these patients as malignant and benign so that their treatment can be varied accordingly and again point out the importance of a practical analysis Other measures such as rest, isolation, change of environment, and physical rehabilitation are important and often essential, but a mental adjustment is necessary for a permanent cure and also this form of psychotherapy is available to every psychiatrist Finally nowhere can such encouraging results be obtained or such terrific suffering prevented as in the treatment of the benign mental, the psychoneurotic, and pre-psychotic states of mind

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LUPUS ERYTHEMATOSUS TREATED WITH GOLD AND SODIUM THIOSULPHATE, A REPORT OF THIRTY-TWO CASES*

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GOLD was first used in the treatment of lupus erythematosus in 1913 by Ruete (1) Since that time, numerous workers, notably Martenstein (2), Fried (3), Ullmann (4), Westphalen (5), Throne et al (6), have employed various gold compounds with good results Among these preparations, were gold potassium cyanide, krysolgan (4 amino, 2 auro-thiophenol-carbonic acid), triphal (sodium salt of aurothiobenzimidazol carboxylic acid), and aurophos (sodium gold double salt of aminoarylphosphinic acid and hyposulphuric acid)

Galewsky (7) was the first to employ gold and sodium thiosulphate in this disease, but concluded that it was more dangerous that krysolgan Schamberg and Wright (8) and Whitehouse and Bechet (9) have reported favorably upon its use in twenty-five and thirty cases respectively

The preparation used in this series of cases was gold and sodium thiosulphate Each dose was dissolved in two cc. of distilled water and administered intravenously in all but one case In this, beginning with the fifth, all injections were given intramuscularly at the suggestion of Dr I Apfelberg There were no painful infiltrations

In most of the cases, the initial injection was fifty milligrams and each of the succeeding doses was one hundred, except where a reaction made a reduction advisable In a few of the later cases, the first dose was reduced to twenty-five milligrams, the second made fifty and each of the subsequent, one hundred

Seventeen patients had reactions of which seven were toxic, nine were cutaneous, and one was both

Of the eight toxic reactions, three were severe, five were mild The former consisted of chills, fever, and prostration lasting from one to two weeks The latter was manifested by slight chilliness and fever in three instances, while in the other two nausea followed directly after the injections

Of those having skin reactions, two complained of generalized itching, one developed itching and angioneurotic oedema of the lips, tongue and throat, one had itching, a local reaction, and a stomatitis, one had a vesicular dermatitis, one suffered a severe local reaction with a generalized urticaria, three had a purely local reaction The local reactions consisted of increased redness and extension of the lesions In three of the patients these local reactions subsided and improvement in the disease followed, in one, the process remained aggravated One patient did not return for observation

There were thirty-two patients treated with gold and sodium thiosulphate in this series Sixteen were males, sixteen females Thirty were white, two colored The ages ranged from twenty-one to fifty-two, the average being thirty-six

The duration of the disease varied from seven months to eighteen years The average length was about two and one quarter years Thirty were cases of the discoid type, one was discoid and disseminated combined, and one was of the seborrhea-like variety In all cases, some portion of the face was involved In seven the mucous membrane was affected Eleven showed scalp lesions and two had patches on the body and extremities

In the cases (1-26 inclusive) in which the patient continued treatment sufficiently long to allow one to draw conclusions, the greatest number of doses given was seventy-six, the smallest two, the average being twenty The largest amount of the chemical used was sixty-five hundred milligrams, the smallest one hundred fifty milligrams

Of the patients treated fifteen were clinically cured, four were almost cured, six were improved and one was not as well as when treatment was instituted Six discontinued treatment before results could reasonably be expected

Conclusions In gold and sodium sulphate, we and efficient therapeutic agent

The first dose should be twenty-five milligrams or less It should then be increased gradually to a maximum of one hundred

It can be introduced intramuscularly with good results and without discomfort to the patient.

Contrary to the finding of Throne et al, (6) we found that the duration of the disease and the extent of the process did not have a direct bearing on the response to treatment. This seems rather to depend on the susceptability of the patient to gold

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Case	Sex	Age	Duration—Years	Location	Type	Treatment							
						Number	Dosage Milligram		Length Days		Improved After Dose Number	Reaction	Result
							Total	Average	Total	Average Interval			
1 F.F	F	45	2	Nose Cheeks	Small butterfly lesion, slightly infiltrated	2	150	75	4	4	2	Severe toxic	Cured
2 M.L.	F	48	12	Nose Cheeks m.m of lower lip	Extensive butterfly lesion infiltrated	2	150	75	7	7	1	Severe toxic	Cured
3 R.M	F	46	5	Cheeks	Few small infiltrated discoid lesions	15	1450	97	161	11	10	Itching angioneurotic edema	Cured
4 I.R.	F	52	2½	Cheeks Eyebrows	Superficial discoid	12	1000	83	174	16	3	Severe toxic	Cured
5 R.M	F	28	11 — 12	Nose m.m. lower lip	Superficial discoid	22	1950	88	97	4	11	Itching	Cured
6 H.M	M	51	13	Face	Extensive butterfly lesion, slight infiltration	17	1450	85	116	7	10	Itching	Cured
7 L.A.	M	48	17	Face Scalp m.m. lower lip	Extensive butterfly, deeply infiltrated	13	1175	90	84	7	4	Local	Cured
8 J.H.	M	45	10 — 12	Face Ears	Numerous superficial discoid	5	450	90	27	5	2	None	Cured
9 J.M.	M	21	8 — 12	Face m.m. lips mouth	Extensive infiltrated butterfly	52	5150	99	311	6	3	None	Cured
10 G.Z.	M	35	1½	Nose	Superficial discoid	7	575	82	46	7	2	None	Cured
11 A.K.	F	33	9 — 12	Upper eyelids	Superficial seborrhea-like	20	1950	98	74	4	14	None	Cured
12 L.B	M	30	2	Face Ears	Numerous indurated discoid	17	1650	97	307	18	3	None	Cured
13 L.B.	F	40	3	Face Scalp	Superficial discoid	60	5950	99	569	9	6	Nausea	Cured
14 A.K.	M	29	8½	Cheeks Ears	Extensive destructive	28	2575	92	312	11	4	Slight toxic	Cured
15 M.K.	M	30	5	Face, scalp, m.m. lower lip, mouth	Extensive superficial	33	2925	88	200	6	3	Itching local, stomatitis	Cured
16 F.H	M	28	1½	Face m.m lower lip, mouth	Infiltrated discoid	30	2875	96	334	11	7	None	almost cured
17 A.L.	F	28	6	Face scalp, ears	Extensive, infiltrated butterfly	76	6500	85	524	7	14	Itching Slight toxic	almost cured

Case	Sex	Age	Duration—Years	Location	Type	Treatment							
						Number	Dosage Milligram		Length Days		Improved After Dose Number	Reaction	Result
							Total	Average	Total	Average Interval			
18 C C	F	34	4	Face, scalp	Indurated discoid	29	2850	98	446	15	5	None	almost cured
19 M C	F	39	2	Face, scalp	Superficial, Extensive discoid	33	3250	99	363	11	5	None	almost cured
20 W T Colored	M	30	2	Face, left ear, m.m of mouth	Superficial discoid	8	700	87	81	10	7	None	Improved
21 S G	F	38	4	Face, scalp, arms, body	Extensive indurated discoid and disseminated	8	650	81	484	60	4	Dermatitis	Improved
22 E.R.	F	39	1	Face	Small superficial butterfly	10	950	95	54	5	9	Local	Improved
23 L G Full	F Colored	22	6	Scalp, eyebrows, body extremities	Extensive greatly indurated discoid	15	1450	97	271	18	10	Nausea	Improved
24 L.S	F	40	2	Face	Slightly indurated butterfly	3	175	58	16	5	3	Slight toxic	Improved
25 F D	M	44	15	Face Scalp	Extensive indurated with much scarring	5	375	75	28	6	5	None	Improved
26* M.S	F	43	2	Scalp, nose, ears	Superficial discoid	11	950	86	112	10		Severe local, urticaria	Worse
27 L.B	F	49	10	Face scalp	Superficial discoid	2	150	75	7	7		None	Unimproved
28 W.M	M	45	11	Cheeks	Superficial discoid	2	150	75	7	7		None	Unimproved
29 W.B	M	34	4	Nose	Superficial discoid	1	50	50				None	Unimproved
30 R.C	M	31	7/12	Left ear, Left cheek	Superficial discoid	1	50	50				None	Unimproved
31 J.M.	M	24	18	Left Cheek	Superficial discoid	3	175	58	15	5		None	Unimproved
32 F C	M	24	1	Nose	Discoid	4	300	75	121	30		Local	Unimproved

* Following the reaction, this patient received injections of sodium thio sulphate. At the time of publication, she was clinically cured.

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FURTHER OBSERVATIONS ON CISTERNAL (SUB OCCIPITAL) PUNCTURE*

By LEO SPIEGAL, M D, NEW YORK, N Y

VERIFYING the findings and agreeing with the German and other observers as to the distinct advantages of cisternal puncture over that of lumbar puncture, I have completely discarded the latter for a routine diagnostic test at both the Lenox Hill Hospital and at the University and Bellevue Medical College Therefore today, in all patients requiring either a diagnostic test or where therapeutic measures are indicated, the sub-occipital route is selected as preferable

In a previous article, the technic of the Esskuchen method was described. It is the purpose of this paper to note any unusual incident met with in the 350 punctures so far performed and to discuss the number of failures encountered and ascertain if possible the reasons therefor

Most failures occurred in our experience, when the technic was not as advanced as it is today, and when I was still using an improperly pointed needle of heavy gauge, which caused more trauma and resulted in some discomfort to the patients If the puncture is performed correctly, there is practically no pain or discomfort and patients do not object to a subsequent puncture

It is only in those cases where one deviates from the middle line that pain is complained of or where the angle of insertion of the needle has not been a correct one and where one penetrates too far within the cisternal cavity

Pain in the lower part of the face has happened twice and is due to irritation of the posterior or sensory root of the fifth nerve. This pain, in both cases, disappeared within 24 hours Pain in the arm occurred early in my series and is due to irritation of the first cervical nerve when one deviates from the midline

In a very small number of cases (7), an "electric shock" was experienced by the patient as the dura was punctured This sensation lasts but a fraction of a second and is not due to any faulty technic.

Blood Tinged Fluid—Blood in the fluid is very seldom met with and when it does occur to any appreciable amount, is due to trauma to the venous plexuses at the base of the occiput. When this happens, one must take a fresh needle and insert at a slightly different angle This has happened twice in my series of cases

The first five to ten drops of the cisternal fluid should be discarded as it may contain a few red cells which is inevitable and not due to a technical error Blood in the fluid may also be the result of having an improperly pointed needle, so that the tissues are either lacerated or torn It is most important to have a properly pointed instrument, the care of which will be presently described

Failure to Obtain Fluid—This is due in nearly every instance to having the patient in an improper position, i e, the parts are not in alignment so that the head tilts more or less to one side, thus causing the needle to take an incorrect direction and not reach the dura

Bony deformities of this region, either anomalies of the bone, or arthritic changes have prevented me in two cases from entering the cisterna In one case, four different attempts failed These bony deformities are mentioned by Nonne, Von Sarbo and others Von Sarbo reports that he failed 16 times in 180 punctures

Scars on the back of the neck very often increase the difficulty of puncture but in all of my cases except one, I have been able either to go through this scar tissue or push it aside as the needle was introduced

Low pressure within the meninges may result in a 'dry tap" or yield only a very small quantity of fluid This low pressure, noted also by Jannossy and Saunders, was encountered by the writer on three different occasions and the cause of the failure substantiated by a lumbar puncture which was made at the same time showing a similar low pressure and yielding very little fluid Fluid may run very slowly if the lumen of the needle is not entirely within the cisterna, this is usually corrected by slowly and carefully turning the needle

Headaches of a severe nature occurred in one case and lasted 24 hours, but did not prevent the patient from continuing work Stiffness in the back of the neck is the one symptom most often complained of but never lasts more than a few hours, except in one neurotic individual who complained of discomfort for three days

Great stress should be laid on having a properly pointed needle It is my custom to resharpen every new needle and retouch every needle point before it is again sterilized for future use In sharpening the needle point, I endeavor as near as possible to attain a conical point like that of a cambric needle This is best accomplished by using a carborundum stone and finishing or polishing with an Arkansas oil stone A hand magnifying glass is of great value in insuring accuracy in this work A needle thus prepared, penetrates the dense fibrous tissues much more readily than one with a flat bevel cutting edge as has been shown by Green

In performing the puncture one must feel his way, and at no time guess or use force in endeavoring to reach the cisterna The point of orientation must be felt, and from there on to the dura, the needle must be advanced from ½ cm to 1 cm

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y May 23 1928.

Case	Sex	Age	Duration—Years	Location	Type	Treatment							
						Number	Dosage Milligram		Length Days		Improved After Dose Number	Reaction	Result
							Total	Average	Total	Average Interval			
18 C C	F	34	4	Face, scalp	Indurated discoid	29	2850	98	446	15	5	None	almost cured
19 M.C	F	39	2	Face, scalp	Superficial, Extensive discoid	33	3250	99	363	11	5	None	almost cured
20 W T Colored	M	30	2	Face, left ear, m.m of mouth	Superficial discoid	8	700	87	81	10	7	None	Improved
21 S G	F	38	4	Face, scalp, arms, body	Extensive indurated discoid and disseminated	8	650	81	484	60	4	Dermatitis	Improved
22 E.R	F	39	1	Face	Small superficial butterfly	10	950	95	54	5	9	Local	Improved
23 L.G Full	F Colored	22	6	Scalp, eyebrows, body extremities	Extensive greatly indurated discoid	15	1450	97	271	18	10	Nausea	Improved
24 L.S	F	40	2	Face	Slightly indurated butterfly	3	175	58	16	5	3	Slight toxic	Improved
25 F D	M	44	15	Face Scalp	Extensive indurated with much scarring	5	375	75	28	6	5	None	Improved
26* M.S	F	43	2	Scalp, nose, ears	Superficial discoid	11	950	86	112	10		Severe local, urticaria	Worse
27 L.B	F	49	10	Face scalp	Superficial discoid	2	150	75	7	7		None	Unimproved
28 W.M	M	45	11	Cheeks	Superficial discoid	2	150	75	7	7		None	Unimproved
29 W.B	M	34	4	Nose	Superficial discoid	1	50	50				None	Unimproved
30 R.C	M	31	7/12	Left ear, Left cheek	Superficial discoid	1	50	50				None	Unimproved
31 J M	M	24	18	Left Cheek	Superficial discoid	3	175	58	15	5		None	Unimproved
32 I C	M	24	1	Nose	Discoid	4	300	75	121	30		Local	Unimproved

* Following the reaction, this patient received injections of sodium thio sulphate. At the time of publication she was clinically cured.

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LEADING OR BEING LED

Medical progress is founded on criticism that is constructive. Anyone can indulge in destructive criticism, for practice never approaches the ideal perfection of the plan The constructive critic may deal destructively with the past, but the destructive critic deals harshly with the future as well as the past

Medicine has its pessimists as well as its optimists, but a great deal of the pessimism is simply inertia or resistance to change The practice of preventive medicine requires group action on the part of both the physicians and the people,—that is, by medical societies, and by groups of laymen, either official or voluntary Many doctors in their intense individualism have difficulty in comprehending the significance of group action, and they see only its possible menace to their personal freedom of action. These destructive critics must be led or even dragged into cooperation with health forces outside the medical profession Physicians are rapidly reaching the parting of the ways where they must decide between two roads, to one to leadership in all forms of the practice of medicine including medical administration, and the other road to the subordination of physicians to lay groups as hirelings in the practice of preventive medicine

The constructive critic proposes two measures for the mutual benefit of themselves and the public

1 Group action.

2 Individual practice of preventive medicine and public health

It seems to be necessary that group action by physicians should come first in point of time in order to educate and inspire individual doctors to enter the preventive field which at present offers but little financial return as compared with the practice of the strictly curative forms of medicine and surgery It is but natural that the public should estimate the cure of an actual sickness to be ten times as valuable as the prevention of a condition only vaguely threatened. But the ultimate objective of all lay groups is to get every person to consult his doctor on matters of personal hygiene or disease prevention, as well as the cure of established sickness Two examples of this objective may be cited,—the first that of hookworm prevention, which has been accepted as standard practice by both the physicians and the people of the Southern states through the efforts of the Rockefeller Foundation.

The second example of the evolution of group action into individual practice is that of diphtheria immunization, the ideal of which is that every child shall be immunized during infancy by the family doctor

The high cost of medical care as practiced by the individual doctor is no longer being discussed by health agencies alone Business, industry, life insurance are taking an active interest in it. Medicine, itself, is working on the problem But, many physicians have not kept their minds fully open to the change in the world ideas in regard to medical service. Just as business interests grow, so do new conditions arise. Just as public health knowledge increases and the people learn that it pays to have health, and that they can get it, they will not be particular under whose direction it comes

The surprising awakening in industry, life insurance, general business, and corporations in providing medical care to their employees by their own salaried doctors, should awaken practicing physicians to find out where they stand on these public questions, and what their relationship shall be to all the new responsibilities of which the people are talking

So far as preventive medicine is concerned, the medical profession will have to adopt as liberal a policy, as the world has adopted in other lines of experience The medical profession may either lead in solving these medical problems, or it may be led to follow a policy that others will call reactionary conservatism

There is a new era in public understanding not only in public health, but in that which constitutes good methods of practice We all recognize the public's understanding of good practice, but the public's understanding of public health needs and the position of the health agencies in it are not quite realized by many of us

The present organized lay health activity reflects basic conditions in public demand more accurately and dependable than individual opinion does The activities of organized medicine reflect more accurately professional attitude than individual opinion does The present activity in health conservation is the result of a public demand that has been growing for some time, yet so gradually that the medical profession in its zeal for scientific medical advance and the maintenance of a proper economic reward has not everywhere realized its advance. Doctors will change just as fast as they realize the situation; and they will abandon the old individualistic attitude and ideals and will adopt those of cooperating methods and leadership in all public health movements

The history of organized medicine in this state as shown by the recorded history of its yearly meetings indicates that a statesmanlike attitude toward public health agencies will be taken, and that we may look forward to a new set of ideals that may be far in advance of the past.

EDITORIAL

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For list of officers of County Medical Societies, see this issue, advertising page xxx.

THE AMERICAN MEDICAL ASSOCIATION

The annual meeting of the American Medical Association held on July 8-12 in Portland, Oregon, was too large and too varied to be reported properly in this JOURNAL The description of the meeting printed on page 955 of this JOURNAL is only an impression of the formal actions taken by the House of Delegates The representatives from New York report that the sessions were of unusual value and that the arrangements for their comfort and entertainment were faultless

MEDICAL PROGRESS

Rheumatic Infection.—Professor W H Veil, internist of the Jena University clinic, sums up his serial article as follows he believes that we can obtain a better comprehension of certain local affections—cardiac, renal, and chronic arthritic—by regarding them as manifestations of rheumatism The treatment of the latter is a matter of overcoming unusual resistance. The author alludes to the doctrine of oral infection which is attended by a high degree of resistance The latter term he uses to connote the vast pains which the internist must take to incriminate or exclude oral infection It may happen that a patient with a puzzling case of rheumatism is just then rejoicing in the possession of new crown and bridge work, which is not only a work of art, but represents an investment of a large sum of money The outcome will depend on the character of the rontgenograms, how they were taken and by whom interpreted For the physician to order the work undone is a severe strain on him, to say nothing of the attitude of the patient This is what the author means by overcoming resistance in regard to the dilemma which must arise in such cases The trouble is not solved by removal of the prosthesis, for extraction of roots may have to be done by the open method in order to make sure of drainage, and of radical removal of infectious foci Again other possible foci, such as the tonsils and nasal sinuses, cannot be neglected In certain cases there is a direct connection apparent between infected tonsils and myocarditis with heart block in which tonsillectomy gives prompt relief, as in a case cited by the author Of medical remedies the author recommends intravenous injection of the patient's own blood, and drugs of the salicylic group and its derivatives—*Deutsche medizinische Wochenschrift*, April 19, 1929

Some Ophthalmic Emergencies in General Practice.—A Maitland Ramsay considers three outstanding examples of the types of ophthalmic emergencies that the general practitioner may be called upon to deal with, namely, (1) injury to the eye of a child, (2) acute glaucoma, and (3) sudden blindness in one eye In connection with the first of these it should be remembered that the fate of the eye will depend upon its treatment during the first twenty-four hours The physician's first duty is to inquire fully into the history of the accident. While he is doing this, the child should be laid on its back in a good light and told to keep both eyes shut A few drops of cocaine placed at the inner canthus will soon anesthetize the eyeball, though possibly a general anesthetic will be needed to make the examination There should be no unnecessary manipulation and no copious douching A 10 per cent solution of argyrol may be used freely, and if there be a prolapse of the iris toward the center of the cornea, 1 per cent atropine should be instilled The general practitioner should never attempt to excise a prolapsed iris The eyelids and side of the face should be painted with iodine, a compress and bandage applied, and the patient put to bed until the specialist arrives (2) There is danger that the nausea, feverishness, retching and vomiting associated with acute glaucoma may be mistaken for a bilious attack. In a case with these symptoms, biliousness or migraine should never be considered until it is certain that there is nothing wrong with the eyes In acute glaucoma morphine is invaluable To contract the pupils and reduce the tension, eserine in 1 per cent solution should be employed The bowels should be moved freely with calomel followed by a saline draught. Sleep should be secured and operation should not be delayed Glaucoma must not be confused with iritis, in the latter the vigorous use of atropine is imperative, but a mydriatic will gravely aggravate the symptoms of glaucoma. (3) In case of sudden blindness in one eye it is important that the general practitioner be able to make an ophthalmic examination, as this will enable him to place the patients in one of three groups (1) The whole field of vision is lost, (2) central vision is lost, but peripheral vision is preserved, (3) the defect is in the peripheral field of vision, but central vision is retained in whole or in part This knowledge will very quickly make it possible to arrive at a definite diagnosis—*The Practitioner*, April, 1929, cxxii, 4

Black Dermographism.—White and red dermographism are familiar induced phenomena, but even the possibility of a black variant would have been scouted had not two Russian observers, Emdin and Kusmenko, stumbled upon this manifestation in 1923 Two years later the case was published and Professor M Breitmann of Leningrad brings the subject before the general profession It was thought at first to occur only in hysterical subjects, but it cannot be rare because the author has seen over a hundred cases since 1927 and of this material not one patient could be classed as

MEDICAL SURVEYS

A medical survey of a county such as that of Jefferson County, published on page 959 of this Journal reveals a surprising number of contacts of practicing physicians with lay organizations engaged in public health work It is probable that the report will enlighten the physicians of Jefferson County quite as much as it will those of the rest of the State, the report should encourage Jefferson County practitioners to know that they rank high in the performance of their civic duties along public health lines

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LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Pure Food and Drug Bill Twenty-five years ago the Senate of the United States discussed a Pure Food and Drug Bill which was opposed by manufacturers of proprietary articles This JOURNAL of August 1904 contains the following comments quoted from the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

"If there was ever a question before the national legislature in which the medical profession should be interested it is the Pure Food bill, now before the United States Senate

"The hearings on this measure before the Senate Committee on Manufactures revealed some very interesting facts Thus the attempt made in the bill to establish the United States Pharmacopœia as the standard of purity for drugs was combated by the proprietary medicine men with the representation that the United States Pharmacopœia was published only every ten years, that many new preparations, on which it was necessarily silent, came into use during each decennial interim and that, consequently, the United States Pharmacopœia could not be made available as a standard It was but natural that the strictly sordid commercial interests should turn fiercely against the entire measure The proprietary medicine trust was deeply if not vitally interested It dropped its policy of direct representations to the committee and took recourse to its customers, the retail druggists, who, scattered all over the country, have been instigated to write letters and send telegrams to their respective Senators protesting against the passage of the bill The pressure in this instance is that of credit, which the large manufacturing concerns are in position to extend or not to their patrons, who, by counter prescribing, vend these dangerous nostrums directly to the public

"When the Senate committee suggested that these formulæ ought to be published, or at least registered, and that it would be only fair to hold the manufacturers to their own standards, the objection was urged—the startling admission was made—that such a course would be ruinous to the large commercial interests involved It thus becomes apparent that, in prescribing unofficial preparations physicians are very liable to be prescribing only a name with no guarantee that that name stands for anything definite either in number, quantity or quality of ingredients Facts of this kind have long been known or at least surmised by physicians, and their confidence in modern pharmacy has been almost shattered

"Beside the proprietary medicine concerns, there are the vast commercial interests involved in food adulteration, and the opposition from this source and from the still more active hostility of the liquor interests working in behalf of compounded and blended drinks under various names has supported a powerful lobby ever since the beginning of the consideration of the bill

"The duty of the medical profession at this juncture is obvious Every physician should bring his utmost influence to bear on the question Whether he is a committeeman appointed for the purpose or not, he ought at once to write the strongest possible letter to each of his United States Senators, he ought to get others, both within and without the profession, to do likewise, and especially ought he to get his druggist to cooperate The influence of the physicians in a community on the druggist ought to be at least equal to that of the patent and proprietary medicine men"

when contrasted with his present excellent condition including the disappearance of all symptoms makes it unusual (with the one exception that the blood pressure remains high, indicating that certain organic changes in the vessels are irremediable) The numerous distressing symptoms then could not have been due merely to hypertension but to the toxin causing the same.—*Münchener medizinische Wochenschrift*, April 19, 1929

A Case of Intestinal Type of Hodgkin's Disease.—Z V Oglobina describes a case of a rare form of intestinal lymphogranulomatosis in a woman, aged 43, who had been ill for four months, and in whom a diagnosis of intestinal carcinoma had been made She had occasionally suffered from nausea, eructation, and diarrhea, and lately from constipation, and had lost 16 pounds in weight She was operated upon because of symptoms of stenosis of the small intestine A segment of the small intestine, 138 centimeters in length, was resected, along which were discovered four circular tumors, and immense glands were found in the mesentery There was considerable improvement during a period of eight months, when she again suffered from abdominal pain, weakness, and night perspiration She died with symptoms of peritonitis Autopsy revealed a perforated ulcer of the duodenum, multiple ulcers of the small intestine, and an affection of the kidneys Microscopic sections of the tumors removed at operation showed the structure of granuloma malignum In the literature the author has been able to find only 28 cases of this type of granuloma malignum In 16 of these, operation was performed, but in none of them had the correct diagnosis been made before operation. It is difficult to differentiate the disease from intestinal tuberculosis, cancer of the stomach or malignant growth in the intestines, as the local symptoms of the three diseases are similar The physician has to rely upon general signs characteristic of lymphogranulomatosis, namely, rise of temperature, pruritus, abundant sweats, and eosinophilia The prognosis is very grave—*Acta Chirurgica Scandinavica*, lxiv, 6, 1929

Treatment of Chronic Otorrhea with Calot's Solution.—I. Harmick, writing in the *Canadian Medical Association Journal*, May, 1929, xx, 5, shows that chronic infection, excessive formation of granulations, ostitis, and tubal disturbances are the leading factors in the maintenance of a chronic aural discharge The aim of any therapeutic agent must therefore be directed toward the removal of these causes which maintain the otorrhea Perhaps Calot's mixture is the best medicament ever employed for this purpose Its composition is as follows Guaiacol 10 gm, creosote 50 gm, sulphuric ether 300 gm, iodoform 100 gm, olive oil 700 gm After carefully shaking the bottle, five to ten drops of the solution are instilled into the canal of the affected ear In order to get the fluid into the eustachian tube tragus massage is employed This procedure is carried out every night for a week, when the secretion will have changed from a thick, ropy to a thin, serous nature. When it is also markedly reduced in amount, the instillations are discontinued, and insufflations of boric acid powder or zinc oxide are used At time surgical intervention is necessary before Calot's solution will become effective in clearing the otorrhea This solution should be tried in cases of chronic ostitis before deciding on the radical mastoid operation Most cases of otorrhea, not due to cholesteatoma, and not on the basis of lues, diabetes, local malignancy, or actinomycosis, respond readily to its use In a series of 68 cases, which the author analyzes, by far the larger number were effectively cured by the use of Cabot's solution.

The Local Treatment of Acne—Paul Blum and Jean Meyer refer to the unsatisfactory character of the treatment of acne, for even such remedies as give relief at first may later prove ineffective or cause reactions when pushed too hard. They discuss two comparatively recent resources which, with the aid of diet and hygiene and the casual use of surgical and other local measures, give results superior to the average. The first of these is the bacteriophage, directed against the pustular form of the disease. Each pustule must be punctured with the tip of a vaccination stylet, the pus expressed, and the remedy injected into the cavity with a fine needle Parenchymatous injections may also be made into the base of the pustules and the interpustular area may be scarified and the bacteriophage rubbed in A slight local reaction ensues and on the following day improvement usually occurs The bacteriophage used is evidently polyvalent. The authors are unable to explain this curative activity, which may or may not be specific The other resource, the ultraviolet ray, is not new, but there have been improvements in technique The mechanism of action is double—bactericidal and exfoliative The methods used for determining in advance the proper dosage and for applying the treatment are too detailed for quoting One application of what the authors term the purpuric dose, causing a marked reaction and desquamation, has been known to clear up an area of comedones and papulopustules completely At the same time the authors mention the need of many sessions to cure some patients.—*Le Bulletin Médical*, April 24-7, 1929

hysterical In seeking for a common denominator the author found one in endocrine disturbances Many of the patients were women with hyperthyroidism and with the progress of the disease toward amelioration, the phenomenon grew less marked, vanished and could not be induced again when the patients were seen later In some auscultation cases the ring of the stethoscope left a black mark. A colleague, F S Jurjew, has noted the phenomenon equally in dystrophia adiposogenitalis but the author found most of these patients negative Other endocrine conditions are not mentioned by name In speculating on the nature of this phenomenon the author is able to exclude the possibility of foreign material on the surface Face powder in fact seems to prevent the manifestation All possible coloring matter in the skin or blood has been under consideration, especially sulphur and its derivatives, but no advance has been made in throwing light on the production of the phenomenon The action of the sweat or of any substance contained therein can be excluded The phenomenon may be elicited deliberately by a regular technique or may appear in the course of other manipulations, as in percussion and auscultation While the white and red forms of dermographism are readily understood as manifestations of vasoconstriction and vasodilatation, it is evident that no such simple mechanisms can underlie the black form which will require intensive study before its causation is learned.—*Münchener medizinische Wochenschrift,* April 12, 1929

The Scarlet Fever Problem.—Professor F von Gröer of Lemberg concludes that the Dick theory of scarlet fever is in need of revision The Dick toxin is to be comprehended as an allergen and the Dick test as an allergic reaction, while the Dick immune bodies cannot be regarded as an antitoxin The action of the serum and the extinction phenomenon cannot be regarded as a mere activity of the latter The properties and the mechanism of action of the Dick antibodies must be carefully studied The pathogenesis of the disease is therefore not to be explained by the assumption of the dominance of hemolytic streptococci in the etiology The secondary toxic theory has at the moment the best outlook for a fruitful working hypothesis From the practical angle serum therapy is of the greatest significance, for the diagnostic test is untrustworthy Prophylactic action of the serum is not yet assured beyond all doubt and its use for this purpose must be further developed and better grounded Professor U Friedmann, who has been accused by von Gröer as upholding the views of Dick throughout, expresses himself in a succeeding article as misrepresented He has considered both claims, pro and con, side by side He differs with von Gröer on several points First the Dick toxin does not behave like a local allergen in some respects, although so doing in others There is resemblance without identity Von Gröer holds that every true toxin must behave like the toxins of tetanus and diphtheria This antiquated view has surely been superseded in our present knowledge of toxins Certain aspects of the Dick theory which von Gröer regards as disproved are in the author's opinion still open questions The controversy brings home to the reader the intricacy of the problem and the abundant opportunity for conflicting experience and interpretation Friedmann prefers to leave almost the entire problem as unsolved and refuses to sum up any individual opinions —*Klinische Wochenschrift,* April 25, 1929

The Relief of Toxicosis Apparently Due to Animal Protein.—This question is answered at great length by Dr Bienstock of Mülhausen from experiments made upon himself He is now 68 years old, of sound stock and free from any suspicion of alcoholic, nicotine, or syphilitic influence Typhoid fever in 1883 was followed by acute nephritis in 1884, resulting from a peritonsillar abscess From this he appeared to have made a complete recovery In 1889 he had attacks of renal colic and these have recurred nearly to date He went through pneumonia twice during 1909 and 1910 with a third attack in 1918 These attacks seem to have been determined by exposure In 1922 he found by chance that he had a blood pressure of 160 He then complained of attacks of teichopsia, short breath on exertion, flushed face, attacks of rhinitis of a peculiar type with blocking of the nasal passages and resulting poor sleep Other symptoms were nycturia, various paresthesiae, exhaustion and rush of blood to the head His blood pressure continued to increase to 200 and more The urine and the heart finds were negative to ordinary tests although after various dilution and concentration tests it was thought possible that the first stage of contracting kidneys was present. None of the usual measures brought down the tension, but the symptoms improved when animal protein was eliminated from the diet The author then naturally began to accuse intoxication by animal protein acting as an allergen No attempt seems to have been made to isolate any special protein and the author has eschewed even milk, eggs, and cheese Professor Stahelin who had charge of the patient thinks the case well worthy of publication, for the age of the subject with his history of various ailments

LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

CRIMINAL LAW—COMPELLING ATTENDANCE OF WITNESSES OUTSIDE THE STATE

In a civil litigation a party desiring to obtain the testimony of a witness who is outside the state, cannot compel the personal appearance of such witness on the trial of the action It frequently happens that witnesses outside the state voluntarily appear and give testimony for one side or the other But even if they refused to do so, the party desiring their testimony can, under the statutes of New York State, take their deposition in the state in which they reside either by the attorneys for both sides going to the place of residence of the witness and there taking his deposition or, can be done by both sides preparing written interrogatories to be propounded to the witness by a notary public of the state in which the witness resides The deposition so taken may be used on the trial of the action by either party with the same force and effect as though the witness had personally appeared and testified

In a criminal case, however, a different situation presents itself Our statutes give the defendant in a criminal case the right to take and use on the trial the deposition of a material witness who resides in another state in exactly the same manner as in a civil case, but the same privilege is not accorded to the district attorney prosecuting a criminal action The district attorney cannot use in the trial of a criminal case any deposition of a material witness taken outside the state, for the reason that the defendant in a criminal case has a constitutional right at the trial to see every witness who is there produced against him The defendant's right in this respect is called the *right of confrontation,* and under our statutes it is regarded as a part of the defendant's right to due process of law It is obvious that the administration of the criminal law is seriously hampered unless the district attorney has some means of compelling the attendance of a material witness outside the state We are all familiar with the numerous instances where material witnesses for the prosecution in a criminal case have deliberately absented themselves from the state until the termination of the trial and thus the guilty have often escaped punishment In New York we have attempted to remedy this situation, but the statute governing the point involved presents serious limitations

Section 618a of the Code of Criminal Procedure provides as follows

"If a judge of a court of record in any state or country bordering on this state which by its laws has made provision for commanding persons within its borders to attend and testify in criminal actions in this state, certifies under the seal of such court that there is a criminal action pending in such court, wherein the defendant is charged with a crime of the grade of a felony, and that a person residing or being within this state is believed to be a material and necessary witness in such action, a judge of a court of record in this state, upon the presentation of such certificate and such proof of the materiality and necessity of such witness as he may require, opportunity being given such witness to appear before such judge and be heard in opposition thereto, and upon request so to do by the clerk of the court issuing such certificate, shall issue and attach to such certificates a subpoena commanding such witness to appear and testify in the court where such criminal action is pending at the time and place to be stated therein If any person on whom such subpoena has been served in the manner provided by this chapter, having been tendered by the party asking for the subpoena the sum of ten cents for each mile to be travelled to and from such court, and the sum of five dollars for each day that his attendance is required, the number of days to be specified in the subpoena shall unreasonably neglect to attend and testify at such court, he shall be punished in the manner provided for the punishment of disobedience of any other subpoena issued from a clerk of a court of record in this state, provided, however, that the laws of the state or country in which the trial is to be held gives to persons coming in the state or country under such subpoena, protection from the service of papers and arrest"

The obvious limitations set by the statute above quoted to the compelling of the attendance of witnesses outside the state on behalf of the prosecution, is among other things a subject-matter of an extremely interesting and well considered paper by George Z Medalie of the New York Bar, published in *The Panel,* a monthly publication of the Association of Grand Jurors of New York County, entitled Inter-State Exchange of Witnesses in Criminal Cases" As Mr Medalie points out, there is no good reason why the statute should be limited in its application to bordering states The laws concerning the use of

Regional Vaccination at the Port of Entry —P Poencloux reports a new method of curative immunization upon which he has been at work for several years It consists in the injection of vaccines beneath the infected mucosae He appears to have worked chiefly in the mucous membranes of the urogenital tract and to have employed vaccines against the gonococcus, coli bacillus, staphylococcus, and streptococcus The site for the injection is the port of entry of the bacterium In the case of gonorrhea in the male this is the urogenital orifice and the author by means of a small syringe and fine needle makes his injection beneath the mucosa of the meatus after having produced intraspinal analgesia In urethral gonorrhea in the female the latter is not required, for one can throw a little vaccine directly into Skene's ducts Only in a small minority of cases does the disease originate at the opening of the vulvovaginal gland ducts or at the os uteri These injections have a diagnostic value as well, for if no reaction develops *in situ* we know that we have selected the wrong vaccine, based on error of diagnosis If the latter has been correctly made the reaction occurs *in situ* in 30 to 45 minutes, and may be quite sharp with chills and temperature rise Whether this reaction is weak or strong the symptoms improve not only locally but in all of the metastases, but this improvement is short-lived and must be followed up by further injections, every 2, 3, or 4 days

In cases of failure we should think of the likelihood of a superinfection Thus in salpingitis there is sometimes a mixed gonococcus-coli infection in the tubes In such a case a mixed vaccine is substituted, but the author admits that such a resource not infrequently fails, whatever the reason may be In the male the author finds gonococcic epididymitis a good test for his treatment and he has reduced the average duration of treatment from nearly three weeks to one week —*Bulletin de l'Académie de Médecine,* April 23, 1929

Wandering Phlebitis —M Lipschitz states that the first case of this affection, placed on record by E Neisser in 1903, was of syphilitic nature, but that the subsequent material soon showed that syphilis was not the inevitable or even the usual cause The author adds to the histories on record a non-syphilitic case The patient was a man of 49 whose lesion developed a year after an accident to the right leg and lumbar region, after which the parts became swollen and livid History and examination were negative so far as the gathering of further data was concerned, the provisional diagnosis had been sciatica The author to whom the case was referred recognized the presence of phlebitis The case having ended fatally, autopsy revealed that the thrombophlebitis had originally appeared in the right iliac vein, apparently following the contusion in the lumbar region, which had been severe enough to damage the venous endothelium. The interval of a year was an illusion, as the disease process once begun had continued progressively From this moment it tended to appear in other veins of the body, but not continuously, for extensive segments of veins remained intact Death had been due to the formation of thrombi in the cranial cavity There was probably superadded an infection with a germ of low virulence, the chief evidence being an enlarged spleen Blood cultures however, proved negative There were contributory factors in lesions of the coronary arteries and hyperinosis of the blood Buerger of New York has seen numerous cases of migratory thrombophlebitis, invariably in Jews and of unknown mechanism and causation —*Deutsche medizinische Wochenschrift,* May 3, 1929

Vitamin A as an Anti-Infective Agent.— Last year E Mellanby and H N Green published an account of experimental investigations which indicated that an important function of vitamin A was to raise resistance to bacterial infection, and suggested that a deficiency of vitamin A in the body might play an important part in the etiology of puerperal sepsis They have sought evidence on this point by studying puerperal cases of hemolytic streptococcal septicemia Of 24 patients not receiving vitamin A treatment, 22 died, giving a mortality of 92 percent Among 5 patients receiving vitamin A treatment there were no deaths, and recovery was complete in every instance It seems that the effect of vitamin A is rather to increase gradually the general resistance than to act suddenly as might be expected in a substance exerting a specific bactericidal or antitoxic effect The blood cultures in all cases became sterile in about a fortnight after beginning the treatment Vitamin A was administered in the form of two preparations, one of which was about 10 times, and the other about 150 times, as rich in vitamin A as cod-liver oil While these experiments are too few to warrant the deduction that this treatment is specific in its nature for septicemia, they do warrant the belief that vitamin A plays a part as an anti-infective agent to bacterial infection There is no reason to believe that this anti-infective action, if established clinically, would be of importance only in streptococcic infection It is desirable that clinical trials should be made in other bacterial infections The study further suggests that vitamin A must also be of inestimable value in its prophylactic action —*British Medical Journal,* June 1, 1929, 3569

NEWS NOTES

AMERICAN MEDICAL ASSOCIATION MEETING

The annual meeting of the American Medical Association was held during the five days, July 8 to 12, in Portland, Oregon Dr. O S Wightman, the editor-in-chief, of this JOURNAL, and Dr W H Ross, President-elect of the Medical Society of the State of New York, both of whom attended the meeting, united in praising the *Morning Oregonian* of July 9 for its full and accurate description of the meeting Since the items are exceptionally well written, quotations from them will probably set forth the proceedings more accurately and vividly than more formal reports

The proceedings were summed up in the openings paragraphs of the news column as follows

"Members of the American Medical association who are gathered in Portland by thousands from the far hamlets and cities—10,000 strong, including the women and children—began the five-day meeting with loud huzzahs yesterday by crowding upon the battlements of the organization and firing down with howitzers, flameballs, rifles and hand grenades on those from the surrounding population who are trying to break through the stout walls of professional ethics

The ban against advertising by doctors, the ostracism of the physician who prescribes for another physician's patient behind "the other's back," and the many related niceties of ethics will be defended to the last shell

The first event described was the address of Dr William S Thayer of Baltimore, Md, President of the Association, who elicited the surprise and wonder of the reporter by saying what all doctors know, but which the laity have not yet learned

"As a matter of fact, nine-tenths of the good done by the medical practitioner is not from any medicine prescribed We have very few specific drugs The physician studies the case and tells the patient what he ought to do and ought not to do He shows the patient that a red flag is not a smashup"

Dr Thayer was also quoted as saying

"Out of 1,000 medical advertisements 999 are misleading Do not misunderstand me There is nothing immoral about advertising itself, but in the case of the conscientious physician it is suicidal Such a physician cannot compete with the man without conscience when it comes to advertising He cannot promise so much"

The newspaper then applied Dr Thayer's remarks to the concrete case of Dr Louis E Schmidt, who was expelled from the Chicago Medical Society a short time ago and now made an appeal to the American Medical Association for reinstatement after his appeal to the Illinois Medical Society had been denied The *Oregonian* said

"Dr Schmidt traveled all the way out here to appeal from the decision of the Chicago Medical Society, which ousted him for being associated with the Public Health Institute of Chicago—an advertising organization—in that he receives from it $12,000 a year for handling its charity patients The institute is operated by a group of the most influential citizens of Chicago, including Harold McCormick and others of his standing The Illinois metropolis is all upset about the whole affair

"Anyhow, the Illinois society upheld the Chicago society in a decision four weeks ago, and now Dr Schmidt wants action from the national. The matter was taken up secretly Sunday at a meeting of the judicial council, and that is as far as the doctor will get at this session"

The practice of medicine by corporations came up for criticism as follows

"Then at the meeting of the house yesterday morning Dr William A Pusey of Chicago submitted a motion on the same general subject, but much broadened, which was considered so charged with dynamite that even Dr Pusey included the provision that it be considered in special executive session rather than before the house at large

"The motion points out that a year ago the association voted that the practice of medicine was not the proper function of corporations and that the American Medical Association should try to stop such practice Dr Pusey then maintains that there is a growing tendency for organizations controlled by laymen to enter into medical practice He asks

"That the judicial council of the American Medical Association be asked to present to the session at the meeting of 1930 a comprehensive statement for the guidance of the association concerning the practice of medicine by corporations, by clinics, by philanthropic organizations, by industrial organizations, by demonstrations and by similar organizations"

The Red Cross was criticized according to the following paragraph

depositions in civil cases prescribe no such limitation It is also apparent that the proper administration of the criminal law is hampered by the limitation in the statute that the crime charged must be a felony Many criminal charges against public officials may only be misdemeanors, but they nevertheless may be and generally are of such public importance that the prosecution should not be thwarted by technical considerations

Mr Medalie makes another point which is well taken The statute should provide for adequate witness fees, traveling expenses and compensation for the number of days consumed by the witness, and thus the inconvenience that occasionally arises from attendance in a more distant state would, to a great extent, be overcome. Mr Medalie's recommendations with respect to existing statutes on the subject-matter under consideration are worthy of thought and reflection He says

"If all the states genuinely wish to aid each other in the enforcement of the criminal law, it would be an excellent thing if there were held (1) a conference of the representatives of the states, first of the neighboring states and later of all the states, for the purpose of adopting uniform statutes which would assure the utmost cooperation among them, so that no state would receive less than it gives (2) Such uniform statutes should make no distinction between felonies and misdemeanors, nor between courts of record and those not of record

"(3) These identical statutes uniformly should carry the threat of imprisonment for disobedience (4) They should provide for a hearing in favor of the witness, to avoid constitutional objections and the misuse of the process (5) They also should provide adequate compensation for the witness' time lost and for payment of his traveling expenses This would discourage ill-considered use of the power

"(6) The laws of the respective states should be amended to authorize when needed the use of testimony of absent-from-the-state witnesses where a warrant is to be issued, or where a grand jury indictment is to be sought Such depositions should be taken as in civil actions, under proper safeguards and authentication, and necessarily without the privilege of cross-examination to the defendant who, under accepted principles, is not required to be informed of the pending proceedings"

Perhaps there never has been a time when the defects and imperfections in the administrations of our criminal law has compelled the attention of laymen generally as at the present time Let us hope that the states will cooperate by proper legislation, so that the prosecution may compel the attendance of material witnesses who are outside the state and refuse voluntarily to appear as witnesses for the prosecution in a criminal case

CLAIMED NEGLIGENCE IN THE TREATMENT OF A FRACTURE

In this case, a boy about nine years of age, accompanied by his father, called at the doctor's office The father gave the doctor a history that several days before, while at a summer camp the boy had injured his arm, and the camp physician had put his arm in a temporary splint with a sling and sent him home No x-rays had been taken at the time the boy first came to see the defendant

The doctor arranged to have an x-ray taken immediately This was done, and the x-ray plate revealed a simple fracture of the left arm at about the middle of the forearm. There was no non-union It was the defendant's opinion, as well as the physician's who took the x-ray, that the healing process had started and that no further setting was necessary except to place the arm in a plaster cast This was done, and the doctor instructed the father to bring the boy back in a day or two

The boy was not brought back until some two or three weeks later, when an examination disclosed that the cast was crumbling and broken The doctor asked the child and the father if the child had fallen on the cast, but they both denied it The defendant removed the cast, and found that the boy had a perfect result except for a slight bowing The doctor saw the boy on several occasions thereafter when he massaged the arm About that time, he learned that prior to the second visit of the boy to his office, several of the plaintiff's neighbors had seen the boy fall from a tree.

The father complained to the doctor about the bowing, and the doctor told him that when the boy had the cast on, he fell from a tree, and stated to the father that the only way the bowing could be corrected would be to rebreak the arm, and the doctor also recommended a bone specialist if they wanted that done The parents did not take the child to the physician suggested by the defendant, nor did they ever come back to his office.

Subsequently, both the father and the boy brought suit, claiming that the boy's arm was not properly set The plaintiffs noticed the case for trial, but about a day prior to the time when the case was about to go to trial, after fruitless attempts to force a settlement, the action was discontinued

Volume 29
Number 15

TRI-STATE CONFERENCE

The twelfth Tri-State Conference of the officers and editors of the Medical Societies of Pennsylvania, New Jersey, and New York was held in Pittsburgh on May 25, 1929, with Dr T G Simonton, President of the Medical Society of Pennsylvania, presiding Those present from New York were Dr H R Trick, President, and Dr J N Vander Veer, President-elect From Pennsylvania were Dr T G Simonton, President, Dr W T Sharpless, Trustee, Dr E B Heckel, Chairman of the Board of Trustees of the American Medical Association, Dr W F Donaldson, Secretary, Dr Frank C Hammond, Editor, Dr R R. Huggins, and Miss Mary Steward Blair, Business Manager of the *Pennsylvania Medical Journal* From New Jersey were Dr E R. Mulford, President, Dr J B Morrison, Secretary, and Dr H O Reik, Editor

The subject discussed was "The Ideal State Journal," and was presented by Dr Frank C Hammond, Editor of the *Pennsylvania Medical Journal* Dr Hammond discussed the ideal journal under the subjects 1, The Staff, 2, The Make-up, including paper, illustrations, and size, 3, Style of Articles, 4, Indexing, 5, Choice of Material, Bibliographies, 6, Editorials, 7, Official Transactions, 8, County Society Reports, 9, Women's Auxiliary, 10, Medical News, 11, Book Reviews, 12, Special Departments, including those adopted in the Pennsylvania Journal as follows (a) Jots and Tittles (brief editorials), (b) Medico-legal and legislative, (c) Public Health, (d) Hospital Activities, (e) Industrial Medicine, (f) Related Professions, especially dentistry and pharmacy, (g) Reporting Other Scientific Meetings, and 13, the advertising columns and pages including their relations to the reading matter

All those present discussed the subject of the State Journal at considerable length so that the session lasted from ten in the morning until three in the afternoon, and the stenographic report of the meeting covered 71 sheets Each discusser spoke from the point of view of the particular part which he is taking in his society, but the whole ensemble of the discussion would confirm the opinion expressed by Dr Donaldson, that the State Journal is first, last, and always the organ of the Medical Societies of the State and its Counties Whatever activity is carried on by the State or County Society, has its place in the Journal The peculiar field of the Journal is to record and promote the activities of the medical societies as distinguished from physicians as individuals

Dr Hammond stressed the importance of the editor being the ears as well as the voice of the various sub-organizations of the State Society, from its House of Delegates to the meetings of its committees, meaning that the editor should be invited to attend them in order that he may understand the purposes of the officers even though he might not print all that he knows

The Collection of News from County Societies was discussed by Dr Vander Veer who suggested that a field secretary could be a great source of news as he goes among the societies Dr Reik referred to the New Jersey system that each County Society should have a reporter who sends a news item after each meeting

Dr Simonton suggested an exchange of contributions among the editors of the three State Journals The doctor might have referred to the Department of "Our Neighbors" of the NEW YORK JOURNAL, in which descriptions of the activities of the other State Societies are quoted

The use of "Filler," or matter used to fill blank spaces at the bottoms of pages, was discussed and justified The speakers seemed to disagree with the attitude of the NEW YORK STATE JOURNAL that a blank space was preferable to an article which was evidently only a space filler Some of the speakers referred to news of State Society activities as filler

There was a discussion on whether reports of societies and committees should be printed verbatim according to the stenographers' notes, or abstracted and edited The attitude of the NEW YORK JOURNAL is that they shall be abstracted and edited, but the representatives of some of the other states were in favor of printing the entire stenographic reports, as they do with reports of the Tri-State Conference

The representatives from Pennsylvania and New Jersey condemned bibliographies at the end of scientific articles The NEW YORK STATE JOURNAL welcomes them, and it may be influenced in its attitude by its close association with the Library of the Academy of Medicine whose workers consider bibliographies and indexes of all kinds to be of the greatest possible value

The characteristics of a good medical editor were discussed by Dr E B Heckel, who said "Editors are not born, they are made A man may have a certain aptness for that work, but it also requires a certain amount of education and training to fit him for the work An editor must be not only honest, but also sincere It requires sincerity to run the advertising pages of any journal"

Dr Sharpless suggested that the Journals make a feature of medical histories

Dr J C Litzenberg, Minneapolis, submitted a resolution criticizing the American Red Cross for permitting its nurses to work in connection with "chiropractors and other cultists" The meeting voted to protest against this action of the Red Cross

Electric refrigerators were also discussed as follows

"A backwash from trouble in the east with electric refrigerators was seen in the motion of Dr Van Derslice of Illinois, who asked for an investigation by a committee of the danger from such gases as methyl chloride, ethyl chloride, sulphur dioxide and other gases used in the refrigerators"

The committee on hygiene of which Dr Grant C Wadell of Ogdensburg was chairman secured a vote to investigate the subject

The *Oregonian* quoted from President Thayer's address on the relation of medical to personal freedom, especially as applied to the limitation of the amount of alcohol which a doctor may prescribe

President-elect M L Harris was quoted as describing a plan for a medical center conducted by doctors as follows

The speech by President-Elect Harris included the following

"My plan, which has already been published in the Journal, consists, in brief, in each county medical society incorporating and forming a medical center with a headquarters properly equipped for the diagnosis and treatment of all varieties of ambulatory patients The organization should be in a sense a pay clinic owned and controlled by the profession Every person receiving services should pay Those who are able to pay regular fees should have their own physician, as at present Those not able to pay regular fees should be treated at the Center and should be charged a fee depending on their economic status and the character of the services rendered

"Those who are unable to pay anything are charges on the community and should be paid for by the community, at rates to be agreed on by the community and the organization The Center should be managed by a board of directors, which should arrange for the time and service that each is to devote to the work of the Center The income, which will be considerable, after paying the running expenses and upkeep will go toward paying in an equitable manner those who do the work Services eventually may be extended to patients of the same class at their homes or in hospitals, in fact, the hospitals, which should be controlled and managed by the profession, should form a part of the general organization

In the large cities more than one Center may be developed as may be necessary so as to care for those living in all sections of the city The whole scheme depends simply on the ability of the profession to organize on a business basis The importance of the subject demands the attention and thoughtful consideration of this house of delegates" No action was taken on this proposal

The scientific exhibit was described as follows

"If your nose is too long or humpbacked or out of joint, if you are expecting another mouth to feed at your house, if Patricia Ann's legs have a tendency to become estranged on the trip from knee to ankle, if you think your nervousness is caused by thyroid trouble, but someone has told you it's para-thyroid, if you haven't met vitamin B, or if you don't know how simple it is for a doctor to see through you, as well as your pocketbook, these days, you should visit the American Medical Association's exposition in the public auditorium

"You should see it for yourself, but you will be obliged to see it through these eyes of your "doc," because the board of trustees has decreed that its committee and exhibitors will have their hands full in educating members of the profession without attempting to enlighten the lay mind on the late developments in the science of trying to keep well or get well It takes a "Fellows" badge to crash the gates, and they have more guards around the exposition than walk the walls of the penitentiary at Salem

"So in the interim between now and the next time you persuade yourself to call on the learned gentleman who makes you say "Ah" when you feel more like saying "Darn," the press will have to be relied upon to give you such impressions of the supplementary adjunct to the national convention of doctorial geniuses as seeped through the maze of "ics" and "ists" and "isms" during an excursion through the labyrinth of neatly arranged exhibits"

Concerning the scientific sessions the newspaper says

"The principal interest of the medical men will center in the various scientific meetings These scientific meetings will be held galore In other words, one can't go to one place and hear it all Medicine and surgery are so highly specialized that a dozen clinics or meetings will be going on at once

"The sessions are so highly technical that they will not be of general interest, and the public will have to be content with the lectures scheduled for Lincoln high school auditorium each night, which are free" This year's meeting seems to have been unusually harmonious, interesting, and practical

PUBLIC RELATIONS COUNTY SURVEY No 8—JEFFERSON

Jefferson County has a population of 86,000 The City of Watertown, the County Seat, with 33,800 population has 53 physicians, and every year or so one is added The villages and rural sections of the county, with a population of 53,200, have in all less than 35 active resident physicians as follows Adams, 3, Adams Centre, 1, Brownville, 1, Dexter, 2, Cape Vincent, 1, Clayton, 3, Depauville, 1, Ellisburg, 1, Evans Mills, 1, Sackets Harbor, 1, Black River, 2, Chaumont, 1, Three Mile Bay, 1, Mansville, 2, Philadelphia, 2, Theresa, 2, Carthage, 9 Of these several are inactive

In the City of Watertown are two general hospitals, both with open staffs, to election to membership in which all members of the County Medical Society in good standing are eligible The personnel of the staffs of both hospitals in one capacity or another is much the same Both hospitals are rated as *Class A* by the American College of Surgeons The House of the Good Samaritan has 135 beds, Mercy Hospital 114 beds Neither hospital cares for mental nor contagious cases The city maintains an adequate contagious hospital, the gift of a public spirited citizen

The County Hospitals are two The County Contagious Hospital at Calcium is adequate

The Jefferson County Sanatorium, Watertown, N Y, has 36 beds for treatment of tuberculous cases in the county Diagnostic chest clinics are conducted weekly at the sanatorium and at the Health Center, Watertown, in cooperation with the Watertown Department of Health for cases referred by physicians for examination The Sanatorium is making r-ray studies of the lungs of the high school children of the county Field nursing is done by the tuberculosis nurse in the City of Watertown and one covering the remainder of the county The sanatorium cooperates with the County Tuberculosis and Public Health Association in all branches of tuberculosis work and in conducting a summer health camp for children A new building of 40-bed capacity for children is to be built this year

There is no provision in the county for hospitalizing the insane

The health officer of the City of Watertown serves on part time He is assisted by a sanitary inspector and two nurses one for contagious disease and one for tuberculosis The City Board of Education maintains a full time school physician, and assisting her are a high school nurse and two grade-school nurses

The city physician is on part time Through private philanthropy, Watertown, has a health center in the Memorial Health Building Here is located the office of the City Health Officer, and under his supervision a tuberculosis clinic and a genito-urinary and syphilis clinic are held weekly in this building by the city

Here the Visiting Nurse Association maintains the following weekly clinics conducted by local physicians and surgeons without remuneration Under the division of Child Welfare are three clinics prenatal, baby and preschool Besides prenatal care and instruction, provision is made for the care of indigent mothers at confinement and post partum The association provides also a weekly eye clinic and a weekly nose and throat clinic with operative and hospital care when needed From her office in this building the Superintendent of the Visiting Nurse Association administers nursing care to many indigent, and the association has recently established an hourly nursing service

The staff of the St Lawrence State Hospital conducts a mental clinic at the House of the Good Samaritan, Watertown, the third Wednesday of each month for adults and the following Friday for children

In nearly every town in the county the local department of health has held clinics for administration of toxin-antitoxin, and a large per cent of the children are immunized against diphtheria

Among health activities in city and county must be mentioned the work of the District Health Officer assisted by the state nurse, who in turn directs the work of the three Shepard Towner nurses, also, the work of the County Tuberculosis nurse, the Metropolitan Insurance nurse and of the full time health nurse maintained by the Village of Carthage

The county employs two physicians the Superintendent of the County Sanatorium and the County Physician The latter on part time has charge of the inmates of the County Home and the Jail

The Medical Society of the County of Jefferson, which previously had held meetings quarterly, took on new life and energy after its amalgamation with the Medical Society of the City of Watertown in January 1926, since when the meetings have been held the second Thursday of each month, July and August excepted The annual meeting is in November Out of a membership of 84 the average attendance is 39

Though there has been increasing interest manifest in matters of polity and public health, etc, probably the thing of most value which the society has been able to offer its members has been the excellent postgraduate lectures furnished by the State Society In the preceding four years there were given courses in obstetrics, pediatrics, gastroenterology and cardiovascular disease, and this spring a variety of topics proved no less instructive

The Public Relations Committee was instituted in October, 1927, since which time the following

Dr Heckel suggested that death notices be made a feature of the Journal

The value of obituaries of physicians regardless of the importance of the men, suggests the value of any news item of individual doctors The policy of the NEW YORK STATE JOURNAL OF MEDICINE is that a news item shall be on a subject of permanent value, one which doctors twenty-five years from now will seek out as illustrating the progress of an idea.

Dr Mulford advocated a special department given over to the Woman's Auxiliary

Dr Vander Veer suggested a loose-leaf medical journal so that a doctor could take out the articles which he wishes to read The ideal of the NEW YORK STATE JOURNAL is to make every part so interesting and valuable that every doctor will want to read the whole Journal from cover to cover This ideal might be achieved, but it would require the services of several expert editors to boil down the items and articles and put them in a form of compelling attraction

There was some discussion on preparing an outline of every article to be printed at the beginning of the article This suggestion would be ideal if authors would be logical and concise in their writing, but it is seldom practical

Book reviews were not enthusiastically praised by the representatives of Pennsylvania and New Jersey The only books which the *Pennsylvania Journal* review are those of publishers who advertise in the Journal.

The NEW YORK STATE JOURNAL policy is to conduct the book review department as a matter of information, be it with praise or with condemnation, and to have the reviewer sign or at least initial his review

Indexes were discussed briefly by Dr Hammond, who disagreed with the NEW YORK JOURNAL'S policy of indexing the articles by broad groups of subjects Dr Hammond considered that indexing is technical work requiring special skill and knowledge, and the result might require more space than the Journal could give.

Those who read the Journals of Pennsylvania, New Jersey, and New York and are well acquainted with the officers and other leaders in the State Medical Societies of the three States, will agree that each Journal reports the activities of its constituent societies, and reflects the opinions and aspirations of their officers and members

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THE GREATER NEW YORK PERIODIC EXAMINATION COMMITTEE

By resolution introduced and favorably voted, the Comitia Minora appointed a special committee instructed and empowered to conduct a periodic health examination campaign during the month of November 1929 This committee, consisting of Doctor A J Rongy, Chairman, and Doctors Frederick W Bancroft, Eugene Lyman Fisk, Iago Galdston, S Dana Hubbard, Orrin S Wightman' and Linsly R Williams, has enlisted the cooperation of the other four county medical societies, each of which has appointed a similar special periodic health examination committee responsible for the execution of the program formulated in their respective territories

The Greater New York Periodic Health Examination Committee was subsequently formed, consisting of the above named, together with the chairmen of the four county medical committees, for Brooklyn, Dr Alec M Thompson, for Bronx, Dr Friedman, for Queens, Dr William J Lavelle and for Richmond, Dr A E Bernstein

A series of meetings has been held and a program of activities has been formulated The objectives of the campaign have been defined as follows

1 To popularize a periodic health examination among physicians
2 To popularize the periodic health examination idea among the public
3 To place special emphasis upon the desirability of having the periodic health examination administered by the family physician

In the attainment of these objectives, it is planned to enlist the aid of public utility organizations, moving picture theatres, the radio, the press, public official agencies, public school system, the charity organizations, and religious and social bodies

The execution of the plans, the details of which will be given in a subsequent report, involves the raising and expenditure of a budget of approximately $10,000 As part plan for securing these required funds, the committee contemplates the publication of a special journal

The committee sincerely solicits the active support of every physician in Greater New York

IAGO GALDSTON, M D,
Secretary

SUFFOLK COUNTY

From the News Letter of the Suffolk County Medical Society for June 1929

The regular Semi-Annual meeting of the Suffolk County Medical Society was held at Leo's Inn, Patchogue, N Y, Thursday, May 2nd, 1929, Dr E Raymond Hildreth, President, presiding Forty-nine members of the Society and eleven guests were in attendance

Dr G A Silliman submitted his report as Treasurer, covering the period from Jan 1st 1929, when he assumed the office

REPORT OF THE TREASURER

May 1, 1929

Receipts			
Cash on hand January 1, 1929		$ 259 50	
Dues			
1 member 1927			
4 members 1928			
82 members 1929 87 @ $15		1 305 00	
Suffolk County Committee on T B & P H Pro Rata for News Letter		239 85	
State Charities Association for News Letter		5.25	
Total			$1,809 60
Disbursements			
State Assessments 88 @ $10		$ 880 00	
News Letter Printing	$250 35		
Postage	18 16		
		274 51	
Expenses Comitia Minora		22 00	
Administration —Printing	$25 50		
Postage	15 03		
Stenographer	10 00		
Treasurer's Bond	10 50		
		61 03	
		Total	$1,237 54
Balance on Hand			$ 572.06
Southampton Bank			$ 438.26
Cash			133 80
Total			$ 572.06
Financial Statement May 1, 1929			
Assets —Cash on hand			$ 572 06
Riverhead Savings Bank			812 12
Southold Savings Bank			838 11
Committee on T B & P H Current News Letter			55 47
Total			$2,477 76
Liabilities —In Current News Letter			$ 75 47
Balance Assets over liabilities			$2,402.29
Status of Membership —			
Paid up for 1929		89	
Not paid up for 1929		35	
Not paid up for 1928		5	
Not paid up for 1927		4	
Transferred out		2	
Deceased		1	
New Members		1	
Total Membership		115	

Public Health Committee Dr Frank Overton, Chairman, read the report of this Committee

Legislative and Public Relations Committee Dr Ross, Chairman, reported that 182 bills pertaining to the practice of medicine or health measures, had been introduced during the past session of the Legislature The usual lot of cult bills were introduced and all defeated

County Health Dept Dr Wm H Ross, President of the Board of Health, spoke of the work of the Department since its organization in January Dr Arthur Davis, County Health Officer also spoke of the work and plans for the future He mentioned the fact that it was much more satisfactory to carry on the work where Health work was inaugurated by the medical profession, and the officials were physicians and had the active cooperation of the general practitioners He contrasted other states where the majority of Health officials were laymen

Miss Glendenning of the State Commission for the Blind spoke of the need for more thorough examinations of the eyes of school children and facilities for the correction of defects She requested the Society to arrange for eye clinics and stated that in some of the counties examinations were made by optometrists It was the consensus of opinion that the children with eye defects should be examined and treated by Physicians trained in Diseases of the Eyes Dr Frank Overton stated that there were qualified eye specialists in Suffolk County

Cancer Committee Dr Ross stated that efforts had been made in the campaign for the education of the public regarding cancer, early symptoms and necessity for early treatment It was brought out in the discussion that talks before lay audiences and associations had been made by the following members Drs Ross, Baker, Hildreth and Overton Dr Kolb stated that he had received requests for and had supplied literature to a number of the physicians appointed as local representatives of the Committee at the Annual Meeting of the Society

Dr Ross stated that because of lack of time it was difficult for the physicians to devote as much time as was necessary to this subject and stated that a paid Secretary would be needed He suggested that some of the County Societies funds might be used for this purpose It was also suggested that the Tuberculosis and Public Health Association and the County Health Department would be willing to assist in this work Dr James MacIvor, of Port Jefferson, and Dr Stanley P Jones, of Mattituck, were elected to membership At 1 30 dinner was served

After dinner, Dr Luther Fish Warren, Professor of Medicine, Long Island College Hospital Medical School delivered an interesting and instructive talk, illustrated by lantern slides on "The Various Clinical Syndromes of Coronary Thrombosis"

activities of the Society in relation to Public Health may be mentioned

December 15, 1927, a committee was appointed to cooperate with the State under the Shepard Towner act in conduct of Preschool Clinics through the county

March 8, 1928, the Society endorsed the Campaign for Early Diagnosis of Tuberculosis conducted by the Tuberculosis Association

The Society pledged its support to a state-wide platform for the control and direction of medical and health matters by the Medical Profession

A resolution was adopted requesting that members report all cases of venereal disease in school children of the City of Watertown to the School Physician

May 10, 1928, the President and Secretary were constituted by the Society a committee to appoint some prominent citizen from our county to interest himself in cooperation with the Society in matters of public health as a member of an organization being formed by the State Society to assist the profession against vicious legislation and to protect the public against cults and charlatans Mr C W Valentine, of Watertown, President of the Board of Trustees of the House of the Good Samaritan, was appointed

This spring, through the cooperation of the Public Relations Committee with the school physician and school officers and the Division of Social Hygiene of the State Department of Health, lectures on Sex Hygiene were given by six of our members to the boys and by one of them to the girls of the high school The children were addressed in small groups in an informal way and questions were encouraged Following the completion of these a talk was given to the boys of the high school in the school auditorium by a social hygiene lecturer of the State Department of Health at the close of which moving pictures illustrative of venereal disease were shown Previous to this, lectures had been given by a lecturer from the Social Hygiene Division of the State Department of Health to some of the grade school girls and the mothers

October 11, 1928 a committee of three was appointed to further the administration of toxin-antitoxin

November 9, 1928, a resolution was passed favoring the proposed addition to the County Tuberculosis Sanatorium and pledging the unanimous support of the Society to the Board of Managers in their effort to secure such an appropriation

At the May meeting 1929 the Society endorsed the plan of its Public Relations Committee for the examining and conditioning of preschool children of the City of Watertown in a campaign conducted by the Parent Teacher Associations of the city The plan provided for the employment of the examining physician chosen by the parents or guardians of the children, indigents to be examined free, and for a careful check-up on those claiming to be indigent The work has been running smoothly with all concerned cooperating and already much corrective work has been done

The Jefferson County Tuberculosis and Public Health Association has the following functions, public health education and publicity, maintains children's Health Camp, takes part in diphtheria prevention campaign, assists the Sanatorium in conducting x-ray clinics in high schools, assists in enactment of necessary public health legislation, has full time trained executive secretary

The Watertown Committee on Prevention of Tuberculosis functions to interest the City of Watertown along the same line as the County Tuberculosis and Public Health Committee.

Among Social Welfare agencies of the county undertaking health work are the Luncheon Clubs The Rotary with its work among Crippled Children, Kiwanis with the Under Privileged Children and the Exchange Club with the Fresh Air Children The Benevolent Club is also active in providing food and clothing and medical care for indigent families, particularly children The shoe fund of the Elks is not an unimportant health measure The Salvation Army promotes healthful conditions among the needy The Bureau of Charities and Correction lifts children out of unhygienic surroundings and not infrequently brings to light unhealthy conditions associated particularly with venereal disease The local branch of the Child Conservation League is actively engaged in raising funds for the establishment and maintenance of a Day Nursery in the City of Watertown

The Nurses of District No 6, New York State Nurses' Association maintain a Nurses' Registry, the board of Directors consisting of 20 graduate nurses, 3 physicians and a layman The registry ably serves the whole county

In some rural districts the health officers are feeling the need for more cooperation of physicians with their local health boards But in many cases the health officer is the only physician in the locality Greater publicity for proposed health measures in the country is also needed

A much needed aid in promotion of health in our county is a County Laboratory to facilitate clinical laboratory examinations, especially for the poor, and also bacteria counts from milk, examination of water, etc

There is urgent need for some provision for the housing and proper care of acute mental cases without committing them, and that of other cases of insanity prior to commission

J D OLIN

Editor's Note—The progress of the Jefferson County Medical Society during the last four years is shown in a striking way by a comparison of the present survey with that published in this Journal of September, 1925 page 910

SCIENCE IN VERSE AND RHYME

It is not the policy of the NEW YORK STATE JOURNAL OF MEDICINE to print jokes for the purpose of raising a laugh, or verses for the sake of their unexpected twists of thought, but now an then rhyme and rhythm aid in setting forth a scientific fact.

Something over a year ago the explorer, Stefansson, began to live on a meat diet such as one would have to adopt when stranded in Arctic regions, and the end of the year's experiment found him in good health John Alden, in the Brooklyn *Eagle* of July 15th, demonstrates the possibility of recording a scientific fact in clear attractive verse when he writes

"The record's in, the task is done;
In dieting on meat alone,
The great Vilhjalmur Stefansson,
With R M Andersen, his pal,
Have scored success phenomenal,
And stood a twelve-months' test,
Four-fifths of all the meat was fat,
But proteins gave zest to that,
Digestion seemed the best.

Unsweetened coffee, strong black tea,
With water taken frequently,
Were features of the inquiry,
But each thrift-lover stares,
At present prices charged for meat,
Quite other things he has to eat,
Or sink in budget snares,
Though not devoid of interest,
All academic is the test—
Except for millionaires"

RADIUM POISONING IN INDUSTRIES

The poisonous effects of radium have been well known, and precautions have been taken to protect handlers of radium such as that used in making luminous dials for watches Yet fatal poisonings have occurred; and now the New York *Sun* of July 10th, states

"Scientists of the United States Public Health Service now are engaged in the task of making painstaking examinations of between 100 and 200 factory workers who have been exposed to radium rays in an effort to save them from the ravages of a dreaded new industrial disease"

"Dr L. R. Thompson, who has charge of the radium survey, explained today that an effort is being made to examine every worker in this part of the country who has been exposed to radium rays There are now forty-two known radium poisoning cases in the country, and the disease has taken a toll of twenty-one deaths, he said

"Workers examined have not necessarily been injured by the radium rays," Dr Thompson added, "as many persons have worked with radium over a period of years without any ill effects Harm has come mostly in cases where girls in clock factories pointed radium-tinted brushes with their lips The practice has been discontinued."

BROTHERHOOD IN NEW YORK CITY

Incivility in New York is the title of an editorial in the New York *Times* of July 10th The article was founded on an item which appeared in the *Vancouver Star* complaining that

"Clerks in shops, theatre ticket sellers, street car conductors and subway guards, as well as pedestrians in the streets, all gave him 'an impression of hardness and cruelty that is not obtained in any other city I have been in'"

The *Times* adds the comment

"We are fortunate in having few visitors with such unfriendly memories of us"

It happened that the New York *Herald-Tribune* of July 10th, commented editorially on the humanity of New Yorkers as shown by the immense Sunday crowds which flock to Coney Island where selfishness and discourtesy should be most in evidence if those charactertistics were dominant among New Yorkers The editorial says:

"It is very wonderful, indeed After reading newspapers for six days, with their record of the follies, the sins and stupidities of the human race, it would seem incredible that any one could still retain so large a liking for the human race as deliberately to place himself in the center of a crowd on Coney Island But people do, the numbers who flock upon the sands in bathing suits are limited, not by the area of sand available, but by the capacity of the bathhouses only It is a final proof that there must be something good about humanity after all. Somebody still loves it"

What seems to be incivility in New York is principally speed—without which modern life in office buildings and subways could not exist. When a real need develops, an individual will be treated more kindly in New York than in any other city

THE DAILY PRESS

CHILD HEALTH CONFERENCE

The New York daily papers of July 3 carry the announcement that President Hoover will call a national conference on child health to meet early next year The *New York Times* says that a special object of the conference is to devise plans for increasing the sanitary and recreational facilities in the schools The conference will be under the direction of the Secretary of the Interior, Dr Ray Lyman Wilbur, who was president of the American Medical Association in 1923 President Hoover is quoted as follows

"In order that these determinations may be effectively made and intelligent presentation given at the conference, a series of committees will be appointed from the leaders in different national organizations and will be assisted by experts

"The subjects to be covered embrace problems of dependent children, regular medical examination, school or public clinics for children, hospitalization, adequate milk supplies, community nurses, maternity instruction and nurses, teaching of health in the schools, facilities for playgrounds and recreation, voluntary organization of children, child labor and scores of allied subjects

"To cover the expenses of the preliminary committees and the conference and follow-up work which will be required to carry out the conclusions of the conference, a sum of $500,000 has been placed at my disposal from private sources

"This will be the first national conference held in review of this subject since the conference called by President Roosevelt in 1909 That conference resulted in a great impulse to social and protective activities in behalf of children"

CODE OF ETHICS FOR TEACHERS

In the department of Daily Press for June 15, reference was made to a code of ethics for ministers of the Gospel The *New York Times* of July 3 contains an editorial on a code of ethics for school teachers, which says

"The code of ethics adopted by the National Education Association seems almost self-evident It is not surprising that the vote of approval should have been unanimous, for the code merely puts into orderly expression what has been already adopted in actual practice

"It is, for the most part, a code of warning to those who are constantly asking the schools to do something to further their selfish ends or promote their causes, however good. It is virtually a notice posted at the schoolhouse doors informing the public that propagandists, whether political, religious, social or personal, are not admitted The school is so convenient an agency for reaching the whole population of a community, for getting into every home, for attacking some evil, for initiating some reform, that there is a great temptation to trespass upon its strictly educational work and to divert the interest of the teacher from professional duty

"It goes without saying that teachers should not tutor pupils in classes for pay nor accept royalties or commissions for books or supplies which they have had a part in selecting This is elementary ethics But it cannot be said too emphatically or too often that the school and the teacher must not be used as convenient means for the spreading of propaganda, the promotion of outside enterprises, or the solicitation of funds This 'code of ethics' should be taught the public by the teachers They deserve to be protected from such intrusions upon their higher tasks"

There is an ambiguity about the ban on royalties for school books It would seem that the practical teacher of arithmetic, or history, or reading, would be the very best person to create a text-book on the subject Financial returns and high positions follow hours of sociability on the golf course quite as certainly as months of labor in the cloister of a temple of learning Physicians demand that those who practice any branch of the healing art should publish the results of their experience, and they are glad to see medical authors receive a financial profit from their literary work

REPORT OF THE INTERNATIONAL CONFERENCE ON CANCER, LONDON, 1928 Held Under the Auspices of the British Empire Cancer Campaign. Octavo of 588 pages. New York, William Wood and Company, 1928 Cloth, $12.00

It is not very often that a medical conference is formally opened by a King The fact that King George made the address of welcome to the Delegates to the International Conference on Cancer signifies its importance to the world in general and to the medical profession in particular King George's reply to Sir Bland-Sutton's address, outlining the purposes and aims of the Conference, reveals the sincere and human side of a kind and sympathetic gentleman. No group of workers to say the least the cancer Specialists, could possibly mistake the sincerity of the King's remarks Neither could they mistake the gravity of the problem for which they were called in conference. It surely must have been a stimulating moment and we believe, having as it did for its objective the segregation of all the known facts regarding the cause and cure of cancer, was one of the most important conferences ever indulged in by the medical profession. In many ways Cancer remains an unsolved problem and is of vital interest to every civilized country on earth. What subject could be of more importance to the physician and surgeon?

This report constitutes a volume of 588 octavo pages It contains the welcoming address of Sir John Bland-Sutton, the King of England, the Duke of York, who is President of the British Empire Cancer Campaign, the personnel of the Grand Council of the British Empire Cancer Campaign, officers of the Conference, names all overseas Delegates, with country from which they came, names of Delegates from the British Dominions and Home Delegates and members Then follows a table of Contents under the following headings

1 Etiology of Cancer (General Discussion)
2. The Relative Value of Surgery and Radiation in the Treatment of Cancer
   (a) Treatment of Cancers of the Cervix, Breast, and Buccal Cavity
   (b) Statistical Evolution of Results
3 Methods of Treatment by Chemotherapy with Special Reference to Head.
4 Section of Pathology—Occupational Cancer
5 Section of Surgery
   (a) The Early Recognition of and Treatment of Cancer of the Stomach.
   (b) Sarcoma of the Bone.
6 Section of Medicine.
   (a) Consideration of Cachexia.
   (b) Cancer of the Lung
7 Section on Diagnosis—Diagnostic Methods in Relation to Cancer
8. Section on Radiology
   (a) Effects of Radium and X-rays on the Blood, Vascular and Lymphatic Systems with Special Reference to Malignant Growths
8. (b) Biological Effects of Radium and X-rays with Special Reference to the Factors of Wave Lengths Intensity of Radiation and Duration of Exposure.
9 Section of Statistics and Public Health.
   (a) The Geographical and Racial Prevalence of Cancer
   (b) Public Action in Regard to Cancer

Certainly this volume contains the greatest array of cancer facts extent today In the space allotted, no Reviewer could possibly discuss seriatim the many problems brought before this Conference. Your Reviewer, however, has read the volume (most of it very carefully), and he can unconditionally recommend it to all students of the cancer problem. To be sure, there are few if any new facts (for there are really none known), but this book contains all the worthwhile data pertaining to cancer

H. B. M.

PHYSIOLOGY AND BIOCHEMISTRY OF BACTERIA. Volume I Growth Phases, Composition, and Biophysical Chemistry of Bacteria and their Environment, and energetics By R. E. BUCHANAN, Ph.D, and ELLIS I. FULMER, Ph.D Octavo of 516 pages Baltimore, The Williams and Wilkins Company, 1928 Cloth, $7.50

This is the first volume of a contemplated series dealing with the physiology and chemistry of bacteria, yeasts, and molds The outstanding characteristic of this work is *completeness* It contains practically everything known to science pertaining to the subjects treated. It is, therefore, an extremely useful reference work to which the investigator can turn for information on any subject included in its scope, and be certain of finding a complete and understandable exposition of the known facts, with details as to methods and interpretation of results.

The subjects considered in this volume are growth phases and growth rates in cultures of microorganisms, the chemical composition of bacteria, yeasts, and molds, colloid and physical chemistry as applied to bacteriology, growth and movement of bacteria and their utilization of energy In the discussion of growth phases and growth rates of bacteria, numerous graphs are given, reproduced from the original literature, and the underlying mathematics discussed at length. Under the topic of chemical composition of microorganisms, methods of analysis are described, as well as the results of such analyses Over half of the book is devoted to a very complete exposition of colloid and physical chemistry as applied to modern bacteriology Such difficult subjects as the Donnan membrane equilibrium, hydrogen ion concentration, and oxidation-reduction potentials are discussed more clearly and fully than in any recent text. In the last section of this volume, chemical thermodynamics (a subject on which most bacteriologists are densely ignorant) is taken up, as well as the problems of energy production and transformation by bacteria.

A. H. EGGERTH

POCKET ATLAS OF ANATOMY By VICTOR PAUCHET and S. DUPRET 12mo of 306 pages, illustrated. New York, William Wood and Company, 1928. Cloth, $4.00

This little anatomical atlas is a volume of the quiz compend type and represents the combined efforts of a medical author and an anatomical draughtsman. There is no text—merely a series of illustrations, with appropriate markings, of all the skeletal, visceral and nervous systems of the body The illustrations are well-executed, appropriately colored in most instances and properly marked. As a handy reference book or as an aid for the rapid review of anatomical data, the volume should prove very useful.

FRANK E. MALLON

ERYTHEMA NODOSUM. By J. ODERY SYMES M.D 12mo of 72 pages, illustrated. New York, William Wood and Company, 1928. Cloth, $2.00

In this monograph the author has delved quite fully into the history of about two hundred fifty cases of this disease, and has examined these patients carefully The question of etiology is discussed most fairly, and the pathological histology of a few of these cases has been described very thoroughly

The clinical course of the disease is outlined, with consideration of cases showing fairly definite contagion, also other cases having numerous recurrences The relationship of Erythema Nodosum to Tuberculosis is considered, and it is rather surprising to read the histories of patients developing acute tuberculosis within six months, and occasionally up to two years after recovery from Erythema Nodosum.

The author points out the necessity of considering the patient from more serious angles than simply that of having a skin disease from which he fully recovers within a short period of time.

E. ALMORE GAUVAIN

BOOK REVIEWS

LOCAL ANESTHESIA A Short course for Students and Surgeons By GÉZA DE TAKATS, M D Octavo of 221 pages, illustrated Philadelphia and London, W B Saunders Company, 1928 Cloth, $4 00

This is a well-written treatise on local anesthesia

The author first takes up the history of local anesthesia and then progresses step by step from the indications and counter-indications through the various methods employed when performing certain types of operations

It is a book to be recommended to the surgeon (both general and special) for a careful perusal when contemplating using a local anesthetic for major operations

The methods of anesthetizing the various abdominal regions, the subperitoneal organs, extremities, etc., are very well described

The book in general shows the result of the careful study of the author W A COAKLEY

THE NEW POCKET MEDICAL FORMULARY By WILLIAM EDWARD FITCH, M D Fifth Edition. 16mo of 501 pages Philadelphia, F A Davis Company, 1928 Flexible leather, $3 00

This excellent little formulary, now in its fifth revised edition, offers many changes that add to its usefulness Many new formulae have been added. The section on Dietotherapy has been improved by the addition of new diet lists

A book of this kind gives the student a practical idea of the art of prescribing and at the same time offers the busy doctor a variety of remedies that may be employed in the treatment of a great many of the more important diseased conditions The diseases are arranged alphabetically F S

HUGHES' PRACTICE OF MEDICINE. Including a Section on Mental Diseases and One on Diseases of the Skin By R. J E. SCOTT, M A., B C L, M D Fourteenth Edition 12mo of 839 pages, with 63 illustrations Philadelphia, P Blakiston's Son and Company, 1928 Flexible leather, $4 00

With the great addition to medical literature and knowledge, it becomes a more difficult task to condense the field of medicine in a single small volume The Fourteenth Edition of this book is ample proof that it meets a demand which one is inclined to believe is principally from the student body For the limited space allowed, the articles must necessarily be very brief and condensed, but they are well written. Several new articles and additional material appear on avitaminoses, actinomycosis, diabetes, asthma, etc. H W

RECENT ADVANCES IN PHYSIOLOGY By C LOVATT EVANS, D Sc., M R C S Third Edition 12mo of 403 pages, with 86 illustrations Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $3 50

This new edition of the volume in the "Recent Advances Series" has been amplified by new chapters on excitability and the nervous impulse The remaining chapters have been revised, those on the mechanism of tissue oxidation and the chemistry of muscle contraction being especially interesting and complete. The chapters on the blood gases and reaction of the blood constitute a really important compendium of the facts resulting from recent work in this field. This volume serves to bring any larger text, not so easily revised, up to date. References to original articles are appended to each chapter A GOERNER.

LIGHTING IN RELATION TO PUBLIC HEALTH By JANET HOWELL CLARK, Ph D Octavo of 185 pages, illustrated Baltimore, Williams & Wilkins Company, 1924 Cloth, $4 00

This book is quite technical However the explanations are well written and clear up many points which have been misunderstood in the past regarding proper lighting effects It describes particularly the various kinds of illumination and how they may be used to the best advantage. The chapter on "diseases attributed to light and heat" is good but a more lengthy discussion of these diseases would make it a greater asset.

This book is of invaluable aid to the sanitarian who must supervise lighting conditions in schools, industries, and other public buildings J J W

THE DIABETIC LIFE ITS CONTROL BY DIET AND INSULIN A concise Practical Manual for Practitioners and Patients By R D LAWRENCE, M.A., M D Fourth Edition Octavo of 188 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $2.50

This is a most useful little book. It is simple enough to be of help to the patient and yet there are a good many things which a physician can learn from it. The discussion of the ketogenic-antiketogenic ratio is most illuminating and extremely simple

The author's line ration scheme of dieting, as well as the five-gram scheme, are as clever as they are helpful. While not quite as simple as the author considers them to be, they are as simple as a diet scheme can be made if accuracy and variety are both to be considered

The author has an easy flowing style which makes the reading of the book not a task but a pleasure.
BENJAMIN DAVIDSON

THE PRINCIPLES OF SANITATION A Practical Hand book for Public Health Workers By C H KIBBEY Octavo of 354 pages, with 34 illustrations Philadelphia, F A Davis Company, 1927 Cloth, $3 50

This is a well-written work giving a bird's-eye view of sanitation We like the order which is followed in describing the divisions of each topic. It is written for lay people and from this standpoint is excellent in that it uses practically no technical terms One can get a fine comprehensive view and remember the outstanding factors in controlling disease

It should be admirable for the average high school student. J J W

A TEXT-BOOK OF PATHOLOGY By W G MACCALLUM Fourth Edition Octavo of 1177 pages, illustrated Philadelphia and London, W B Saunders Company, 1928. Cloth, $10 00

A new edition of this splendid text-book is always welcome. Physically, this volume is somewhat more compact than its predecessors The author has brought it as completely up to date as possible by a complete revision of every chapter It is not possible to indicate the many changes in the text but on reading certain sections one notes the inclusion of recent discoveries and viewpoints in pathology The reviewer particularly liked the thorough discussion of cardio-vascular and renal pathology The discussions of chemistry, immunity, etc., appearing in previous editions have been shortened or omitted The descriptions of gross and microscopic pathology are unusually good The illustrations have always been a valuable feature of this work. This book continues to hold its place as one of the best of its kind E. B SMITH

Be sure of it, give me the ocular proof"
—Shakespeare

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OUR NEIGHBORS

PHYSICIANS IN POPULAR MEDICAL INSTRUCTION

One of the principal addresses before the Annual Meeting of the Massachusetts Medical Society was that given by Dr W H Robey, of the Harvard Medical School, on the work of the doctor in giving medical instruction to the people, which is the leading article in the June 20 issue of the *New England Journal of Medicine* The author covers the subject in a highly interesting way as is shown by the following quotations

"The public is being informed upon such subjects as art, literature, science, economics, investments, etiquette, bridge, ad infinitum Journals and public lectures give accurate information by experts on these topics and the same inquiring public is looking for similar help in medical matters Why shouldn't the public want to learn about medicine and disease? People are better educated than ever before, their minds are more receptive and perceptive Yet when you discuss medicine with your most intelligent patients, you will find a mass of superstitious survivals and distorted theories They are utterly unable to sift the wheat from the chaff, their questions indicate but small understanding of the differences between legitimate medicine and quackery

"The physician of today is still bound down by tradition Some of our colleagues look upon those who seek to teach the public as advertisers There is still a tacit acceptance in general that any form of publicity emanating from or referring to a physician, even for the public weal, is a breach of professional ethics, in that attention is called to that particular physician

"Could any one doubt the sincerity of that master of diabetes, Elliott P Joslin, whose lectures and radio talks have done so much to arrest the attention of persons temporizing with the early symptoms of diabetes, and whose manual for the diabetic has halted the victim on the brink of catastrophy Pardee and Hart have each written books for the layman to warn him of the early signs of cardiac failure, and Lord has done a similar service in pneumonia There are many others, and new authors are constantly appearing

"Every city and town has its women's and men's clubs and other groups who are showing an increasing desire to put medical papers on their programs The modest practitioner who believes that it requires a rare endowment or a long apprenticeship in writing or speaking to acquire the accomplishment of public persuasion may be consoled as I have been by the words of Peter Latham, one of the great clinicians of a century ago 'Knowledge may be an incumbrance as well as a help Many men know more than they are able to wield There is a point in the acquisition of human knowledge beyond which, if more be acquired, the whole mass becomes useless to its possessor I am acquainted with men who never have done and never can do anything because they know too much, and I am acquainted with men possessing comparatively small knowledge, so dextrous in its use that they have ridden over the heads of others, far, very far their superiors in acquirements'

"The Sunday afternoon Public Lecture Course of Harvard has been given for many years on a great variety of carefully selected subjects The speakers, who are usually drawn from the Medical School Staff, are specialists in a particular field, and the programs have from time to time been enriched by an imported expert or such a leader in public thought as our revered Bishop Lawrence, whose influence carries into the realm of things physical and by whose message multitudes are wisely directed

"The committee is not aware of the substance of the lecture before it is given, but a member is always present to pass judgment upon its value, the speaker's delivery, and its effect upon the audience Similar or related subjects may be given the following year by different speakers, especially if the topic is one which the committee feels should be kept in the public mind The public lectures are well advertised and what is more they have now become an institution They are given at a definite time each year and the public is watching for them Other medical schools, Boston University and Johns Hopkins, offer similar courses, those of the latter institution being made possible by the DeLamar Fund, comprise lectures on 'personal and public hygiene with the hope that this is the way to serve as a centre for the distribution of useful knowledge in all matters pertaining to sanitation and preventive medicine'

"The essentials of the lectures are given in the daily press and create more or less discussion among various groups If a lec-

(*Continued on page 968—adv xii*)

'Be sure of it, give me the ocular proof"
—Shakespeare

That Difficult Feeding Case!

THE results obtainable with Dryco, especially in cases where other forms of milk are inefficacious, will be more convincing than any verbal or written arguments expounding its merit. Year after year physicians all over the world have proved that Dryco is the ideal milk for infants deprived of breast feeding.

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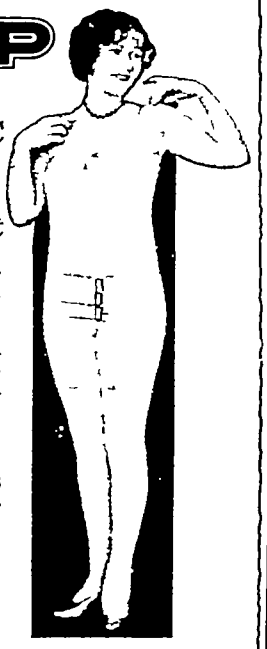
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(*Continued from page 966*)

turer makes a facetious remark, the reporters are sure to seize upon that and use it as a headline There may be an advantage in this provided the essence of the theme has been included, for it may serve to focus attention upon material which otherwise might be passed by In the series of medical lectures given before one of the Rotary Clubs of New England this winter, the one on cancer stimulated two women present to consult a surgeon immediately about tumors of the breast which they had been neglecting, and both proved to be early malignant disease.

"The men who care for all the sick of a community should certainly be among those to instruct the public, though often the local committee prefers to invite lecturers from a medical centre Such was the plan of the Kiwanis Club of Concord, New Hampshire, this winter However, almost every community now has an excellent hospital where a very high type of work is done, and lecturers should be drawn from its staff members or from those in the county medical society who are interested in presenting cases at its meetings. Surely some will be found in such a group who have an interest and facility in giving public instruction in the incipient signs of disease

"There is no more opportune moment for establishing the right point of view in matters medical and sanitary than during the hours of hospital life, and that without any undue strain on the part of the hard-worked force upon whose care the sick depend There are nurses (and may their tribe increase), which without seeming effort transform the mental attitude of the patient so that he leaves the hospital a messenger of better living to his community, a co-worker with us, albeit almost unconscious of his mission My plea is for greater recognition of the hospital on its educational side, for a development of its innumerable and advantageous opportunities to become one of the most far-reaching forces in our corporate civic life for the propagation of fundamentally sound health principles

"The sanatoria for the treatment of tuberculosis have done a stupendous work in teaching others than their patients through the information carried back into thousands of homes With a reduction of 60 per cent in the death rate from this disease during the past thirty years, and the assured prospect of a further and unreckonable decrease, we have the most spectacular demonstration in medical history of what a wisely organized, carefully followed up public policy can accomplish

"Frequently we are asked about the value of this or that form of cure or diagnostic pro-

(*Continued on page 970—adv xiv*)

The after-effects of Illness are often more serious than the disease itself.

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accelerates Convalescence, restores Energy and Vitality; and for over sixty years has been known as

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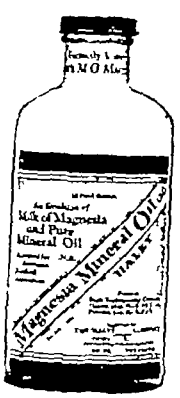
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Each Tablespoonful Contains
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Generous sample and literature on request

The
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Geneva, N Y.

(*Continued from page 968—adv xii*)

cedure and we should be prepared to give a convincing explanation A contemptuous answer may prove a boomerang for the questioner is sure to go away with the belief that we are either biased or jealous and will turn to quackery even more readily than if we had praised it

'At the first hearing of the bill to license chiropractors, under a separate board of registration, the hall was crowded to suffocation, and when the advocate called upon all those present to rise who had been helped or cured by chiropractors after regular physicians had failed, the only persons who remained seated were the legislators and the six or eight doctors congregated in the center of the room. As the proponents surrounded us and glowered down, I could think only of the snow-covered sheep huddled together in Schenk's famous painting 'Winter' What must legislators and others think of such a feeble display of opposition to a bill of vital concern to our profession, and, as we believe, of far reaching importance to the laity? When requested to attend the hearing, one young surgeon said that he was too busy making a living, and a physician retorted that if the people wish to be fools let them so continue Why was there not present a phalanx of our number whose presence would have been heralded in the press and whose obvious determination to uphold the highest professional standards would have carried a weight of conviction to unnumbered readers of the proceedings, now unfortunately uncertain as to whether it is only a small coterie who are interested or what they call prejudiced? This indifference to community duty costs us dearer than we sometimes realize But the people are not fools, they are mere children in medical matters, accepting the benefits of public health measures as infants do their food and raiment, and failing to realize that victories for the common welfare have been slower and more difficult in the winning than those on the field of honor"

MEDICAL LEGISLATION IN ILLINOIS

The report of the Legislative Committee of the Illinois State Medical Society given at the annual meeting on May 21, contained the following description of medical legislation during the last session of the Legislature as quoted from the *Illinois Medical Journal*, July issue

"The naparaths, backed by a very able attorney and a large lobby of their proponents, met a most stinging defeat in the Judiciary Committee of the House, by a vote of 20 to 0 More than half the members of the Committee present were from Cook County, which proves conclusively that the members of the Chicago

(*Continued on page 972—adv xvi*)

PUTTING HEALTHY WEIGHT ON *backward* BABIES

You find, in your practice, that the purest of milk does not always agree with all babies. The milk is frequently curdled by the natural acids and enzyme rennin in the stomach resulting in colic, regurgitation or the passing of undigested curds, preventing the body from receiving the full nourishment of milk.

It has been proved by research (and the fact is widely recognized by the medical profession) that the addition of 1% of Knox Sparkling Gelatine dissolved and added to the milk will largely prevent curdling in the stomach and thus greatly increase the nourishment derived from the milk.

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The following is the formula prescribed by authorities in infant feeding: Soak, for about ten minutes, one level tablespoonful of Knox Sparkling Gelatine in one-half cup of milk taken from the baby's formula; cover while soaking; then place the cup in boiling water, stirring until gelatine is fully dissolved; add this dissolved gelatine to the quart of cold milk or regular formula

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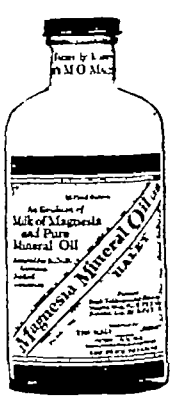
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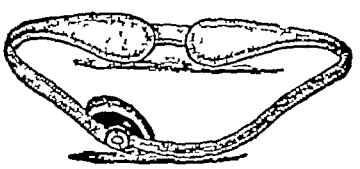
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(*Continued from page 970—adv xi*)

Medical Society had done their work most efficiently The Chiropractors, in another committee composed mostly of down-state members, had their bill, also presented by an outstanding attorney, defeated by a vote of 10 to 1 There are very few bills pending that are engaging our attention at the present time Your committee believes that the Sanatology Bill will have been defeated before this report is printed A pernicious Optometry Bill is slated for an early discard

"The anti-vivisectionists have concluded that their measure will be defeated They probably are the best organized of all the groups which we had to antagonize this year The anti-vivisectionists are amply supplied with funds to carry on a most persistent campaign two years hence. This year they engaged Mr George Arliss, the prominent English actor, who recently held a meeting reception in Springfield which was attended by over 700 The hearing in the City Council Chambers of Chicago was attended by about 800 and the anti-vivisectionists are making a most desperate effort to curtail animal experimentation in the State of Illinois

"The opposition has been maintained by not only the Illinois State Medical Society but the medical colleges and other scientific groups in the State of Illinois

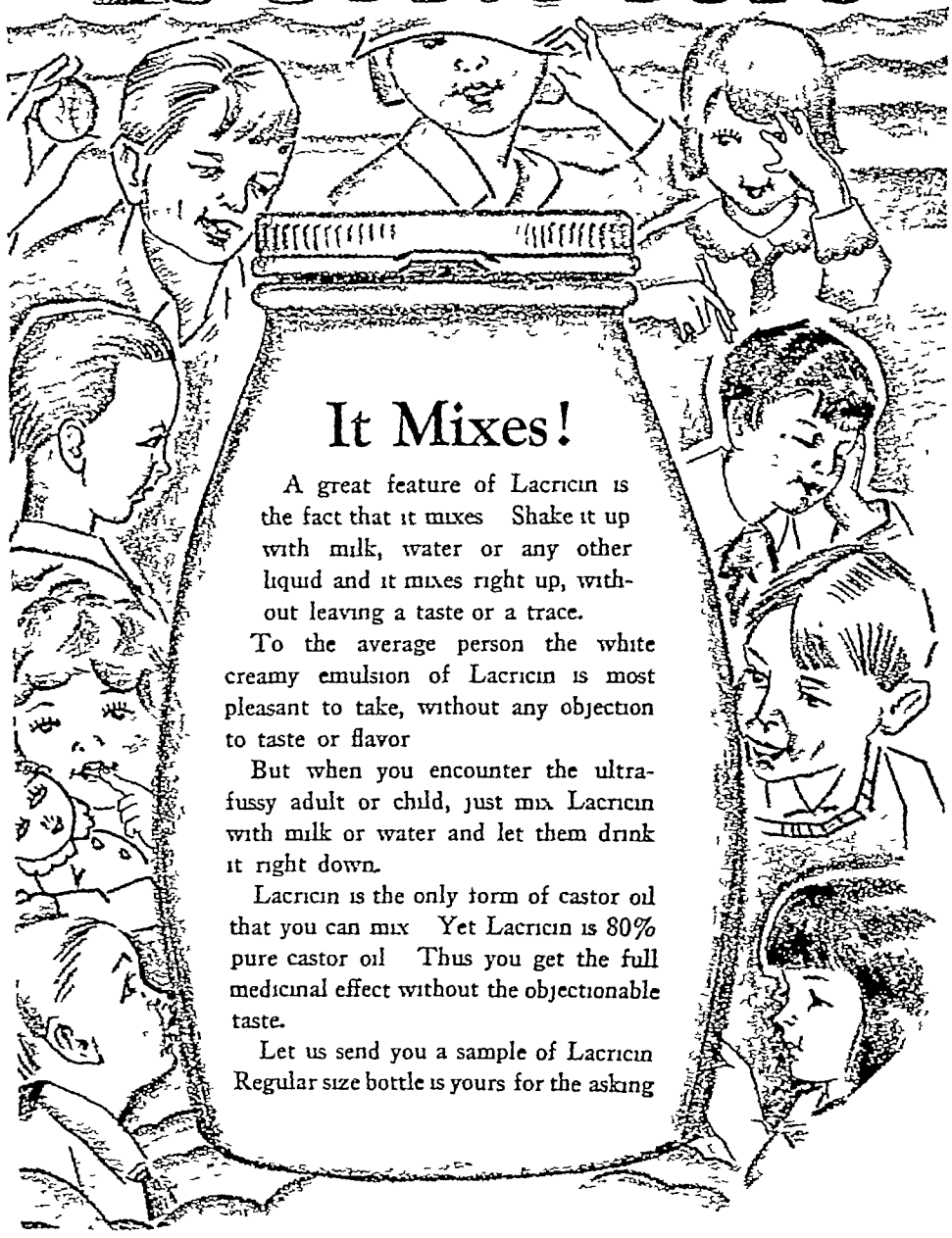
Several very pernicious narcotic regulations were advocated and subsequently withdrawn as the result of our protest. Another innocent looking, yet a most unfortunate bill if passed, designed to curtail chicken thieving in the southern part of the state, would place an unnecessary and unwarranted burden on the physician, in that it would hold a physician criminally responsible if he failed to report the treatment of a patient who had suffered with a gunshot wound, but it did not include everyone else having knowledge of the shooting

"A larger group of less important bills have been corrected rendering them innocent in so far as the medical men are concerned, for instance, the barber bill was rewritten, and all of the medical provisions were deleted Corrective suggestions in several other bills were accepted by the proponents It is a well known fact that bills introduced, having no opposition, stand a very good chance to become laws, which calls for careful and constant watching on our part

"As each councilor has a certain number of counties or districts under his jurisdiction it is a comparatively easy matter for him to select a legislative committee of local physicians in his district

(*Continued on page 974—adv xviii*)

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(*Continued from page 972—adv xvi*)

"The method we follow in any given councilor district is as follows Immediately after the election of a member of the legislature the councilor selects a committee of physicians who are willing workers and who, if possible, reside in the same city with the elected member, one of whom is always his family physician Frequently this group is augmented as the situation demands in any particular district

"Through the aid of the councilor a questionnaire is completed by several members of the committee relative to the particular legislator in that district This questionnaire asks for the name, address, senatorial district, occupation, politics, name of political adviser, name of family physician, attitude toward medical profession, previous legislative record, etc.

"These reports are sent to the chairman of the state legislative committee who carefully checks and correlates this information, conflicting reports are reconciled and any missing information sought Occasionally, but not often, do we have to change the personnel of the local committee, if there is laxness in cooperating, and resort to more willing workers

"We have no large medical lobbies of physicians and in this matter save an immense amount of time and expense to the profession The work can be and is done more effectively in the home districts

"Many legislators honestly believe there is a professional jealousy held by the medical men against the cults, and this propaganda is instilled into them by the cultists in a most efficient manner, and anything a physician says to this type of legislator derogatory to the drugless healer tends to strengthen this belief and many votes are cast against us through this error This thought brings up an interesting angle of our work in schooling the physician and that is 'What not to do' To illustrate In the recent Illinois Assembly a prominent physician was asked to write to the three legislators in his district opposing a certain bill creating a drugless healer's board His letter commenced as follows

"When the tornado in 1925 devastated southern Illinois there was an appeal for physicians but no invitation was extended to the pseudo-scientific charlatan the second story grafter, or the bungling ignoramus known as the chiropractor

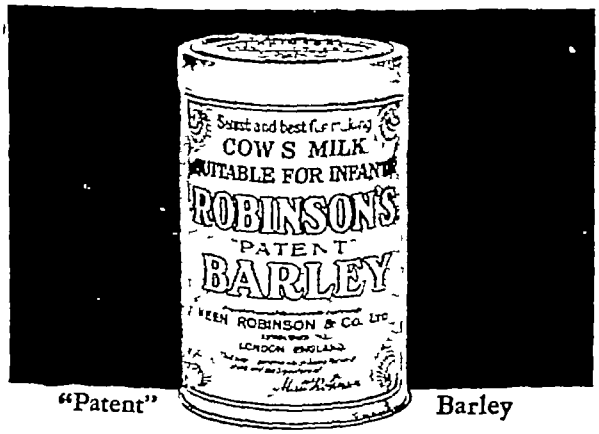
"This is wrong, all wrong, and enhances the belief that our legislative opposition to such cult measures is based on jealous fear

"Many osteopaths, chiropractors, naprapaths, etc, are law-abiding citizens property

(*Continued on page 976—adv xx*)

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"Patent" Barley *and* "Patent" Groats

Recommended by the medical profession for over a century



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Modifier of the curd of cow's milk thus increasing digestibility of protein and fat

Non-fermentable carbohydrate addition to infant milk mixtures

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Thickening agent for preparation of thick feedings in vomiting cases

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Of especial benefit to invalids and convalescents where cow's milk so frequently forms the major part of the diet

Samples and descriptive literature on request.

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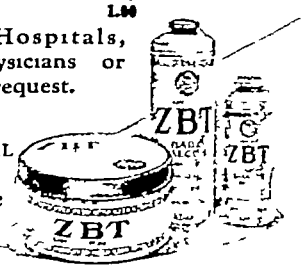
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(Continued from page 974—adv xviii)

owners, and church members and such unkind inuendos are unnecessary, and devoid of proof If we cannot show the fallacy of their claim for special privilege legislation without delving into personalities we are necessarily making our task most difficult

"We are very glad to report that no legislation inimical to the best interests of the physicians and the public health, has been passed by the Illinois General Assembly in over 15 years, which rather demonstrates that our plan, at least, is a workable one and productive of good results

"In accordance with the usual custom, a member of your legislative committee calls on each newly elected Governor to acquaint him with the aims and ideals of the ethical medical profession, and in return, to get his opinion regarding legislation which may effect the public health Governor Emmerson has indeed been kind to your committee, and allowed them a number of conferences, and it is gratifying to know that he is for every good law to protect the people's health, and in his public life he has always respected the wishes of the ethical medical profession The Illinois State Medical Society is to be congratulated upon having a Governor who is very anxious to make Illinois one of the outstanding states in reference to the Department of Public Health He appointed as the director of that important department, Dr Andy Hall, a councilor of our society, who had the endorsement of a large group of our members With such men as Governor Emmerson and Dr Hall, the people of the state have little to fear but that the best interests of the public will be served"

PROBLEMS OF THE OREGON MEDICAL SOCIETY

The July issue of *Northwest Medicine* contains the address of Dr L B Bouvy, President of the Oregon State Medical Society, on May 16, on the subject, "Problems of Our Medical Society" Dr Bouvy said, among other things

"I wish to stress the necessity of an early anti diphtheric campaign in Oregon In 1928 the State Board of Health received reports of 543 cases of diphtheria with 35 deaths You are fully aware that by proper education and cooperation with the public all of this could have been avoided We must strongly advocate the Schick test, toxin-antitoxin in all positive cases, and another Schick test after a few months to determine whether an active immunity has been developed By his means we can hope to see diphtheria completely disappear in Oregon and all civilized localities

(Continued on page 977—adv xxi)

(*Continued from page 976—adv xv*)

"Our duty to public health education with regard to periodic health examinations must continually be emphasized The laity must realize the significance of a scientific medical education and the service which the well trained medical man is prepared to render Conversely, our limitations should be understood, so that the cultists who frequently promise so much in chronic, hopeless cases may be more thoroughly exposed

'Our best weapon for the charlatan is our own intellectual advancement which must be nourished by attendance at medical meetings, scientific gatherings, post graduate study and a firm desire to do the very best for our patients 'Chance favors only the mind which is prepared.' The more one sees of medical careers, successful and otherwise, the more one must be impressed with the importance of sound preparation A thorough education prepares one for the self-education that must follow It not only enables one to be more useful, and, other things being equal, more successful materially, but it makes one's life much easier, and thus puts one in the state to enjoy life

"Another weapon which we must employ is legislation,—not legislation for special privileges for the profession, but initiated and guided by the medical minds for protection of the public safety and advancement of medical science

"Do you know that a bill was passed providing a penalty not to exceed $1,000 fine, and one to five years imprisonment or both penalties, for any practitioner of the healing art, whether licensed or not, who fraudulently makes any false statement regarding the physical condition of any person, or who treats a person for an affliction which does not exist?

'The Basic Science Act died in the Senate Committee However, the Council of our Society decided in March to proceed with the preparation of initiative petitions to place this Act on the ballot for the general election in November, 1931

"Another bill submitted to the Senate at the last session was by the osteopaths It proposed to allow them to specialize in eye, ear, nose and throat practice Immediately the optometrists were highly offended to think of this additional competition and the Senate was besieged with telegrams and phone calls As a result the entire line, 'eye, ear, nose and throat,' was stricken from the bill and it was allowed to pass We thank you optometrists"

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POST GRADUATE COURSE IN KENTUCKY

The July issue of the *Kentucky Medical Journal* contains the following announcement of a two weeks post graduate course

'We are printing in this issue of the *Journal* the complete program for the Post Graduate Course to be held in Louisville from July 8th to 20th The course is held under the auspices of the Kentucky State Medical Association, and all of the doctors in the State, and, in fact, those of the neighboring states, as well as the Alumni of the University, will be cordially welcomed

'In addition to the regular program, arrangements have been made for special bedside work for small groups who are particularly interested in any line of work It is requested that those desiring this work register at the office at the City Hospital Headquarters The cost of the whole course is $1 00, which pays for registration and the certificate of attendance which is issued to those present

"This course offers a splendid opportunity of brushing up in the departments of medicine and surgery, and, besides, many old friendships are renewed, and new ones formed Those who took the course last year will be welcome again, as well as those to whom this will be the first time. Headquarters will be at the City Hospital, and the mail will also be cared for at that point

"Any further advice or information can be obtained from Dr Philip F Barbour, Chairman of the Post Graduate Course

"Make this your summer vacation Louisville offers many attractions to the 'tired business man' A splendid stock company at the Brown Theatre shows all the latest Broadway successes for the moderate price of $1 00 for the best seats Privileges of four golf courses will be extended, through requests to members of these clubs, to all the physicians attending the school Louisville has two magnificent, free, open-air swimming pools, and the Y M C A will extend its privileges at a very modest sum All of the places of amusement have a cooling system, so that a pleasant evening can be enjoyed.

"The State Board of Health will open all its offices for the use of physicians, and the directors of all the departments will be at their desks each day for information and explanation of all the details of this work"

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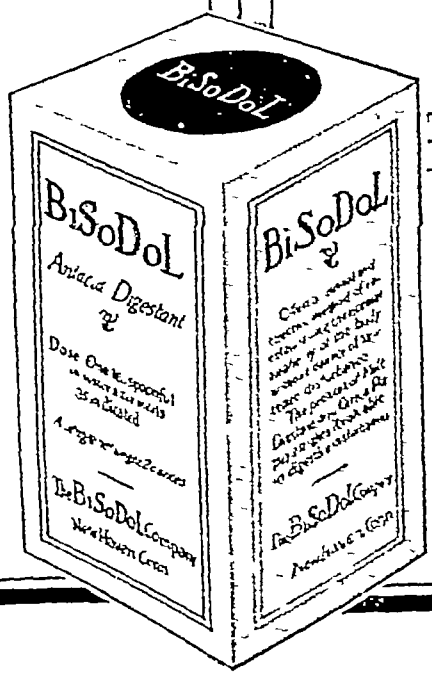
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PUBLIC RELATIONS COMMITTEE OF KANSAS

The July issue of the *Journal of the Kansas Medical Society* has the following editorial description of the publicity work of the State Medical Society

"Advertising is one form of publicity but there is a tendency on the part of certain groups to distinguish as advertising all forms of advertising that can be gotten free of cost

"It is unfortunately still true that a great many people acquire whatever information they have concerning diseases and their treatment from the advertisements in the newspapers We can not blame them The hundreds of dollars worth of junk accumulated in every doctor's office testifies to his credulity, to the readiness with which he accepts the advertised claims for things he has not thoroughly investigated Nor can the newspapers be blamed very much They have not been greatly encouraged to censor those advertisements very critically and have not been offered profitable material of a truthful character with which to fill the space Until within the last few years the exponents of scientific medicine have made no effort to advertise its work, and even now the publicity efforts are confined to those publications that donate the space This practically means the larger daily newspapers and a few popular magazines However, the people who depend mostly upon the local and county newspapers are the ones that get most of the misinformation from the uncensored advertisements referred to above, and it is to this class of people that our efforts should be largely directed

"There is a field for advertising in which the medical profession can be ethical, promote the service of scientific medicine, and help the people to a better understanding of diseases and their prevention and cure, and, what is more important at this time, can secure better cooperation with the newspapers

"For more than two years the Bureau of Public Relations of this society has been conducting a publicity campaign through the local and county newspapers of the state A considerable number of them have very generously published the articles sent them and there are excellent reasons to believe that with more encouragement from the medical profession in their particular localities they would take an active interest in an educational campaign along the lines suggested

"It is with this idea in view that the Bureau

(*Continued on page* 981—*adv xxv*)

In

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Pharmaceutical Division

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(Continued from page 980—adv xxiv

preparing an advertising campaign to be conducted in cooperation with the county societies in the state. Full details of the plan and nature of the advertisements will be communicated to the secretaries of county societies in the near future"

THE ANNUAL MEETING OF THE MISSOURI MEDICAL ASSOCIATION

The July issue of the *Journal of the Missouri State Medical Association* held in Ozark, May 13-16, contains the following editorial criticisms on the way the sessions were conducted

"The officers of the Association are to be complimented upon the order displayed at the various sessions and the adherence to a strict time schedule This we feel is always conducive to a much more interesting session The ambulant or perambulant essayist may have matter of great worth to present, but only the few are possessed of sufficient power to hold the attention of an audience for very long periods of time, and so brevity added to the interest in the essays

"We still believe in and thoroughly approve of symposiums and we were justified in our opinion by the arrangement and character of those presented The interest of the members further justifies this belief There may be more satisfactory methods of presenting scientific material but we have not seen them

"One serious defect of this meeting, we think, was the almost complete absence of discussion of the scientific papers While we are thoroughly aware of the disadvantage of having too prolonged or too numerous discussions in a limited session, a moderate amount of discussion is of value as indicating a healthy interest on the part of the audience Absence of discussion may mean that the paper is not of such general interest that will admit of discussion, or that the audience is not interested enough to amplify the ideas expressed

"One more suggestion and our strictures end —the long scientific night sessions should be abandoned A few carefully selected papers would prove of greater interest and be more thoroughly absorbed The shorter program would permit of some diversions in the evenings"

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W H ROSS, M D., Medical Director

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SPECIAL DAYS FOR MEDICAL SOCIETIES

If the custom of setting aside certain days for special subjects keeps on growing, one's time will be ordered for a year in advance. The *Pennsylvania Medical Journal* for July records another day added to the two already set aside by the Pennsylvania State Society It says editorially

"Mental hygiene workers of Pennsylvania and elsewhere will be pleased to know that through the efforts of Dr Thomas G Simonton, the president of the State Medical Society, Mental Hygiene Day, like Cancer Day and Tuberculosis Day, has been placed in the annual program of the component county societies of the state. A great tripod, indeed, these three days, days around which the medical profession may center as it combats through prevention and curative measures three of mankind's most deadly foes

"That Dr Simonton sensed the feeling of organized medicine towards a strenuous campaign for the betterment of Pennsylvania's mentally ill, towards the need of further scientific studies and research, and towards the need of the individual physician fostering a better understanding of the mentally ill is manifested by the splendid cooperation of the county societies in putting on a Mental Hygiene Day program, the cooperation of state, municipal, and county institutions, and the cooperation of the Mental Hygiene Committee of the Public Charities Association

"It is not difficult to visualize the far-reaching results of the progressive step of Dr Simonton, for in the last analysis it is the physician, the nurse, and organized medicine to whom the rank and file look for guidance and instruction More power to organized medicine in keeping always Mental Hygiene Day, Cancer Day, and Tuberculosis Day before its members!"

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NEW YORK STATE JOURNAL of MEDICINE

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OXYGEN THERAPY IN PNEUMONIA*

By ALVAN L BARACH, M D, NEW YORK, N Y

THE therapeutic use of oxygen began in the year 1917 when two distinguished physiologists, Haldane (1) and Meltzer (2), observed that favorable results followed its effective administration The history of the employment of oxygen prior to this time may be disregarded since it was given haphazardly or in insufficient concentrations Haldane devised a face mask which was successfully used in cases of pulmonary edema due to war gas poisoning Meltzer treated patients with pneumonia with an oral insufflation apparatus and reported marked improvement in some cases As a result of the beneficial effects of adequate oxygen therapy reported by these two physiologists, an impetus was given to the use of oxygen in clinical disease In the next 12 years the physiologic principles of oxygen want were reviewed and effective methods of administering oxygen brought to the clinic for the first time.

The physiologic basis for the therapeutic use of oxygen rests on three sets of evidence

(1) The harmful effects of acute oxygen-want were demonstrated by the symptoms of mountain-sickness and by laboratory experiments in closed chambers in which the air was artificially deprived of oxygen Among these effects were cyanosis, rapid pulse rate, disturbances in breathing, nausea and vomiting, slight fever, fatigue, delirium, and finally collapse. (Barcroft (3), Haldane (4) and others)

(2) By means of the arterial puncture (Hurter (5) and Stadie (6)) and accurate methods of blood gas analysis (Van Slyke (7) and Haldane (8)), it was shown that the arterial blood of patients with pneumonia at times contained a markedly diminished oxygen content The degree of arterial oxygen unsaturation found in pneumonia was frequently as severe as that which experimentally induced the symptoms noted above

(3) The administration of 40 to 60 per cent oxygen to pneumonia patients suffering from acute anoxemia raised the oxygen saturation of the arterial blood to or near the normal value. (Meakins (9), Stadie (10), Barach (11), Binger (12))

(From the Department of Medicine, Columbia University College of Physicians and Surgeons and the Presbyterian Hospital.)

During this period, approximately 400 cases of pneumonia have been reported in the literature which have received adequate oxygen therapy We wish to present tonight 100 cases of pneumonia treated in an oxygen chamber or oxygen tent during the past 2 years The apparatus employed has been described in other communications We will mention here merely that the tent consists of a square hood placed on the head and chest of the patient, with a closed system of ventilation in which the air is cooled and dried by direct passage over ice (13)

The chamber consists of a large room which is ventilated by convection currents set up by a system of brine pipes on one side of the room and a steam radiator on the other side, both enclosed so as not to be visible to the eye (14) No motors, pumps or fans are used in this chamber (see accompanying illustration)

The humidity and temperature of the air in the room may be independently controlled

This group of cases comprises the severest examples of pneumonia seen in hospital or private practise. The patients were generally selected because a decided turn for the worse had taken place in their clinical course Cyanosis was uniformly present Mortality figures on routine cases admitted to hospitals are thus not applicable to this group In some instances, as will be seen, the patient died 4 to 12 hours after oxygen therapy was begun, a circumstance which illustrates the gravity of the condition of the patient for whom oxygen therapy was recommended The mortality rate of the 100 cases was 45 per cent

In the effort to determine the expected mortality of a group of this character we have made use of the figures of Stadie (6) in his original series of pneumonia patients not treated with oxygen In our cases cyanosis has been recorded in plus signs, + corresponding to 80 to 85 per cent arterial oxygen saturation, ++ to 75 to 80 per cent, +++ to 65 to 75 per cent, ++++ below 65 per cent The mortality of his series of 32 patients (7 lobar and 25 post-influenzal bronchopneumonia) was 12 per cent for those who had little or no cyanosis (above 80 per cent arterial

oxygen saturation) and 93 per cent for those who had moderate severe cyanosis (below 80 per cent arterial oxygen saturation)

In a recent series of 130 patients with pneumonia reported by Binger (12), a positive correlation also existed between anoxemia and mortality Many of these cases were treated in the oxygen chamber so that they can not be used as a control group However, including observations on patients during the acute stage of the disease irrespective of any therapeusis, the results are a striking confirmation of the finding of Stadie that a higher mortality is associated with oxygen want in pneumonia The mortality of 48 patients having an arterial oxygen saturation below 80 per cent was 56 per cent, whereas the mortality of 83 patients with an arterial oxygen saturation above 80 per cent was 24 per cent

Our treated cases who had an anoxemia approximately comparable to the group below 80 per cent arterial oxygen saturation had a mortality of 45 per cent Before concluding that oxygen therapy has decidedly lowered the death rate we wish to present an analysis of the fatal and recovered cases on the basis of the factors which independently modify the rate of mortality in pneumonia Table 1 and Table 2 present the complete data on the fatal and recovered groups The subsidiary tables follow

TABLE 3

Data on Sputum Organism in Fatal and Recovered Cases

	Sputum Organism				
	Pn I	Pn II	Pn III	Pn IV	Miscellaneous Untyped
Fatal Cases	7	2	13	7	15
Recovered Cases	8	3	3	20	21

The influence of the type of organism in the sputum on mortality is represented in this series (Table 3) by the large proportion of pneumococcus type III in the fatal cases (13 deaths and 3 survivals) In the pneumococcus type IV group there were 7 deaths and 20 recovered cases The mortality rate in type III pneumonia was 81 per cent, in type IV 26 per cent

TABLE 4

Data on Blood Cultures of Fatal and Recovered Cases

	Blood Culture		
	Sterile	Positive	Positive %
Fatal Cases	15	13	46 4
Recovered Cases	24	5	17 2

The data on blood cultures in the fatal and recovered cases (table 4) bears out the opinion that a blood stream infection is more apt to be associated with a fatal outcome 46 per cent of the fatal cases and 17 per cent of the recovered cases had a positive blood culture (In this series blood cultures were taken as a part of the routine work-up of the patient, from one to three times during the course of the illness More frequent blood cultures yield a higher percentage of positive results without changing appreciably the contrast in the two groups) All cases of type III bacteremia (6 in number) died In our experience the presence of pneumococcus type III organism in the blood late in the disease is a very grave prognostic sign

TABLE 5

Data on Age Groups of Fatal and Recovered Cases

	Number of Patients in Ages			
	Up to 20	20 to 40	40 to 60	60 to 80
Fatal Cases	3	11	22	9
Recovered Cases	14	19	17	5

The effect of age on mortality rate is evident in table 5 The proportion of fatal cases shows a consistent increase as the age group is advanced The mortality rate of all patients under 40 years was 29 8 per cent, over 40 years 58 5 per cent.

The influence of the above factors has been pointed out by previous observers, and is clearly shown in the larger series of Cecil (15)

TABLE 6

Data on (1) Day of Disease Oxygen Therapy was commenced and (2) Length of Residence in Tent or Chamber

	Day of disease O_2 was begun*	Length of residence in chamber or tent‡
Fatal Cases	6 5	2 5
Recovered Cases	4 6	6 0

*Based on an analysis of 24 fatal cases and 21 recovered cases

‡Excluding Case No 57, who was in a tent 61 days

In table 6 the day of disease on which oxygen therapy was begun and the length of residence in the chamber or tent is shown in both groups of cases In the fatal cases oxygen therapy was commenced 6 5 days after onset of disease, in the recovered cases 4 6 days The fatal cases lived 2 5 days in the chamber or tent, the recovered cases 6 0 days There were 17 patients who died a day or a fraction of a day after oxygen therapy was begun It is evident firstly that these patients were generally selected late in the disease, and secondly, that the later oxygen therapy was begun the higher the rate of mortality It is also apparent that many of them were so desperately ill as to survive only 4 to 24 hours after treatment was instituted

These figures show in the first place that oxygen therapy in this series has not profoundly altered the factors known to influence the rate of mortality in pneumonia Thus, the presence of type III in the sputum, bacteriemia late in the disease, old age, and late treatment are associated with a high mortality in oxygen treated cases as well as in non-oxygen treated cases The limitations of oxygen therapy are thus revealed In the second place, it indicates that no statistical evaluation of oxygen treatment can be made until a similar group of untreated cases is recorded from the same point of view By this we mean that similar age groups must be compared suffering from the same type of organism, treated on the same day of disease In the age group above 40 years the mortality rate was twice as great as in the age group below 40 years In type III pneumonia, the mortality rate was three times as great as in type IV A control series must therefor be specifically controlled in all the factors mentioned above, before conclusions may be drawn concerning the therapeutic value of a remedy for pneumonia For this reason we believe we are not justified (statistically) in concluding that we have lowered the mortality rate of severe cyanotic pneumonia even though the mortality in the untreated series of Stadie was 93 per cent, and in the partly treated series of Binger 56 per cent. The same criticism is applicable to any investigation which bases its results on a statistical evaluation of mortality rate in pneumonia

It is, however, our impression from an analysis of the material here presented and from watching the patients themselves that a higher mortality would have obtained in the absence of oxygen treatment Personal observation provided it is unprejudiced cannot be entirely disregarded because it lacks the capacity for statistical proof

The alteration in the symptomotology of this group of patients after the administration of oxygen has shown a contrast between the fatal and the recovered cases Disappearance or diminution of cyanosis, slowing of the pulse rate, and increased comfort of the patient were more marked in the recovered group Slowing of the respiratory rate, decreased dyspnea, lessening of delirium, and a lowering of the temperature were also observed, although less consistently in both groups We wish to report a case in detail which supports our belief that life is at times prolonged by oxygen therapy

Case 1—Male, Age 48 Past History Patient has had asthma since a child of 6 years with winter attacks of bronchitis He had pneumonia five times in the past 6 years Present illness began with a cold which was treated with chlorine inhalation, concentration not known Three days after the chlorine treatment, patient was worse, suffering from persistent cough, malaise, fever of 101 6 Six days later he definitely had pneumonia A portable X-ray picture showed spotty infiltration of the R L L with pleuritic adhesions at the bases He became progressively worse during the following 8 days when his condition finally was desperate He was markedly cyanotic and dyspnoeic, delirious, temperature 104.2, pulse 140, weak, thready, small, respiratory rate 40 Examination of the lungs revealed scattered crepitant rales throughout, especially over the lower two-thirds of both chests posteriorly Dullness and diminished breath sounds were present at both bases In scattered areas in the R L L the breath sounds had a bronchial character Sputum contained pneumococcus type III and numerous influenza bacilli Blood culture was sterile White blood cells numbered 32,000, Polynuclears 83 per cent, Hemoglobin 77 per cent, red blood cells 4,220,000

He was put in the oxygen tent, oxygen concentration 55 per cent On the following day he was much improved, temperature 102 0, pulse 114, respirations 28. Cyanosis was markedly diminished

During the next four days he continued to run an elevated pulse temperature, and respiration, but was fairly comfortable in the tent He was taken out of the tent for one-half hour but had to be put back due to the quick onset of cyanosis, elevated pulse and respiration A portable X-ray picture revealed a most extensive infiltration of both lungs, consisting of large areas of infiltration, most of them discretely separated off, some of them confluent. On the following two days he was taken out for one-half hour, again with symptoms of acute anoxemia The next day he was kept out on an order for one and one-half hours, at the end of which time he was in a state of collapse, deeply cyanotic, dyspnoeic, pulse 140, small and thready After administration of caffein sodium benzoate and return to the tent, he gradually returned to his previous condition

During the next two weeks little change occurred except that the signs in the lungs seemed a little less marked Temperature was intermittent in character, between 101 6 and 103 6, pulse between 106 and 120, respiration 28 to 36 At times one part of the lung would clear, his general condition would seem definitely better, when a new shower of crepitant rales with later a bronchial character to the breath sounds would appear The oxygen concentration was lowered to 40 per cent On the 24th and 25th day of disease, he was out of the tent for three hours before rising pulse and respiration compelled re-entry into the tent On the 27th, 28th 29th days he was kept out 8 to 16 hours, but his condition definitely became worse, with higher temperature, pulse and respiration On the 31st day he was kept out four hours, at the end of which time he was cyanotic and dyspneic, temperature rising from 101 to 105 The attempt to remove him from the tent was abandoned until the lungs showed a substantial clearing on physical examination Because of the per-

sistence of type III in the sputum, subcutaneous vaccination was instituted He was given types I, II, III pneumococci, the latter prepared from his sputum During the next 20 days he received four courses, approximately at 5 day intervals, aggregating 10 billion organisms of each type (A mixed stock vaccine including the influenza bacillus was also administered although without any real belief in its power to arouse an immunological response against the influenza organism) At the end of the first week there was slight protection against type III pneumococcus, the second week against I and III, the third week against I, II and III On the 42nd day of residence in the tent, a portable X-ray showed a moderate diminution of involvement, but scattered large areas of infiltration were still present The oxygen concentration was lowered to 35 per cent, occasionally returning to 40 per cent On the 61st day, he was definitely better, temperature 100 to 101, pulse 94

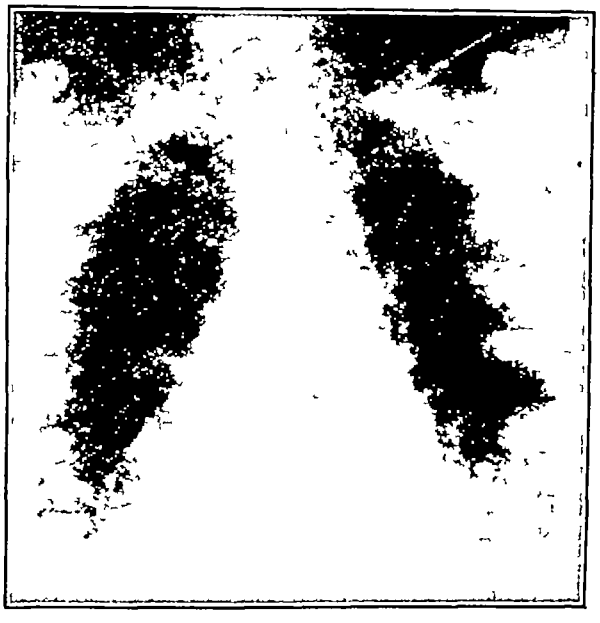


FIG 1 *X-Ray Onset of Pneumonia*

to 114, respiration 32 to 38 The lungs were clearer, with fewer rales and no bronchial breathing He was taken out of the tent without definite change in his condition On the following four days he was put in the tent irregularly for two to four hours without perceptible change in pulse, respiration or temperature, and oxygen treatment was stopped A low grade fever continued for one month after, when it became continuously normal He gradually became rational, regained his strength, and went to the country The lungs had cleared except for numerous crepitant rales at both bases (The author wishes to express his appreciation for the opportunity to use the material here presented to Dr Walter G Lough, who was the physician in charge of the patient and to



FIG 2 *Four days after Oxygen Treatment was applied*

Dr Marcus Rothschild who served as consultant)

SUMMARY

A series of 100 patients with pneumonia are reported who have been treated in an oxygen tent or oxygen chamber The group was characterized by the uniform presence of cyanosis, a generally critical condition of the patient and the application of treatment late in the disease An analysis of the fatal and recovered cases shows that the factors known to modify pneumonia mortality exert their influence in this series, namely, age of the patient, type of sputum organism, bac-



FIG 3 *42nd Day of Residence in Tent*

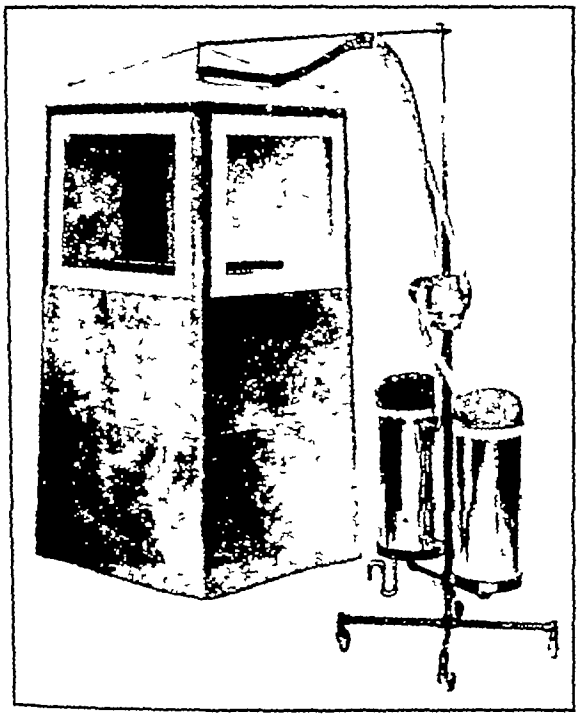


FIG 4 *Oxygen Tent*

teremia and day of disease treatment is instituted To this extent the limitations of oxygen therapy are revealed Comparison of the mortality in this series to that of a group of untreated cyanotic pneumonia patients and a group of partly treated cyanotic patients shows a decided decrease in the oxygen-treated series The absence, however, of untreated cases properly controlled in respect to the factors which of themselves influence pneumonia mortality prevents any conclusions of a statistical nature being drawn The inference that a higher mortality would have obtained in the absence of oxygen therapy appears justified on the basis of personal observation and an analysis of the assembled material

The beneficial effects of oxygen therapy in individual cases are presented One patient who lived in an oxygen tent for two months is reported in detail in whom oxygen appeared to prolong life until the patient finally developed an immunologic resistance to the disease

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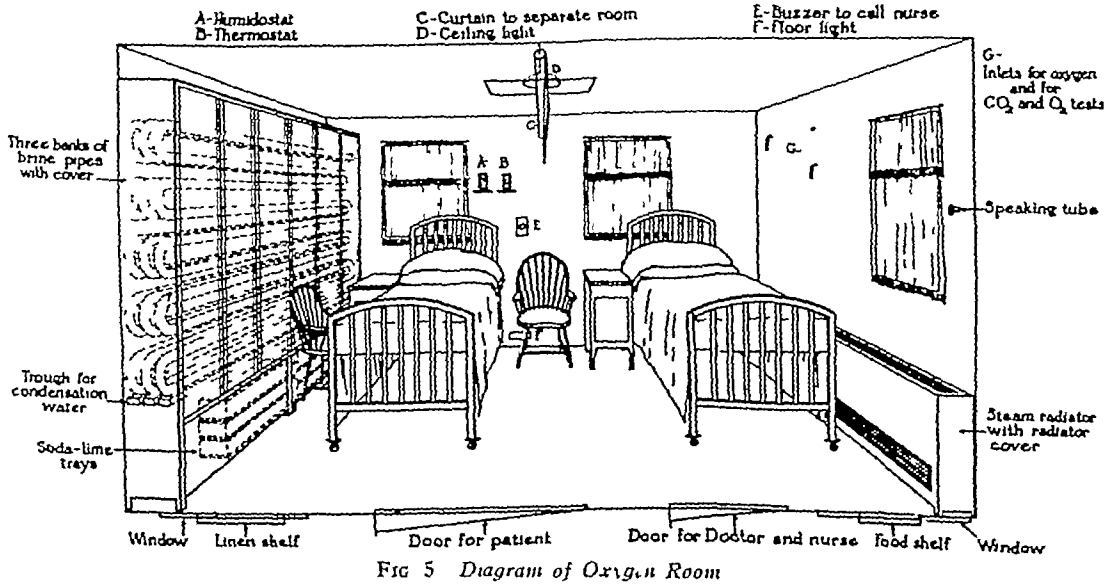


FIG 5 *Diagram of Oxygen Room*

TABLE 1 DATA ON FATAL CASES OF PNEUMONIA TREATED IN OXYGEN CHAMBER OR OXYGEN TENT

Case No	Age	Diagnosis	Lobes Involved	Sputum Organism	Blood Culture	Days in Tent	Cyanosis		REMARKS
							Before O2	After O2	
1	53 yrs.	Lobar Pneumonia	R.L.L L.L.L.	PN I	–	5	+++	0	Patient did well for 4 days, when cardiac failure and pulmonary edema supervened
2	38 yrs.	Lobar Pneumonia	R.L.L.	PN I	Sterile	5	++	0	Lessened cyanosis. No effect on pulse, dyspnea or comfort.
3	40 yrs.	Lobar Pneumonia	R.L.L. L.L.L	PN I	PN I	1	+++	+	Diminished cyanosis No effect on pulse Marked prostration.
4	59 yrs	Bronchopneumonia Cardiac hypertrophy	R.L.L. L.L.L.	PN I	PN I	3	+	0	Improved pulse.
5	27 yrs	Lobar Pneumonia Edema of Lungs	R.L.L L.L.L	PN I	PN I	1	+++	+	No improvement except lessened cyanosis Old man with marked pulmonary edema
6	37 yrs	Lobar Pneumonia	L.U.L. L.L.L	PN I	Sterile	1 2/3	++	+	No improvement except lessened cyanosis. Developed edema of lung after operation
7	40 yrs.	Lobar Pneumonia Empyema	R.L.L L.L.L	PN I	PN I	7	++	0	Was in excellent condition until development of empyema Died after serum injection on 9th day
8	23 yrs.	Lobar Pneumonia	R.L.L. R.M.L. R.U.L.	PN II	Sterile	1/2	+++	++	No improvement. Pulse 140
9	40 yrs.	Lobar Pneumonia Mitral Stenosis Cardiac Hypertrophy and Dilatation Cardiac Insufficiency	R.L.L. R.M.L. R.U.L.	PN II	PN II	2	+++	++	Patient jaundiced heart felt to axilla, appeared moribund Responded to treatment for 2 days, died of heart failure
10	45 yrs	Lobar Pneumonia Hypertension Arteriosclerosis	R.L.L. L.L.L.	PN III	Sterile	1/3	+++	++	Pulse 148 respiration 44 when put in chamber Arterial oxygen saturation 47%
11	30 yrs	Lobar Pneumonia	R.L.L. L.L.L	PN III	B Influenza	2	+++	++	Marked cyanosis and dyspnea. Diminished after entering chamber
12	50 yrs.	Lobar Pneumonia Edema of Lungs chronic Myocarditis, Chronic Pulmonary Tuberculosis	R.L.L R.U.L.	PN III	Sterile	1½	+++	0	Cyanosis disappeared pulse slowed in oxygen chamber Appeared more comfortable until edema of lungs became widespread
13	60 yrs	Lobar Pneumonia Chronic Myocarditis Arteriosclerosis	R.L.L. R.U.L	PN III	Sterile	1½	++	++	No improvement noted Temperature became normal. Pulse, respiration and cyanosis increased
14	45 yrs	Lobar Pneumonia Edema of Lungs	R.U.L L.L.L	PN III	–	1	+++	++	Edema of lungs. No improvement.
15	46 yrs	Lobar Pneumonia (Post-operative) Carcinoma of Female Mammary Gland Edema of Lungs	R.L.L L.L.L	PN III	PN III	3	+++	+	Widespread pulmonary edema. Subjective and objective improvement
16	41 yrs	Lobar Pneumonia	R.U.L. R.M.L. R.L.L	PN III	PN III	1/6	+++	++	No improvement
17	70 yrs	Lobar Pneumonia	R.L.L R.U.L	PN III	–	1	++	+	Temporary improvement in color and pulse.
18	50 yrs	Lobar Pneumonia Edema of Lungs	R.L.L. L.L.L	PN III	PN III	1¼	+	0	Arterial oxygen 83 2% before using tent 90 0% after
19	34 yrs	Lobar Pneumonia	R.L.L. L.L.L.	PN III	PN III	2	+++	+	Color comfort and pulse improved temporarily on first day Died of pulmonary edema.

TABLE I DATA ON FATAL CASES OF PNEUMONIA TREATED IN OXYGEN CHAMBER OR OXYGEN TENT

Case No	Age	Diagnosis	Lobes Involved	Sputum Organism	Blood Culture	Days in Tent	Cyanosis		REMARKS
							Before O2	After O2	
6	32 yrs	Lobar Pneumonia	R L L L L L	PN III	PN III	3	+++	+	Severely toxic prostrated Color improved, seemed more comfortable
21	48 yrs	Lobar Pneumonia	R L L R U L L L L	PN III	PN III	4	+++	++	Very prostrated and toxic. Much improved in 40% oxygen for 2 days Blood culture showed Type III on three examinations
22	51 yrs.	Lobar Pneumonia General Arteriosclerosis	R L L L L L	PN III	Sterile	3	+++	0	Distinct improvement in color, pulse and comfort. Died suddenly when apparently getting well
23	52 yrs	Confluent Broncho-pneumonia; Acute Endo-carditis Suppurative Pleurisy, Arteriosclerosis	Diffuse Process	PN IV	Sterile	5	+++	+	Temporary improvement. Cyanosis diminished
24	41 yrs	Lobar Pneumonia Edema of Lungs	R I L	PN IV	Sterile	1/4	++	+	No improvement
25	78 yrs.	Lobar Pneumonia, Arteriosclerosis (General and Coronary), Fibrosis of Myocardium Edema of Lungs Cardiac Premature Contractions	L I L R U L R R L	PN IV	Sterile	1/4	+++	+	Widespread edema Color improved but labored breathing continued
26	59 yrs	Lobar Pneumonia Edema of Lungs	L U L R U I R M L R L I	PN IV	Sterile	2	++	0	Patient was better, collapse followed opening of oxygen chamber for 2 hours
27	23 yrs	Influenza Bronchopneumonia	R L L. L L L	PN IV Strepto-coccus	–	4	++	0	Patient s color and pulse distinctly better after 12 hours in oxygen Tem perature was normal in 4 days Patient suddenly died 1 week later apparently due to embolus
28	49 yrs.	Acute Pulmonary Tuber culosis, Lobar Pneumonia	R L L. L L L.	PN IV	Sterile	7	+++	+	Marked improvement in comfort, color and pulse, with temporary recovery, followed by flare-up of tuberculosis and cardiac collapse
29	42 yrs.	Lobar Pneumonia	R L L L L L.	PN IV	Sterile	4	+++	+	Marked improvement in color; slight improvement in pulse
30	50 yrs	Cholecystectomy, Bronchopneumonia, Atelectasis of Lung	L L L	Influenza Bacillus	Sterile	6	++	0	Temporary improvement in color and pulse.
31	20 yrs.	Typhoid Fever, Tuberculosis (Chronic and Acute) Bronchopneumonia	R L L L L L	Tubercle Bacillus	Typhoid	7	++	+	Temporary improvement in color and pulse.
32	65 yrs	Bronchopneumonia Edema of Lungs	R L L	–	–	1/2	+++	+	No improvement except lessened cyanosis. Old man with marked pul monary edema
33	65 yrs	Lobar Pneumonia	R L L. R U L.	–	–	1 6	+++	++	No improvement
34	60 yrs.	Lobar Pneumonia Chronic Alcoholism	R L L L L L.	–	–	2	+++	+	Temporary improvement in color pulse and breathing
35	58 yrs.	Lobar Pneumonia	R L L L L L.	–	–	1/3	+++	+	No improvement, excepting diminished cyanosis.
36	14 yrs	Lobar Pneumonia	R L L L L L R U L	–	–	1½	+++	+	Four attacks of pneumonia Response to oxygen shown by slower pulse and respiration in oxygen than out of tent.
37	76 yrs.	Lobar Pneumonia, General Arteriosclerosis, Edema of Lungs	R L L L L L	–	–	6	++	0	Pulse lower in oxygen. Respirations unaffected Appeared better, but suddenly collapsed

TABLE 1 DATA ON FATAL CASES OF PNEUMONIA TREATED IN OXYGEN CHAMBER OR OXYGEN TENT

Case No	Age	Diagnosis	Lobes Involved	Sputum Organism	Blood Culture	Days in Tent	Cyanosis		REMARKS
							Before O_2	After O_2	
38	51 yrs	Bronchitis Abscess of Lung, Pyopneumothorax, Pulmonary Emphysema, Bronchopneumonia chronic Myocarditis	Diffuse Process	Gram Positive Cocci	Sterile	1	+++	+	Patient was in oxygen tent 6 days When removed, he collapsed with rising pulse and respiration After transfer to chamber he recovered, but later developed pneumothorax.
39	15 mths	Bronchopneumonia, Rickets, Secondary Anemia, Marasmus	Diffuse Process	–	–	3	++	+	No improvement
40	23 yrs	Bronchopneumonia, Secondary Anemia	R.U.L R.L.L R.M.L	–	–	1	0	0	Hemoglobin was 35% No improvement
41	4 wks	Bronchopneumonia	R.L.L. L.L.L	–	–	4	++	0	Cyanosis at birth in premature 8-month infant. Occurring in attacks, cause unknown. Developed pneumonia 3 weeks later Cyanosis relieved by oxygen
42	70 yrs	Prostatectomy, Bronchopneumonia	R.L.L.	–	–	1	+	0	Collapse following prostatectomy, with secondary bronchopneumonia
43	50 yrs	Bronchopneumonia, Edema of Lungs	L.L.L	–	–	½	+++	+	Old woman developed edema of lungs after operation. Decreased cyanosis
44	36 yrs	Pregnancy, Lobar Pneumonia Edema of Lungs	R.L.L	–	–	1	+++	+	Terribly prostrated pneumonia after delivery of healthy infant Color and pulse improved
45	60 yrs	Lobar Pneumonia	R.L.L. L.L.L.	–	–	2	+	0	Pulse thready when tent was applied Became fuller 2 hours later, but subsequently became worse

TABLE 2. DATA ON RECOVERED CASES OF PNEUMONIA TREATED IN OXYGEN CHAMBER OR OXYGEN TENT

Case No	Age	Diagnosis	Lobes Involved	Sputum Organism	Blood Culture	Days in Tent	Cyanosis		REMARKS
							Before O_2	After O_2	
46	35 yrs	Lobar Pneumonia	R.L.L. L.L.L.	PN I	Sterile	4	++	0	Improvement in color and comfort.
47	35 yrs	Lobar Pneumonia	L.L.L. R.L.L.	PN I	PN I	4	++	0	Pulse and respiration slower in tent.
48	44 yrs	Lobar Pneumonia	R.L.L L.L.L	PN I	PN I	3	+++	0	Patient more comfortable, pulse slower, respiration unchanged
49	43 yrs	Bronchopneumonia	R.L.L.	PN I	PN I	4	+	0	More comfortable, less dyspnea pulse unchanged
50	16 yrs.	Lobar Pneumonia	L.L.L R.L.L	PN I	Sterile	4	+++	0	Arterial oxygen saturation raised from 66 0 to 89 6% Pulse and respiration slowed
51	28 yrs	Lobar Pneumonia Edema of Lungs	R.L.L L.L.L R.M.L	PN I	PN I	2	+++	0	Had oxygen with rebreathing apparatus three days before. Arterial oxygen saturation 73 8 to 90 2% Striking improvement in pulse, color and breathing
52	58 yrs	Lobar Pneumonia	R.L.L	PN I	–	4	++	0	Marked subjective relief Disappearance of cyanosis
53	40 yrs	Lobar Pneumonia	R.L.L L.L.L	PN I	–	2	++	+	Diminished cyanosis
54	20 yrs.	Lobar Pneumonia	L.U.L. R.L.L	PN II	PN II	1	++	0	Color pulse and breathing improved after transfer to oxygen chamber

TABLE 2 DATA ON RECOVERED CASES OF PNEUMONIA TREATED IN OXYGEN CHAMBER OR OXYGEN TENT

Case No	Age	Diagnosis	Lobes Involved	Sputum Organism	Blood Culture	Days in Tent	Cyanosis		REMARKS
							Before O2	After O2	
55	17 yrs	Lobar Pneumonia Aortic insufficiency Cardiac hypertrophy and insufficiency	R L L L L L R M L	PN II	—	11	+++	+	Cyanosis diminished Patient appeared more comfortable Pulse improved
56	20 yrs	Lobar Pneumonia	R L L R M L R U L L L L	PN II	Sterile	4	+++	0	Temperature, pulse and respiration became less in oxygen Objected to tent.
57	48 yrs	Bronchopneumonia	R L L L L L R U L L U L	PN III	Sterile	61	+++	0	Marked improvement in color, volume and rate of pulse and comfort of patient
58	46 yrs	Bronchopneumonia	R L L	PN III	—	3	++	0	Relief of cyanosis Pulse slower and fuller Pneumonia appeared after overdose of veronal.
59	39 yrs	Lobar Pneumonia	R L I R U L	PN III	Sterile	5	+++	+	Color and general appearance better in oxygen chamber
60	42 yrs	Lobar Pneumonia	R L L L L L	PN IV	—	9	+++	0	Marked improvement in color and general appearance Pulse slower Subjective relief
61	38 yrs	Lobar Pneumonia	R L L L L L	PN IV	—	4	+++	+	Marked improvement in color
62	58 yrs	Asthma Broncho-pneumonia	L L L	PN IV	Sterile	4	++	0	Pulse slower and fuller, no relief of dyspnea Patient fought tent.
63	30 yrs	Bronchopneumonia	R L L	PN IV	Sterile	11	++	0	Marked subjective relief Infarct of lung appeared 10 days after operation followed by consolidation of entire right lower lobe
64	40 yrs	Post-operative Broncho-pneumonia	R L L	PN IV	Sterile	3	+++	+	Marked improvement in color and pulse
65	65 yrs	Lobar Pneumonia	R L L	PN IV	—	5	++	0	No definite change observed except improved color
66	30 yrs	Post-operative Lobar Pneumonia	R L L	PN IV	Sterile	6	++	0	Pulse slower, color better in tent. Seemed comfortable
67	25 yrs	Lobar Pneumonia	R L L	PN IV	—	4	++	0	Diminished cyanosis Patient did not like being in tent No change in pulse
68	41 yrs	Bronchopneumonia	R L L	PN IV	Sterile	5	+++	+	Marked relief of color and comfort Improved pulse after oxygen
69	30 yrs.	Influenza, Bronchopneumonia	R L L	PN IV	Sterile	4	+++	+	Marked improvement in color and pulse Patient did not like tent
70	45 yrs	Splenic anemia Bronchopneumonia	R L L	PN IV	—	5	0	0	Severe anemia Hemoglobin 20% Pulse and comfort markedly improved
71	43 yrs	Bronchopneumonia	Diffuse Both Lungs	PN IV	Sterile	7	++	0	Patient enjoyed tent, pulse slower, dyspnea less
72	28 yrs.	Lobar Pneumonia	R L L L L L	PN IV	—	5	++	0	Striking improvement in volume and rate of pulse Very comfortable
73	41 yrs	Lobar Pneumonia Edema of Lungs	L U L L L L	PN IV	Sterile	5	++++	+	Definite improvement subjectively after entering tent Had widespread pulmonary edema.
74	13 yrs	Lobar Pneumonia	R L L R U L	PN IV	Sterile	4	+++	+	Definite pluse slowing after removal to chamber
75	19 yrs	Lobar Pneumonia	R L L L L L	PN IV	Sterile	3	+++	+	Marked improvement after transfer to chamber in color, slowing of pulse and dyspnea

TABLE 2 DATA ON RECOVERED CASES OF PNEUMONIA TREATED IN OXYGEN CHAMBER OR OXYGEN TENT

Case No	Age	Diagnosis	Lobes Involved	Sputum Organism	Blood Culture	Days in Tent	Cyanosis		REMARKS
							Before O2	After O2	
76	44 yrs	Lobar Pneumonia Chronic Alcoholism Syphilis	L U L L L L	PN IV	Sterile	3	+++	0	Had hyoscin collapse with respiratory failure relieved by breathing 10% CO2 and 90% oxygen
77	14 yrs	Lobar Pneumonia Suppurative Pleurisy (Right and Left Chest), Pelvic Peritonitis Subphrenic abscess	R L L L L L	Strept-ococcus	Sterile	21	++	0	Striking improvement in dyspnea, cyanosis and pulse which dropped from 168 to 130 in 4 hours Marked subjective relief
78	30 yrs	Lobar Pneumonia	R L L L L L	PN IV	Sterile	5	++++	+	Patient seemed moribund very cyanotic Marked relief of cyanosis, dyspnea and slowing of pulse Marked subjective relief
79	8 yrs	Bronchopneumonia	Diffuse Both Lungs	—	—	14	++	0	Marked improvement in color, pulse and comfort
80	12 yrs	Gun shot wound of chest Bronchopneumonia	L L L	—	—	3	+++	+	Marked improvement in dyspnea, color, comfort and pulse
81	58 yrs	Lobar Pneumonia	R L L	—	—	6	++	0	Patient was jaundiced throughout the attack Comfortable in tent
82	05 yrs.	Lobar Pneumonia	R L L L L L	—	—	4	++	0	Pulse fuller and slower Comfortable in tent
83	04 yrs.	Lobar Pneumonia	R L L	—	—	6	++	0	More comfortable in tent. Pulse fuller and slower
84	2 yrs	Whooping Cough Measles Broncho-pneumonia	Diffuse Both Lungs	—	—	14	++	0	Patient quiet and comfortable in tent, slept better, cyanosis completely relieved
85	1 wk.	Atelectasis of Lungs	R L L L L L	—	—	1	++	0	Cyanosis at birth in premature 8-month infant, occurring in attacks Cause unknown
86	7 yrs	Bronchial Stenosis Bronchopneumonia	R L L	—	—	7	++	+	Following a sore throat, intermittent bronchial stenosis developed, relieved by bronchoscopic suction
87	1 day	Atelectasis of Lungs	R L L L L L	—	—	0	+++	0	Chest barely moved on inspiration apparently due to atelectasis of both lungs Under 50% oxygen color was good, in 3 days lungs began to expand
88	26 yrs	Bronchopneumonia	L L L.	Strept ococcus	Sterile	5	++	0	Comfort, color and pulse better in tent.
89	22 yrs	Lobar Pneumonia	L L L	—	Sterile	4	+	0	More comfortable in oxygen environment, partly due to coolness of air
90	23 yrs	Lobar Pneumonia	R L L	—	Sterile	3	++	0	Improved pulse
91	3 yrs.	Bronchopneumonia	Both Lungs	—	Sterile	28	+++	+	Patient was extremely ill Pulse dropped from 190 to 160, respiration from 85 to 75, and color cleared 2 hours after she was put in tent
92	38 yrs	Lobar Pneumonia	R L L L L L	PN IV	Sterile	4	++	0	Subjective relief noticed Pulse and temperature lower 12 hours after put in tent.
93	26 yrs	Lobar Pneumonia Edema of Lungs	R L L L L L	—	—	4	++	0	Respirations reduced from 60 to 42, cyanosis cleared, pulse improved
94	15 yrs	Lobar Pneumonia	L L L R L L	—	—	4	+++	+	Marked improvement in color and comfort.
95	6 yrs.	Bronchopneumonia	Diffuse Both Lungs	—	—	14	++	0	Marked subjective relief slowing of pulse improved color
96	63 yrs	Cardiac Insufficiency Chronic Myocarditis Arteriosclerosis Acute Bronchitis	Diffuse Process	—	—	3	++	0	Improvement in color and subjective comfort.
97	60 yrs.	Bronchopneumonia Chronic Myocarditis	L L L	—	—	5	+++	+	Marked improvement followed night in tent. Pulse became fuller and stronger

TABLE 2 DATA ON RECOVERED CASES OF PNEUMONIA TREATED IN OXYGEN CHAMBER OR OXYGEN TENT

Case No	Age	Diagnosis	Lobes Involved	Sputum Organism	Blood Culture	Days in Tent	Cyanosis		REMARKS
							Before O2	After O2	
98	40 yrs	Post-operative Bronchopneumonia	R L L.	—	—	1	+	0	Objected to tent No change in condition noted
99	32 yrs	Lobar Pneumonia Mitral Stenosis Edema of Lungs Secondary Anemia	R L L L I L R U L	PN IV	Sterile	0	++	0	Remarkable improvement of patient s color, pulse and edema in 6 hours Hemoglobin 40%
100	50 yrs	Asthma Broncho-pneumonia	L L I	—	—	3	++	0	Diminished cyanosis Was comfortable in tent

N Y State J M.
August 15, 1929

A STUDY OF THE DISTRIBUTION OF PHYSICIANS IN THE RURAL DISTRICTS OF NEW YORK STATE

By JOSEPH S LAWRENCE, M D, ALBANY, N Y

IT has been said that adequate medical care is an important phase of the complicated farm problem, that heads of families with small children or elderly people dependent upon them, have hesitated about taking up residence in rural communities where medical care would be difficult to secure or, when procurable, would be too expensive for their limited means Many stories are related of small rural communities disintegrating because the doctor who served them so long and faithfully, died or moved to the city, and no younger man having replaced him, the residents who could possibly do so moved to other localities where medical care was still available Owners of large farms have stated that the lack of a nearby resident physician has caused them difficulty in securing resident farm help Public health workers, probably more than any other group, have emphasized the hardship residents of remote rural districts are obliged to endure because of the difficulty they have in securing competent medical care Complaints that physicians are leaving the rural districts for the cities have only been heard in New York State since the war, or, at least, they have become much more plentiful in the last decade, but they have been so insistent and numerous that the State Department of Health, several medical colleges, and philanthropic organizations, have made serious efforts to stem the tide of moving physicians or to counter it by inducing the recent graduate to begin his practice in the rural districts

For the last three years requests from rural communities for resident physicians, received by the State Department of Health, were transferred to the office of the Executive Officer of the Medical Society of the State of New York, for attention Many of these requests were found to be highly colored with emotion The resident physician who had practiced in a certain community many years, had died, and his loyal patients felt deserted, although, as a matter of observation, in most instances he had been relinquishing his practice in late years to physicians who lived in nearby communities Several young men located in some of these places upon suggestion, only to find, after a few months' residence, that it was economically impossible for them to remain Several such experiences, coupled with the complaint that "We've always had a doctor in our community," indicated the desirability of having some specific knowledge of the distribution of physicians in the state today and, for purposes of comparison, a similar tabulation has been made at ten-year intervals for the last fifty years

With the assistance of the medical directory, the Transactions of the Medical Society of the State of New York, and reports of the Departments of Education and Health, the number and locations of physicians in the state by decades between 1878 and 1928, were tabulated In the entire state the population in these fifty years increased 125%, while the total number of physicians increased 331% Separating up-state from New York City, we find that the population increased 67% up-state, while the physicians increased 194%

Among the 57 counties outside of Greater New York, 24 showed a decrease in population in the rural areas, while only 9 showed a decrease in the number of resident physicians over that of fifty years ago These counties are Allegany, whose population in these fifty years decreased 12% and the physicians 2%, Cayuga—rural population decreased 27%, physicians 12%, Chemung—decrease in rural population[1] 11%, physicians 16%, Chenango—decrease in population 10%, physicians 15%, Cortland—rural population decreased 6%, physicians 53%, Greene—population decreased 11%, physicians 19%, Jefferson—rural population decreased 3%, physicians 11%, Putnam—population decreased 13%, physicians 25%, Schuyler—population decreased 28%, physicians 39%

On the other hand, not a few counties have shown a decrease of population in the rural areas and an increase in the number of physicians Prominent among these are Clinton—population decreased 7%, physicians increased 100%, Columbia—population decreased 7%, physicians increased 44%, Essex—population decreased 7%, physicians increased 40%, Lewis—population decreased 20%, physicians increased 5%, Madison—population decreased 6%, physicians increased 43%, Oswego—population decreased 7%, physicians increased 33%, Otsego—population decreased 7%, physicians increased 59%, Schoharie—population decreased 34%, physicians increased 14%, Seneca—population decreased 12%, physicians increased 16%, Tioga—population decreased 17%, physicians increased 39%, Yates—population decreased 14%, physicians increased 59%

In the following fifteen counties the number of physicians in these fifty years increased 100% or more in the rural areas Albany—153%, Cattaraugus—148%, Chautauqua—141%, Clinton—

[1] Population in Chemung County outside city limits of Elmira. By "rural population" in this paper is meant the population outside the limits of the principal city Of course there is always a suburban population which is more dense than the truly rural and it is likely to have facilities for medical care equal to those of the city and not comparable with the rural districts. This fact must be borne in mind and the proportion of population to physician in the truly rural districts will not, therefore, be as great as indicated in this study

100%, Erie—373%, Franklin—280%, Fulton—100%, Ontario—122%, Orange—213%, Rockland—300%, Saratoga—100%, Suffolk—406%, Sullivan—153%, Tompkins—133%, Warren—262%

It is interesting to note how little change there has been in the ratio of physician to population in the counties where both population and physicians have been decreasing, indicating the probable activity of a common cause

	1878	*1928*
Allegany	1045	944
Cayuga*	1727	1431
Chemung*	1877	2595
Chenango	831	874
Cortland*	850	1932
Greene	908	1005
Jefferson*	1065	1161
Putnam	944	1096
Schuyler	673	799

* Ratio in rural districts. Chemung and Cortland Counties are so small that any part can be reached by physician from the county seat in a half hour

The ratio of population to physician has actually decreased in two of these counties, and in five others there has been but a slight increase In Chemung and Cortland Counties the change has been very marked, but if the size of the county and the extent of good roads are noted, it will be realized that medical care is readily available to any resident of the county

If these figures are correct—and, obviously, they are—how can we justify the many articles that have been written and the concern that has been shown with regard to the vanishing medical care in the rural districts? Aren't there many districts in the state where physicians are actually needed? Aren't they congregating in the cities at the expense of the rural districts? Although physicians are statistically as plentiful in the rural districts today as fifty years ago, there were more in actual number and in proportion to population practicing in the rural districts twenty-five years ago Hence in the memory of the average rural resident, there has been a decrease in the number of resident physicians There are several very convincing reasons as to why this should be so In 1893 there were between 6,000 and 7,000 physicians practicing in New York State In the decade between 1893 and 1903 the Department of Education granted more than 6,000 licenses Since the total number of practitioners was doubled in ten years, a young graduate was glad to take up his residence in any locality where he thought he could develop a practice

Sickness was far more prevalent in the rural districts twenty-five years ago than today The modern methods of prevention and treatment of tuberculosis were only beginning to be appreciated Typhoid fever and associated diseases were common visitants in every community each summer The death rate from diphtheria, scarlet fever and other children's diseases was so high that the infant death rate in this period has been cut in half With disease and sickness so prevalent and means of communication and transportation so inferior, as compared with today, one can readily appreciate how it was absolutely necessary that more physicians should have resided in the rural districts The limitation and prevention of contagious epidemics through our scientific knowledge of bacteria and effective administration of the laws of sanitation, together with the decrease in population, have very markedly reduced the total amount of sickness It is, therefore, very obvious that an economic factor has been operating to make life in the rural districts less attractive to the physician The annual reports of the State Department of Health demonstrate the greater need every community had for a physician in, e g, 1900, as compared with 1928 In that year the population of the state was approximately 7,000,000 and there were reported 130,554 deaths, a rate of 18.3 per 1,000 population More than 30% of these deaths were in infants under five years of age. In 1928, with a population of eleven and one-half million and 151,522 deaths, a rate of 13 0 per 1,000 population, only 3 5% were in the same age group In that early year 13 7% of the deaths were classified as zymotic, while in 1928 less than 3% of the deaths could be placed in this group If for every death of bacterial origin ten persons are seriously ill with the same type of infection, the great reduction of sickness is apparent With both the population and the number and extent of illnesses decreasing, the physicians soon found it difficult to support themselves and their families in the rural districts

Another factor which must be taken into consideration when accounting for the decrease of physicians, is the reduction in the number of irregular practitioners and quacks The elimination of the irregular practitioner has had its effect upon the rural, as well as urban, districts His prevalence a generation ago is indicated by a remark made by Dr Burr, of Binghamton, when discussing a resolution offered by Dr Elisha Harris, of New York, at the annual meeting of the Medical Society of the State of New York in 1878, recommending the creation of a state department of vital statistics Dr Burr remarked "That he should have more faith in such reports if the causes of death mentioned could be relied upon It is well known that more than one-half of the deaths occurred under the treatment of irregular practitioners and, therefore, the value of such statistics is correspondingly reduced" Dr Harris remarked "That this was one of the vexed questions, it is true but, notwithstanding, the duty was being performed in quite a satisfactory manner in at least four or five cities in the

state" (Transactions of the Medical Society of the State of New York, 1878—page 33) The irregular practitioner was not dreaded so much in those days when educational achievements of the best were limited, and in many communities they did a flourishing business

A third factor affecting the residence of physicians in the rural districts is the growth of interest in hospitalization Twenty-five years ago hospitalization was the exception, while today in all severe illnesses, and especially in maternity cases, it is recommended by the physician and sought by the patient. Even in the most pronounced rural districts a growing proportion of maternity cases annually seek hospitalization As a direct result, hospitals have grown more plentiful, almost every city with a population of ten thousand has a hospital The physicians who support the hospital find it definitely to the advantage of the patients and themselves to have their residence in the town where the hospital is located In many instances the physician can do this and still maintain his rural practice The recent graduate whose entire training has centered about the hospital as a medical center, is not willing, when seeking a place to practice, to take up his residence where he cannot have hospital facilities On the other hand, the establishment of a well equipped hospital in a community, encourages the location of physicians and thereby definitely increases the number of physicians to the community Naturally, the physicians, many of whom are specialists, using the hospital, reside near to it, and thus it may be truly said that physicians are, to an extent, congregating in the cities having hospitals

How has the great advancement in communication and transportation in the last fifty years affected the practice of medicine? If John Jones, working on a farm in the summer of 1878, had fallen from a hay wagon and broken his leg, his associates would have carried him to the house and then either taken one of the horses from the wagon or, if fortunate enough to have several horses, they would have saddled another and ridden for the nearest doctor If he lived but five miles away, which would have been a very favorable condition, the messenger would have reached there in about a half hour If by good fortune the doctor was at home, he might have been expected to reach the farm in another three-quarters of an hour Today if such an accident occurred and all other conditions were the same, by the use of the telephone, the automobile and the good roads, the doctor could be expected to reach the patient in one-third the time Generally speaking, the physician with a rural practice can do about three times as much work today as did his predecessor fifty years ago, and with the aid of the telephone, he can be many times more valuable Before the days of the automobile, when sickness abounded, the average physician could not expect to call upon all of his patients daily If he could see them three times a week, he thought he was doing well, and on the other days some member of the family would call at the doctor's house and report upon the progress of the patient Today such service would be considered by the patient and his friends, unreasonable neglect

Good roads and the automobile have not only aided the physician with his patients, but they have made it possible for a large proportion of the ambulatory patients to visit the doctor Physicians in rural districts have very busy office hours daily It is also possible today for rural residents to secure their medical care of city physicians, except in emergency cases, or when the roads are impassable This practice has become so general in some districts that it has seriously affected the annual earnings of the local practitioner and been a powerful factor in influencing him to select a city residence Physicians have found that, occasionally, families who discontinued them as family physicians when living in the country, re-employed them after they had taken up residence in the city

It has been said that the average practitioner of the rural districts is an older man than the average practitioner in the city, but this study has shown that the difference is so slight that it can have no effect upon their relative worth, in fact, the average age of the physicians in the suburbs of some cities is lower than that of the physicians in the city The average period of practice of all of the physicians of the state is 24 3 years, and if the average man is graduated before he is twenty-five years of age, it is obvious that the average practitioner in the state is about fifty years of age Where the community is growing, the average age of the physician is low, due to the fact that the prosperity of the community proves an attraction to the recent graduates and influences them in choosing their location There are nine counties in which the period of practice of the average physician is above thirty years They are Allegany—30 9, Cortland—30 1, Delaware—31 1, Greene—34 4, Orleans—31 0, Otsego—32 5, Schoharie—31 9, Schuyler—30 8, Tioga—34 6 The counties with large cities often have the youngest physicians, as is indicated by the following Nassau—20.2, Monroe—21 3, Erie—21 6, Westchester—21 7, Onondaga—22 4 It would seem, therefore, that there is little ground for the complaint that one frequently hears from the rural districts that their physicians are not up to date, that they were educated too long ago to be familiar with modern medicine

But aren't there sections in New York State where adequate medical care is actually wanting? It is altogether possible that there are The death of an active physician in a rural district is a serious loss, but we have never known a vacancy

of that kind to exist very long, as a matter of observation, usually the location is filled within a few weeks If, however, the physician was not very active and his territory was being covered by neighboring physicians, another man may not locate there unless the neighboring physicians have greater territory than they feel they can cover adequately In this office we file the vacancies as they are reported to us and, likewise, have a list of physicians who are looking for locations, and frequently we have been of service as a clearing house There are, however, many communities where actual medical care is not wanting, but where the citizens are not fully satisfied with existing conditions

Unlimited distribution of health information, both by official and unofficial agencies has given the general public a greater knowledge of the newer ideas of medicine and sanitation, and awakened in it a great desire to keep well and avoid illness Publicity on health subjects has, since the war, become very popular, not only with professional and semi-professional publications, but even the newspapers and the most conservative magazines have engaged in discussions of problems in public health and sanitation. A generation ago the principal source of information on matters of health, to the average rural resident, was advertising matter distributed by the patent medicine vendor, and each household had its shelf of patent medicines These were purchased from the druggist without advice or consultation with the physician Correct information issued by responsible agencies has gradually diminished the size of these shelves and proportionately increased in the minds of the people a demand for reliable medical care and advice The young mother of today is not content to bring up her child on grandmother's remedies, but she must call a physician when he is ill The public has lost much of its faith in tonics and panaceas, and accordingly it keenly feels a need of the support of a nearby physician

The aim of every official public health agency is to make residence in the rural sections as healthful and sanitary as in the large city The rural public appreciates this and feels that for its accomplishment physicians should be as plentiful in the rural districts as they are in the cities This idea is deeply entrenched in their minds, in spite of the fact that, except in emergency, they will seek most of their medical advice from the physicians residing in the city

What should be the ideal ratio of physicians to population is an interesting question and one which we shall not attempt to answer in this paper The average in the State of New York is one physician to 649 people, in New York City it is one physician to 549 people, and in the 57 counties outside of Greater New York, it is one physician to 812 people The highest county ratio is in Lewis County, with no hospital, where there is one physician to 1,321 people, and Warren County, with a splendid hospital, has the lowest ratio—one physician to 603 people.

But this ratio does not tell the whole story The rural practitioner is almost without exception a general practitioner and will respond to any call, while a certain proportion of the city physicians are specialists and available only for their particular specialty, as, for instance, in the City of Albany there are 233 physicians, giving the city a ratio of one physician to 516 people If the 95 who limit their practice are deducted, we shall have but 138 left as general practitioners and the ratio then becomes one physician to 872 people, a ratio that is as high as that found in some rural counties Of course, in some instances the services of a general practitioner are not so necessary, the symptoms pointing unmistakably to the field of the specialist The sophisticated public prefers to make its own diagnosis and selection of specialist. This practice is one of the factors which is aiding to increase the number of specialists, who are no longer limited in residence to the largest cities, but will be found in every hospital community The specialist, therefore, should not be reckoned the equal of the general practitioner when computing a ratio, but it would hardly be fair to eliminate him completely

As the idea develops both in the mind of the public and the physician, that the greatest service he can render is to keep his clients from becoming patients, demand for his advice will greatly increase Proof of this statement has been frequently noted in areas where intensive health educational campaigns have been conducted If it were simply a matter of taking care of the seriously ill, we might have sufficient physicians now, but when we consider the needs of preventive medicine as it is developing, we realize that there will be need for many more as the practice becomes more general

In conclusion, therefore, it may be said that mathematically the State of New York is better supplied with physicians today than it has been at any time in the last fifty years, but the actual number of physicians in the rural districts is not so great today as it was twenty-five years ago However, the addition of the telephone and automobile to the physician's armamentarium has more than offset the decrease in number so far as rendering service to the population is concerned On the other hand, the intensive public health educational campaigns have stimulated in the public greater interest in health, which manifests itself in the greater concern individuals take for the preservation of their health, which, naturally, calls for increased demand upon physicians for advice. There are many places in New York State where active young men can build up lucrative practices, particularly if they feature preventive medicine programs

County	1878–1928 Population— % of Increase or Decrease	1878–1928 Physicians— % of Increase or Decrease	Ratio of Physicians To Population		Average Period of Practice Years
			1878	1928	
Albany	+ 29	+169	1372	662	23 6
Allegany	− 12	− 2	1045	944	30 9
Broome	+189	+198	883	859	23 0
Cattaraugus	+ 33	+148	1800	958	26 3
Cayuga	+ 1	+ 78	1549	877	26 5
Chautauqua	+103	+238	1556	936	25 8
Chemung	+ 73	+134	1230	909	25 5
Chenango	− 10	− 15	831	874	28 5
Clinton	− 7	+100	2679	1237	24 3
Columbia	− 7	+ 44	1775	1133	28 5
Cortland	+ 22	+ 3	860	1019	30 1
Delaware	+ 2	+ 17	1227	1093	31 1
Dutchess	+ 29	+ 83	1015	713	25 6
Erie	+226	+674	1745	735	21 6
Essex	− 7	+ 40	1150	765	23 7
Franklin	+ 44	+280	1619	617	24 3
Fulton	+ 50	+100	1348	1012	23 1
Genesee	+ 40	+ 20	1088	1264	23 7
Greene	− 11	− 19	908	1005	34 4
Herkimer	+ 58	+ 63	1123	1091	26 9
Jefferson	+ 32	+ 55	1001	854	29 6
Lewis	− 20	+ 5	1745	1321	26 7
Livingston	+ 2	+ 41	1164	836	27 2
Madison	− 6	+ 43	1260	826	28 6
Monroe	+181	+407	1362	757	21 3
Montgomery	+ 64	+108	1533	1206	23 8
Nassau				1063	20 2
Niagara	+156	+256	1389	1000	23 6
Oneida	+ 75	+160	1267	851	24 8
Onondaga	+135	+402	1371	641	22 4
Ontario	+ 13	+122	1371	703	25 9
Orange	+ 46	+213	1937	858	25 9
Orleans	+ 4	+ 22	1115	954	31 0
Oswego	− 7	+ 33	1416	989	29 5
Otsego	− 7	+ 59	1317	748	32 5
Putnam	− 13	− 25	944	1096	27 9
Rensselaer	+ 4	+177	2176	819	24 1
Rockland	+118	+300	1977	1078	24 3
St Lawrence	+ 8	+ 50	1686	1014	27 9
Saratoga	+ 23	+100	1451	892	27 9
Schenectady	+407	+435	1024	972	22 9
Schoharie	− 34	+ 14	1497	866	31 9
Schuyler	− 28	− 39	673	799	30 8
Seneca	− 12	+ 16	1009	757	29 6
Steuben	+ 7	+ 89	1464	833	26 9
Suffolk	+191	+406	1589	911	26 1
Sullivan	+ 32	+153	1710	893	25 2
Tioga	− 17	+ 39	1167	688	34 6
Tompkins	+ 19	+133	1275	654	27 1
Ulster	+ 0 3	+ 58	1430	906	29 9
Warren	+ 39	+262	1574	603	28 5
Washington	− 0 6	+ 36	1451	1057	28 2
Wayne	+ 2	+ 60	1361	869	29 5
Westchester	+319	+741	1651	824	21 7
Wyoming	+ 1	+ 50	1104	741	29 9
Yates	− 14	+ 59	1240	669	25 4

The work sheets of each county are on file in the office of the Secretary of the Medical Society of the State of New York.

INVERTED LANDRY'S PARALYSIS*

By EUGENE N BOUDREAU, M D, SYRACUSE, N Y

IT is perhaps unjustifiable to attempt reporting a case on which there are no confirmatory pathological findings For this I can only ask you to bear with me There are, however, it seems to me, certain aspects of this case which will justify its discussion both from clinical and morphological viewpoints

Before reciting the case history and clinical findings let me point out two salient points in it which stand out strikingly First there is a descending paralysis—beginning with the brain stem and passing down structures of the neuraxis to cord levels Secondly this demonstration raises the question as to whether our present conception of the innervation of certain structures is correct. I refer to the muscle which purses the lips or closes the mouth, i e. the orbicularis oris It is commonly believed these muscles derive their nervous impulses from the facial nerve I believe from the evidences in the case I shall here report that we have further evidence to support another view This is that the hypoglossal nucleus sends fibers to the 7th and thence to these muscles

Now let us briefly review the Landry conception In the years since Landry circumscribed the syndrome, which bears his name much discussion has arisen as to just what should be its limitations Some argue for the exclusion of many types of cases that are not strictly conformatory to his conception Others argue that with greater knowledge and more refined microscopical technique many cases that are not strictly conformatory nevertheless belong there, in other words, these latter believe the syndrome of Landry should be more inclusive But this seems to me to be a somewhat useless contention either way Definition only serves an academic purpose. A sharp differentiation seems impractical

Landry's original conception as drawn in his report was "An acute paralysis ascending from the legs to the arms, and soon involving the bulbar muscles The paralysis was unaccompanied by marked loss of sensation nor did it involve the sphincters The paralyzed muscles retained their farradic excitability, the intellectual faculties remained unimpaired and fever was not prominent" Furthermore, after death no lesions were found in the nervous system to explain the rapidly fatal symptoms Although the nerves were not examined, the results of careful microscopic examination of the spinal cord by several observers were absolutely negative

Then in 1896 in a characteristically thorough fashion Pearce Baily and James Ewing surveyed the forty-two cases in the literature up to that date and reported their conclusions in the New York Medical Journal for July of that year as follows In order to clarify the conception of this syndrome, they grouped the cases which they, after investigation, concluded acceptable for their study to the original description of Landry's into four classes or groups

1 Cases in which no histological changes were demonstrated in the nervous system
2. Cases in which there was an acute exudative inflammation of the cord and medulla and sometimes of the brain
3 Cases in which there was an acute inflammation of the peripheral nerves
4 Cases in which there was acute inflammation of both central and peripheral nervous system

Their conclusions were summarized as follows

1 Acute ascending paralysis is an acute toxemia in which the poisonous agents affect chiefly the nervous system
2 The most common seat of the lesion is in the spinal cord and in the medulla, and it may be present in the cortex and in the nerve roots When in the spinal cord the lesion is that of acute anterior poliomyelitis, namely, an acute exudative inflammation following the distribution of the central branches of the anterior spinal artery with infiltration of the circumvascular sheaths, degeneration of the ganglion cells, loss of structural elements and with or without degeneration of anterior roots The lesions in other parts of the cerebral spinal axis are of similar nature
3 The evidence that the lesion of typical Landry's paralysis may exist in the peripheral nerves alone is based on a single case reported twenty years ago by Dejerine When the lesion affects the peripheral nerve, there are increases of neuroglia cells and degeneration of nerve fibers
4 It is at present impossible to deny that occasionally ascending paralysis may run a fatal course without leaving demonstrable histological changes in the nervous system It is certain that the case with negative pathology report did not present the marked vascular lesions of acute anterior polio, but it seems probably there were changes in the ganglion cells demonstrable by delicate methods

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y May 23 1928

From the present data it seems to us impossible to distinguish by clinical symptoms the different types of lesions

Since then there has been further literature, but it does not clarify the situation measurably, so I will not burden you However, it should be mentioned here that other cases of descending paralysis, remarkably few however, have been reported

Case report

Mr W D, aged forty-one was referred to me by Dr Edwin Shepard of Syracuse He was a builder and contractor A review of his personal history revealed that he had had a healthy boyhood While in the Klondyke in 1905 he was ill about seven weeks with typhoid He had had a left middle ear disease for twenty years, the ear frequently discharged He had had an operation for appendicitis twenty years previously and hernia three years previously He had had pneumona February 1926 He never had had convulsions of any kind He had never been injured Married at 26 Has five healthy children living, none dead, no miscarriages He had always done heavy work and pushed himself hard

About August 15, 1926 he had three or four days of illness, suffering from malaise and abdominal discomfort By August 27th he first noted he could not hold a cigar firmly in the left corner of his mouth and the lips on that side were a little numb About ten days later he first began to have trouble moving food around in his mouth There was also then some numbness of the left upper and lower lips Weakness of the left face was apparent, saliva drooled from the corner of his mouth He suffered at times with headache, and also ache in the back of the neck There had never been nausea or vomiting

All of the symptoms had subsided in the two weeks just previous to September 18 On September 13, Doctor Shepard found the pulse rate 60, blood pressure 128/88, weight 182 pounds, temperature 98 4 Left side of tongue somewhat numb

Neurological examination September 18 Pupils equal, regular, reacted to light and convergence Fundi normal Cranial nerves I to IV normal V—a little hypasthesia at left corner of nose and at left corner of mouth on lower lip VI—normal VII—slight peripheral (?) weakness of left, could not whistle (See illustrations) VIII—middle ear deafness left side IX, X, and XI—normal XII—weakness of tongue, protrusion impossible, atrophy present Speech consequently difficult and thick Inability to purse lips Deep reflexes lively and equal Superficial reflexes lively, equal No Babinski phenomena, no clonus Sensation normal No incoordination Blood Wassermann negative Cerebral spinal fluid Wasserman negative, seven cells, negative globelin

There had been an epidemic of poliomyelitis in August that year It was considered the man had had a mild bulbar polio Later, however, further symptoms occurred By October 15, he began to have difficulty in swallowing, and a little later there appeared fibrillary twitching of the right deltoid and in other muscles of the upper arm Symptoms progressed slowly By January 12, when he was seen by Doctor Casamajor he was unable to swallow anything but liquids His speech was nearly unintelligible Palate motionless He was becoming emaciated, his right arm was weak, mainly in the upper arm, but it was difficult to grasp a pencil for writing

The condition progressed until he could not talk Saliva distressed him, for he could barely swallow He ate little, grew weaker, and died suddenly March 2, 1927 His mental faculties were unaffected to the last.

In brief then there was involvement centered about the XIIth nucleus, but the process later involved the IXth and Xth, then the cervical segments of the right side Possibly left VIIth and Vth (descending or spinal portion) were first involved No lower portions were involved, probably because death interrupted

Conclusions

1 This case clinically fulfills the essential conditions of a Landry's syndrome, (i e, progressive paralysis, no sensory or inconspicuous sensory symptoms, little or no temperature, no mental affection) but inverted in sequence

2 It lends strong support to the belief that the orbicularis oris receives its innervation from the hypoglossal nuclei

1 Oppenheim Textbook of Nervous Diseases, Vol I, p 488

2 Stewart, Purves The Diagnosis of Nervous Diseases, p 220

A CONSIDERATION OF THE MECHANICAL FACTORS IN HAIR GROWTH*

By HERMAN SHARLIT, M D, NEW YORK, N Y

A rather recent experimental study detailed below supplies a good text for a discussion of the mechanical factors involved in the hair growth process And therefrom, follow certain therapeutic considerations that should be of interest to the dermatologist

The hair grows from a relatively fixed point, lifting the products of its growth by continually throwing building stones about the base of the lengthening structure The procedure is very much after the fashion of building a smoke stack by each time lifting the cylinder to place another row of bricks under it Abiding by this analogy for the moment, if a single group of men working at this task, renewing their energy after the manner and at the rate characteristic of the species were to labor at so building the stack, each succeeding row of bricks would be laid at the expense of a greater portion of the total available energy of the group This would result in a constantly decreasing rate of production which rate would approach zero as the whole of renewed energy of the group is called upon to lift the stack to lay that last row of bricks In short, the height to which the stack arose and the rate of its rising would be a measure of a biological phenomenon—in this case, the foot-pounds of energy available in a given group of men and the rate of its renewal

For the hair, the hair papilla and the adjacent portions of proliferative follicular cells elaborate the vital forces determining the rate and limits of hair building The vital activity about the base of the follicle must not alone overcome the increasing load measured by the weight of the superimposed hair, but has, too, to meet the friction forces set up in the upper third of the follicle where a free hair shaft is working its way through a snugly fitting channel

In the October, 1926, issue of the American Journal of Physiology appeared a paper by Seymour entitled "The Effect of Cutting Upon the Rate of Hair Growth" This report of an experimental study deserves careful consideration not alone because the data were collected after the manner required of acceptable experimental evidence, but particularly since it is the only experiment carried on through a long enough series of observations to justify the attempt at an interpretation of their meaning Seymour collected "shavings" from the zygomatic areas of the face of one individual during the spring and summer months of two years These "shavings" cut each time by a new safety razor blade, after growth periods of from 12 to 50 hours, were cleaned, dried and an adequate number of samples subjected to micrometric measurements of their lengths Below follows Table 1 indicating his findings

The data show clearly that as the growth periods proceed from less than 16 hours, to 50 hours and longer, the rate of growth diminishes, thus, the average growth per hour for the growth periods of less than 16 hours in series 1 and 2 are respectively 151 per cent and 148 per cent of those of the 41 to 50 hour periods of growth Seymour concludes from his data that "It seems obvious that the mere severance of the hair shaft materially modifies the growth process Whether this cutting serves as a stimulus directly or indirectly by removing an inhibition can only be conjectured and the present study offers no suggestion as to the mechanism by which the growth process is modified" As we see it, we are presented with two alternatives in interpreting these data, a direct stimulation of the growth process by the mechanism of shaving or an indirect enhancement of it by way of the removal of resistance Seymour put the first of these alternatives to the test—that of the increased rate as due to a stimulation resulting from the hyperemia accompanying the process of shaving Of this Seymour says

TABLE I

Showing Growth Rates at Various Periods

Hours of Growth	Average Hours		Total Growth		Average Growth Per Hour	
	Series 1	Series 2	Series 1	Series 2	Series 1	Series 2
			mm	mm.	mm.	mm.
Less than 16 hours	9 83	10 46	0.2677	0.2545	0 0272	0 0243
16 to 20+	17 91	19 0	0 4282	0 3745	0 0238	0 0197
21 to 25+	24.33	23 9	0.5408	0 4380	0 0222	0 0183
26 to 30+	28 62	28 84	0 6259	0.5155	0 0217	0 0178
31 to 35+	32 00	32 8	0 6449	0.5871	0 0201	0 0179
36 to 40+	36.9	36 31	0 6909	0 6322	0 0186	0 0164
41 to 50+	49 0	48.2	0 8831	0 7904	0 0180	0 0164

From Seymour R. J 'Effect of Cutting on Rate of Hair Growth. *American Journal of Physiology* LXXVIII 281 (1926)

Read at the Annual Meeting of the Medical Society of the State of New York, at Albany N Y May 22 1928

"However repeated observations failed to give any support to such an explanation Frequently but one side of the face was shaved while the beard on the opposite side was left uncut, but subjected to the same conditions, other than the actual cutting, as the shaved side, to both sides of the face hot water was applied, the usual soap lather was "rubbed in" by massage, and in every other way right and left sides were treated alike, except that one side was left uncut until the next shaving period However, this uncut side was mechanically irritated by use of a razor blade so dulled that actual cutting of hair did not occur"

We believe that the conclusion is forced upon us, one that strangely enough Seymour fails to consider—that shaving in removing a "load" upon the hair follicle increased rate production Our opening paragraph is explanatory of the physiological mechanism underlying this conclusion Before this mechanistic hypothesis may be accepted as interpretative of Seymour's data several other aspects of the mechanics of hair growth as applicable to his data must be evaluated In the first place, our argument that the hair length meant resistance load to the growth process involved the assumption that the lengths measured were indices of the weights This assumption is correct if the hair through out its length has a constant diameter For the short hair lengths dealt with in these data (longest less than 1 mm) a constant diameter is a reasonable assumption Then, too, for such short hairs the influence, for example, of the tug of gravity, or the added weight from attached foreign particles are reducible to a nullity Of course, as hairs grow to lengths permitting them to incline over and take support on the surface of the skin most of the weights of hairs no longer act as a resistance load operative against growth We mention these features as insinuating themselves into a mechanistic argument to point out that the nature of Seymour's data precludes the operation of these particular factors, and, as well, to indicate that in all probability experiments such as Seymour's on hairs of substantial lengths would so far mask the small influence of weight resistance load that its operation would be considered negligible

We submit, then, that the weight resistance load is an operative principle in the physiology of hair growth though of slight significance in the practical aspects of this growth However, the principle of resistance load assumes a role of importance in the second feature of its application to hair growth Just above the opening of the duct of the sebaceous gland into the hair follicle, the hair shaft is free seeking the skin surface through the channel of the upper one-third of the follicle Where one body is sliding forward on another as the hair shaft on the walls of the distal one-third of the follicle a resistance to this sliding movement is engendered In mechanics it is spoken of as friction resistance We may here insert our final reference to Seymour's experimental data to complete the mechanistic arguments as applicable to his experiment The attempt was made by the use of a new blade for each shaving to cut the hair as close to the skin surface as possible, this served, insofar as the operation was successful to keep the lengths of the intra-follicular hair shafts constant. This would serve to give a constant value to the weight and friction load resistances represented by the intra-follicular hair shafts In which case, the shavings would represent the only "load" variables and the measure of these variables sufficient data with which to defend the thesis herein upheld

We need not concern ourselves with the physical laws applicable to friction forces—the influence of motion rate, of surface areas, etc , for in them we will find nothing reasonably pertinent to our discussion However, the lubrication of surfaces subjected to friction forces is an important factor in the reduction of friction resistance, and, in the hair follicle we meet through the agency of the sebaceous gland an oiler for the adjacent surfaces of hair shaft and follicular walls Smoothness of surface, too, modifies the friction resistance between sliding surfaces, and while the hair shaft has a surface of fairly constant smoothness the follicular walls made up as they are of the epidermal layers of the cutis are subject to those proliferative and degenerative changes that all too frequently attack these layers which changes make for marked differences in surface evenness

The products of sebaceous gland activity and the state of health of the epithelial surface of the skin may as we suggest enter as mechanical factors operative on hair growth The dermatologic clinic supplies the evidence of the effectiveness of these structures in dysfunction to induce alopecia Seborrhea is accepted as the chief offender in the production of alopecia It is considered primarily a disease of the sebaceous gland perverting the chemistry of its glandular activity in a manner yet unknown Whatever the nature of the perversion, the effect is generally one of giving either a greasy, dry, crusted, or scaly scalp alone or in compatible combinations

The invaginated portions of the epidermis forming the walls of the distal one-third of the hair follicle suffer the same changes as is presented by the scalp surface in seborrhea—all calculated probably to heighten the friction resistance to the outwood propulsion of the hair shaft In practice, at least, a majority of

the patients seeking relief from sebarrhea are most concerned about the accompanying loss of hair Our therapy in seborrhea is as various as it is ineffectual One cannot, in fairness, say much more for our efforts in staying the progress of the alopecia

We are indeed aware of the supreme importance of the vital energy about the growing base of the hair root, an energy capable on occasion of forcing hair shafts through aberrant pathways of maximum resistances, per example, ingrowing hairs While in our discussions and our attempts at therapy as well, we are given to speak of stimulating hair growth, that is to say, speeding up the vital force behind growth we perhaps overlook the somewhat significant fact that we know well nigh nothing of the physiological factors underlying this vital energy—at least nothing that can be translated into successfully applied rational therapeusis We abide by constitutional and hereditary deficiency in this vital force as the expression of a lost cause We administer endocrine substances or their extractives in childlike hope and apply local remedies that, while they serve best, can not to the least thinking be considered stimulating to that vital energy

We hazzard the suggestion that our therapy in alopecia symptomatica is of greatest aid in increasing hair growth in the degree to which it removes by cleansing the scalp, the simple resistance factors to hair propulsion It is a fact that baldness is far more prevalent in man than in woman While unwilling and unable to dispute the evidence presented by Dorothy Osborn[1] to the purpose that baldness may be hereditary and a dominant trait in male and recessive in the female, we may be permitted to call attention to the fact that persistent care of the hair and scalp, frequent massage and manipulation of the scalp to keep its surface clean and the follicular openings free of inspissated sebum and epithelial debris is a trait distinctly dominant in the female and recessive in the male In the last decade with bobbed hair in vogue there has been in our experience an increasing number of women complaining of alopecia symptomatica Can it be that with a shortening of the hair there has been a relaxation in feminine zeal for meticulous care of the scalp?

Seymour's careful experiment outlined above and interpretable, we believe, in purely mechanical terms is, in our present knowledge of the physiology of hair growth, an excellent guide to therapy. If we can not whip up that vital energy that elaborates hair cells we may at least seek to remove the elements that hamper the full play of these forces Scalp lotions containing keratolytic agents and fat solvents reinforced possibly by a rubefacient, this plus mechanical rubbing of the scalp is a sensible procedure In truth, it is usually all we do for a patient, though we speak of stimulation to growth And may it not be true, that beauty salons and barber shops ultimately get most of our patients because they specialize in applying these principles of scalp hygiene that makes for the removal of the mechanical interference with the best efforts of each individual's constitutional vigor for hair production

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HOW ARE HOSPITAL APPOINTMENTS DISTRIBUTED?

A Study of the Situation in New York State

By MICHAEL M DAVIS, Ph D, CHICAGO, ILL

THE value of sufficient hospital service for the community is hardly second in importance to the need of hospital connection for the physician. What proportion of the medical profession have the privilege of practicing medicine or surgery within a hospital? What proportion have no such privileges? Is the privilege or its denial connected with the age, specialty and training of the physician? Is it merely a matter of location and physical accessibility to hospitals?

The American Medical Association has furnished certain information on this subject for the country as a whole, but for New York State more intimate and in some ways more reliable data are available from the State Medical Directory The hospital appointment of each physician is listed here as annually furnished the Society by the physician himself In connection with a study of the relation of hospitals to medical practice, undertaken in the course of a series of

*The aid of Dr Helen C. Coombs in the statistical work is gratefully acknowledged.

hospital studies made by the writer on a grant from the Rockefeller Foundation, the facts available in the Directory have been analyzed* for the purpose of answering so far as possible the questions raised in the preceding paragraph The 1927 State Medical Directory showed 17,091 physicians in New York State, excluding those who are said to have retired from practice Of these 8,964, or fifty-two per cent, state that they hold some hospital appointment

What Is a Hospital Appointment?

The reliability of these data must be weighed Many physicians may not report all their hospital appointments On the other hand, it is unlikely that a physician who fills out his card for the Society at all, would not specify at least one hospital appointment if he had any But what is a "hospital appointment?" An "appointment" may imply a position as chief of an important service, involving large responsibility, or may mean a very minor or subordinate post It may mean a full-time appointment in a large laboratory, or a resident or administrative position It may be only a place on a so-called courtesy staff giving the physician the privilege of treating private cases in the hospitals with perhaps further limitation to medical and obstetrical cases only The term "hospital appointment," therefore, actually covers a wide range of hospital privileges Hence the available statistics tell us something rather significant about those physicians who report no hospital appointments of any kind, but the statistics do not permit a detailed analysis of just what is meant by the appointments which are reported

General Practitioners versus Specialists

We learn something when the physicians are classified according to whether they are general practitioners or specialists Only those physicians are recorded as "specialists" who reported to the American Medical Association that they were confining their practice to a specialty Three thousand one hundred sixteen physicians thus record themselves, this being 18 per cent of all the physicians in the state, leaving 13,975 or 82 per cent who are in general practice. The remarkable fact then appears that of the specialists, 3,089 or 99 per cent have hospital appointments, while of the general practitioners, this is the case with only 5,535 or 40 per cent These facts are brought out in the accompanying chart. Like many other statistical facts, this difference between the general practitioners and the specialists raises more questions as to whys and wherefores than the facts can answer But the contrast itself is challenging enough

Table I works out the figures in more detail showing the distribution of all physicians in New York State as to hospital appointments, classified into groups according to size and type of community For the purpose of comparing conditions in different communities, an analysis was made of twenty-six counties, none of which contained any town of over 15,000 population. Only four of these have any town of over 10,000 Six of these counties had no hospitals within their borders, although some portions of them are served by hospitals in neighboring counties These are the only six counties in the state having no hospitals These twenty-six counties are arbitrarily designated in the table as "rural areas" Twenty cities of from 10,000 to 100,000 population are taken as another group, the six cities of between 100,000 and a million population as still another, and finally, New York City

In some cities the presence of a state hospital for the insane brings to the locality a number of specialists, vitiating comparisons with other communities Hence the psychiatrists connected

TABLE I

DISTRIBUTION OF ALL PHYSICIANS IN NEW YORK STATE, ACCORDING TO LOCATION, TYPE OF PRACTICE, AND HOSPITAL CONNECTIONS

	Groups	All Physicians			General Practitioners			Specialists		
		Total	Hospital[1] Number	Appts %	Total	Hospital Number	Appts %	Total	Hospital Number	Appts %
1	6 counties without hospitals	139	18	13	139	18	13			
2	20 counties with no town larger than 15,000	724	199	28	658	134	20	66	65	99
3	Remaining counties (31) excluding all cities given below	1991	710	35	1749	473	27	242	237	98
4	Twenty cities, 10,000-100,000	976	569	58	731	324	44	245	245	100
5	Six cities over 100,000	2189	1154	53	1721	689	40	468	465	99
6	Greater New York	10877	5779	53	8977	3897	43	1900	1882	99
7	State Psychiatrists in above cities	195	195	100				195	195	100
	Total	17091	8624	50	13975	5535	40	3116	3089	99

with state hospitals in any of the cities or counties tabulated have been deducted from those cities and are shown separately

Large Communities versus Small

It will be seen that in the six counties without hospitals there are no specialists, and that only 13 per cent of the 139 physicians in these counties report any hospital appointments These appointments are, of course, in hospitals in neighboring counties The twenty other rural communities show that only 20 per cent of the general practitioners have hospital appointments as compared with 40 to 45 per cent in the cities The remaining 31 counties in New York State, excluding the cities tabulated, are largely rural in nature, although they include some towns of fair size and show 27 per cent of the general practitioners with appointments in hospitals

To sum up three-fourths to four-fifths of the general practitioners in rural areas have no hospital appointments, and slightly more than half of the general practitioners in urban areas are in the same position.

The percentage of specialists in the different communities varies widely In the twenty rural counties having hospitals, there are 9 per cent of specialists, in the twenty smaller cities the specialists include 26 per cent, in the large cities, 21 per cent, and in New York City, 17½ per cent

A detailed table (not printed here) has been prepared, showing each county and city individually and indicating that in nearly all of the cities and even in the counties outside of the cities, almost every one of the specialists is connected with a hospital Practically speaking, it may be said that all physicians who confine their practice to a specialty have hospital connections

These facts lead to the very important point that the question of the availability of hospital facilities for physicians turns upon the general practitioner Studies of other states should be made to see how far this holds generally

Age of Physicians in Different Communities

How much are hospital privileges influenced by age? Do the younger or the older men have the better chance?

The physicians in the five selected groups of communities in the state were tabulated according to the date of graduation from medical school, this being taken instead of age in years The proportion of physicians who graduated before 1900 (mostly men from 55 to 60 years of age, or over) is very large in the rural areas and diminishes progressively as the size of the community, whereas the proportion of young men changes in just the reverse direction In percentages, the physicians graduating before 1900 constitute 68 per cent of the profession in the rural counties without hospitals, 58 per cent in the twenty other rural counties, 42 per cent in the small cities, 33 per cent in the six large cities and down to 28 per cent in New York City On the other hand the men graduating from 1911 to 1922 are only 14 per cent of the profession in the rural counties without hospitals and 20 per cent in the other rural counties, whereas they constitute 33 per cent in the small cities, 42 per cent in the large cities and 48 per cent in New York City As to the middle group, who graduated between 1901 and 1910, their proportion is remarkably constant, nearly 25 per cent for all size groups except in the rural counties without hospitals, where it is only 18 per cent. The young graduates of less than five years' standing (1923-1927) number 5 to 7 per cent in the rural areas and towns, and about double that percentage in larger places The physicians have also been classified in age groups according to whether they are specialists or general practitioners The specialists, as would be expected, are much less numerous in the oldest and the youngest age groups and much more numerous in the two middle groups

Hospital Appointments and Age of Physicians

The further fact then comes out, that the frequency of hospital appointments among physicians varies markedly with age. The specialists are not included in these comparisons, since practically all have hospital appointments If we take all the physicians in general practice together, we find that of the 3,819 physicians graduating before 1900, only 26½ per cent have hospital connections Of those in the 1901-1910 group, 42½ per cent have a hospital connection, while of those graduating between 1911 and 1922, the percentage rises to fifty-seven. Among the young men graduating since 1923 hospital appointments are naturally fewer, being 37 per cent, but this is still much higher than among the oldest group These differences hold in the rural counties as well as in the two groups of cities and in all the boroughs of Greater New York Generally speaking, it may be stated that hospital appointments are more than twice as frequent among the physicians graduating between 1911-1922 (men between 35 and 45 years of age) as compared with the physicians who left medical school before 1900

These figures may be looked at in another way Of the general practitioners with hospital appointments, only 19 per cent are in the oldest group, 22 per cent in the 1901-1919 group, 45 per cent in the period 1911-1922 and 14 per cent in the youngest group Nearly 59 per cent of the general practitioners *with* hospital appointments graduated in 1911 or thereafter, whereas among the general practitioners *without* hospital appointments 58 per cent graduated before that year

Medical School and Hospital Appointments

The medical schools from which the physicians graduated were also classified in relation to hospital appointments, using the grades adopted by the Council of Medical Education of the American Medical Association This classification has been applied only to the 5,815 doctors in general practice who graduated since 1910, as the changes in medical schools render the inclusion of men of previous periods unjustifiable

In the six rural counties without hospitals the number of physicians is too small to use the figures In the twenty other rural counties, 33 per cent of the 1911-1922 graduates of Class A schools have hospital appointments, while the percentage of appointments among the men graduating from B, C, defunct or foreign schools is actually a little higher—36 per cent The number of physicians in the latter group is, however, only eleven, too small to make the percentage very reliable

In the cities the figures are large enough to make more trustworthy comparisons They show a much greater frequency of hospital appointments among the Class A graduates In New York City, 62 per cent of Class A graduates of the 1911-1922 period have hospital appointments, as contrasted with only 38 per cent of the graduates from the other schools In the six other cities of over 100,000 population, hospital appointments among the Class A men are 53½ per cent, and only 42½ per cent among the graduates of other schools In the twenty small cities, Class A graduates also show 53½ per cent of hospital appointments as compared with 46½ per cent among the graduates of other schools

One may draw the conclusion that in the larger cities, the Class A graduates of 1911-1922 have a much better chance at hospital appointments than the graduates of inferior, defunct or foreign schools In the small towns and rural areas the graduates of inferior schools have relatively better chance for hospital appointments than the same men would in the cities

What Determines a Hospital Staff Appointment?

Whether or not a physician secures a hospital position obviously depends upon several factors One element is the presence of hospitals in his community or its vicinity A tabulation was made of the number of *hospital beds per physician* in the communities which were specially studied, and there is some indication that this is a more or less significant index of the frequency of hospital appointments But a larger number of places and other states must be studied to decide whether or not this figure would be useful as such an index

The form of hospital organization also affects the proportion of the profession having appointments These are communities in which the hospitals are proprietary, owned or managed by one or a few physicians, and closely limiting their privileges to a small number of the local profession There are also non-proprietary hospitals, particularly in the larger cities, which have relatively small closed staffs

Given a certain number of institutions and beds in a locality, together with the prevalent types of hospital organization, how far do the standing and qualifications of physicians affect the likelihood of their receiving hospital appointments? Local factors of a personal character enter as well as more general considerations For all these reasons, statistics of the kind presented in this article must be interpreted with caution, but the indications are that in New York State, the appointment of physicians to hospital privileges is affected to a degree by professional standing and qualifications, and that the physicians with hospital appointments represent, by and large, the pick of the profession

Summary

The following conclusions appear to be trustworthy so far as New York State is concerned

1 In both rural and urban communities the younger general practitioners have a much better chance for hospital appointments than the older men, in the cities, the contrast in favor of the younger man is very marked The graduates of the period 1911-1922 show the maximum proportion of appointments

2 Graduates from Class A schools of the period 1911-1922 have, in the larger cities, a much higher proportion of hospital appointments than physicians who graduated from other schools during the same period

The trends of medical practice and the relations of physicians to hospitals are matters of paramount significance to the profession and of no little interest to the general public The conclusions reached for New York should be confirmed, limited, or developed by similar analyses of facts from other states The comprehensive and growing body of information collected by the American Medical Association furnishes important initial data and it is to be hoped that further studies will be undertaken by the Council on Medical Education and Hospitals

THE EYE IN DIABETES*

By WILLIAM T DAVIS, M D., WASHINGTON, D C

HIRSHBERG'S classification in 1900 of the retinal lesions is as follows

(1) Central punctate retinitis There are seen small, brilliantly white spots in the vicinity of the macular These spots may coalesce forming larger masses at the macular or they may mass above and below the macular, resembling retinitis circinata The stellate arrangement seen in hypertensive retinitis does not occur Confluence of these small white spots may occur throughout the retina forming large white areas Friedenwald[1] thinks that this form of retinitis when present without nephritis may be considered diabetic retinitis, it may, however, be present without diabetes It sometimes precedes the glycosuria No doubt this is true since we are now entirely familiar with the form of diabetes that runs a higher than normal blood sugar over a long period of time so that the patient has the disease some time before there is glycosuria

The significance of retinal changes in diabetes is probably one of vascular disease and means diabetes of long standing, as in the cardo-vascular-renal retinal changes seen in that profound metabolic disturbance known to us as Bright's disease. Holloway thinks that punctate retinitis is seen much more frequently in diabetes than in arteriosclerosis

Altnow[2] thinks hypertension may play an important part in the diabetes of elderly persons Instead of terminating in cerebral arteriosclerosis or chronic nephritis it may terminate in pancreatic vascular sclerosis, diabetes resulting The following retinal appearances suggest diabetes according to this author

(a) The retina is redder than normal
(b) Punctate retinal hemorrhages
(c) The grayish white spots at the macular already described
(d) Fan formation at the macular
(e) Retinal arteriosclerosis
(f) Chorioidal sclerosis

De Schweinitz[10] says "Central punctate retinitis is the form most suggestive of diabetes" In addition to this punctate form we see exudative retinitis characterized by widespread, yellowish white areas, probably due to the coalescence of the small spots, the lesions being arranged above and below the macular or massed in the central retinal area Smaller white exudations are scattered elsewhere in the retina

(2) Retinitis hemorrhagica diabetica with resulting proliferative, inflammatory and degenerative changes

(3) A rarer pigmentary retinitis which we now think is probably retinitis pigmentosa associated with diabetes

The existence of true diabetic retinitis remains to be proven The mingling of lesions depending on vascular hypertension, arteriosclerosis and nephritis on one hand and hyperglycemia on the other have disappointed every attempt thus far to demonstrate just what role is played by diabetes per se

Doyne[3] mentions diabetes innocens where large amounts of sugar are excreted without detriment, uninfluenced by diet and occurring mostly in the young There is also the acute diabetic of early life who dies early, and the mild diabetic of middle age who lives for years and in whom there is glycosuria only after carbohydrate indiscretion The last named cases are the ones to develop retinitis Some are due to pancreatic disease and some to endocrine disturbance, but arterial hypertension and vascular disease are the leading factors in producing the retinitis

The characteristic hemorrhages are round, very small ones not easily seen and occurring in the deep layers of the retina I have not seen these hemorrhages in any but diabetics They may be the earliest lesion in the retina. Larger hemorrhages may occur together with exudates and with the vascular degeneration may resemble hypertensive retinitis As before mentioned the macular star is unusual The retinitis associated with diabetes being a late manifestation and not occurring in juvenile subjects is a strong argument that it is due to the vascular disease and not the diabetes The prognosis for life in so called diabetic retinitis is not so grave as in the renal or hypertensive retinitis Nevertheless, I believe it is of ill omen as it signifies vascular degeneration It does not occur until disease of the vessels takes place. Hence insulin cannot be expected to relieve it It is analogous to the vascular changes occurring in nephritis or vascular syphilis Though the disease may be arrested the damage has occurred and cannot be repaired

To determine if the retinitis be due to the hyperglycemia or other toxic agents in the blood of diabetics, or to the vascular changes induced by this disease, a careful study must be made of the blood pressure, blood chemistry including blood sugar, non-protein and urea nitrogen and blood fat and the renal function

The small punctate hemorrhages are probably due to characteristic changes in the vessels This histopathology remains for an interesting study and may assist us in knowing more of the early changes in diabetes

Wilder and Wagener[4] conclude that the primary cause of the retinitis associated with diabetes is in accompanying pathologic changes in the vascular system, the metabolic disturbances playing at most a secondary part. After discussing a series of cases their conclusions are "We

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y May 23 1928.

believe, therefore, that the retinitis of diabetes is the retinitis of cardio-vascular-renal disease modified and in appearance and in stage of occurrence by the metabolic disturbance associated with diabetes In cardio-vascular-renal disease there are degrees of renal involvement which indicate the stage of the vascular and of the renal process In a similar manner the various types of diabetic retinitis mark the degree of vascular and of renal pathology complicating the diabetes"

Renal retinitis may occur in those with diabetes just as in those without it In the acute diabetes gravis, retinal lesions are rarely seen Bardsley mentions two cases of diabetic retinitis in persons 26 and 35 years of age respectively

May not the tendency toward retinal hemorrhages and the resulting proliferative changes find its explanation in a sclerosis of the finer retinal vessels with hyaline transformations of their walls induced by the hyperglycemia? Little or no histopathological evidence has been obtained to differentiate between a retinitis of glycemic origin and one of renal origin Grafe[6] in a study of 1200 diabetics thinks that all cases save the mildest are accompanied with vascular changes and that every diabetic with hypertension of eight years standing develops a retinitis and that vascular changes of the retinal walls are indicative of similar changes in the other vascular areas throughout the body

The weight of opinion seems to be that the development of retinitis in a diabetic indicates advancing vascular disease This vascular disease invariably makes its appearance in diabetics after a certain period Is it due to the hyperglycemia, or is the arterial hypertension due to the hyperglycemia and the arterial degeneration in turn to the hypertension?

It is significant that Grafe advises caution in the use of insulin when severe retinitis is present I believe I have noticed in some instances accentuation of the retinitis after insulin has been used Usually one does not see amelioration of the retinitis though the blood sugar has been kept in normal bounds over a long period

Foster Moore[6] states that the retinitis found in diabetics is the retinitis of arteriosclerosis and the condition of the retinal vessels is a close guide to the condition of the cerebral vessels

Hypertension, vascular disease and renal pathology have constantly been found with retinitis in diabetes The lipaemia, ketosis and hyperglycemia are the products of the disturbed metabolic state we designate as diabetes The retinitis is part of the picture resulting from this disturbed metabolism It means that the metabolic disturbance has so far proceeded in its destructive course that advanced vascular disease is manifesting itself

Willbrand and Saenger discard the term retinitis and speak of retinal angiopathy and state that the retinal angiopathy seen in diabetes is not to be distinguished from that of general angiosclerosis.

De Schweinitz doubts whether the retinitis is due solely to diabetes but is rather due to the combination of retinal angiosclerosis and diabetes He has seen several cases with extensive hemorrhages and in some instances followed by proliferative retinitis Thrombosis of the central retinal vein may occur not as a diabetic lesion but induced by vascular disease in a diabetic person The retinal changes seen in diabetes mellitus may also be seen in diabetes insipidus

Parker[7] mentions glycemic amblyopia. There is a central color scotoma Occasionally hemianopsia may be present The amblyopia may be the only ocular symptom Paralysis of the extrinsic muscles may occur The 6th or a single branch of the 3d nerve may be involved The levator may be involved producing a unilateral ptosis

Xanthalasma may result from diabetes When Xanthalasma is seen this disease should be thought of and a blood chemistry done

Iritis is an occasional complication, there may be hemorrhages into the anterior chamber and fibrous deposits in the pupillary space. According to Klien posterior polar, combined with posterior cortical cataracts unassociated with chorioiditis are significant of diabetes The characteristic diabetic cataract is a rapidly forming one in a young person the subject of this disease Optic neuritis may occur, the prognosis is favorable in cases properly treated

Duke Elder[8] gives us the most acceptable theory to explain the myopia and hypermetropia The following law may be stated—"The refractive power of the eye tends to vary as the sugar content of the blood" There is a tendency to hypermetropia with decreased sugar and myopia with increased sugar It has been suggested that the change in refraction *caused* the diabetes! The following theories are discussed

(1) Dynamic Dependent on the neuro-muscular mechanism (a) Paresis of accommodation This may account for the change in some but not the majority (b) Affecting the external musculature One case studied was due to change in the corneal curvature with esophoria and presumably depended on a spasm of the lateral muscles

(2) Static Dependent on the physio-chemical mechanism (a) affecting the coats of the eye, a shortening of the antero-posterior axis due to a shrinking of the globe from loss of fluid in the vitreous This is known as the soft eye of diabetes and is a terminal event when the tissues have been dehydrated (b) A lengthening of the antero-posterior diameter due to softening and yielding of the sclera (c) Affecting the media generally An index change due to the presence of sugar or other metabolites This is untenable A sugar concentration of 20 per cent would be necessary It does not account for the astigmatism

(4) Affecting the lens Elsching found that while one eye underwent changes the aphakic eye remained stationary It is most reasonable to explain the changes on the hypothesis that they are due to osmotic influence on the disturbance of the water balance of the body that forms so large a part in the general metabolic upset knows as diabetes The normal constituency of the blood is the first aim of the body mechanism To accomplish this with a blood ladened with sugar, fluid is withdrawn from the tissues by osmosis to dilute the blood and polyuria results The net result is to dehydrate the body, hence the polydipsia The eye shares in the dehydration and the tension falls With the increased blood sugar we have—(1) Dilution of the blood by tissue fluids (2) Excretion from the blood of a concentrated fluid with a high salt content and high osmotic pressure (the urine) which is replaced by drinking water. This produces increase in blood volume and decrease in salt content As the sugar content rises the molecular concentration of the blood and tissue fluids fall The lens remains in status quo and is thus bathed by a fluid at a tension lower than its own molecular state Osmotic inequilibrium having been established fluid flows from the lower level, the blood, to the higher, the lens, deforming it and making the eye myopic. The increase in refractive power may be accentuated by a decrease in the index of refraction of the cortical layers as opposed to the harder and more resistant nucleus making the index of the lens less uniform and therefore of a higher refractive power On a fall of blood sugar a reverse osmotic change occurs and some degree of hypermetropia is produced by the transference of fluid from the lens to the blood, the osmotic pressure of which is now raised It is probable that cataract in diabetes may be due to more ready degeneration induced by strain of the deforming force and increased fluid traffic

A case in point is the following—

Mr H L W 53 years of age, occupation banker, First seen in 1923 at which time V O D 20/20 W C — 0.25 x 180

V O S 20/20 W C —0.25 x 180

W S + 1 00 & cyls he could read J 1 with ease

Again seen in March, 1927, when he required a + 1 75 for reading Eye grounds at both examinations being normal On February 9, 1928, he complained of dim vision which in each eye was 20/50 W S —0 75 () —0 50 x 180 =20/15 Eye grounds normal With dilated pupils, however, one could see very distinctly with the ophthalmoscope the nucleus of the lens differing so greatly from the cortex in refraction that at a distance of 12 inches from the eye the appearance of nuclear cataract was simulated On direct examination, however, with this instrument the media appeared quite clear as also with the slit-lamp and microscope The urine showed 3 3 per cent sugar and the blood 153 mgm per 100 c c of blood He was placed in hospital on proper regime and the eyes returned to their normal condition in ten days The vision was 20/15 without correction and the appearance of the lens was normal This case exemplifies Duke Elder's theory of the changes in the lens caused by osmotic variances The following cases are of interest, one in connection with changes in the refraction and one with glaucoma

Mr A C M, Real Estate Operator, age 47, First seen April 16, 1928, complaining of dim vision for distance and near Wearing for distance C — 0 50 x 180 ea For near S + 1 50 & cyls each eye Fundus examination showed retinal edema particularly about the maculae with well marked retinal angiosclerosis There was veiling of the fundus that was diffuse and illy defined There were white, dimly outlined, radiating lines at the maculae which were probably folds in this membrane since they subsequently disappeared.

With the retinoscope only a very dim reflex could be seen The refraction was as follows

V O D 20/30 W C — 0 50 x 180 = 20/ 15 dimly J 1 W S + 150

V O S 20/70 W S + 1 0 = 20/30, J 1 W S + 3 0

He was placed in the hospital for study The sugar in the blood was 192 mgm per 100 c c and in the urine 1 4 grams in the 24 hours He was put on a diet of 74 grams of carbohydrates, 52 grams of protein and 88 grams of fat On May 8, his blood sugar was 140 mgm and his urine was sugar free and

V O D 20/15, accepted no glass,

V O S 20/20, accepted no glass

J 1 W S + 2 00 in each eye

The retinal edema was improved, there was no improvement in the retinal vessels The refractive changes in the right eye were toward hypermetropia as the blood sugar was reduced. The left eye became less hypermetropic at the same time

Mrs J M L Age 52, School teacher Seen April 16, 1928 Complaining of irritation in the left eye with reduced vision

V O D 20/15,

V O S 20/40, accepted no correction in either eye There was a low grade uveitis with deposits on Decemet's membrane in each eye. Tension (Schiotz) in each eye 20 m m Hg On April 30 the tension was R. E 26, L. E. 43 At the first visit she had been put on atropin 1% twice daily This was omitted and pilocarpin and eserin substituted, but the tension still remained up

The interesting point about the study of this case was that she had a blood sugar of 133 mgm and the sugar tolerance curve elevated At 9 A M she was given 100 grams glucose At 10 A.

M the blood sugar was 230, at 11 A M 190 and at 12 M 160 In addition to this, infected teeth and tonsils were removed and a low grade nephritis with generalized arteriosclerosis was observed Was the uveitis due to the foci of infection? Was the nephritis due to the same cause? Was the prediabetes due to the arteriosclerosis and nephritis, to the foci of infection or were the nephritis and vascular disease due to the high blood sugar—the prediabetes? The uveitis is slowly improving Trephining will probably be necessary

Reid[9] remarks that Weir Mitchell said, "It is possible that the long continued presence in the blood of even small quantities of excess sugar may cause in the crystalline lens osmotic changes productive of opacity" He quotes W H Snyder as saying that the anterior capsule is the only one through which entrance is made by fluid to the lens These cells having a selective action, there comes a time when this is lost and then osmosis takes place On the functional activity of these cells depends the period at which the concentration of sugar will affect the lens Focal infection plays an important part in cataract formation in conjunction with hyperglycemia

Benedict[10] observes that insulin increases the peripheral circulation and predisposes to hemorrhage following cataract operations and suggests withholding it for four weeks after such operations

Murphy[11] remarked "No class of patients is more prone to surgical complications, has less tendency to recovery and has less resistance to toxic infection than the diabetic" Later studies have shown that the condition of the urine must not be taken as the sole guide to the patient but that the blood sugar percentage should be known Before operating on eyes a very careful study of the patient is made as matter of routine Focal infection, particularly of the mouth is eliminated Aside from the routine urinalysis which is so essential, a routine blood sugar estimation should be made or better still a blood chemistry

The nitrogen content of the blood may indicate important metabolic or degenerative changes If the fasting blood sugar is increased further studies should be made to determine the glucose tolerance This is very important as incipient diabetes or prediabetes, if one may so term it, may be present for a long time and there be no evidence other than as indicated in blood sugar study and sugar tolerance tests

The ophthalmic surgeon is only too familiar with the cataract case that develops after operation a red, painful, tender and weeping eye, a chronic cyclitis which resists our every effort Undoubtedly some of these patients can be saved by preoperative study of the blood One case of this type operated upon before the blood chemistry was perfected developed such a condition The preoperative study had eliminated focal infection and pathology of the urine The eye dragged on with a low grade cyclitis exhausting the vitality of the patient as well as the surgeon Four weeks after the operation during another complete general study to determine if possible the cause of the cyclitis, glycosuria was found. The patient was evidently diabetic before operation but without glycosuria Proper treatment promptly relieved the eye

Fortunately we do not have to often consider general anaesthetics in ophthalmic operations, when this is necessary in diabetics we should know the Co_2 coefficient and the alkali reserve of the body Foster[12] says patients showing hyperglycemia of 35% of Co_2 combining power of less than 40% cannot be expected to survive surgery

Berkman[13] in his preoperative study investigates the patient for evidence of infection and renal disturbance; renders the urine sugar free as promptly as possible, establishes tolerance roughly, brings the diet to maintenance caloric value and is sure the patient is free from acidosis Special attention is given to the number of days of starvation necessary to clear the urine of sugar as well as the general affect on the patient of radical manipulation of the diet Patients whose urine clears slowly and who complain of marked weakness and other distressing symptoms are carried on medical treatment for some weeks before being operated upon if the circumstances permit Prescribing the diet of such patients is not a mathematical calculation Individuals differ widely in what they can maintain their strength and vigor upon A patient who excretes more than 1 5 grams of ammonia and shows a positive ferric chlorid reaction for acidosis should have more prolonged treatment

Berkman has found the blood sugar estimation only of value in a few cases in which it remained persistently high after the urine was sugar free He depends on fluid by mouth, rectum or subcutaneously in threatened coma, with orange juice up to 250 cc daily

Zimmerman says trauma produced by local anaesthesia has a tendency to invite infection as diabetics may have tropic disturbance

Rountree remarks that renal glycosuria is one of the rarest diseases Even so we should not trust to this rarity altogether in our preoperative study

It is an accepted fact that operations on the eye and perhaps cataract extraction in particular being done under local anaesthesia and calling for a minimum of trauma do very well in diabetics There are a certain number, however, who may leave the hospital in good condition and later develop complications, low grade uveitis or secondary glaucoma for example, which lead to the destruction of the eye More, many more, such complications occur than ever reach the statistical reports so that we are apt to be misled

in such reports and would do well to most carefully study our patients, particularly where a possibility of diabetes exists Adams and Wilder[14] give 100 grams of glucose with sufficient insulin to assimilate it two or three days before operating Patients with adequate sugar reserve withstand operations better than those whose sugar reserve is low The control of hyperglycemia and glycosuria seem to be of minor importance after the operation They speak of "Internal respiration" as being the combining power of the alkalis in the blood with fatty acids with the liberation of CO_2 in the lungs

Mayo[15] in discussing the rehabilitation of the surgical patient observes that fat cannot to any extent be converted into glucose in the body but that proteins can When the latter occurs the excess nitrogen resulting is excreted in the urine. The kidneys may be unable to excrete this excess which accumulates in the blood mostly as urea, less as createnin, producing uraemia A properly regulated diet with judicious employment of insulin and glucose renders the patient with diabetes a good surgical risk in the majority of cases Mayo further remarks that "Someone has facetiously called diabetes a foot and mouth disease!"

Joslin[16] says "The vast majority of persons who develop diabetes are those who are overweight" Many persons with hypertensive nephritis react to the glucose tolerance tests with a hyperglycemia curve indicative of mild diabetes Impaired renal permeability will necessarily prevent glycosuria in many such cases In some individuals with normal blood sugar the renal threshold may be low and they may thus show a glycosuria In hypertensive cases with a diabetic tendency benefit is obtained by limitation of diet and reduction of weight. No such benefit comes from undernutrition in non-diabetic hypertensive cases Indeed much harm may be done this last class of patients by starving them

When there is abnormal hyperglycemia after meals or the glucose tolerance test produces a hyperglycemia exceeding in length and duration the normal, a definite diagnosis of diabetes can be made. It is persons of this type that careful study only will show to be abnormal In these overweight individuals with obstinate eye lesions or anticipating ophthalmic operations, particularly cataract extraction, careful study may prevent disastrous consequences We must recognize the fact that diabetes is more prevalent than heretofore indicated. Diabetes in the stage of simple glycosuria may cause neuritis, optic or general, neurasthenia, feeling of weakness, etc and may in all probability cause retinal lesions and cataract

Illustrating the form of non-glycosuric diabetes Taussig[17] notes a case of furunculosis and one of pruritus ani There was no glycosuria but the glucose tolerance test showed the typical blood sugar curve of diabetes mellitus Such a condition is not infrequent in old cases having a high-grade interstitial nephritis which caused disappearance of the glycosuria The latter case was not of this type having no nephritis and might be considered as being in the pre-diabetic stage They have a strong tendency to the disease and untreated would probably develop it It is obvious that such "pre-diabetes" may be an etiological factor in various diseases such as low grade uveitis, obstinate non-refractive asthenopia and low grade cyclitis following operations A case in point is the following

Mrs X Wife of an Army Officer, 40 years of age, good family and personal medical history For some years she had persistent asthenopia on attempting near work She could use her eyes for only a few minutes Painstaking examination of the eyes showed nothing beyond a moderate hypermetropic astigmatism. The extra ocular muscles, accommodation and the eye grounds including the retinal vessels were normal An equally painstaking medical examination was barren of results Teeth, tonsils and nasal accessory sinuses as well as the genito urinary tract were ruled out A glucose tolerance test, however, showed the "prediabetic curve" and on proper dietary regime she was able in three months to use her eyes all she desired without pain or discomfort

Taussig further remarks that a fasting blood sugar of 125 or post absorption blood sugar of 145 calls for further investigation Children in diabetic families should be investigated by the tolerance test. Blood sugar estimation is the only rational basis on which to diagnose or treat diabetes mellitus In normals following the glucose tolerance test the blood sugar curve rises to the highest peak in half an hour and declines to normal within three hours In diabetes the rise takes two to three hours and the decline four to nine hours

Cammidge thinks there is hyperglycemic diabetes of the pancreatic type and of the hepatic type and of other types The chemistry of these types is not identical In the pancreatic type the blood does not easily coagulate while in the hepatic type it does This first type may account for some of the retinal hemorrhages

Gray Clegg, in reviewing cataract extraction in diabetes at the Manchester Royal Eye Hospital in the last twenty years says the final results were not remarkably below the average A noticeably frequent complication being hemorrhage in the anterior chamber

Here might be mentioned two cases of this type, both mild diabetics of advanced age with the usual vascular changes In both patients on dressing the eye the third day after the operation and while inspecting the eye with the loupe the patients complained of sudden sharp pain and droplets of blood were seen to trickle slowly down the back

of the cornea just as rain drops run down a window pane

Leyton's[18] observations are instructive Glycosuria due to a low renal threshold is variable, depending on the nature of the food In those with a threshold a little below normal the glycosuria is intermittent Glycosuria arises occasionally from sapraemia as may be seen in those having boils Pancreatic glycosuria is modified by alterations in the renal threshold This threshold rises as time passes Emotional disturbance, hyperthyroidism and toxemia may increase the hyperglycemia The absence of glycosuria does not prove the patient non-diabetic, the presence of glycosuria does not prove him diabetic

Nephritis with glycosuria may be due to primary nephritis with glycosuria due to renal deficiency, or to a nephritis caused by a pre-existing diabetes In nephritis owing to damaged renal epithelium there may be glycosuria with normal blood sugar More commonly there is hyperglycemia and glycosuria, the former possibly caused by suprarenal oversecretion excited by retained wastes

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THE RELATIONS OF THE MEDICAL PROFESSION TO THE PUBLIC*

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IT is obvious to any thoughtful person, whether layman or doctor, that profound and highly significant changes have developed in the relations between the public and the medical profession For decades and even centuries, changes were insignificant, but in recent years, particularly since the beginning of the twentieth century, they have been so rapid and so startling that both of the parties concerned find themselves somewhat dazed, and in some instances apprehensive, concerning the future It will be my purpose to examine into some of the causes of the current unrest, to prognosticate the future, and to possibly suggest cures

In the preface to his admirable book "An Introduction to the History of Medicine" Dr Fielding Garison writes as follows "The history of medicine is, in fact, the history of humanity itself, with its ups and downs, its brave aspirations after truth and finality, its pathetic failures The subject may be treated variously as a pageant, an array of books, a procession of characters, a succession of theories, an exposition of human ineptitudes, or as the very bone and marrow of cultural history As Matthew Arnold said of the Acta Sanctorum, 'All human life is there'" We thus see that medicine always has been and always will be woven into the lives and souls of mankind Disease will threaten, illness must be cured, and health must be protected always It is impossible to picture a state so idyllic that the people will not need and demand the benefits of the science and practice of medicine Personal health touches the very foundation of the economic stability of the state, and it is safe to predict that in the near future it will not only, as at present, more or less sympathetically tolerate medical research, but it will demand investigations into the nature of disease and, let us hope, be prepared to foot the bills It is therefore obvious that society needs doctors, and it is equally clear that doctors need patients, for doctors are dependent upon the public for support

Having evolved from witchcraft and having always been shrouded in mystery, medicine and its apostles have been difficult of understanding by the laity Although our system of ethics provides primarily for the interests of the patient and for public health, we frequently encounter impatience when we adhere to the letter of the law

* Read at a meeting of the New York Physicians' Association on December 19, 1928.

prescribed by our wise men Our training, our responsibilities and the mode of life which is required of us as practitioners of the science of medicine, tend to make us differ in our reactions from the rest of society, and we are apt to be regarded as a bit different if not a little queer, lay managers of medical institutions consider us difficult to manage. We, on our part, sometimes feel that society is strangely unappreciative of our efforts, and we occasionally protest when the lawmakers impose restrictions upon us or accord recognition to cults which we know do not operate for the benefit of society However, the interests of society and the medical profession are so closely identified that we must come to a mutual understanding and together help each other

A casual survey of recent periodicals, both popular and thoughtful, clearly indicates that considerable fractions of the public are dissatisfied with the medical profession They feel that they are not receiving all that they should get, and that what they do get costs too much Whether right or wrong in this feeling it is of vital importance for us to heed the cry, for it is, to my mind, perfectly clear that we are servants of the public and if our present methods do not satisfy, it will sooner or later adopt measures which will require us to provide it with what it wants The profession usually protests against new methods of providing adequate medical service on the ground that it curtails some doctors' incomes The argument is fallacious and mistaken The sole answer to any such proposal is whether it makes a better provision for public welfare than do the existing means It is said that the profession constantly endeavors to eliminate itself by preventing disease While it is true that the control of certain infectious diseases has curtailed the demands for medical service in that particular field, it is equally true that every advance in public health welfare has necessitated more service from the profession, so that today there is a greater per capita demand for medical service than ever before It is the aim of the socially-minded, both within and outside the profession, to extend adequate care of the sick and modern preventive measures to those who now do not receive their benefits in full This is sound economy from the standpoint of the community, and we of the profession will therefore be compelled to provide such benefits It may be safely asserted that the best interests of the profession indicate that we should promptly and whole heartedly cooperate in every such movement. Moreover they should be initiated by us whenever the opportunity presents itself and thus remove the charge often made, and for which there has been just cause, that it is necessary for laymen to spur the profession into discharging its full duty

Another criticism of the profession is that medical service costs too much, and that the ordinarily self-supporting family becomes impoverished when it meets with illness It is certainly true that competent medical service is expensive and is, I fear, likely to become more so if our knowledge of disease continues to expand Yet I doubt if it has increased out of proportion to other necessities of life, medicine has to compete with the luxuries rather than the necessities The public has been impressed with the large incomes of some of our colleagues and believes that practically all doctors get rich, despite the fact that careful studies show the average doctor's income is pitifully small compared with the average incomes of other professions, business, and trade It is of course obvious that unless the average doctor can earn a sufficient income to permit him and his family to live in circumstances comparable with others of equal education and culture in his community, the profession will cease to attract desirable young students We are, however, not yet confronted with such a situation as the number of applicants to our medical schools far exceeds the available facilities, and I am confident that provision can and will be made by the universities so that no shortage of physicians need be feared even with the inevitable increase in the population The high cost of medical service is largely attributed to the increase in specialism, and the necessity for more frequent use of the specialists' service which has been brought about by the vast increase in knowledge pertaining to medicine It is certainly true that it is no longer possible for one man to become skilled in all or several of the divisions of medicine, and that the specialist is essential, both in practice and in research Specialism has been largely responsible for the great advance in medicine and should therefore be encouraged, but it will be necessary to impose certain requirements of education and experience to protect the public and the profession against the pseudo-specialist. It has been the good fortune of our friends who are specialists that it is far simpler to become proficient in the diagnosis and treatment of a limited portion of the anatomy than it is to acquire a broad understanding of the body as a whole That is, however, an argument for encouraging specialism

Does medical service cost too much? In comparison with other recognized necessities I doubt if the proportionate cost is excessive. If the public could be educated to an understanding of the economic necessity for maintaining health, it might then assign a fraction of the annual income to medical care. And if, when it was not used, it would be deposited in a savings bank and kept for a rainy day, the amount when required would not seem excessive and the doctor's bill might be paid The difficulty is that it is generally assumed that health will be maintained somehow, and when disease develops, it is looked upon as an accidental disaster outside the normal course of life "Public health is purchasable." Is it too much to ask that the public lay aside ten per-

cent of its income for medical service? If it is conceded that the foundation of economic safety is built on health, I do not believe that proportion is excessive

The public also complains that there are no family doctors, only specialists, which is of course not true There are plenty of family doctors, but there would be many more and the laity would know more about them if it would employ them as such, instead of seeking their services only in emergencies or when it admits that it cannot assign its symptoms to the field of some specialist The people who receive the best service from the profession are those who attach themselves to some family doctor and remain loyal to him These wise ones ask him whether they shall go to a specialist, and if so, to what one They thus secure his cooperation with the specialist which is invaluable in any condition whatsoever it may be We doctors only know the appreciation which we have for loyalty on the part of our patients, and that the feeling that the patient and his family have confidence in us inspires us to our best endeavor Many times have doctors said to me that "patient so and so has been loyal to me for ten or twenty years and I would do anything for him"

The profession is criticized because it has not taken a more active part in initiating and promoting health movements which have been so prevalent It is pointed out to us that the earlier ones were largely developed by lay people, and that the profession did not heartily cooperate in them We must admit the indictment, but we have largely overcome our early inertia and I feel confident that in the future the public will have little cause for complaint in that respect, indeed it may shortly begin to complain of our over-enthusiasm and aggressiveness in forcing prophylactic measures upon an indifferent populace In any event, it should not forget that the discoveries and observations upon which health movements are founded have come only from the profession, and that a reasonable division of labor requires that the public shall participate in protecting against disease

A matter of vital interest to both the medical profession and the public is that of the secret division of fees, commonly called fee splitting All systems of medical ethics have invariably proscribed this practice as inimical to the best interests and welfare of the patient, it introduces self-interest on the part of the attending physician and may thus deprive the patient of an unprejudiced opinion, it may also interfere with his securing the best available talent to minister to his particular malady, and it always leads to disharmony among the practitioners of any given community While the practice has undoubtedly prevailed among certain sections of the profession, it has seldom been openly advocated because of the stand taken by organized medicine Convictions for splitting fees have been infrequent, though often a matter of common knowledge, because of the difficulty in securing evidence when two parties have conspired to commit a breach of the code of ethics I suspect that the practice is spreading, and recently certain groups in the profession have openly advocated division of fees under certain circumstances The question is therefore squarely before the profession and as it directly involves the public welfare, it must be squarely met

So far as I am aware, the sole reason for advocating a division of fees is that the family physician feels that he does not receive remuneration commensurate with the importance of his services when compared with the remuneration received by the specialist This is true in many instances For example, the family physician must frequently exercise the highest skill and display rare judgment in deciding whether a child is suffering with acute gastro-enteritis, which is a comparatively mild affection, or acute appendicitis which if overlooked or neglected for even a few hours, may cost the patient his life The doctor's responsibility is exceedingly heavy and he is frequently denied the privilege of consultations which he desires He must spend considerable time, and at once, whatever his other appointments may be, administering treatment and carefully watching the effects If he properly diagnoses the condition as acute appendicitis, he calls a surgeon who usually arranges to operate in some hospital with which he is connected The surgeon's expenditure of time and effort is relatively slight, and the operation and after care may take little more of his time than was expended by the physician, and for this, being a specialist, he receives a fee from ten to one hundred times as much as the physician receives And furthermore it often transpires that the surgeon also gets the meed of praise, as well as being more likely to collect his fee

This is all wrong, but in my opinion the wrong will not be cured by dividing the surgeon's fee either openly or in secret There can be no compromise on fee splitting, for it is basically wrong It is, however, the duty of the leaders in the profession to provide information to the public so that it will be educated to an appreciation of the high degree of skill and the heavy responsibility exercised by the attending physician in the proper utilization of the specialist's skill and services When the public is educated to such an appreciation, it will cheerfully pay a reasonable fee to the man on the firing line (the first line of defense against disease), and if it should subtract that sum from the specialist's fee, it would not, in my opinion, be inappropriate.

The training of physicians, as well as their daily work in practice, tends to make them individual-

ists, and the profession has been slow to adopt the methods employed by business and other professions to conserve time and energy and thereby increase their output. Until recently mass production and business methods have not been utilized. Bearing in mind the basic principle of medical practice, the welfare of the public, it remains a question whether they should be extensively adopted by the profession. There is no doubt that our most highly trained and most experienced doctors often waste their time in making routine examinations and treating common minor disorders. Yet to the patient his ills are never trivial and so far as possible he demands the best available talent. To meet these objections and to make specialist's advice more readily available, group practice has been developed throughout the country—less in New York City than elsewhere. In the instances where groups have been formed for the purpose of rendering better service and not with the object of making more money, they have been useful and economical in handling those cases which require extensive diagnostic surveys. It is, however, doubtful if they can successfully or efficiently care for the mass of general practice, particularly when the patient is ill at home. It has been estimated that 85 per cent of all cases can be properly handled by competent general practitioners, and it is therefore doubtful if groups will arise except in the larger cities, and then chiefly to serve as consultants to the family physicians. In any event it appears improbable that they will be utilized to such an extent that the general cost of medical service will be materially lessened. It seems to me that a better method is for those doctors whose services are in great demand to employ junior assistants to relieve them of much of the routine burden, they to exercise supervision and consult with the junior. In this way the younger man receives excellent training and lays a foundation for his own practice in much the same way the apprentices did years ago.

The welfare of the public requires the maintenance of hospitals for the care of the sick poor as well as for the sick rich. It requires that they shall be well equipped and that the professional services rendered shall be of first rate quality. The medical profession has always cheerfully accepted this responsibility and when a new hospital is contemplated, the sponsors entertain no doubt that the best talent can be readily secured. This is as it should be. If the hospital is designed to include the care of private patients, the attending professional staff is offered a splendid opportunity to centralize practice, and while discharging obligations to the free patients can also do remunerative practice. But even the city hospitals which do not admit private patients attract the best equipped men in the profession. The reason is that the hospital physician is in a position to take advantage of the very best opportunities for gaining experience and education. I find no justification for the plea that such doctors are making great sacrifices in caring for the poor, or that because of the large amount of time which they give to charity cases they must demand large fees from the rich. The hospital physician, if he has the true physician's zeal, receives much more than he gives, and he seldom relinquishes his opportunity until forced to do so by an age limit or impairment of his health.

Why then should not every legally qualified physician be permitted to send his patients either to separate rooms or public wards, and then carry out any measure of diagnosis and therapy he considers desirable? This is the plea advanced by the advocates of the "open hospital." I am convinced that such a procedure would not operate to the advantage of the patient, the hospital, or the profession. The Public Health Relations Committee of the New York Academy of Medicine is engaged in a study of the question, and I am permitted to read extracts from the tentative report. A summary of the conclusions is as follows:

"Of all the large cities, New York provides the greatest opportunity for institutional affiliation of physicians. It is no exaggeration to say that any man of ambition, industry, and ability to cooperate with others can secure a position in a good hospital, if he is willing to serve the necessary apprenticeship.

"Some hospitals are overstaffed, others can add to their attending staffs without interfering with the present efficiency of their work. A ratio of one member of the attending staff to every five ward beds prevails in many of the best organized hospitals.

"A large proportion of our hospital facilities are in the municipal hospitals to which no private patients are admitted. Those who attend the nonpay patients in the municipal hospitals seek other appointments in voluntary hospitals where they can carry on their private work. From the community point of view and that of medical efficiency, overlapping multiple appointments are unnecessary and undesirable, except one appointment in a private hospital in addition to service in a municipal hospital.

"An open hospital cannot be administered as successfully as a closed hospital, and the patient is better served in the closed hospital than in the open hospital.

"The advantages of professional education claimed for the open hospital are more than offset by the disadvantages associated with this type of hospital organization.

"The existing opportunities for study and research are not sufficiently utilized by the medical profession. Under the circumstances the sincerity of the clamor for open hospitals, insofar as it concerns opportunities for research and education, may be questioned.

"The union between the out-patient department and the hospital is not as close in many institutions as it should be for the benefit of the patient as well as for educational opportunities and advancement of the profession

"Insofar as New York City is concerned, the open hospital plan is unnecessary, undesirable and impractical at the present time All that is claimed for the open hospital can be obtained equally well and much more simply by the modification of the present system"

The recommendations which are proposed are as follows

"1 All hospitals which are not fully manned should be urged to increase their staffs to a point compatible with greatest efficiency

"2 In principle, no member of the attending staff should have more than one active hospital appointment, with the exception of those who serve on the visiting staffs of municipal hospitals where no private patients can be accommodated

"3 When a patient is sent to a hospital by a physician not on that hospital staff, every effort should be made by the hospital authorities to continue the contact between the patient and the physician who referred the patient In cases of patients occupying private or semi-private accommodations in the hospitals, the family physician making professional visits may with propriety charge for his services

"4 Courtesy privileges granted by hospitals should be made available to the greatest possible number of physicians who have proven themselves properly qualified

"5 The plan of making places in hospitals for volunteer physicians should be seriously considered and adopted wherever possible

"6 The dispensary or the out-patient department should be more developed as a place for graduate teaching and that it should be intergrated with the work of the hospital along the lines laid down in the body of the report"

Medicine concerns itself with the prevention and cure of disease In order to achieve progress and continuity it must provide for researches into the nature of diseases and for teaching the beginners in the science It may no longer be anticipated that the solitary worker with scant equipment will succeed in making important additions to the knowledge of disease, and it is therefore necessary to provide a certain number of physicians with time and opportunities sufficient to engage in prolonged and continuous studies A now considerable group has been developed who are giving all of their energy and time to the study of problems relating to medicine, and in their hands and brains rests the scientific future of medicine It is obvious then that any plan for medical advancement must provide liberally for these academic workers Up to the present time this has chiefly come from private benefactions and they may multiply sufficiently to care for the future needs in this vital section of medicine. If, however, they do not, the state must be prepared to support medical research, and the public should be educated to appreciate the necessity for continuing and expanding the research facilities of all medical institutions

The history of medicine shows that the public has had little cause for complaint concerning the skill, industry, and idealism of the profession We are sometimes just a bit apprehensive about the ideals of some of the younger members, but we have faith that they will not be engulfed in the tide of materialism which was precipitated by the great war We ask the public to cooperate with us and manifest its confidence by supporting our ideals and efforts

What of the future?

Through education better understanding will be developed between the public and the medical profession This will come chiefly from the profession which will gradually emerge from its individualistic isolation and freely spread information concerning public health welfare and assume the leadership in providing the best possible medical service for all sections of society

Medical service will not become cheaper, it will probably become more costly The profession should make every effort to conserve its time and equipment The public must realize that health is essential for economic security, and that good health cannot be anticipated without prophylactic effort The public will anticipate a certain amount of illness and will be prepared to pay for it as well as numerous luxuries

Secret division of fees will not be countenanced by the profession The public will, however, learn better to appreciate the value of the services rendered by the attending physician and will pay him accordingly, possibly at the expense of the specialist.

The "open hospital" plan will not be generally adopted but the hospitals will be developed into community health centers and will extend the opportunities which they possess to more of the profession as well as the public It is hoped that more physicians will take advantage of these opportunities than has been the case in the past

The benefits of medical science will become available for all sections of the populace Medical service, especially prophylactic medicine, will be increased through official and voluntary agencies, clinics, and whole time physicians employed by industries This will not mean state medicine, and organized medicine should foster and participate in the movement, because, if for no other reason, it will bring more money into the profession

The future of the profession was never so bright as today The physician of the future will be more highly respected and appreciated than

ever before For any young man possessed of a reasonable degree of ability, breeding, and industry, medicine, beyond any other calling, offers a prospect for achieving intellectual satisfaction, an unparalleled opportunity for service to mankind, and the assurance of economic security

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MAILABILITY OF MEDICAL LITERATURE ON THERAPEUTIC ABORTION AND CONTRACEPTION

By ROBERT L DICKINSON, M D, F A C S, NEW YORK, N Y

Our postal laws, if enforced with formal strictness, would bar from the mails or express any medical book or medical journal which provides doctors with information on methods of interrupting pregnancy to save life, as in the case of pernicious vomiting or uremic convulsions

Section 211 of the Federal Penal Code says in part " .. every book giving information directly or indirectly by what means any act or operation of any kind for the . producing of abortion or how abortion may be performed is declared non-mailable matter Whoever shall deposit or cause to be deposited for mailing or shall take from the mails anything (thus) declared to be unmailable shall be fined not more than $5,000, or imprisoned not more than five years, or both "

Our postal laws, if strictly enforced, would bar from the mails or express any medical book or medical journal which provides doctors with information on methods whereby sex union is safeguarded in the case of patients who must postpone pregnancy because it would endanger life The same Section (211) reads "every letter book, pamphlet giving information directly or indirectly by what means conception may be prevented .is declared to be non-mailable matter Whoever shall deposit or cause to be deposited in the mails or shall take from the mails (such matter) shall be fined not more than five thousand dollars or imprisoned for not more than five years, or both "

I drew attention to this law in my paper on Control of Conception, published in the NEW YORK STATE JOURNAL OF MEDICINE for May 1926, p 596, stating that public opinion seemed to be against enforcement of this part of the law, because no action had been taken on my report on technique in "Contraception, a Medical Review of the Situation," printed in the *American Journal of Obstetrics and Gynecology*, VIII, 5, November 1924 and in the transactions of the American Gynecological Society for 1924 I said further that this was the first extensive test of the attitude of the post-office In this I was mistaken I should have remembered the excellent monograph of thirty-one pages by Dorothy Bocker, M A, M D, entitled "Birth Control Methods," privately printed by the "Birth Control Clinical Research, 104 Fifth Avenue, New York City" in February 1924 I am informed by Mr Dudley Siddall that 5903 copies were mailed to doctors who ordered them in answer to a circular, and that the name of the physician and a serial number stood on each fly leaf His letter also states that the Post Office investigated, that as the publication was "non-commercial" (at the "nominal price of $1 00") and author and recipients licensed physicians, the officials seemed to be satisfied with the good faith of the sponsors (the American Birth Control League, under Mrs Sanger's presidency), and finally that mailing continued for seven or eight months without interference This is worthy of record as it is historically the first example of a considerable case history report on contraception that goes into careful detail, covering some 1,458 patients The first real report on *follow-up* is that of Dr Hannah Stone from the same clinic, published in the *Medical Journal & Record*, March 21, 1928.

Thus physicians are law breakers who in this country secure medical texts containing information necessary in their practice for the purpose of saving life or safeguarding health when endangered by pregnancy under certain conditions The Custom House bars certain books on birth control except when intended for medical libraries It will not pass a shipment of pessaries, even for birth control clinics like the one at Johns Hopkins, or for use in nine leading hospitals in New York City where contraceptive treatment is given However, now that good pessaries are made in this country, and there has been no interference with mailing to doctors, this is no great hardship The legal ban on written scientific instruction is the chief absurdity in this situation

EDITORIAL

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It is gratifying that during the quiet summer season all the State Journals are carrying an increasing amount of news of activities which are of interest to the leaders of the Medical Society of the State of New York

THE VOICE OF THE MEDICAL PROFESSION

Every human organization has a creed and a ritual even though they are not conscientiously recognized by the members The medical profession has both a creed and a ritual

The creed of the medical profession is expressed in the Oath of Hippocrates, in the Code of Ethics of the American Medical Association, and in the principles of professional conduct of the Medical Society of the State of New York

The ritual of the medical profession is unwritten, but, like the English Constitution, it is the more powerful because of its mysterious tradition which can neither be proved nor disproved by direct quotation The records of every medical society meeting contain appeals that its members follow the customs and principles of action established by years of usage

Medical men are bound by strict rules which have the force of a ritual These rules are the forceful expression of ideals which individual physicians can seldom exemplify to their full degree in their daily practice

The people generally do not understand the reason for some of the details of the medical creed and ritual, and even medical men themselves are sometimes inclined to ignore them when they interfere with the modern practice of scientific medicine, for the evolution of the science and art of medicine, especially in its preventive forms, has overthrown some of the cherished interpretations of the older medical creed and ritual Gone are the pompous manner, the gold-headed cane, and the dignified dress of the physician of a century ago Gone, too, are the age of mystery of the awesome consultation when the medical oracle spoke excathedra from behind closed doors by the mouth of the senior doctor Gone also are the days of polemic medicine when physicians condemned the homeopaths and electics publicly and consulted them in private Gone too are the days of mystery when doctors feared to subject either their ignorance or their knowledge to the criticism of an enlightened public. But in the place of mystery and secrecy medical publicity has come into existence, although medical men have not yet entirely grasped its significance

Medical publicity has been defined in clear terms by the Executive Committee of the Council of the Medical Society of the State of New York as follows "Medical publicity is that which is educational and deals with the medical profession in its entirety, while medical advertising appertains to the medical publicity which deals with the individual and may be used to his or her personal advantage" (See the NEW YORK STATE MEDICAL JOURNAL of May 1, 1929, page 573) This definition was adopted by the House of Delegates as recorded in the minutes printed on page 828 of the July first Journal

The occasion for stating the newer distinction between medical publicity and medical advertising was the interpretation of Section 31 of the Principles of the Professional Conduct of the Medical Society of the State of New York, which was adopted May 21, 1923, and which reads "Physicians should not make use of special cards or any other form of advertisement for the purpose of inviting attention to themselves, they shall not boast of cases, operations, cures, or remedies, nor aid or permit the publication of any of the foregoing in the public prints"

Narrow interpretations of this section have been that a physician shall not knowingly permit his name to be used in newspapers in connection with any case which he treats, or any public health movement which he sponsors, and that he shall not sign an article which he may have written for the education of the people An extreme interpretation of the section is that a physician shall not lecture on medical matters in his own community, although he may do so in another locality where he cannot profit by the fame and advertising that may come to him

Progress in the practice of medicine has demonstrated the value of educating the people along medical lines, especially since cultists and quacks have carried on extensive campaigns alleging the falsity of the basis of medical practice, and the scientific basis of their own narrow methods

Progress in medicine has consisted largely in pushing back the time of diagnosis to the preclinical stage of a disease. This means that the patients must be educated regarding the signs and symptoms which are suggestive of disease It means too the people who are entirely well shall give heed to the community measures for the prevention of communicable diseases and the promotion of community health The prevention of disease consists principally in the medical education of the people, and medical education is a form of the practice of medicine The physicians of every community are the natural teachers of medical subjects to the people, but the work is too great for the physicians to carry on as individuals The leadership in medical education belongs to the medical societies, especially to those of the counties and the State Moreover, the medical societies can only give advice as to how the educational work shall be carried on The execution of the work belongs principally to lay helpers, just as the actual care of the sick belongs to bedside nurses who act under the immediate direction of the physicians Some of the educational helpers of the physicians are

1 Officials in departments of health

2 Public health nurses

3 Teachers and physical trainers in public schools

4 Leaders in lay organizations, such as parent-

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MEDICAL PROGRESS

Treatment of Permanent Arterial Hypertension.—Ch Achard states that it is useless to think of a remedy which will permanently lower the blood pressure in permanent hypertension The rise in the pressure may be compensatory and in such cases the best we can do is to prevent an abrupt increase of pressure There is a hygiene of hypertension which comprises rest in bed, which will secure a reduction after several days An occupation must be chosen which will not cause great fatigue, and one must avoid long walks, and agitation of any kind Meals should be small, meats cut down, and when obesity is present one should diet for that condition The amount of salt permissible is a subject of differences of opinion According to some observers, salt can raise the blood pressure, possibly through provoking thirst and ingestion of fluids Drinks of course are to be cut down to 1200-1500 cc in 24 hours Mineral water cures are therefore of questionable value Coffee and alcohol are prohibited Indications for drug treatment comprise the use of diuretics, but this should not be overdone and it is best to restrict these remedies to cases in which the elimination of urine is below normal In some of the patients the urine is thin and pale and diuretics are of course contraindicated Sudorifics and purgatives are less valuable although laxatives are often required One of the best methods of depletion consists in repeated small venesections Patients can benefit by short walks or light exercise, massage, out-of-door life, and an even climate Baths in carbon dioxide gas are valuable for producing peripheral vasodilatation Electricity in any form is of small value in permanent hypertension and hot baths are contraindicated Of actual drugs enumerated are the nitrites, hepatic extracts, antispasmodics, etc , while in acute crises we have venesection, lumbar puncture, amyl nitrite, and trinitrin When cardiac failure is threatened heart stimulants are required and renal failure also calls for special measures —*Le Progrès Médical,* May 11, 1929

Congenital Stenosis of the Aorta—Torlais, Trocme, and Dufour describe a case of this condition which was complicated by multiple emboli The patient was a boy of 16 who fell in a coma without apparent cause On recovery the right side was seen to be paralyzed and the patient was aphasic In the course of a general examination the cardiac area was found much amplified and there was a double murmur at the aortic orifice The blood pressure was 100 There were no evidences of cardiostasis When the physician was summoned during the night the boy was found in a semicoma with signs of meningeal irritation As there was no tendency to improve under palliative treatment lumbar puncture was practised There were no evidences of tuberculous meningitis and the Wassermann was negative The left arm was showing some contracture and later became cold and livid, cadaveric in its suggestion Treatment had consisted in opiates for the agitation and restlessness, and cardiac stimulants Death took place on the 15th day, the arm being in a gangrenous state An autopsy was not permitted, but the state of affairs seems to have been obvious, to wit, a congenital stenosis at the aortic orifice and the superaddition of multiple emboli The usual cause of aplasia of the aorta is given as syphilis but in the patient's case the evidence is lacking The father was an alcoholic who had more than one attack of delirium tremens The other children in the family were free from stigmata The first embolus was that in the brain with its resulting paralysis and aphasia, and the second took place in the left arm This tendency stood in no essential relationship to the aortic lesion although that of course was a factor, the authors suggest that an infectious element was present and connect it with a recent attack of influenza In this case, despite the prolonged aortic stenosis there was no aortic regurgitation and the only phenomena of stasis were in the pulmonary system (passive congestion of the lung bases) —*Le Bulletin Médical,* May 1-4, 1929

Septic Sore Throat.—Prof W Uffenorde of Marburg adds to the number of papers on this subject which have recently appeared in Germany and gives an outline of four personal cases Of this number none seems to have been of the dreaded thrombophlebitic type and all of the cases were sporadic in incidence so that there is no connection with the epidemic septic sore throat seen in the United States The first patient merely developed a suppurative lymphadenitis in the regional glands—analogous cases of lymphatic propagation of a simple tonsillitis have recently been reported —the general symptoms of sepsis coexisting, although not of a severe type Case II in an old woman was at first taken for mumps following a recurrent angina The swelling subsided, but following peritonsillar swelling an

teachers associations, anti-tuberculosis societies, and child welfare committees

5 Newspapers

This list might be extended to great length The people now recognize the great importance of community health measures to such an extent that any news of a public health nature is featured by newspapers The editors of the daily papers are concerned primarily with the kind of news which the people want to read, and the space which they give to health items is proof of the eagerness of the people to learn more about health and sickness, and to vote for the support of public health measures

Both the news items and the advertisements in the newspapers emphasize the authority of the voice of the medical profession An obligation rests upon the doctors of every locality to make their voices heard throughout the community Physicians throughout the nation have evolved a standard method of popular education as follows

1 The unit shall be the County Medical Society

2 Medical education work shall be done by committees composed of physicians who are specialists as writers, speakers, organizers, and general medical leaders

3 The names of these specialists shall be kept prominently before the public in order that popular medical education may be a concrete, present reality, instead of a far-off abstraction for which no one is responsible

The voice of the medical profession in its greatest power issues from the mouth of the practising physician who writes, speaks, and acts in the name of his County Medical Society

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Association of State Medical Journals This JOURNAL for August, 1904, contained the following editorial on the proposal to form an association of State Medical Journals

"Representatives of the State Medical Journals, who were present at the Atlantic City meeting, practically decided that an association of the State journals would be a strong bond of sympathy and good will, after every point of view was fully discussed the preliminary articles of association were prepared and final agreement deferred until next year As these are of special interest to the members of the Association, it is desirable a full expression of opinion should be secured

PRELIMINARY ARTICLES OF ASSOCIATION

"The name of this Association shall be 'The American Association of State Medical Journals'

"Its purpose shall be to federate, for mutual encouragement, support and business interests, the journals now published by State Medical Associations, or which may hereafter be so published, only journals published or controlled by State Medical Associations shall be eligible to membership

"Its meetings shall be held annually at such time and place as the American Medical Association may meet

"This Association makes the following declaration in regard to advertisements No State Medical Journal shall accept an advertisement of a medicine which is not ethical To be ethical in the meaning of this declaration the product advertised must have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined Further, such product must not be advertised to the lay public through the secular press

"In case a product is advertised under a copyrighted name, the manufacturer shall furnish with it the proper chemical name and if not patented then also the process of manufacture.

"All advertisements not covered by above paragraphs, or which contain extravagant and improbable claims, shall be submitted to the executive committee for approval before they can be accepted

"Editors of State Medical Journals and members of Publication Committees of State Societies shall be included in the membership of this Association"

matter of fact was excluded from the present series Autopsies on numerous influenza victims have never shown the complication of appendicitis—*Münchener medizinische Wochenschrift,* May 10, 1929

The Place of Fungi in Modern Medicine—Fred D Weidman, writing in the *American Journal of the Medical Sciences,* June, 1929, clxxvii, 6, discusses the various organic systems in their relation to fungous disease, thus demonstrating the importance of fungi in modern medicine. Among the outstanding mycological advances, from the diagnostic standpoint, we have the waxing rôle of pseudotuberculosis, the ubiquity of dermatophytosis, and the possibility of yeast cells being present in bone abscesses and meningitis Physicians should recognize that almost every organ and every kind of animal tissue is liable to fungous infection, they are not addressing themselves seriously enough to the situation The average laboratory man is largely at fault for our mycological backwardness, because he is not adequately trained in mycology In the treatment of fungous infection, if there is one most useful agent it is iodine Since the advent of the Roentgen rays these are commonly used in conjunction with iodine The latter can be administered in the form of potassium iodide or of Lugol's solution The dosage should be large It is possible, beginning with the usual 5 or 10 grains three times a day, to increase to as much as 120 grains three times a day In treating sporotrichosis, Shelmire administers as much as 10 c c of Lugol's solution, diluted by 100 c c of physiological salt solution, and has had striking results Thallium acetate has been found valuable in the treatment of ringworm of the scalp Given orally, 8 mg per kilo of body weight, it causes falling of the hair in sixteen to eighteen days In the superficial dermatoses, tincture of iodine and salicylic acid ointment are effective Dermatophytosis in other regions of the body than between the toes usually yields to lotions or to ointment of salicylic acid, ammoniated mercury, or other fungicides Tartar emetic, administered intravenously, beginning with 3 c c of a 1 per cent solution and increasing up to 10 c c, has been life-saving in cases of coccidioidal granuloma, a disease which has hitherto invariably proved fatal

Symptomless Infection—Professor W Kolle states that most infections may exceptionally pursue a symptomless course This is revealed for example by certain skin tests when positive, by our knowledge of disease carriers, and by animal experiments In the case of tuberculosis we are only seldom justified in the use of the term symptomless or latent, for nearly always there are symptoms of some sort Syphilis, on the contrary, we now know to pursue rather often a symptomless course, for positive Wassermanns are found in individuals in apparent health and in animal syphilis there may be no general symptoms The author has shown the existence of a symptomless superinfection with syphilis The subject who originally has had a latent syphilis may contract a fresh infection without symptoms and may transmit the disease to others The mouse, now much used in experiments with the treponema may be infected syphilitically and remain syphilitic yet show no symptoms and live out its span of life. It is important to know that the organism can persist indefinitely in the brain of the animal, thus perhaps throwing light on human paresis The victim of late syphilis has often denied positively any history of a chancre, thereby causing the profession to regard all syphilitics as liars, but the author believes that many of these men were entirely unaware of their infection which had been symptomless up to the time of the development of tabes, paresis, aortitis, etc Our knowledge of immunity in man must receive a jolt from these researches on animals, for we must realize that there is a true and a false immunity This peculiarity of the treponema, the author says, probably extends to the entire group of spirochetal diseases—*Schweizerische medizinische Wochenschrift,* May 18 1929

Diagnosis of Rapidly Fatal Diseases of Early Childhood—Professor K Blühdorn refers to illnesses that strike down a healthy child and destroy it in a few days The first example cited is heat stroke in which life is ended by convulsions Thymic death is then mentioned and in this connection a peculiar cardiac condition, hypertrophy with interstitial myocarditis, is referred to Other fourdroyant diseases are epidemic meningitis and the bulbar form of poliomyelitis When a child is suddenly smitten a diagnosis between these several conditions must be made and this is often a most difficult task, while frequent failure to obtain autopsy makes it impossible to confirm the diagnosis Interstitial myocarditis is a condition but little known and the author has found reports of five cases only in which the diagnosis was confirmed by autopsy This affection has probably been included in the picture of thymic death The child is attacked with tachypnea with slight cyanosis, is prostrated yet very restless, and vomits On physical examination the area of the heart is found widened, especially to the right, with the liver enlarged from stasis The children at-

abscess developed at the upper mediastinal region This was evacuated and the tonsil of that side enucleated, when pus was found in the peritonsillar space The fact that the lower abscess was encapsulated doubtless saved the life of the woman The third patient was a girl of 14 with history of tonsillitis and secondary nephritis She developed a retropharyngeal abscess Both the preceding patients showed clinical evidences of sepsis although there is no mention of positive blood findings The fourth case ended fatally, the patient was a man of 34 After an ordinary angina had set in pus formed and was evacuated from the peritonsillar and retropharyngeal spaces A phlegmon then developed at the side of the neck and the pus burrowed extensively into the thorax, although all of the vessels of the neck remained intact. These cases suggest that the family physician call in a throat specialist for every case of acute angina the moment pus develops in the peritonsillar space or side of the neck, and likewise upon the development of chills and permanent temperature Very little is said of bacteriology, but the author regards the blood count as of value, especially displacement to the left—*Deutsche medizinische Wochenschrift,* May 10, 1929

Nonagenarians—Dr Ch Widmer of Lucerne, has for the past twenty years collected data on this subject and now has notes of 97 men and women who had passed the ninety year mark While the material is small compared with that controlled in Humphrey's work on Old Age it is of considerable interest so far as Switzerland is concerned Nonagenarians are exceptional people from the biological standpoint The subdivision by sex is 56 women and 41 men, which appears to indicate a ratio of longevity of 4 to 3 in favor of women The great majority are from agricultural stock The first characteristic isolated by the author is an excess of ectodermic structure—of hair and pigment They do not show their age which is masked under a taut, lean, and dry exterior This physical makeup was present without exception There were no invalids among the lot, no bedridden, no blind, deaf, or lame One will find plenty of these defects among the sexagenarians, but the nonagenarians have become immune Death is quite a different thing in these two periods of life or extremes of old age At the time of writing 69 of the 97 are dead but not from cancer, not from infections, not from gangrene or apoplexy Nevertheless these peoples have not escaped gout or rheumatism although they have outlived those affections, while a majority of the men have had prostatic symptoms The author was astonished to note that none of the men had been a smoker, and every man had been married Celibacy, was of no such disadvantage to the women, for more than half were unmarried Not one of the 97 had been a first born or an only child The author points out that light reading and card playing were unknown in their circles, mostly they complained of the hardness of their lot, but not of ailments and not of the future. The author makes no reference to alcohol although the Swiss have the reputation of being home brewers and distillers Not one had ever submitted to a surgical operation or been under an anesthetic—*Munchener medizinische Wochenschrift,* May 17, 1929

Grippal Pseudoappendicitis—W Wachsmuth mentions the cumulative occurrence of appendicitis in certain epidemics of influenza, in which, however, as the cases were chiefly benign there was always a doubt as to the diagnosis If not true appendicitis, how explain the symptoms? Disregarding the literature and the experience of previous epidemics the author prefers to discuss a series of 11 cases of appendicitis, or apparent appendicitis, seen by him in the past two months After giving brief histories he sums up as follows Every case first presented symptoms of a general infection—depression, pains in the limbs and loins, etc with spontaneous pain in the appendix region Five patients vomited While the abdominal symptoms dominated the picture and led to the diagnosis of appendicitis, the usual evidences of grippe—sore throat, tracheitis, or bronchitis—were noted at the time or somewhat later There was tenderness on pressure in the appendix region, although but one case showed an abdominal defense After a few days the abdominal symptoms receded and the picture of grippe asserted itself Only one case came to operation and here no appendicitis was found, but instead a mild inflammation of the cecum In reviewing these cases at length the author is not satisfied to regard them as appendicitis The symptoms lasted but 2 or 3 days as a rule and all of them vanished completely and permanently There was no history of any previous episode suggesting a prior attack Leucocytosis was present in but four cases Despite the great tenderness of the right hypochondrium muscular rigidity had been as good as absent The author seems unaware of the fact that spontaneous pain in the right hypogastrium seldom or never occurs early in appendicitis and that pain is referred rather to the middle line and to the epigastrium or umbilical region The symptom stands in no relationship to intestinal influenza, which as a

LEGAL

By Lloyd Paul Stryker, Esq
Counsel Medical Society of the State of New York

PUBLIC OPINION AND JURY DUTY

"You never can tell what a jury will do," or to put it in the language of an old practitioner in the Court of General Sessions of New York City, "There are two things about which you never can tell, whether it will be a boy or a girl, and what a jury will do" How often have we heard expressions of similar character in court and out from lawyers and litigants alike

Your counsel came to the Bar a firm believer in the jury system A careful study of the history of the jury system in relation to the life of the peoples in the countries where the jury system obtains, convinced him that despite its human imperfections, it nevertheless was the best means yet devised for the settling of disputes between man and man and the determination of the guilt or innocence of a person charged with a crime Twenty years of experience first as an Assistant District Attorney and later in the trial of civil cases has strengthened and confirmed that view To be sure there are times when a jury's verdict represents a miscarriage of justice, and yet it is remarkable how time and again twelve men, drawn from all walks of life, will sift and analyze contradictory testimony and reach a verdict that represents a triumph of truth and justice.

Your counsel has discussed the subject many times with prominent members of the Bar and Bench, and in nearly every instance has found them to be staunch defenders of the jury system

We have not sufficiently stressed the importance of jurors in the administration of justice We have not made them feel as we should, that they are just as important to the proper functioning of the courts as the judge on the bench We have not sufficiently considered their welfare Perhaps that is one reason that accounts for the large percentage of men, at least in the large cities, who seek to avoid jury duty Jurors are entitled to and should receive every courtesy and consideration, not only from the judge before whom they serve, but from lawyers, court clerks and court attaches with whom the jurors must come in contact during their term of service To one who realizes the vital part that juries play in the administration of justice, it is heartening to note that public conscience and public opinion have in recent years been aroused to the necessity of improving and strengthening the jury system

The judges of our courts are continually stressing the necessity of according the jurors every courtesy, and through cooperation with the various court clerks, they devised a system which already is making for the greater convenience of men who are called to jury duty Only recently in the City of New York a spacious room with telephonic and stenographic service, has been set apart exclusively for jurors Individual jurors with whom your counsel has spoken, have expressed delight at this evidence of consideration for their welfare Courtesy begets courtesy, and when jurors feel that their welfare is being taken into consideration by those who are in charge of running our courts, they in turn feel that they are really a part of the court and are actuated by a strong desire to perform well and truly their duties as jurors

Just a few weeks ago the presiding justice of one of our courts called before him the clerks and court attaches and told them that both he and they were servants of the jurors and that they must treat men who come to serve on juries with every courtesy, kindness and consideration

The Rotary Club of New York has formed a "Legion of Volunteer Jurors" This is part of a campaign undertaken by the Rotary Club in connection with the Association of Grand Jurors of New York County to impress upon the community that jury duty is a badge of honor, and that the man who shirks jury duty is in the same category as one who in times of war, though physically able, refuses to serve his country when called upon to do so These bodies are doing a noble work and they deserve the cooperation and assistance of every true citizen of this state They are seeking to bring home to the public mind and the public conscience the principle enunciated by Judge Merrick in the case of U S against Nardello, when he said "It will not do to say that one shall have of a community all that he can get out of the community and on the other hand shall not return to the community some corresponding obligation of citizenship"

Further evidence of an awakened public conscience and public interest in the subject of better juries, is found in a bill introduced in the legislature at its last session This bill sought to abolish all exemptions from jury service The bill failed of passage, probably for the reason that it was too sweeping in character There is no doubt that too many classes are now exempt from jury duty, and the abolishment of some of

tacked by this malady are about one year of age The author has had one fatal case in his own practice, but two other children were saved, probably by the use of strophanthin Two other cases of rapidly fatal illness are given in detail Although in neither was autopsy obtained the author has little doubt that death was due to the bulbar form of infantile paralysis, in fact the diagnosis was made with little trouble through the peculiar bulbar syndrome and by exclusion It was only required to exclude laryngeal stenosis, which was readily done The author insists on the importance of the neurological examination in these cases and on excluding as far as possible such a vague term as thymic death The possibility of acute cardiac failure from myocarditis should also be borne in mind—*Deutsche medizinische Wochenschrift,* May 24, 1929

The Mouth as an Autobiography—F W Broderick holds that too much emphasis has been placed on infection as a cause of dental disease to the neglect of the underlying cause of susceptibility to infection He contends that in the mouth we have a document demonstrating not only past errors of metabolism in the presence of the stigmata of dental caries and of pyorrhea, but also suggesting the probable condition of the patient in the future by showing the diathesis or susceptibility to disease to which he is liable The reaction of the saliva demonstrates conclusively the state of the acid base equilibrium of the blood, alterations in which reflect the general metabolism of the body consequent upon functional disturbance of the endocrine autonomic system, on which depends the individual's susceptibility to disease Cannon has shown that the emotion of fear, through the stimulation of the adrenal glands, prepares the animal for the exertion of fight or flight Worry and anxiety are the civilized equivalent of fear, and in these conditions the same physiological reactions occur, notwithstanding the fact that, owing to civilized conditions, they cannot be followed by the exertions of attack or defense Hence there results a maladaptation to circumstances The result is overaction of the adrenal glands or their exhaustion, with the consequent effects upon the autonomic system and metabolic derangement These conditions can be recognized by a study of the mouth and oral secretions, the effect, for instance, of a constant increase in alkali absorption will show itself in a tendency to alkalosis and the production of pyorrhea, while an increase in acidity will tend to acidosis and dental caries If the reaction of the saliva demonstrates conclusively the state of the acid-base equilibrium of the blood, then in an estimation of this reaction, carefully considered in relation to all the circumstances of the case, we have a method of diagnosis of greater importance even than that of an examination of the urine and the blood, in that these latter demonstrate only disease conditions, whereas the saliva gives evidence of change before the general pathological upsets have reached that stage The work of an intelligent dentist should not consist entirely in repairing, removing, or replacing damaged teeth, but through the study of mouth conditions he should become a helpful colleague of the medical practitioner—*The Practitioner,* June, 1929, cxxii, 6

The House Mouse as an Etiological Factor in Pneumococcus and Coli Infections—E Palier states that since the labors of Fränkel it is accepted that his pneumococcus is the pathogenic factor in fibrinous pneumonia It is described as a lanceolate diplococcus but the writer regards it as highly polymorphous, and when passed through mice the young cultures may show coccobacillary, streptococcal, and staphylococcal forms Both old and recent authors speak of such transformations The diplococcus is found in the mouths of a majority of healthy individuals but its virulence is greatly attenuated Virulent cultures lose their virulence in a few hours, and man and the rat are normally somewhat refractory to the germ, but after successive passage through mice it will kill rats It has always been a mystery how this germ is able to acquire virulence to mankind—how the harmless organism of the mouth can have its virulence so augmented We may guess that the exposure that often precedes pneumonia may be such a factor, but the disease occurs also in hot countries, while in the polar regions man seems immune In the interior of Iceland the disease is all but unknown, although it may develop in the seaports, soldiers' barracks, etc We may imagine that the domestic mouse is a factor, that infection may be spread by fleas or that the excreta of the animals may infect the air Dead mice contain many virulent organisms Not only pneumonia, but appendicitis, puerperal infection, etc may originate in this manner The rat is less of a menace, but is susceptible to coli infection and may be a factor in the transmission of the same These rodents may perhaps be infected from human sputum and thus become new foci of infection Houses with cats seem to show some immunity to pneumonia over houses without cats, according to figures quoted from Béguins of Antwerp—*Bulletin de l'Academie de Médecine,* May 7, 1929

defendant operated without consent, and furthermore performed the operation in such a negligent manner as to puncture certain of the plaintiff wife's internal organs

When the case appeared on the calendar, plaintiff's attorney did not even answer it and it was marked off the calendar and subsequently a motion was made by us to dismiss the case for lack of prosecution, which motion was granted, thus terminating the action in the doctor's favor

OBSTETRICS—CLAIMED WRONG DIAGNOSIS

In this case, an action was brought by the husband and wife against the doctor, the charge being that he diagnosed the condition from which the plaintiff wife was suffering as a tumor, whereas in truth and in fact she was pregnant, and that relying upon his advice, she submitted herself to an operation It was further alleged that she never had a tumor, and that the operation was unnecessary and was done through ignorance on the part of the defendant

The plaintiff wife was referred to the defendant doctor for examination and treatment by another physician The defendant examined her, and found that she was pregnant about five months and also that she was suffering from a uterine tumor He ordered that she be sent to the hospital, and subsequently under a general anesthesia he opened her abdomen and found a subserous fibroid tumor in the interior wall of the uterus He removed the tumor The patient remained in the hospital about three weeks and had an uneventful recovery She was discharged from the hospital by the defendant, and he never saw her again

After the action had been commenced, the plaintiffs did not take any steps to prosecute the action, and finally on our motion the complaint was dismissed, thus terminating the action in the doctor's favor

OBSTETRICS—CLAIMED BREAST ABSCESS

In this case, a woman called at the defendant's office, and after examination he pronounced her to be about five months pregnant She arranged with the physician to handle her case during confinement and delivery The doctor saw her at intervals of about a month apart after her first visit.

At term, the doctor delivered her of a normal female child The delivery was in all respects a normal one About four or five hours after the delivery, the woman had three or four convulsions which the defendant diagnosed as eclamptic, but she recovered from them and was getting along very well

About two weeks after delivery, she complained of sore nipples, and the doctor upon examination found that they were macerated due to nursing the child On the following day, the woman complained of pain in the right breast The doctor put an icecap on the spot, but as the woman was going home the next afternoon, she said she would have the condition attended to by another physician The doctor never saw her again

She and her husband subsequently brought suit, charging that the defendant conducted himself in and about the delivery of the child and in taking care of the plaintiff wife subsequent to delivery in such a negligent manner that the right breast of the plaintiff wife became infected After the filing of the suit, however, the plaintiffs discontinued the action

these exemptions would make available men whose intellectual and moral qualifications would do much to strengthen the tone of the jury panels in our courts But there are classes of men that are justly entitled to jury exemption Reasonable men, we think, will agree that physicians should not be compelled to serve on juries They give liberally of their time and talents in the interests of suffering humanity In the practice of their profession they are returning to the community their full measure of obligation for their rights as citizens But the medical profession can and should aid and assist in the campaign for better juries Doctors are regarded and rightly so, as amongst the leaders of their community They have the respect, the admiration and the affection of their fellow citizens By lending the weight of their influence to the ideas here expressed, they will be doing their share to the furtherance of a system which is the greatest safeguard of the peace, happiness and prosperity of the citizens of this state

GONORRHEAL PYOSALPINX—CLAIMED OPERATION WITHOUT CONSENT AND NEGLIGENCE IN THE PERFORMANCE THEREOF

In this case the doctor was called in to see a young married woman When he arrived at her home he found her in bed with a temperature of 104° She gave a history of having been sick with a high fever for five days and her chief complaint was pain in the right lower quadrant, and that she had been unable to sleep, that her trouble began with a vaginal discharge, frequency of urination, a burning sensation in passing water and a continual dull pain in the lower part of the abdomen A vaginal examination disclosed a white purulent discharge (microscopically containing gonococcus of Neisser) The uterus had lost its natural mobility At the right side of the cervix there was a hard mass that pushed the cervix toward the left, the whole vaginal vault was very hard, fluctuation was entirely absent An examination of the abdomen disclosed it very distended, but there was no special localization of pain or any mass felt The doctor spoke with the woman's husband and discovered that he had had a gonorrheal infection which had not been properly treated and to that fact the defendant traced the source of the wife's infection The doctor made a diagnosis of gonorrheal pyosalpinx The doctor explained the expectant treatment, ice bags to the abdomen were ordered as well as vaginal douches of one-half per cent of lysol, and morphine was given for the pain, an enema was also ordered and the patient was instructed to remain in absolute rest He instructed the husband and wife to abstain from sexual intercourse

The next day, as the abscess was pointing toward the vagina, the defendant informed the husband of the necessity of an operation The woman was taken to a hospital and a consultant who was called in confirmed the defendant's diagnosis The patient's written consent was obtained for the operation Under an ether anaesthesia the doctor introduced a needle and syringe through the posterior right vaginal fornix A large amount of pus was found and a large opening made by blunt dissection The pus was drained, irrigation used and the cavity packed with iodoform gauze and a vaginal pad applied After the evacuation of the pus the patient improved immediately, the temperature dropped the next day almost to normal.

About a month after the patient left the hospital she called at the doctor's office complaining of feeling generally ill The doctor found that she had a temperature of 103° and immediately sent her home While talking to her he found that his instructions with respect to abstaining from sexual intercourse had not been followed, and also that she had disobeyed other instructions he had given her The next day he called at her home and found her temperature was up to 104° She was in considerable pain A vaginal examination disclosed a stony hardness of the vaginal vault and the position of the fundus could not be located, as on both sides of the cervix and especially toward the left, there were hard resistent bodies A bimanual examination showed only that the peritoneal floor of the pelvic cavity was dense and resistant The mobility of the uterus was very limited The doctor advised that the patient go to a hospital, but both she and her husband objected A consultant was called in who, after examination, agreed with the treatment rendered by the defendant and recommended that she be sent to a hospital, stating that good drainage through the previous point of evacuation might relieve the condition as sometimes new abscesses of the pelvics are found to communicate with the old ones Both the patient and her husband refused the doctor's advice with respect to sending the wife to a hospital, and the husband suggested another consultation This was done and the second consulting physician fully agreed with the diagnosis and treatment which had been rendered to the wife by the defendant, and expressed the opinion that gonorrheal pyosalpinx usually became chronic and is characterized by frequent exacerbations The patient finally went to a hospital under the care of another physician and the defendant did not see the case again

Subsequently both husband and wife began this action against the defendant charging that the

NEWS NOTES

DISTRICT BRANCH MEETINGS

Seven of the eight District Branches have selected the times and places for their annual meetings as shown by the following table —

Fourth District Branch, Saratoga Springs, September 19-20

Third District Branch, Kingston, September 21st

Sixth District, Cortland, September 25th

Seventh District Branch, Clifton Springs, September 26th

Eighth District Branch, Buffalo, October 3rd

Fifth District Branch, Watertown, October 17th

First District Branch, Yonkers October 25th

GRADUATE COURSES

Definite arrangements have been made for post graduate courses in the following counties for the subjects listed

Tioga	Traumatic Surgery
Steuben	Internal Medicine
Washington	Internal Medicine
Sullivan	Internal Medicine
Wayne	Surgery
Ontario	Surgery
Monroe	Heart Disease
Genesee	Heart Disease

In addition we have under consideration plans for courses in these counties Clinton, Columbia, Madison, Schoharie and Otsego Several other counties will probably make requests very shortly

As was done last year, Livingston County will probably combine with Monroe County, Wyoming and Orleans Counties will join with Genesee County, while Seneca County will probably combine with Ontario County for its course

It is imperative for counties desiring a course during the coming year to get in touch with us early

A course on Tuberculosis in Rockland County has been completed This course was sponsored jointly by the State Department of Health and the State Medical Society

THOMAS P FARMER

THE NEW DIRECTORY

Copy for the Annual Medical Directory of New York, New Jersey and Connecticut will go to the printer in August, and the reading of the proof should be completed by the end of September

Each year there are a number of physicians who delay sending their new addresses, telephone numbers, etc until all the proofs have been read and the pages made up It is therefore very important if there are any changes in your record for the Medical Directory that you send them at once to the Medical Society of the State of New York 2 East 103rd Street, New York

PRESCRIPTION FOR EPIDERMOPHYTOSIS

Dr E W Ruggles of Rochester has called our attention to an omission in the prescription printed on page 742 of the July fifteenth JOURNAL in connection with his article on Some Phases of Epidermophytosis" The prescription should have read

Zinci Oxidi	drams 1½
Petrolati flavi	drams 2
Ung picis liquidi	drams 3
Ung aqua rosae	drams 2½
M et adde Phenol 95 per cent	minims 15

LONDON LETTER

KING'S COLLEGE, LONDON, CENTENARY

The centenary of King's College, London, which is being celebrated this week, is an event which evokes memories of a long since dead controversy At the beginning of the 19th Century Oxford and Cambridge were the only Universities in England, and the range of studies at each was very narrow, for modern languages and natural or experimental science were not included in the curriculum But probably the most potent cause of dissatisfaction lay in the religious qualifications of undergraduates, for at Oxford the candidates were obliged to subscribe to the Thirty-Nine Articles and at Cambridge the candidate had to make a declaration that he was a member of the Church of England before he could take his degree Thus were excluded the sons of many distinguished families among Roman Catholics and Nonconformists in general, of whom the Quakers alone represented no inconsiderable part of the wealth and intellect of the middle classes Thomas Campbell, the poet, soon after to be made Lord Rector of Glasgow University, in a letter to the "Times" on February 9th, 1825, was the first to propose a practical solution by the foundation of a College in which the most advanced education should be accessible to all without religious tests or distinctions The University of London, University College, was opened in 1828 and among the members of its first Council were Isaac Lyon Goldsmid (the first Jew to receive a Baronetcy), the eleventh Duke of Norfolk (representing the oldest Roman Catholic member of the Peerage), Zackary Macaulay, who did so much to abolish slavery and who was the father of Lord Macaulay, and James Mill, the father of John Stuart Mill After much discussion among those representing the various religions affected, it was decided to restrict the teaching exclusively to secular subjects, and to leave religious training to parents and guardians. This gave rise to much opposition among those who thought that religious teaching should form a part of all systems of education, and King's College was founded in 1829 as a College "in which instruction in the doctrines of Christianity as taught by the Church of England should be forever combined with other branches of useful information" It was not until 1836 that King's College was formally included in the University of London The old animosities are long dead and for many years University College and King's College have worked amicably side by side to make the University of London the great power in education that it has become

DIETETICS

Among the recreations of medical men is that pleasant practice—the "busman's holiday," as it used to be called—of watching others work This agreeable task took me to Sheffield recently, and after an afternoon spent in the operating theatres of the Royal Infirmary, we were transported to the Field Farm where Dr Mellanby is doing experimental work on Dietetics He tried the effect of strawberries and cream upon us, and then showed us the results of many investigations on vitamin feeding and deprivation Dr Mellanby has two important investigations on hand He is testing the effect of diet on the growth and metastases in tar cancer in mice, but it is too early to say more than that it seems that the better the feeding the more rapid the cancer growth But his other investigation has passed the stage of experiment and has been used in treatment By a series of tests Dr Mellanby came to the conclusion that absence of Vitamin A rendered the body susceptible to septic invasions, and he treated several cases of puerperal fever, in whose blood the streptococcus haemolyticus had been isolated, with radiostoleum, a combination of Vitamins A and D The result was highly satisfactory and the treatment has now been extended to other cases I saw a man making a good recovery from an aggravated condition of diffuse peritonitis, to whom radiostoleum had been given, and there seems justification for further work with the remedy both in prophylaxis and treatment

J W CARSON

plex. The idea that New York is 'going native' is a delight to humorists However, we are sure caution will be used by Dr Brown's assistant Most parents may prefer to have an examination by a family doctor before any toxin-antitoxin is administered to their offspring"

REFRIGERATING GASES

The gas used in household refrigerators has come within the sphere of public health and industrial medicine. The New York *Herald-Tribune* of July 17th, describes three fatalities as follows

"Three members of a family, found dead in bed late today in the Richmond Apartment Hotel, are believed to have been killed by the inhalation of methyl chloride fumes escaping from the mechanical refrigerator in their apartment

"This opinion was advanced by Coroner Herman N Bundesen after an examination of the dead and premises and by Health Commissioner Arnold Kegel upon receiving reports from his investigators

"The Painters, according to Dr Bundesen, apparently had felt ill in the evening and retired There was evidence that they were conscious for a time, though not aware of the cause of their illness, as methyl chloride has no distinctive odor

"Morris Schmukler, manager of the building, which contains seventy apartments, all refrigerated from a multiple system operated from the basement, told the investigators that he had heard the leaking noise last night After a search failed to reveal any escaping gas he returned to bed, he said

"Food in the refrigerator cabinet was frozen, indicating, according to Dr Kegel, that the leak had been in the ice box Though three windows of the one-room kitchenette apartment were opened, the large amount of gas in the multiple system which was leaking into the small apartment was sufficient to cause the deaths"

A number of kinds of gas are used in household refrigerating systems, including ethyl chloride and sulphur dioxide There should be information available to medical men regarding the gases and their effects on the human body Most physicians know very little about refrigerating gases and the manner of operation of ice boxes

BARBERS PRACTISING MEDICINE

There is a reversion to ancient customs recorded in several newspapers in the story of a barber charging an unsophisticated man from Boston a large sum for facial treatments when the customer wanted only a hair cut The New York *Sun* of July 10th, made a humorous story about a barber who discoursed to his customer in a variety of subjects in the course of which he remarked casually, "you have a blackhead on the end of your nose, shall I take it off for you?" and the Boston man said "yes," when he meant that he would have a shave—or at least that was what he told the court after the barber had charged him $7 65, the seven dollars being for violet light treatment, only the *Sun* happened to spell it VIOLENT The judge asked the barber if he had a list of prices posted in his shop, and when one was produced the judge said "If a man took every kind of treatment listed here, the bill would be only $6 50 Give the customer back his seven dollars"

The Brooklyn *Eagle* of July 15th, took a medical point of view of what was evidently the same case, for it carried a seven line item reading

"There ought to be no trouble bringing to time the barber in Manhattan who charged a Boston visitor $7 65 for a shave and a 'facial treatment for sunburn' Clearly the tonsorial artist was practicing medicine without a license and the Medical Society sleuths should see to it that he does not escape."

We wonder if many barbers are giving ultra-violet light treatments It would not be strange if they were, since ultra-violet lamps for household use are advertised with the apparent sanction of some medical societies

The Brooklyn *Eagle* is wrong if it expects the representatives of medical societies to do sleuthing work for detecting violators of the medical practice act That law taxes every registered physician two dollars a year for the purpose of carrying out the provisions of the act The money goes to the representatives of the State Department of Education and the Attorney General to be applied to detective work and the prosecution of illegal practitioners

THE DAILY PRESS

THERAPEUTIC VACATIONS

AND SOME PEOPLE THINK HE ISN'T CATCHING ANYTHING



Cartoon by Brown in the New York Herald Tribune, July 30 1929

This cartoon expresses a scientific truth far better than words can do When a person goes on a vacation, what does he get? The word "vacation" comes from the same root as vacuum,— emptiness,— and therefore receptiveness The therapeutic value of a vacation depends on an emptiness of mind, for no one can put new ideas into any part of the mind which is already overflowing with habitual worries It is hard to tear ourselves away from our old associations that grind the highways of our thoughts into ruts along which our minds travel back and forth in futile unrest The fundamental principle of a vacation is that we shall jolt ourselves out of our habitual ruts and into unfamiliar scenes where our minds are vacant, and we are free to follow the whims and fancies which are survivals of our younger days

When we take a real vacation, we become small boys released from the stiff-backed chairs of the parlor and company, and turned loose out of doors where we may do whatever we wish,— and what we most desire is to experience the same pleasures which delighted us as small boys Can anything be more ecstatic and satisfying than the expression on the face of the man in the cartoon who has resurrected his childhood experiences and expectations and is satisfying the subconscious desires that have been repressed during years of drudgery? That man is taking potent doses of a therapeutic vacation

HEALTHMOBILES

The New York City newspapers have discovered that the "Healthmobile" is a good subject for news items, and yet the idea was put to use some fifteen years ago by the New York State Department of Health when it used an automobile to transport the materials for child welfare clinics, and to provide electricity for stereopticons and moving picture projectors The city uses the "Healthmobile" as an attraction rather than a means of transportation

The tendency of most health teaching, especially to children, is to make an appeal to strength or beauty, or some other desirable quality, rather than health itself A child, for example, is urged to take care of his body in order to become a Charles Lindbergh The Brooklyn *Eagle* of July 15th, in its editorial columns, explains this attitude as follows

"Each 'Healthmobile' will carry a clown and an assortment of toys and toy balloons Dr Edward Fisher Brown, director of the diphtheria clinic, explains

" 'We are taking a page from the history of the old Indian medicine doctors and putting it to use in the field of modern health work * * * The children's attention will be distracted from the doctor's activities by the toys and antics of the clowns'

"Unquestionably the motive behind this sort of thing is a fine one. Veteran missionaries of long service in India, in China, in Central Africa will nevertheless smile gently Such methods have been used often in lands where every prospect pleases and only man is vile The heathen in his blindness yields to the universal toy com-

BOOK REVIEWS

RÖNTGENOLOGY The Borderlands of the Normal and Early Pathological in the Skiagram By ALBAN KÖHLER, Prof Dr med. Rendered into English from the Fifth German Edition by ARTHUR TRUMBULL M.A., B Sc., M B Octavo of 556 pages illustrated New York, William Wood & Company, 1928 Cloth, $14 00

This is an English translation of the Fifth German Edition consisting of five hundred and forty-two pages and index with three hundred and twenty-four illustrations.

This book of Dr Köhler's deals with anatomy physiology and pathology as shown by roentgen examination The anatomical study is of special value Almost half the work is devoted to the osseous structures including a very full description of abnormalities of development in contradistinction to pathological states A careful study of these pages will soon disclose the fact that many of the conditions which are too often considered pathological—traumatic, in medical-legal cases—are nothing more than developmental irregularities or normal variations The importance of the presentation of this portion of the subject cannot be too strongly stressed and it should be familiar to every roentgenologist

The remainder of the work on general roentgenology is complete in practically every detail Numerous illustrative cases are cited and the introduction of the clinical aspect of these cases adds materially to the interest There are numerous expressions of opinion on certain subjects to which your reviewer cannot subscribe but that is purely a personal issue. The statement that epiphyseal separation is rare, the denial of atrophy of disuse of bone and the assertion that productive myositis ossificans is bilateral, are statements which are certainly open to criticism.

An important feature which is usually overlooked in most books on roentgenology but one that is covered here, is the careful consideration of the study of the soft tissues of the extremities

The illustrations are good and the line drawings are especially to be commended but they could be made of more value if the author had placed the descriptive captions under each illustration instead of necessitating a search of the text for the description

This book of Dr Köhler's is so interesting and instructive that one regrets that certain portions had not been considered in further detail thus making it a monumental work instead of merely the best which has yet been produced in English. C. E

PARTNERSHIPS COMBINATIONS AND ANTAGONISMS IN DISEASE. By EDWARD C B IBOTSON M D B S Octavo of 348 pages Philadelphia, F A Davis Company, 1929 Cloth $3 50

This book presents new aspects of our ideas concerning disease Many questions are presented in the text and many arise in the mind of the reviewer because of the facts and suggestions given by the author Some new points of view are given for consideration and thought. The question of the influence of ancestry on the health of the individual is discussed "The whole doctrine of diatheses which had been overshadowed by the new science of bacteriology has received new life from serum therapy and from endocrinology" "As an individual may have one or more deficiencies or excesses so he may have one or more diatheses As inheritance plays so great a part in diatheses the excess in one parent may tend to neutralize the deficiency of another" The author has presented much material for consideration, and this book will well repay the careful study necessary to get the author's point of view

HENRY M MOSES

A HANDBOOK FOR THE DIABETIC By ALBERT H ROWE B S, M S, M D 12mo of 129 pages New York Oxford University Press, 1928 Cloth, $2.50 (Oxford Publication)

Doctor Rowe has added a new member to the family of manuals for the diabetic. His manual does not differ greatly from the others—indeed they all seem to be cut pretty much from the same pattern.

Doctor Rowe aims to instruct the diabetic, and he has addressed his manual to patients and not to doctors. He has given all the facts but his manner of presenting his material is rather one of generalization than of particulars, and his style is not particularly stimulating or inspiring

He has included in his book, along with the required tables a very good list of recipes for diabetic diets—some of which are new and welcome. For variety is difficult to obtain in the diet of the diabetic and more difficult in the matter of the diabetic manuals

This one is neither remarkably good nor bad It is a good, steady statement of the facts over the heads of many diabetics and not sufficiently striking for the majority

L. C JOHNSON

THE FUEL OF LIFE. Experimental Studies in Normal and Diabetic Animals By JOHN JAMES RICKARD MACLEOD, M B LL.D Octavo of 147 pages Princeton, Princeton University Press, 1928. Cloth, $2.50

The subject matter of this book comprises four lectures delivered at Princeton University and "reviews" says the author, "what appears to me to be of importance in our present knowledge, concerning the preparation of the food materials for combustion in the animal organism, and deals more especially with the question as to whether fats, as well as proteins, form carbohydrates before being used as fuel"

He is thus interested in the intermediary substances of carbohydrate metabolism, and a consideration of these details is so involved, the evidence of the various investigators so varied that no one is better fitted by nature' in experience to give as complete and fair a summary as Doctor Macleod His ability to see clearly, to say much in few words and to keep his material alive and moving no matter how heavy or difficult it may be, is such that it always commands admiration and attests the hand of the Master"

The Fuel of Life' is not for one who is out for light reading but for him who seeks light in the matter of the oxidative processes which have to do with life. and is a masterly summary of the acquired knowledge to date—with a critical review on the part of the author as well as a clear statement of his own beliefs, doubts and in certain instances, inability to fix upon any one conclusion.

L C JOHNSON

BOOKS RECEIVED

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.

COMMON COLDS Causes and Preventive Measures By LEONARD HILL, M B, F R S, and MARK CLEMENT Octavo of 126 pages London, William Heinemann, Ltd., 1929 Cloth, 7/6 net

THE ORIGIN OF MALIGNANT TUMORS By THEODOR BOVERI Translated by MARCELLA BOVERI Octavo of 119 pages Baltimore, The Williams & Wilkins Company, 1929 Cloth, $2 50

THE SCIENCE AND PRACTICE OF SURGERY By W H C ROMANIS, M A, M B, M Ch, and PHILIP H MITCHINER, M D Second Edition. Volume 1, General Surgery Volume 2, Regional Surgery Two octavo volumes of 1,695 pages, illustrated New York, William Wood & Company, 1929 Cloth, $12 00

RECENT ADVANCES IN DISEASES OF CHILDREN By WILFRED J PEARSON, D S O, M C, and W G WYLLIE, M D 12mo of 593 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $3 50

THE NEUROSES By ISRAEL S WECHSLER, M D Octavo of 330 pages Philadelphia and London, W B Saunders Company, 1929 Cloth, $4 00

THE LIFE OF HERMANN M BIGGS, M D, D Sc., LL D Physician and Statesman of the Public Health By C E A. WINSLOW, Dr P H Octavo of 432 pages, illustrated. Philadelphia, Lea and Febiger, 1929 Cloth, $5 00

HISTORY OF BLOCKLEY A History of the Philadelphia General Hospital from Its Inception, 1731-1928 Compiled by JOHN WELSH CROSKEY, M D Large octavo of 765 pages, illustrated Philadelphia, F A Davis Company, 1929

TEACHING HEALTH IN FARGO By MAUD A BROWN Octavo of 142 pages, illustrated New York, The Commonwealth Fund, Division of Publications, 1929

A STUDY OF EDUCATIONAL ACHIEVEMENT OF PROBLEM CHILDREN By RICHARD H PAYNTER, Ph D, and PHYLLIS BLANCHARD, Ph D Octavo of 72 pages New York, The Commonwealth Fund, Division of Publications, 1929

THE NOSE, THROAT AND EAR, AND THEIR DISEASES In Original Contributions by American and European Authors Edited by CHEVALIER JACKSON, M D, and GEORGE MORRISON COATES, A B, M D Octavo of 1177 pages, illustrated. Philadelphia and London, W B Saunders Company, 1929 Cloth, $13 00

COMMON DISORDERS AND DISEASES OF CHILDHOOD By GEORGE FREDERIC STILL, M A, M D Fifth Edition Octavo of 1032 pages, illustrated New York and London, Oxford University Press, 1927 Cloth, $9 00 (Oxford Medical Publications)

THE ELEMENTS OF CRIME (PSYCHO-SOCIAL INTERPRETATION) By BORIS BRASOL, M A Octavo of 431 pages, illustrated New York, Oxford University Press, 1927 Cloth, $5 00

A MANUAL OF ELEMENTARY ZOOLOGY By L. A BORRADAILE, Sc D Sixth Edition 12mo of 683 pages, illustrated New York and London, Oxford University Press, 1928 Cloth $5 00 (Oxford Medical Publications)

DISEASES OF THE LARYNX, INCLUDING THOSE OF THE TRACHEA, LARGE BRONCHI AND ESOPHAGUS By HAROLD BARWELL M B (Lond), F R C S (Eng) Third Edition Octavo of 278 pages, illustrated New York and London, Oxford University Press, 1928. Cloth, $3 65 (Oxford Medical Publications)

APPLIED PHYSIOLOGY By SAMSON WRIGHT, M D Second Edition Octavo of 510 pages, illustrated New York and London, Oxford University Press, 1928. Cloth, $5 50 (Oxford Medical Publications)

GYNECOLOGY WITH OBSTETRICS A Text-Book for Students and Practitioners By JOHN S FAIRBAIRN, M A., B M, B Ch Second Edition Octavo of 810 pages, illustrated New York and London, Oxford University Press, 1928 Cloth, $8 00 (Oxford Medical Publications)

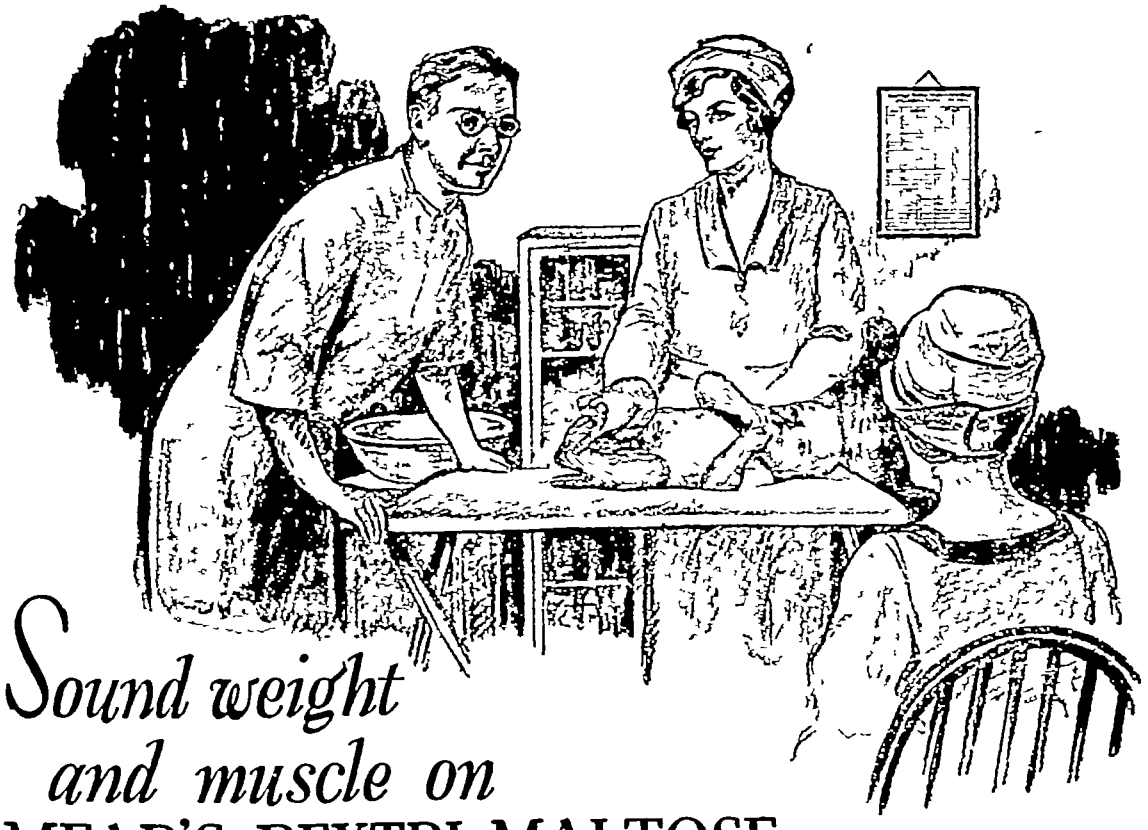
DEGENERATION & REGENERATION OF THE NERVOUS SYSTEM By S RAMON Y CAJAL, M D, F R S Translated and edited by RAOUL M MAY, Ph D Two octavo volumes of 769 pages, illustrated. London, Oxford University Press, 1928 Cloth, $16 75

DISEASES OF THE GUMS AND ORAL MUCOUS MEMBRANE By Sir KENNETH GOADBY, K B E. Third Edition. Octavo of 412 pages, illustrated New York and London, Oxford University Press, 1928 Cloth, $13 00 (Oxford Medical Publications)

THE ROBERT JONES BIRTHDAY VOLUME. A Collection of Surgical Essays Large octavo of 434 pages, illustrated London and New York, Oxford University Press, 1928 Cloth, $13 00 (Oxford Medical Publications.)

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES By FRANCIS HOWARD HUMPHRIS, M D (Brux.), F R.C.P (Edin.) Fifth Edition. Octavo of 340 pages, illustrated New York and London, Oxford University Press, 1929 Cloth, $3 25 (Oxford Medical Publications)

COLLECTED PAPERS OF THE MAYO CLINIC AND THE MAYO FOUNDATION Edited by Mrs M H MELLISH, and others Volume XX, 1928 Octavo of 1197 pages, illustrated Philadelphia and London, W B Saunders Company, 1929 Cloth, $13 00



Sound weight and muscle on MEAD'S DEXTRI-MALTOSE

MEAD'S Dextri-Maltose, cow's milk and water can, with but few exceptions, be relied upon for good results in artificial feeding cases

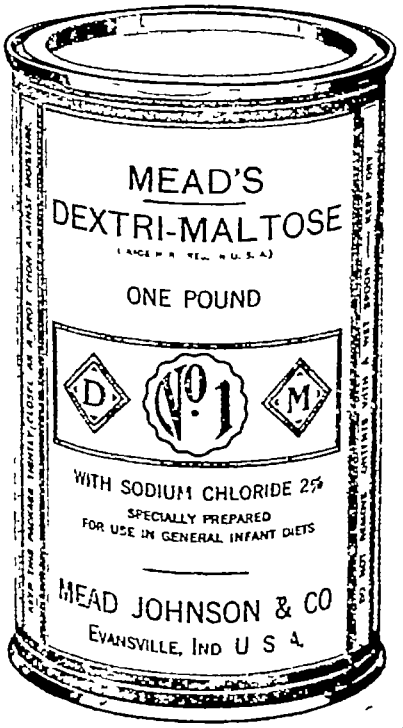
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Dextri-Maltose No 1 is indicated for normal infants, while the No 3 with 3% addition of potassium bicarbonate, is the clinical choice if calcium constipation is present

These observations are made from the results obtained in hospitals, in clinics and from many physicians in private practice



THE MEAD POLICY

Mead's infant diet materials are advertised only to physicians No feeding directions accompany trade packages Information in regard to feeding is supplied to the mother by written instructions from her doctor, who changes the feedings from time to time to meet the nutritional requirements of the growing infant Literature furnished only to physicians

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Makers of Infant Diet Materials

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OUR NEIGHBORS

MEDICAL EXTENSION LECTURES IN WASHINGTON

The July issue of *Northwest Medicine* describes a series of medical lectures for physicians as follows

"There is no medical department in connection with the University of Washington During the last twelve years, however, the extension service of the University has sponsored a graduate medical course of lectures in Seattle, when many distinguished leaders of the medical profession have appeared before audiences composed of physicians from all parts of the state General medicine and surgery, together with well known specialties in each of these branches, have been covered by leaders in their various lines of practice This year the committee in charge has decided to vary the program of subjects which have commonly been presented in past years, and have arranged for series of lectures which it is believed will prove profitable to all who take advantage of them

"Dr John C Coulter, of Chicago, professor of physical therapy at Northwestern Medical College, will cover all phases of the practical application of this group of remedial agencies

"Dr Richard H Jaffe will present the most recent information resulting from pathologic work in European laboratories Dr Victor C Myers, professor of biochemistry, Western Reserve University, Cleveland, Ohio, will discuss the applications of chemistry to medicine Dr Jennings C Litzenberg will present the subject of obstetrics and gynecology"

EDUCATIONAL COMMITTEE OF THE ILLINOIS MEDICAL SOCIETY

The Educational Committee of the Illinois Medical Society in its report to the annual meeting told of an immense amount of work done

The following quotations are taken from the July issue of the *Illinois Medical Journal*

"There has been a growing interest on the part of the public in the matter of health and healing This interest is evidenced in the great amount of advertising promoting various products in their relation to health One needs only to scan the advertising sections of newspapers and magazines and the show cards in public vehicles to be convinced that the word 'health' is being used today more than any other one word How is the public to determine what portion of this health propaganda is good or bad? That information can best be secured through sources such as state medical associations and their component societies

"The Illinois State Medical Society in establishing an educational program for the state must have had in mind that, 'It is just as much a deception of the public to have something good for them and not tell them as it is to have something bad and tell them it is good.'

"An important part of its work has been the cooperation given certain lay groups of the state Your Committee has been represented at the organization meetings of the Elks Foundation for Crippled Children and satisfactory plans have been set up for crippled children's clinics The Foundation has definitely stated that these clinics will be held only in counties where the medical society wishes, and that no patients will be admitted to these clinics unless accompanied by the family physician or with his consent

"The Chicago Woman's Club has been especially interested in promoting an educational campaign concerning cancer The Committee has been represented at the conferences of the Club and when a definite educational program is launched, the Educational Committee will take an active part in promoting intelligent information about cancer

"The Committee has been represented on the Advisory Council of the Child Hygiene Division of the State Department of Health The Council has approved a plan for work in several counties of the state which will require the cooperation of the Medical Society, Dental Society, and certain lay groups Such a plan of procedure should make for a much better understanding, on the part of community groups, relative to certain health problems which may be studied

"The Home Bureau organization of Illinois has been given more or less assistance In one county, health talks were given by physicians before all of the home units The Home Advisor wrote 'Reports on talks by the doctors are that they gave the women material which will be most valuable to them I think the plan a splendid one and hope that you will feel that results will justify the use of a similar plan in other counties'

(Continued on page 1038—adv xii)

THE research staff of Mead Johnson & Company have prepared the following rare sterols, most of them not hitherto obtainable by purchase. These materials are offered at approximately the cost of production.

	PER GRAM		PER GRAM
Cerevisterol	$800.00	Ergosteryl isobutyrate	$50.00
Cholesterol (via dibromide)	20.00	Ergosteryl isovalerate	50.00
Dehydroergosterol (not anhydrous ergosterol)	70.00	Isoergosterol	30.00
Ergosterol (spectroscopically pure)	50.00	Isoergosteryl acetate	60.00
Ergosterol (purified 95 to 98%)	1.50	Isoergosteryl benzoate	60.00
Ergosterol peroxide	70.00	Isoergosteryl cinnamate	60.00
Ergosteryl acetate	50.00	Isoergosteryl isobutyrate	60.00
Ergosteryl benzoate	50.00	Zymosterol	450.00

The development of an improved yeast and of efficient methods of extraction, enable us to offer these products to research workers

[A similar advertisement appeared in the Journal of Biological Chemistry in January, 1925]

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Mead Johnson & Co.
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✓Check up on results

Is the alkalizer recommended to you physiologically correct?
Does it supply all the important minerals of the alkali reserve of the body?
Is it easily assimilable?
Is it palatable?
Is it convenient to use?

The answer is "Yes ✓" throughout when you prescribe

ALKA-ZANE

Let us help you to check up on results by sending you a liberal supply for trial.

WILLIAM R. WARNER & COMPANY, Inc.
113-123 West 18th Street, New York City

For PERISTALTIC

Indigestion, Constipation, Nervous Headaches, Sluggish Livers and Other Digestive Disorders

SILA

A REFRESHING Pure NATURAL APERIENT WATER

Is Nature's own formula Sila Water is natural It has been used for years in Europe and is now being recommended by many American physicians who have given it a clinical trial.

The quantitative analysis expressed in ions, for every 1,000 c c of water is as follows

Carbonic acid, totals		C02	0,32289
Carbonic acid. free		C02	0 01061
Silicum		Si02	0,05101
Ione	carbonium total	C03	0,440304
"	bicarbonium free	HC03	0,447642
'	carbonium combined	C03	0,212930
	chlorinium	C1	6 036400
	sulphuricum	S04	46,45200
	Nitricum	N03	0 01154
'	Lithium	Li	0,000006
	Sodium	Na	23,52814
'	Potassium	K	2 69179
"	Calcium (total)	Ca	0,74393
'	Calcium from Chloride or Sulphate	Ca	0 60710
"	Magnesium	Mg	0 23348
"	Barium	Ba	0 003205
'	Ammonium	Nh4	0 003205
"	Ferrum	Fe	0,007491

The composition of the residue, at 180° of 100 c c of water is as follows

Lithium Chloride	LiCL	gr	0 000366
Ammonium Chloride	NH4CL	'	0 009700
Sodium Chloride	NaCL	'	9,9411827
Potassium Nitrate	KNOa	'	0 0188100
Sodium Sulphate	Na2S04		60,2776057
Potassium Sulphate	K2So4	"	5,9822900
Calcium Sulphate	CaS04	'	2 0652000
Magnesium Sulphate	MgS04	'	1,1680900
Barium Sulphate	CaS04	'	0 0016300
Calcium Carbonate	CaC03	'	0 3417100
Ferrum Carbonate	FeC03		0 0155400
Acidum Silicum	H2Si13		0 0194900
Strontium	Sr		traces
			79 8411460
Residue found			80,2780000
Difference gr			0,4368540

Write for information and a sample

ALIS PRODUCTS, Inc.

226 Lafayette St., New York City

(*Continued from page* 1036)

"In order to reach many groups of people health education has been promoted through various channels The health column prepared by the Committee and released to newspapers for use over the signature of the local medical society has had a definite place in this educational program There has always been some question as to whether or not a press service would be worth while and satisfactory to the medical profession and the public In order to get some idea as to the answer of this question, a letter was sent out to 81 editors and a number of physicians These replies indicated that the service is needed and that the public is interested

"Special publicity has been given by the Committee to some of the more important meetings called by county medical societies These news items give the public an opportunity to know that county medical societies are functioning Many physicians feel that announcements appearing in local papers have been of appreciable value in stimulating interest and better attendance at these meetings

"Educational articles have been sent into communities where epidemics have occurred Articles were released to all newspapers in the state during the influenza epidemic in December Special articles were prepared on health topics emphasized for observance during Health Week All newspapers received these articles for publication over the signature of the Illinois State Medical Society

"One hundred and ninety new educational articles were written and approved by the Committee.

"Ten thousand two hundred and seventy-five press articles were released to Illinois newspapers Many more newspapers would be willing to carry a series of health education articles over the signature of the local county medical society, if physicians would take the responsibility of securing the interest of the editors This health column furnished by the Educational Committee is better than some and as good as many columns for which editors are paying a high price

"The radio, which today represents one of the greatest advertising mediums, has also been used by the Educational Committee Health talks have been given by members of the profession over stations WGN, WLS, WJJD and WHT At the present time WGN and WJJD are being used every week The Committee approves all material which is broadcast. Daily talks were given during the influenza epidemic"

(*Continued from page 1040—adv xiv*)

which he has crusaded during the past year, among them being

"1 Lay dictation and control of medical practice

2 Endowed foundations entering practice of medicine

3 Corporations engaged in medical practice.

"4 Inimical medical legislation.

"5 Political control and interference with medical practice

"6 Unrestricted activities of quacks with general public health

"7 Lay and semi-lay pay clinics for other than the poor

"8 Supersedence of physician by overtrained nurse

"9 Health departments practicing general instead of preventive medicine."

The editor enumerates the following causes for which he is fighting

The causes which the *Journal* is fighting for

"1 Defense of the medical profession from emotional vilification

"2 Protection of the profession from misleading opinions engendered in the public mind through unfair, untruthful, and bombastic newspaper publicity

"3 Restoration of the rank and ranks of the family physician

"4 Realization on the part of both mature doctor, recent graduate and undergraduate student that the general public is demanding increasingly a punctilious service for those comparatively trivial ailments that comprise the bulk of human ailments and that proffer fertile mediums for the increase of charlatanism"

COLORADO'S EXECUTIVE SECRETARY

The Colorado State Medical Society has employed a full-time executive secretary, who however is a layman, a newspaper reporter by profession Concerning his work Colorado Medicine for June says

"The determining factors in the selection of the secretary were educational qualifications, experience in the world, age, moral character, editorial experience, salary required, place of residence.

"Mr Sethman will be ushered into office on the first of June. His duties will be new to him and it will probably take some time for him to adjust himself to the atmosphere of the medical profession and generally to get his bearings The new secretary will begin to familiarize himself with the mechanical, advertising and editorial duties connected with Colorado Medicine, so that

The Cardiologist's Choice



Pil. Digitalis

(*Davies, Rose*)

Physiologically tested leaves made into physiologically tested pills.

Convenient, uniform and more accurate than tincture drops

Prescribe "*original bottle of 35 pills*" which protects the contents from exposure from the time of manufacture to the time of administration. This further insures dependability of action.

Each pill contains 0 1 gram, the equivalent of about 1½ grains of the leaf or 15 minims of the tincture **Sample and literature upon request.**

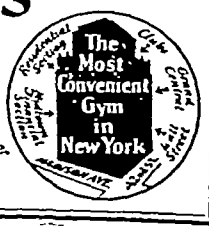
DAVIES, ROSE & CO , Ltd
Pharmaceutical Manufacturers, BOSTON, MASS.

The Physician's Gymnasium

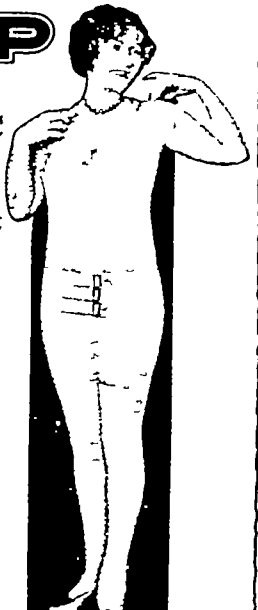
McGOVERN S is often referred to as the physician s Gymnasium because so many doctors send their patients here Through investigation they have found that McGovern s is the one gymnasium that bases its exercises and athletics solely upon the physician s diagnosis of the patient s individual condition

We ll be glad to send any physician a guest card so that he may see for himself, our facilities for carrying out his orders

McGovern's *Gymnasium*
INCORPORATED
(for men and women)
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SACRO-ILIAC SUPPORT

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A new scientifically approved design providing lower gluteus support very firm but altogether comfortable adjustable to any tightness or pressure anchored to the body

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Supporting Corsets and Belts
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A Helpful Support for the Sick and Weak Woman

Models especially designed for every condition requiring support

Made to order to care for each individual patient

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THE ILLINOIS MEDICAL JOURNAL

The report of the editor of the *Illinois Medical Journal,* Dr C J Whalen, given at the annual meeting on May 21 is pessimistic although the editor says that he is optimistic The report in the July issue of the *Illinois Medical Journal* says

"The editor of the *Illinois Medical Journal* makes his annual report with a feeling of optimism held in leash by the knowledge that the twelve months just ending have not seen medical victories snatched from the jaws of defeat, jaws that even yet are closed tightly on the throat of medical progress and security

"The year just past has seen alarming fulfillment of those menaces against which this *Journal* has so faithfully and so honestly crusaded Not even the increased circulation, the finest showing of income returns in the history of the *Journal,* nor the general respect with which the pronouncements of these columns are viewed, can compensate for the solar plexus blows that state medicine and socialistic groups have dealt the basic elements of a just and righteous system of medical economics and of scientific skill

"Not only has it been necessary during the past year for the thinking few to fight the battle of the soporific many against an extension of the Sheppard-Towner Bill, lately appearing legislatively as the Newton Bill, the progenitor of which is occupying a high place in the present cabinet, but the year has delivered as a lusty, sturdy infant the pay clinic, endowed foundations, universities and tax-supported medical schools practicing medicine One proposition of the pauperizing tendency upon the part of misinformed and certainly misguided philanthropists has considered the feasibility of extending a free service or at the most, a very low partial payment system to families with incomes ranging upward as high as $6,000 per annum

"Coupled with the increasing tendency to practice medicine by corporations and through legislation, it is of small satisfaction to the editor of the *Illinois Medical Journal* to see his predictions of the past years so undeviatingly approaching fulfillment Like Cassandra of old, such verification of prophecy is disaster of such magnitude that even in justification of doctrines lies no small savour of satisfaction

"In his intense desire to at all times one hundred per cent safeguard the vital interests of the individual physician, as well as the interests of organized medicine, the editor has had constantly in mind the vitalities to be guarded against as destructive eventualities in public economics and the future of both medicine and of the public health and welfare, and of national stability as the medical profession itself has constructed"

The editor enumerated twenty evils against

(Continued on page 1042—adv xviii)

Cheplin's
THE ORIGINAL
B. ACIDOPHILUS MILK



Accepted by the A.M.A. Council on Pharmacy and Chemistry

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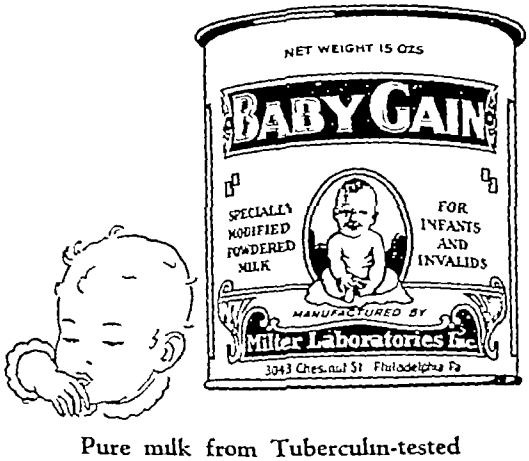
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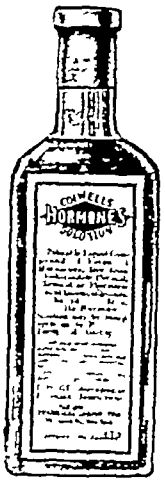
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(*Continued from page* 1041—*adv xv*)

by the first of the year at the end of the present editor's term, he will be in a position to take over a great part of the burdensome details of the journal publication

"It is to be remembered that the Society will always have a medical secretary who with the other members of the executive committee will supervise the work of the executive secretary

"An office is being fitted up for Mr Seth man in the Metropolitan Building and he will do all his own clerical work, typewriting, etc., until such time as his duties demand the assistance of an office secretary"

MEANING OF "MEXICANS'

Mexico like the United States is a nation composed of many races of various origins To designate a person as a Mexican is as unscientific as to say that an inhabitant of the United States is a "United Statesan"

Dr F P Miranda, of Mexico City explains the meaning of the word "Mexican" in the following letter in the *Journal of the American Medical Association of* July sixth

"As officer in charge of the interchange office of the department of public health in Mexico, I received from the United States several bulletins of the departments of public health of different states and counties In these bulletins I have noted that the term 'Mexican' is used incorrectly as denoting a certain race or color In the interest of uniformity and truth in the basis of classification in vital statistics, I take the liberty to discuss the subject In Mexico there are many white inhabitants with Mexican nationality, chiefly of Spanish origin The rest of the population is composed of pure Indians, mixed Indians and white, negro, mixed negro and white (mulatto) and mixed Indian and negro The word 'Criollo,' or creole, is used to designate the pure Spanish white inhabitants

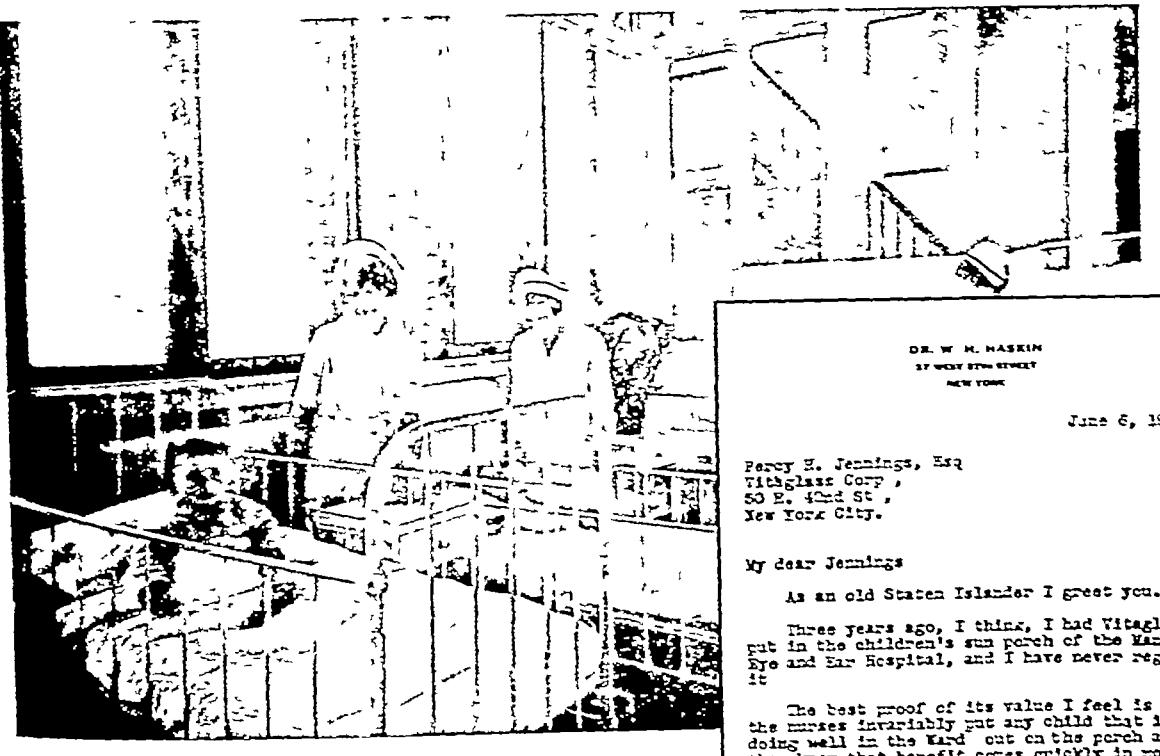
"Even among the Indians there are different types, and there is great difference between the Aztec and the Maya Indians, not only racially but also in type of civilization

"In the basis of classification of races or color, Mexicans can be classified as Indians, white and negro according to the predominance of race in the individual, otherwise there is no scientific use for such classification

"Perhaps it would be of use to make a distinction between the American Indian and the Mexican Indian, which are also different in race and type of civilization

"The wrong use of the term Mexican is especially observable in California"

Vita*Glass Brings Ailing Children Back to Health at Manhattan Eye and Ear Hospital



DR. W. H. HASKIN
57 WEST 57TH STREET
NEW YORK

June 6, 1929.

Percy H. Jennings, Esq
Vitaglass Corp,
50 E. 42nd St,
New York City.

My dear Jennings

As an old Staten Islander I greet you.

Three years ago, I think, I had Vitaglass put in the children's sun porch of the Manhattan Eye and Ear Hospital, and I have never regretted it

The best proof of its value I feel is that the nurses invariably put any child that is not doing well in the ward out on the porch and they know that benefit comes quickly in most cases.

With best regards and wishes, believe me

Very sincerely,

W H Haskin

The record made by Vita glass in three years of trial on the children s sun porch of the Manhattan Eye and Ear Hospital is told simply and emphatically by Dr W H. Haskin, in the accompanying letter As he says

" The best proof of its value I feel is that the nurses invariably put any child that is not doing well in the ward out on the porch and they know that benefit comes quickly in most cases "

And in more than 350 other hospitals and sanitoria throughout the United States and England Vita glass is achieving similar results, and winning the same enthusiastic approval, for its unfailing service in the overcoming of disease and the fostering of sound health For Vita glass brings to the patient the essence of Nature s healing power —the ultra-violet rays—to which the ordinary window is an impregnable barricade

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Vita glass has been subjected to numerous accelerated weathering tests by the U S Bureau of Standards, by Professor Stockbarger of the Massachusetts Institute of Technology, and by many other physicists These physical or quantitative tests, as well as biological experiments with rats and chickens, have established the fact that the solarization (weathering or seasoning) of Vita glass takes place quickly; and that after a few weeks of actual use its transmission of ultra violet light becomes constant.

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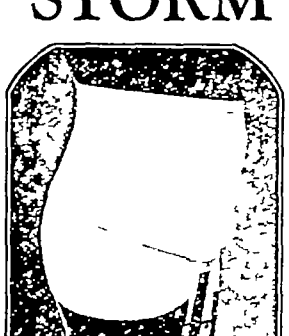
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SCIENTIFIC SERVICE COMMITTEE OF THE ILLINOIS MEDICAL SOCIETY

One function of a State Medical Society is to assist its component county societies in their educational campaigns for the benefit of the physicians themselves and also of the people generally This function is emphasized by some State Societies to a greater extent than it is in New York State

The annual report of the committees of the Illinois Medical Society printed in the July *Illinois Medical Journal* gives the following description of the unique assistance given to county societies in their programs

"The Scientific Service Committee has functioned chiefly as a Speakers' Bureau during the past twelve months, and has further attempted to stimulate activity in some County Societies that were having difficulty in securing speakers and arranging programs Last September a letter was sent out to all Secretaries asking that they send in the names of physicians in their counties who might be called upon to fill appointments before scientific groups A number of names were added to the list of speakers and at the present time about 300 speakers are listed in Chicago and down state The subjects represented cover the entire field of medicine It is now possible to schedule speakers over the entire state upon any subject requested

"The chief difficulty has been in securing men down state to fill scientific appointments The Committee has felt that this was due to the fact that when requests were made, the men selected did not have their papers ready In some cases those wishing to speak had not given definite enough subjects to the Committee These difficulties have been largely wiped out following the information received in reply to the letters sent out to the secretaries last September With the completion of this definite list more opportunity will be given the men down state to fill appointments

"The office of the Educational Committee has been prepared to release news items concerning any medical meetings to newspapers in the State The editors are glad to receive these notices and the public is interested in knowing what the profession is doing Many societies have taken advantage of this service and have felt the benefits obtained from good publicity in their own and surrounding counties

'The Committee believes that County Societies would do well to plan their programs for an entire year, scheduling interesting subjects and good speakers, being careful to see that some phase of obstetrics is discussed one or more times, also some phase of pediatrics should receive attention"

The report closed with a list of 45 programs prepared by the committee, at a cost of $541 13

NEW YORK STATE
JOURNAL of MEDICINE

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Vol 29, No 17 NEW YORK, N. Y. September 1, 1929

THE TREATMENT OF MINOR INJURIES*

By JOHN J MOORHEAD, M D., NEW YORK, N. Y.

IN a general way minor injuries may be said to comprise the ambulatory group of the injured, always however having in mind the possibility of a minor becoming a major injury usually as the result of infection or other complication

If we attempt to classify these so-called minor traumata we find that statistics vary because a group selected from a given industry will differ from a group selected from another industry or from the general community It is pertinent to say that the terms "Industrial Accidents" and "Industrial Surgery" are passing out, for industrial accidents no longer bulk large by comparison with automobile accidents We might aptly talk of "Automobile Surgery," but shortly we must need talk of "Aviation Surgery" just appearing on the horizon Several decades ago "Railway Spine" was a popular term, but no one to-day uses that title to describe the almost obsolete traumatic hysteroneurasthenia

In an attempt to collate the frequency of various kinds of minor injuries, I have selected 3,555 cases treated under my supervision, of these 1,039 were lacerations, 235 were sprains, 204 wound infections, 121 fractures

For our purposes to-day, I would limit our discussion to certain fundamentals of treatment as applied to

I	Wounds	V	Synovitis—Bursitis
II	Burns		
III	Foreign Bodies	VI.	Dislocations
IV	Sprains	VII	Fractures

There are several basic factors in accident surgery and of these may be mentioned and stressed

A The maximum of immediate care and attention means the minimum of disability and deformity

B Antiseptics are of limited value and cannot take the place of adequate sterilization obtained by plentiful use of soap and water

C Immediate complete suture of wounds is a dangerous procedure

D Adequate rest of injured parts is promoted by splintage and suspension.

E Regulated active motion encourages healing and minimizes the necessity for physiotherapy

F The first 48 hours usually determines the outcome as thereafter the subacute stage is reached in most of the traumapathies

G Tight dressings promote stasis leading to edema and this in turn invites infection or retards repair

These seven principles seem very simple very trite, as they are recorded, but they comprise the essentials and if respected keep a minor injury minor from a pathologic as well as from a chronologic standpoint

Let us proceed in some detail to the treatment of typical minor traumapathies

Wounds—At the outset let us remember that every wound is already infected unless made under aseptic precautions Hence our problem is solely the treatment of infected wounds We know that it takes at least six hours to demonstrate organisms in a wound recently acquired, therefore our intervention should be made within that period if we expect to retain a sterile field There are only two methods of sterilization, one mechanical (as by sponging or excising), the other chemical (as by antiseptics) We know also that bacteria only thrive in the presence of devitalized tissue, and on this depends the rationale of debridement or exsection of destroyed or damaged material

Take for example a wound of the hand due to a puncture from a nail. All these punctured wounds should be subjected to prolonged immersion in soap and water, grease being first removed by gasolene kerosene or an automobile soap Next the dried tract of this puncture should be thoroughly irrigated with some antiseptic of proven value Personally I employ iodine in full strength, using a hypodermic if necessary Next a wet dressing is applied, and here again iodine is used in a strength of one dram to a pint of saline solution The hand is

*Read before the Clinical Congress, Connecticut State Medical Society New Haven September 22nd, 1927

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Vita glass is being marketed primarily as a health prophylaxis, and not as a therapeutic agent, although it is now serving in the latter capacity in numerous well authenticated instances—particularly in the solaria of more than 200 hospitals in England and the United States—See page xix—*Adv*

KALAK WATER

Many diseases are complicated by an "acidosis" An important part in their treatment consists in replacing those elements needed to maintain the alkali reserve

In clinical practice a rational and agreeable method of alkalinization is afforded in Kalak Water—See page iv—*Adv*

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The physician may safely prescribe BabyGain in cases where he deems it advisable to discontinue or complement breast feeding

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BabyGain, restored to liquid form, agrees with the standard average analysis of mother's milk and its physical characteristics

The use of BabyGain will help to prevent summer diarrhea—See page xvii—*Adv*

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The Hoffmann-La Roche Chemical Works of New York City, are now completely established in their new home at Nutley, N J, where the entire organization—Laboratories, Production Department and Executive and Office Personnel—is housed The firm has also shortened its name and will be known henceforth simply as Hoffmann-La Roche, Inc, of Nutley, N J

A cordial invitation is extended to all members of the medical profession to visit Nutley and inspect the most modern of Scientific Laboratories—See page v—*Adv*

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reaches the zone of infection, virtually an osteomyelitis, and then if necessary we can remove the necrotic diaphysis and leave the epiphysis which may be sufficient to preserve the contour if not the function A rubber band is now placed in the incision, and two or three days later it is removed and the wound strapped This procedure gives prompt relief and the operative scar soon disappears

Now, wound treatment implies the use of *some* antiseptic Personally I have no great faith in germ killers because all of them are deficient in that they reach only superficial organisms, and if used in full strength, kill the tissues as well as the germs The best proof of their inefficiency is their number, each in turn being vaunted as the latest and the best What has become, for example, of carbolic acid and bichloride? Who now uses Dakin's Solution as a routine?

The present craze for Mercurochrome, the 1927 model, is but repetition It is virtually a wound rouge, and some of the extravagant claims for it suggest that the profession is expected to have reached the flapper stage or to have become Bolsheviks It is a dangerous drug because it contains mercury in relatively large amounts and yet we are circularized to use it not only externally but intravenously

Let us not forget however, that a first aid antiseptic is of value as a substitute for soap and water cleansing To that extent, at least, any reliable chemical has value—but to conclude that antiseptics are specifics is but to delude ourselves and to make a mockery of the experience gained during scores of years

Sunlight, and open air and sea water are nature's cures and we should avail ourselves of these agencies when possible Personally, I would prefer to leave all wounds open to the air if conditions permitted, and I know that face and scalp wounds are more benefited by no dressings than by any dressings Wound stimulants, like Balsam of Peru and Scarlet Red, are really only wound fertilizers, and if used at all should be subject to limitations

Burns

These are infected wounds due to thermal, chemical or electric contact They like all other wounds pass through three stages in their evolution The first stage is the dermatitis stage of pain, redness, swelling and blebs The second is the exudation stage The third is the granulation stage We accordingly treat the case based on these three stages, referring especially to second and third degree burns We do not favor paraffin or other occlusives

In the first stage we use a wet dressing of 10 per cent sodium bicarbonate, keeping it wet by inserting a perforated rubber tube into the meshes of the gauze We give morphine enough to control pain and we force fluids After the third day we expose the wound to the rays from an electric light, one hour out of every four, and then for longer periods In very extensive burns we frequently use no dressings at all, especially in children, but make a tent over the bed and place a series of electric bulbs within so that there is a more or less continuous raying of the parts We do not open blebs until the third day if possible, and are then careful to puncture them aseptically at their base

In the third or healing stage, we again rely on electric light, and when possible, on sunlight At night, or when a dressing is required, we use equal parts of sterile olive oil and camphorated oil This is a non-sticking, stimulating application quite useful in any granulating wound

In every case we see to it that the parts are freely moved to avoid contracture, and this is especially necessary in wounds about the neck and chest, the armpits, the groin, the knee

Tannic acid treatment is advocated by many excellent surgeons, a chemical debridement resulting therefrom

We reserve exsection of the burned area, debridement, for localized burns in that class in which adequate facilities are available and the condition of the patient permits The denuded surface is grafted at once if large, or is allowed to granulate if small

Obviously this procedure has a limited application as to patients and surgeons

Foreign Bodies

Search for these should be attempted only after definite localization, and even under the best of conditions, the search is often tedious and even fruitless If the wound is already infected, prudence dictates restraint and thus we wait 7-10 days unless we can proceed within the first 24 hours

Joints

Sprains are essentially lacerations with stretching and torsion of ligaments If seen early, an excellent routine is hot applications followed by massage with warm camphorated oil, in turn followed by exposure to dry heat or the rays from a 50 Watt unfrosted electric light bulb Then a strapping or bandage is applied with the ligament so braced that the torn or stretched edges are coapted Immediate motion is insisted upon, otherwise effusion organizes and a complicating set of adhesions will delay recovery

A sprained ankle is typical of this variety and the above named measures are very helpful in this group Disability will be reduced one half by this mobilization treatment by comparison with the customary immobilization or plaster cast method

Subacute and chronic sprain usually responds to massage, radiant heat and strapping or bandaging

Back sprain or strain is a tormenting problem,

kept quiet, and another dressing of the same sort is applied next day If on the third day signs of infection are absent we may be reasonably sure that recovery will be uneventful In passing, be alert for local tenderness as an important early sign of impending infection Do not disregard the patient's statement as to throbbing or heat, for both are warning signals

A lacerated wound of the scalp or leg due to an automobile accident serves as an example of the next group Here again plentiful use of soap and water is the primary consideration We should spend from 10 to 30 minutes in cleansing such a wound, especially if there is associated contusion of surrounding integument Always widely separate the edges of such a wound, and in the scalp inspect and palpate for possible fracture Leave no blood clot, for of all things this and macerated muscle are the best culture media, virtually autogenous bouillon

If there is a contusion and laceration, place the sutures (non-absorbable) but do not tie them until the third day This is the principle of delayed suture as compared with immediate suture, and if we practice it we will attain practically primary union and rarely obtain infection If immediate suture is applicable, drain always, using a rubber band or a strand of the suture material Remove this drain on the second or third day Needless to say all sutures should be of the interrupted type, using non-absorbable material

Let us assume that the wound becomes infected, or is infected when we start treatment Much depends on the site and type of the wound, but more depends upon the prevalent organism If streptococci are present, alone or with staphylococci, we should remove stitches widely and promptly If on the contrary, staphylococci and other organisms are present, we can be less radical and more leisurely In the early stages of infection before pus is present, I would advise removal of some of the stitches and the use of hot applications of saturated solution of magnesium sulphate This is used as a bulky wet dressing or the part is immersed in it If the former is chosen, insert a perforated rubber tube in the gauze meshes and through this inject the solution often enough to keep the dressings moist

I feel certain that hot dressings over a period of 24-48 hours focalizes the infection so that if incision and drainage become necessary, we will operate in a zone where "pointing" or softening has occurred We should incise for infection only under 3 conditions, namely for localized fluctuation, localized pain or localized induration To incise on suspicion, or for redness or for generalized pain or swelling, is but to spread and not to control infection

This applies especially to infections of the hand, and of all places we should be alert in this area More and more I find myself allowing infections to self limit of themselves before interfering, and when incision is made, an effort is made to keep within the area of softening This to me is the ideal treatment for boils and carbuncles and I rarely incise these at all but on the contrary let them burst of themselves

In gunshot wounds, in those likely to be contaminated by garden soil or manure, it is prudent to give tetanus antitoxin

A few practical rules in hand infections may be pertinent In the first place, suture hand wounds very cautiously and practically all of them are best treated by the delayed suture method already outlined Splintage is an added precaution and to those of you who are doing much accident work, let me suggest the value of sheet aluminum to fashion splints to fit the patient rather than having the patient fit the splint Rarely cross cut in hand infections Rarely cut on the dorsum of the hand, for in nearly all palm infections the dorsal swelling is edema and to open into this is but to extend and not diminish the process Infection from a given finger takes a certain anatomical route of least resistance, and thus there are three foci or reservoirs into which pus will drain These fascial spaces on the palm—thenar, hypothenar and mid palmar—are well defined and easily reached by a route known to all We are warned as to which to attack by local fluctuation, local pain or local induration, and we should not attack until we are thus warned

Make the incision under a general anesthetic using a tourniquet Let the incision be adequate, and if it is, it will gape of itself Use no gauze drainage except for hemostasis Gauze then should be soaked in oil or vaseline If through and through drainage is needed, use rubber bands and they need not be removed until infection has subsided Ramming gauze into a wound is taxidermy and not surgery

In finger infections, use lateral incisions and spare the creases at the joints

Wet dressings of some mild antiseptic favors softening and exudation. Salt solution, sodium bicarbonate (10%) solution, magnesium sulphate (saturated) solution probably act just as well

At each dressing, let the part be immersed in hot water so that the gauze can soak off and so that the fingers may be moved

Motion should start at once, otherwise contractures will get ahead of us and we will then have a troublesome and perhaps a deforming complication

Felons announce themselves by a history of a forgotten or neglected puncture, a painful throbbing, sleepless nights, and then the patient presents himself with a finger held aloft A bisecting of the finger pulp is the best treatment for it

reaches the zone of infection, virtually an osteomyelitis, and then if necessary we can remove the necrotic diaphysis and leave the epiphysis which may be sufficient to preserve the contour if not the function A rubber band is now placed in the incision, and two or three days later it is removed and the wound strapped This procedure gives prompt relief and the operative scar soon disappears

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Let us not forget however, that a first aid antiseptic is of value as a substitute for soap and water cleansing To that extent, at least, any reliable chemical has value—but to conclude that antiseptics are specifics is but to delude ourselves and to make a mockery of the experience gained during scores of years

Sunlight, and open air and sea water are nature's cures and we should avail ourselves of these agencies when possible. Personally, I would prefer to leave all wounds open to the air if conditions permitted, and I know that face and scalp wounds are more benefited by no dressings than by any dressings Wound stimulants, like Balsam of Peru and Scarlet Red, are really only wound fertilizers, and if used at all should be subject to limitations

Burns

These are infected wounds due to thermal, chemical or electric contact They like all other wounds pass through three stages in their evolution The first stage is the dermatitis stage of pain, redness, swelling and blebs The second is the exudation stage. The third is the granulation stage We accordingly treat the case based on these three stages, referring especially to second and third degree burns We do not favor paraffin or other occlusives

In the first stage we use a wet dressing of 10 per cent sodium bicarbonate, keeping it wet by inserting a perforated rubber tube into the meshes of the gauze. We give morphine enough to control pain and we force fluids After the third day we expose the wound to the rays from an electric light, one hour out of every four, and then for longer periods In very extensive burns we frequently use no dressings at all, especially in children, but make a tent over the bed and place a series of electric bulbs within so that there is a more or less continuous raying of the parts We do not open blebs until the third day if possible, and are then careful to puncture them aseptically at their base

In the third or healing stage, we again rely on electric light, and when possible, on sunlight. At night, or when a dressing is required, we use equal parts of sterile olive oil and camphorated oil This is a non-sticking, stimulating application quite useful in any granulating wound

In every case we see to it that the parts are freely moved to avoid contracture, and this is especially necessary in wounds about the neck and chest, the armpits, the groin, the knee

Tannic acid treatment is advocated by many excellent surgeons, a chemical debridement resulting therefrom

We reserve exsection of the burned area, débridement, for localized burns in that class in which adequate facilities are available and the condition of the patient permits The denuded surface is grafted at once if large, or is allowed to granulate if small

Obviously this procedure has a limited application as to patients and surgeons

Foreign Bodies

Search for these should be attempted only after definite localization, and even under the best of conditions, the search is often tedious and even fruitless If the wound is already infected, prudence dictates restraint and thus we wait 7-10 days unless we can proceed within the first 24 hours

Joints

Sprains are essentially lacerations with stretching and torsion of ligaments If seen early, an excellent routine is hot applications followed by massage with warm camphorated oil, in turn followed by exposure to dry heat or the rays from a 50 Watt unfrosted electric light bulb Then a strapping or bandage is applied with the ligament so braced that the torn or stretched edges are coapted Immediate motion is insisted upon, otherwise effusion organizes and a complicating set of adhesions will delay recovery

A sprained ankle is typical of this variety and the above named measures are very helpful in this group Disability will be reduced one half by this mobilization treatment by comparison with the customary immobilization or plaster cast method

Subacute and chronic sprain usually responds to massage, radiant heat and strapping or bandaging

Back sprain or strain is a tormenting problem,

e symptoms are almost wholly
must carefully exclude fracture
process even when the violence
ntly non-causative If there is an
is of the spine, it is not unusual
r-ray small fragments apparently
from a stalactite of bone from an
ebra It is in this group that we
y in allotting to an injury, often
host of painful and often disabling
The clinical fact seems to be that the
patient often activates by injury an
quiescent focus

In this group our prognosis must be the
uarded and our therapy the less routine
are called upon to treat arthritis plus in-
ather than injury minus arthritis, we will
that time and trouble enter into the situa-

I am convinced that many of the injured
virtually "carriers" and that trauma in them
ns an activation of an old process at the site
njury This is not by any means limited to
ute trauma, for it occurs also in fractures and
n wounds

The so-called "poor healer" is often the patient with residual foci of infection which by metastasis invades the scene of trauma and proceeds to complicate what would otherwise be an ordinary occurrence A simple hematoma that becomes an abscess is an example of this group, and the basis for this general manifestation is probably the efficient nutrient media supplied by any injury that produces effusion of blood and serum, especially if macerated or bruised soft parts enter into the menstruum

Here we have all the elements needed for propagation of bacteria, virtually an autogenous culture medium, compared to which beef bouillon of the laboratory test tube is a feeble substitute

Synovitis, as of the knee, is practically always sanious when due to injury It is rarely due to direct violence, and in my opinion is often a symptom of an internal derangement of the joint, such as a loose cartilage, hypertrophied subpatella fat pads or some intrinsic arthrolith Virtually all of these act as joint calculi capable of causing the same set of symptoms as calculi in the gall bladder or urinary tract

Be on guard then for "recurrent synovitis" for it usually means an arthrolith that upsets the gliding motion of the knee, trips the patient, causes a fall and the contact with the ground is accused rather than the real initiating factor It is the same as in fracture of the patella, the patient believes the knee cap was broken by contact with the ground, we know the fracture was present and caused the fall

In selected cases, the best treatment for synovitis of the knee is immediate aspiration followed by immediate functioning of the joint

To aspirate a knee, let the patella represent the dial of a clock, figure XII on top, VI below Paint the clock with iodine. Inject at the outer side of the middle of the for the left knee and IX for the right k gram 1) In this area introduce the

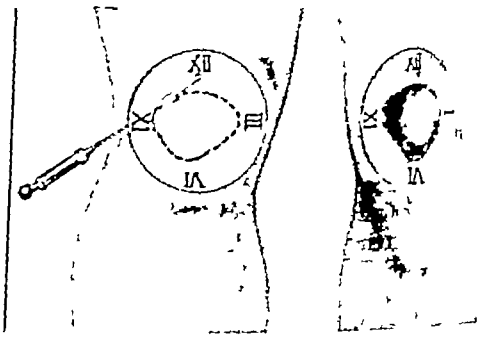


DIAGRAM 1
Aspiration of knee, showing direction of needle

needle and point it upward toward XII, p the patella outward just before thrustin needle so that a guiding shelf will be fo Extract all the fluid through this puncture by pressure or aspiration Remove the and seal the opening with collodion Then the patient move the knee and if it is relati painless, permit walking From now on massage and dry heat can be used This is effective method, just as safe and simple as pirating the pleura if done aseptically It is office procedure and once practised will your routine Re-aspiration is rarely needed no splintage of any sort is required By with strapping or other forms of immobi this method is much more efficient and can applied equally well to subacute or chronic ca

Bursitis, as of the knee, is treated in the manner In the elbow, be guarded as to p recovery because infection very often supe in old or neglected cases In the shoulder subdeltoid or subacromial group usually respond well to postural treatment that requires abduction of the arm To this add massage, dry heat and diathermy In passing it may be stated that diathermy is no cure-all and of all forms of physiotherapy we rely mainly on massage and dry or moist heat in all kinds of traumata Physiotherapy is best applied by self-use of the affected part, and if mobilization is begun early, physiotherapy is relatively unimportant It is not good surgery for us to so manage our case that it takes as long to get over the treatment as it does to get over the injury

DISLOCATIONS

There are certain basic rules for the reduction of any dislocation, a shoulder for example These may be said to consist of the following

(1) *Anesthesia* Nitrous oxide is safest, Ether by the drop method is next, Ethyl Chloride next,

Chloroform in all forms of trauma is as dangerous as it used to be safe in obstetrics Give the anesthesia only to the stage of relaxation

(2) *Increase* the original deformity In other words, make the condition worse before trying to make it better

(3) *Traction and Manipulation* This essentially is traction plus flexion, extension or rotation

Test the success of the reduction by noting

(a) Absence of deformity
(b) Restoration of landmarks
(c) Return of function
(d) Relief of pain as narrated by the patient

The familiar Kocher method is the best means of reducing the average dislocation, and we recall that over half of all dislocated joints everywhere are of the subcoracoid variety When this method fails after two or three cautious trials, then place the patient on his back on the floor and raise him therefrom by using the affected arm as a handle This is traction, elevation and abduction If for any reason anesthesia cannot be given, place the patient face down on table and let the arm hang over the edge, and hang on it a weight of 10-20 pounds fastened to the wrist Here again we have traction, and the average irreducible dislocation will yield in from 10-30 minutes

The point is that in dislocations and in fractures we do the setting not by replacing the bone, but rather by stretching out the contracted muscles which maintain the deformity

The aftercare requires us to employ massage and gradual motion from the very beginning and for that reason, casts and other dressings which hide the part should not be used.

Let us remember that every dislocation is associated with arthrosynovitis, and as stated previously, the treatment for this is massage and motion In all of these joint conditions (dislocations and others) and in the myalgias we have been using a routine which we call "S O L" "S" means soap suds applied as a hot pack or as an immersion "O" means massage with warm camphorated oil "L" means exposure to the rays from a 50 Watt bulb or direct sunlight Each of these items takes 10 minutes so that a complete "S O L" seance takes half an hour at least

Fractures

Essentially a fracture is a laceration of bone and the object of treatment is coaptation We attempt an end to end anastomosis, knowing that a side to side anastomosis invites non-union, deformity and disability There are after all only two types of fracture, either of which may be simple or compound

Type I is the displaced variety in which the fragments are overlapped and do not touch at the ends

Type II is the non-displaced variety in which the fragments are not overlapped and the ends are in contact.

Type I needs Reduction and Retention, Type II needs Retention only

The object of treatment is to convert Type I—the overlapping—into Type II the non-overlapping There is only one way to accomplish this setting, and that is by traction, and every imaginable kind of traction is either *manual* or *mechanical*

After reduction, comes retention or splinting, and the essential of this is safety, hence every splint should first of all be safe, and second it should be simple For that reason, make the splint fit the patient, and do not try to make the patient fit the splint Moulded two piece plaster of Paris splints accomplish this tailor-made requisite Sheet aluminum is the next best—basswood the third, and sheet felt the fourth

In the fracture lexicon there are four R's, first is *Recognition* or diagnosis The second *Reduction* or setting The third *Retention* or splintage The fourth, *Restoration* or functioning After we set any fracture, let us quickly go on to relieving the associates of every bone laceration, namely repair of lacerated muscle and relief of effused blood and serum If we neglect these we are just as culpable as if we took out a ruptured appendix and failed to take out the surrounding pus

Hence, we set the fracture, and we do it *now*, not tomorrow, not awaiting the *x*-ray nor the special splint, nor do we "wait until the swelling goes down" If we do it *now*, we can do it easily before edema exists or contractures occur, the *now* means that we are treating the fracture minus complications If we wait, we must treat the fracture plus complications

X-rays *before* setting have a place of course, but they are much more valuable *after* setting We should use our eyes and fingers for diagnosis more than we do All of us are developing the atrophy of non-use since these easier laboratory methods are so comfortable and so exact. It is much better to use *x*-rays for determining the success of reduction rather than for the success of diagnosis In passing, let us not forget that many so-called "severe sprains" or "partial dislocations" are in reality fractures It is a safe rule that every deforming and disabling joint injury should first be regarded as a fracture rather than a dislocation, the only important exception to this is in the shoulder joint For example, the average so-called dislocation of a finger, wrist or ankle proves to be a fracture Another thing let us recall that any involvement of cartilage in a fracture means inevitable deformity Look at baseball fingers commonly regarded as dislocations, sprains, ruptured tendons or synovitis Or take a Colles fracture comminuted into the joint, and despite most accurate adjustment, swelling and deformation persist The answer is that in both instances fibrocartilage is involved, and cartilage everywhere heals irregularly Witness the

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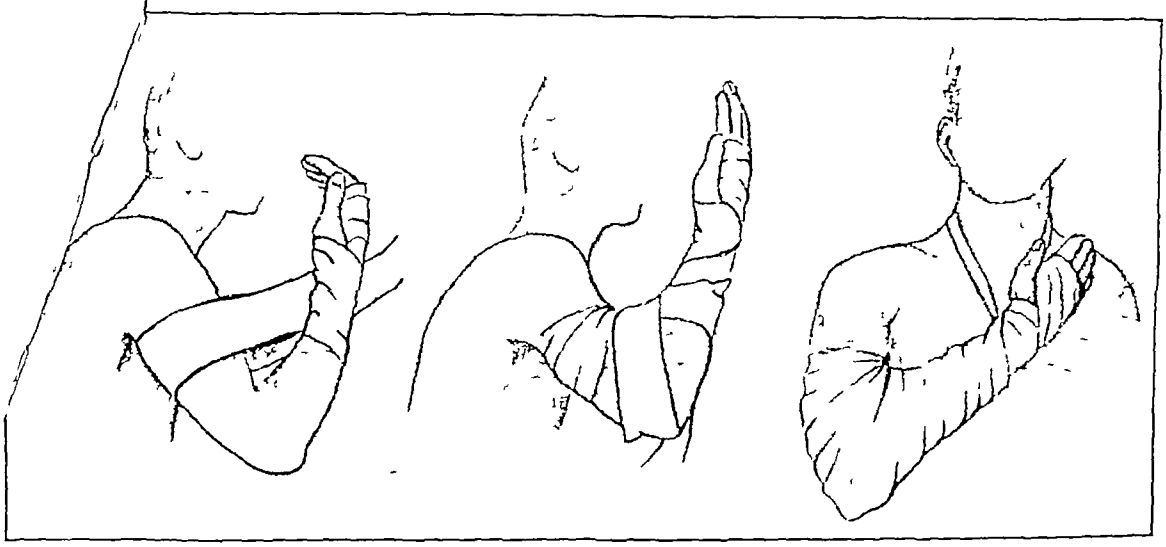


DIAGRAM 6
Gauze bandage splint for fracture of the elbow

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FOREARM

In fracture of the radius or ulna, or both, a "sugar tongs" (Diag 7) or else a moulded 2-piece plaster of Paris splint is used reaching from the duction, if these fail, then open operation and notching of the fragments is necessary It is rare in my experience to manage this class of case without operation, especially in the radius

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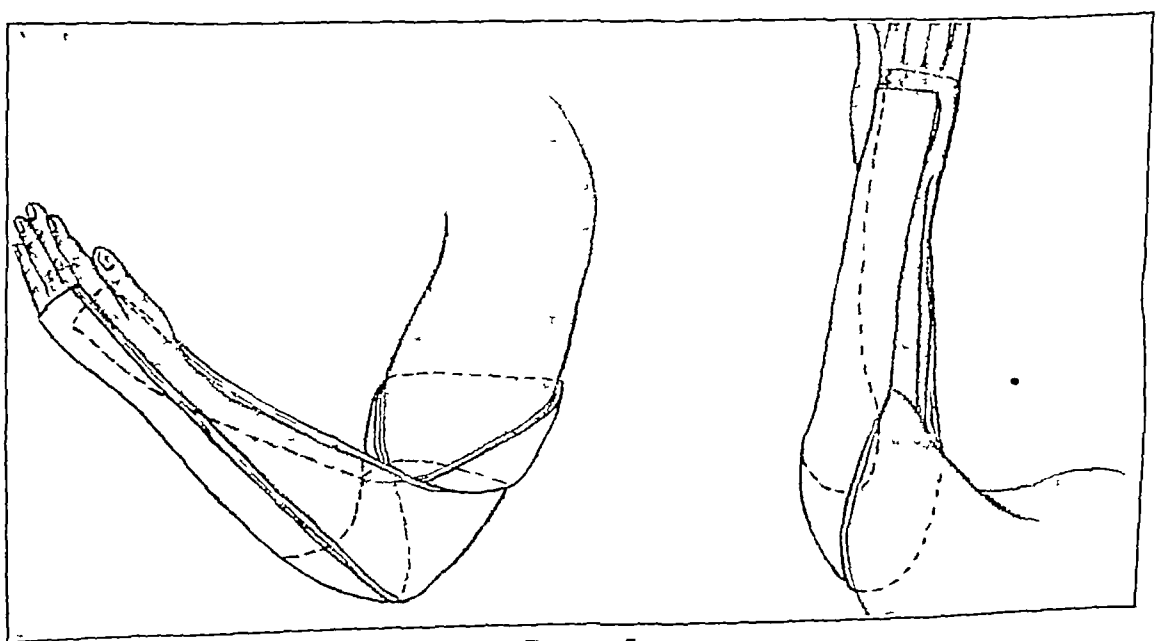


DIAGRAM 7
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the radius I have missed this combination once with a discomforting outcome and last Spring saw two cases in consultation where the outcome was equally a cause of chagrin This combination is just like the more frequent association of a fractured lower 1/3 of the tibia and a coincident fracture of the upper end of the fibula

In passing, let me urge that an initial test be made for musculo spiral and ulnar nerve function in every upper extremity injury, if discovered after treatment is instituted, blame will be harder to allot.

In head of the radius fracture without displacement, we use the same splintage described for fractures of the shaft of the forearm If displacement is marked, operation is needed and usually the bone fragment is removed as it cannot often be replaced and virtually acts as a foreign body

Colles Fracture

Early reduction here of all places means easy reduction In a few hours there is so much arthrotenosynovitis that great effort is needed to overcome the pull of the 28 tendons crossing this joint The steps of reduction are the same as in any other fracture, namely

(1) Anesthesia up to the point where the patient cannot count out loud correctly, and this is generally after 24 is reached, starting at 1

(2) Make the deformity worse by pushing the hand upward and backward, and do not hesitate to bend the hand so far backward that it almost touches the forearm

(3) Rotate the hand freely until crepitus is very freely felt or is audible Now the fragments will be easily disentangled. Then pull down slowly and firmly, the elbow being held at a right angle so that counter-traction is thus obtained Let this pull be continued until a sense of giving is felt, and then place a thumb over the lower fragment and force it forward, meanwhile still pulling down with your hand in the patient's hand Then bend the wrist as far forward as possible and push it inward

Now test for reduction by noting disappearance of the bony knob on the wrist and the return of the normal levels of the styloids Finally the best test is to push the hand toward the fracture, as if to impact the fragments, if they do not override again, we can be reasonably sure they are reduced

A two-piece moulded splint is now applied, reaching from the knuckles to below the elbow (Diag 8) The downward and inward tilt of the hand is maintained by having the patient clench the fingers against a roller bandage placed over the palmar splint This position is a fine example of the precept to leave a fracture when set in exactly the opposite position it was in before setting—the original position of the hand was outward and backward, we convert this into inward and forward Motion of the fingers is begun by the patient at once and massage and daily thereafter when possible

After 7-10 days we remove the splint and try guarded passive motion a few days later, so that the end of 14 days is usually permitted the "O L" treatment already mentioned splintage is removed usually by the eighth day and generally we cut it away in such that the final piece is a mere cuff to be worn at night or when out of doors There are patients with an arthritis tendency who develop a most troublesome and persistent swelling of the joint despite early accurate reduction virtually a metastasis from a focus elsewhere it may take weeks before function is restored

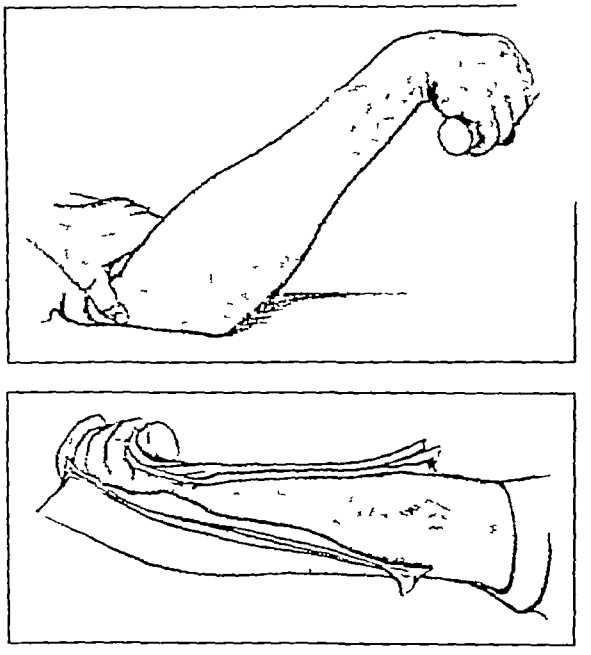


Diagram 8

Moulded two-piece plaster of Paris splint for Colles fracture Note inward and forward flexion of wrist

Carpal Fractures

The scaphoid and semilunar are most commonly involved Suspect carpus injury when the patient falls in such a way that the hand is thrust to the side or backward, a forward fall, the usual, means Colles fracture If there is not much displacement of fragments, an anterior splint with the wrist bent backward will suffice If there is irreducible displacement, open operation is usually required At best, pain and loss of function very often follow this type of injury

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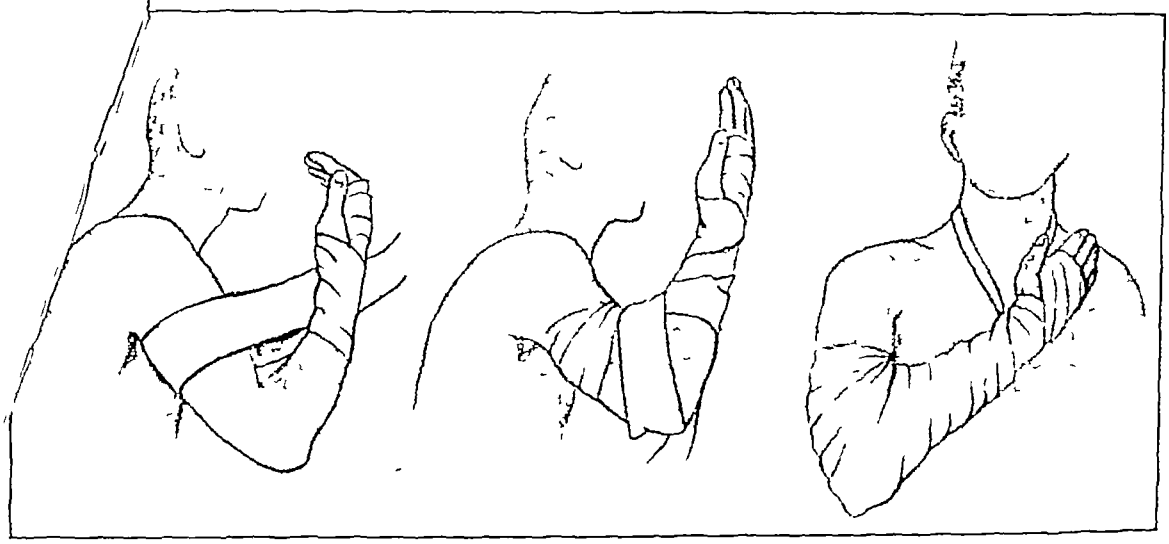


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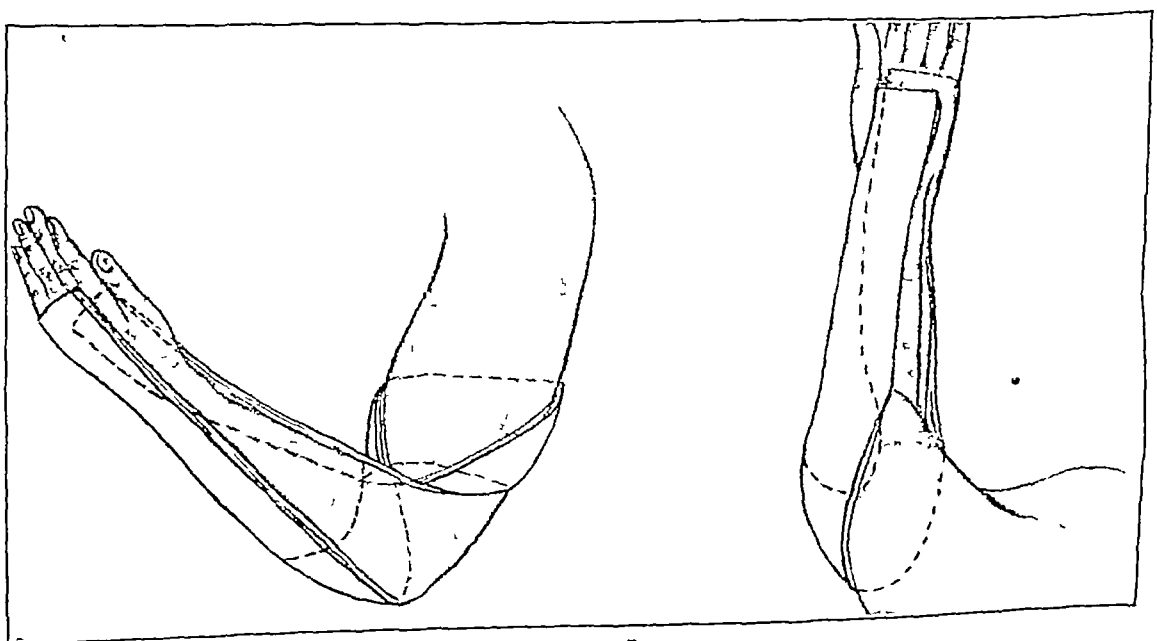


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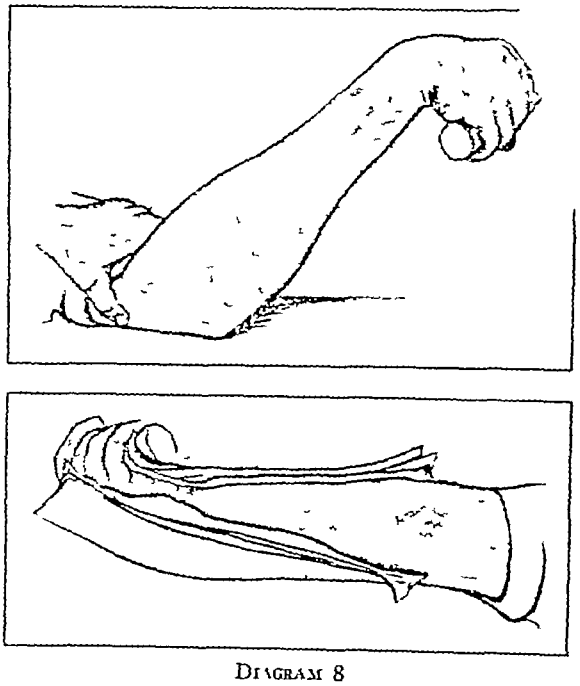


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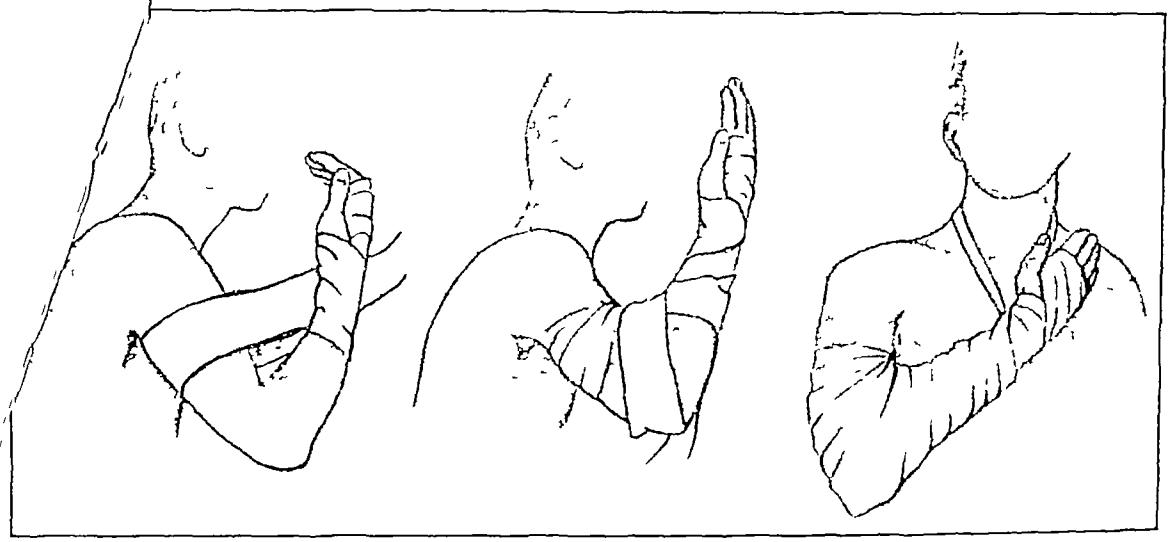


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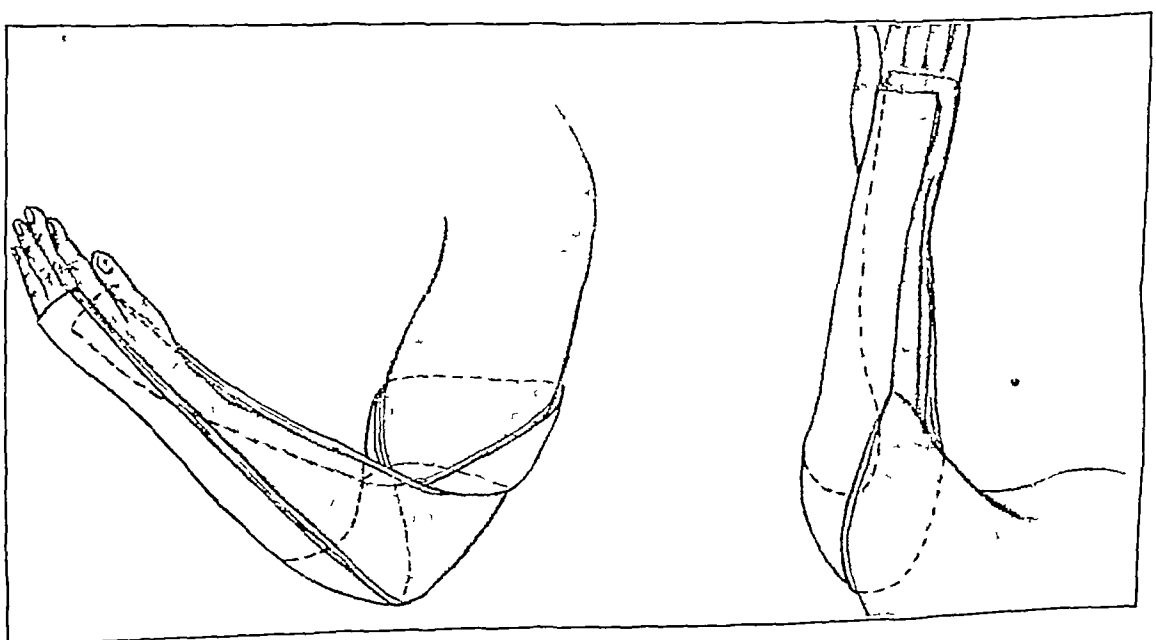


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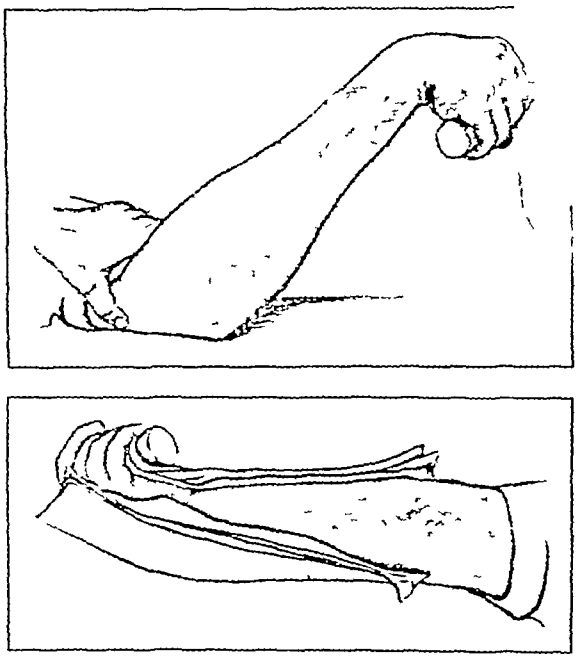


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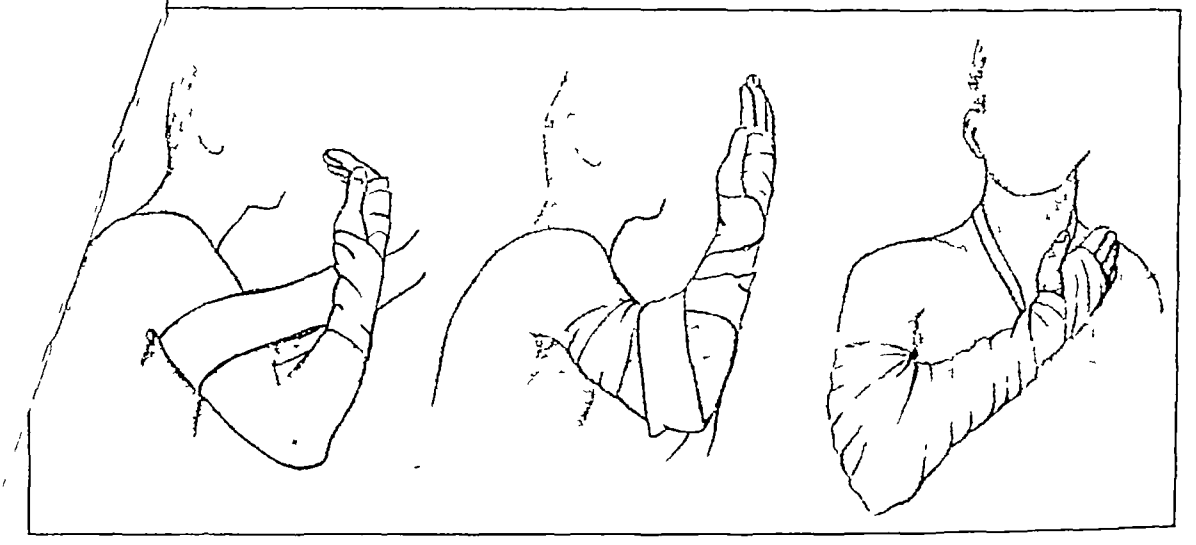


DIAGRAM 6
Gauze bandage splint for fracture of the elbow

tainly is even more dangerous if used often by the surgeon

FOREARM

In fracture of the radius or ulna, or both, a "sugar tongs" (Diag 7) or else a moulded 2-piece plaster of Paris splint is used reaching from the

duction, if these fail, then open operation and notching of the fragments is necessary It is rare in my experience to manage this class of case without operation, especially in the radius

In a fracture of the shaft of the ulna be on guard for an associated dislocation of the head of

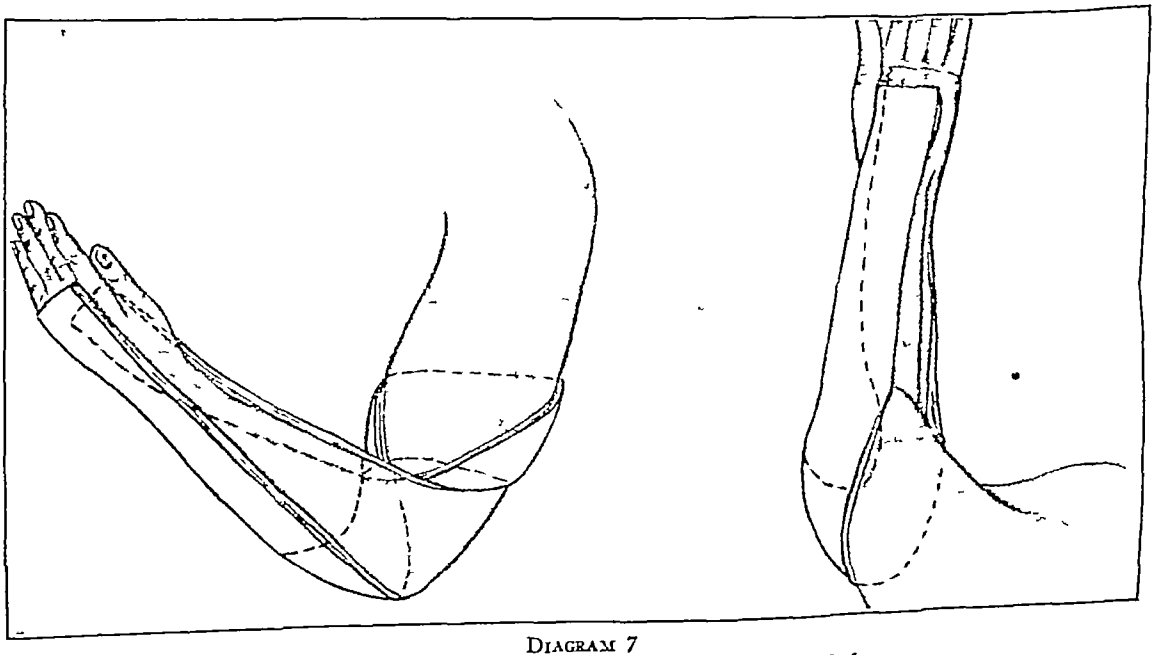


DIAGRAM 7
Sugar tongs moulded plaster of Paris splint for fractured forearm

the radius I have missed this combination once with a discomforting outcome and last Spring saw two cases in consultation where the outcome was equally a cause of chagrin This combination is just like the more frequent association of a fractured lower 1/3 of the tibia and a coincident fracture of the upper end of the fibula

In passing, let me urge that an initial test be made for musculo spiral and ulnar nerve function in every upper extremity injury, if discovered after treatment is instituted, blame will be harder to allot.

In head of the radius fracture without displacement, we use the same splintage described for fractures of the shaft of the forearm If displacement is marked, operation is needed and usually the bone fragment is removed as it cannot often be replaced and virtually acts as a foreign body

Colles Fracture

Early reduction here of all places means easy reduction In a few hours there is so much arthrotenosynovitis that great effort is needed to overcome the pull of the 28 tendons crossing this joint The steps of reduction are the same as in any other fracture, namely

(1) Anesthesia up to the point where the patient cannot count out loud correctly, and this is generally after 24 is reached, starting at 1

(2) Make the deformity worse by pushing the hand upward and backward, and do not hesitate to bend the hand so far backward that it almost touches the forearm

(3) Rotate the hand freely until crepitus is very freely felt or is audible Now the fragments will be easily disentangled Then pull down slowly and firmly, the elbow being held at a right angle so that counter-traction is thus obtained Let this pull be continued until a sense of giving is felt, and then place a thumb over the lower fragment and force it forward, meanwhile still pulling down with your hand in the patient's hand Then bend the wrist as far forward as possible and push it inward

Now test for reduction by noting disappearance of the bony knob on the wrist and the return of the normal levels of the styloids Finally the best test is to push the hand toward the fracture, as if to impact the fragments, if they do not override again, we can be reasonably sure they are reduced.

A two-piece moulded splint is now applied, reaching from the knuckles to below the elbow (Diag 8) The downward and inward tilt of the hand is maintained by having the patient clench the fingers against a roller bandage placed over the palmar splint This position is a fine example of the precept to leave a fracture when set in exactly the opposite position it was in before setting—the original position of the hand was outward and backward, we convert this into inward and forward Motion of the fingers is begun by the patient at once and massage and daily thereafter when possible

After 7-10 days we remove the splint and try guarded passive motion a few days later, so that the end of 14 days is usually permitted the "O L" treatment already mentioned splintage is removed usually by the eighth day and generally we cut it away in such a way that the final piece is a mere cuff to be worn at night or when out of doors There are patients with an arthritis tendency who develop a most troublesome and persistent swelling of the joint despite early accurate reduction This is virtually a metastasis from a focus elsewhere and it may take weeks before function is restored

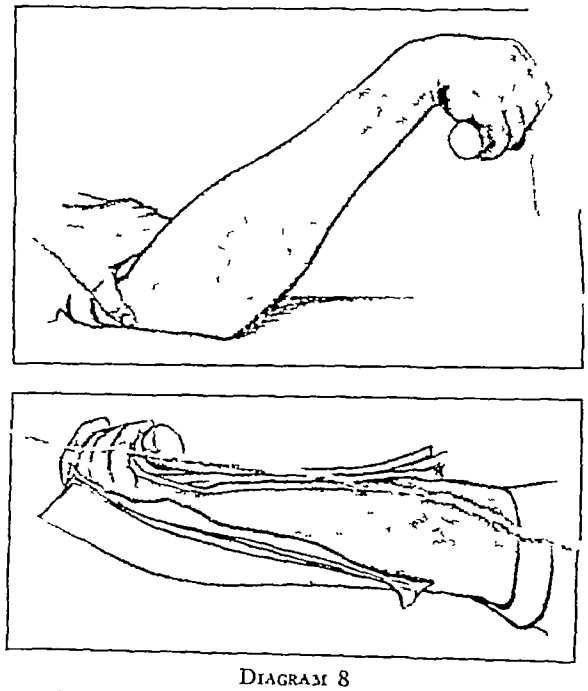


Diagram 8

Moulded two-piece plaster of Paris splint for Colles fracture Note inward and forward flexion of wrist

Carpal Fractures

The scaphoid and semilunar are most commonly involved Suspect carpus injury when the patient falls in such a way that the hand is thrust to the side or backward, a forward fall, the usual, means Colles fracture If there is not much displacement of fragments, an anterior splint with the wrist bent backward will suffice If there is irreducible displacement, open operation is usually required At best, pain and loss of function very often follow this type of injury.

Fingers and Ti

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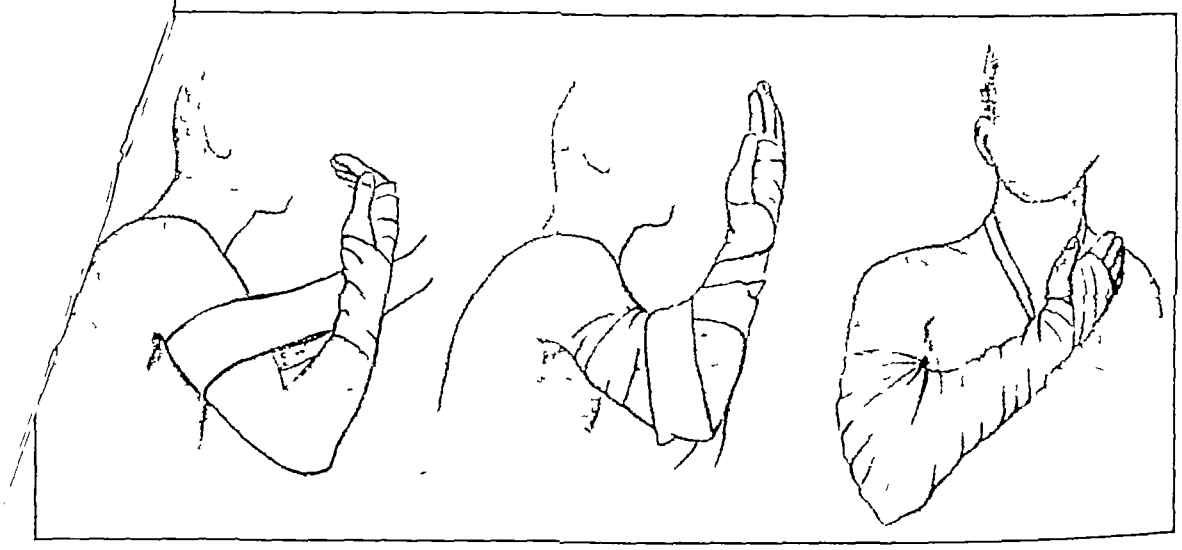


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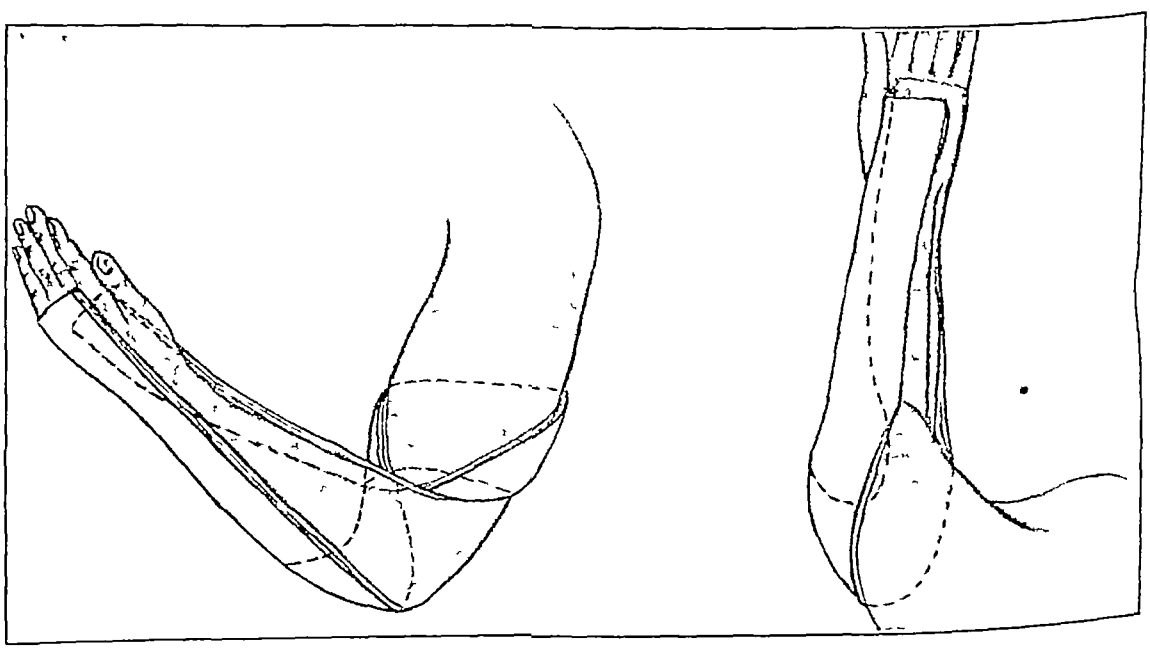


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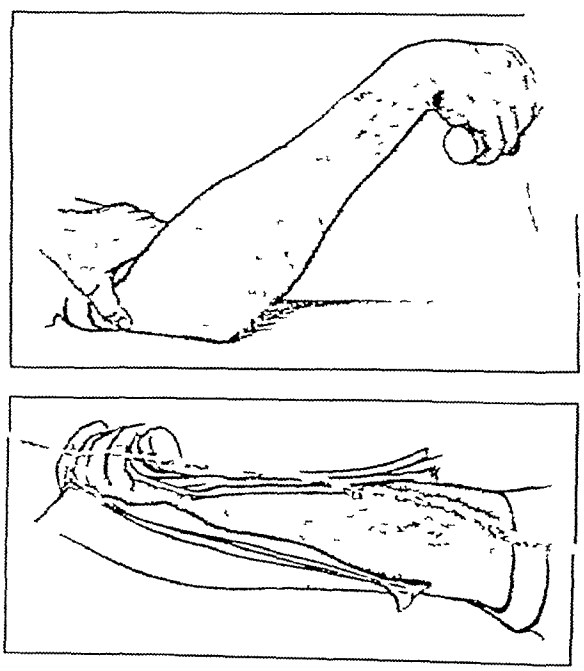


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Fingers and Toes

Many of these are compounded, and if so our primary cleansing should be made with greatest

care other ...y serious soft part infection ...may occur ...addition osteomyelitis ... A wo... to osteomyelitis Despite ex... tensive ...nt in compound fractures, de... spite ... ...g aftercare, I am more and more ... of the eventual outcome of in... fected ...fore the War, you remember the old ...dage "Once an osteomyelitis, al... way ... yelitis" We thought that was to be ... by our so-called modern methods Sa... ...mately is not the case, and to me os... ... is the cancer of traumatology, for ... ow when it will recur ... cautious in dealing with compound ... for if infection of bone does occur, the ... ay be interminable ... ry suture in this group is very dangerous ...uld not be done except in carefully se... ...egregated cases ...ndary suture is the safest method, and in... healing is almost as rapid as if primary ... had been performed ... ese finger fractures require traction and we three methods One the Hawley splint, an... ... straps of adhesive attached to the lateral ...rgins of the finger, the other a thread passed through the finger nail (Diag 9) This last is particularly useful in the compound group

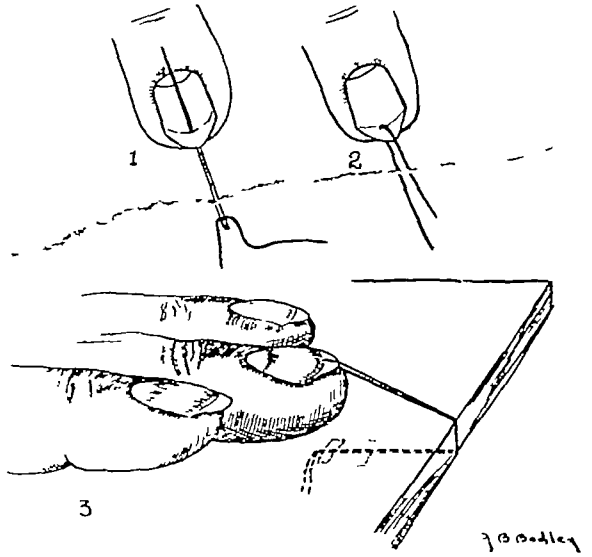


DIAGRAM 9
Finger nail traction for fractured or infected phalanges

ANKLE FRACTURES

Of these Pott's fracture and variants thereof are the most common, and while these are not strictly ambulatory, yet the practitioner is frequently called upon to treat them outside of the hospital

The first thing to do is to obtain reduction, and if anesthesia is unobtainable or inadvisable at the moment, an excellent preliminary is to fasten a towel around the ankle and foot, and to this attach a cord leading to a weight of 5-20 pounds The leg and foot are now placed on a grooved pillow, the lower end of the bed is elevated a foot or more, and the cord and weight are hung over the end of the raised bed (Diag 10) This is improvised traction and counter-traction, and if used in the lower limb from the outset and continued 12-24 hours we will be gratified to see the alignment thus obtained

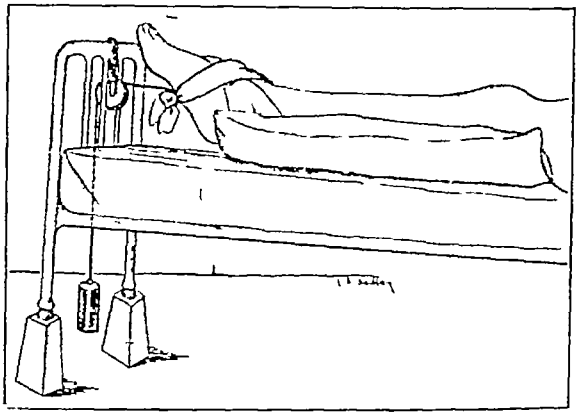


DIAGRAM 10
Provisional traction by bandage or strap around ankle

If manual reduction of a Pott's fracture is to be attempted, the steps are as follows

(1) Anesthesia as already described

(2) Increase the deformity by pushing the foot further outward and backward Do this freely, having the thigh completely flexed on the abdomen to fully relax the Achilles tendon I would stress this point, for if we do not relax the heel cord we cannot obtain the needed freedom for the next step

(3) Now pull down firmly and slowly on the foot, lifting forward at the same time until a sense of giving is felt This giving sensation is apparent to your grasp, it often is visible, occasionally audible also Then flex the foot as far upward and inward as possible, for we must not only correct the original outward and backward displacement, but actually over-correct it

The tests of reduction are

(1) The deformity is absent

(2) The bony landmarks are restored

(3) Jones' test in which the pressure of one finger against the sole keeps the foot at a right angle

(4) Pressure upward on the foot does not reproduce deformity

Splintage is by a two piece plaster of Paris splint, the posterior half of which passes from just below the knee down the calf and along the sole to the web spaces The lateral half passes around the instep and up the inner side of the leg

This is the Stimson splint than which there is none better

Massage can begin in a few days, the lateral half of the splint being removed for this purpose In 7-10 days, some guarded passive motion is tried, and if it produces no reaction, then guarded active motion is allowed 7-10 days later Thereafter the lateral splint is removed and the whole foot and leg can be immersed in hot soap suds or hot water daily if possible

Weight bearing is gradually allowed when there is no reaction on pounding the heel and when the patient can painlessly push the sole against the foot of the bed or against the examiner's hand

It is a wise precaution to build up the inner half of the sole and heel of the shoe and to carefully instruct the patient to walk on the outer side of the foot after the manner of a patient with flat feet.

This then, in sketch fashion represents favored procedures in the management of some of the common minor injuries

CONCLUSIONS

(1) *Wounds* are best sterilized by plentiful use of soap and water Antiseptics may be colorful and much vaunted, but in reality they are unreliable.

Secondary suture is safer and gives almost as rapid healing as primary suture.

All traumatic wounds are already infected and hence should be drained.

(2) *Hand Infections* should not be ruthlessly incised, but on the contrary the attack should be along anatomical routes

(3) *Joint Injuries* should be subjected to early mobilization if we would escape the long drawn out sequalæ of arthrosynovitis

(4) *Fractures* should be set at once, and in nearly all of them, improvised traction will accomplish reduction during the period in which we usually do nothing except to apply preliminary splinting

(5) *Burns* are infected wounds and should be so treated Debridement has a limited field.

(6) *Foreign Bodies* should first be well localized and removed only in the pre- or post-infected stages

(7) *Traumatic Surgery* is acute surgery demanding immediate treatment if complications leading to disability and deformity are to be prevented.

POST-OPERATIVE RENAL INFECTIONS*

By HENRY DAWSON FURNISS, M.D, F.A.C.S., NEW YORK, N. Y.

EACH year every surgeon experiences a certain number of post-operative urinary infections, and it is an interesting study to determine in what class of cases such a complication most frequently occurs and to fathom out the causes At times such infections are unavoidable, more often avoidable, and generally amenable to prompt and rational treatment. The infection may arise in any part of the urinary tract, and be of any degree of severity Certain operations are attended by a high incidence of urinary infections At times the infection has only a casual relation to the operation and may be due to an entirely unrelated cause

In all infections a number of factors are usually operative The blood stream is constantly picking up bacteria, destroying and eliminating them without harm to the body When for any cause the body resistance is low, due to such factors as chilling, fatigue, anesthetics, etc, or the virulence of the bacteria is great, damage to the urinary tract may arise This possibility is enhanced if there are factors that interfere with drainage in any part of the urinary system This may be due to nerve lesions, cerebral, cordal, or peripheral, obstruction due to strictures, foreign bodies, or pressure of outside agencies, as growths, packing, etc Except for direct traumatism, deficient drainage is one of the prime causes of infection

Numerous experiments have been done that prove that the simple introduction of pathogenic bacteria into the urinary tract is not enough to cause cystitis, even this with traumatism is not always sufficient. One is often astonished at the slight reaction that follows severe traumatism, as is noted in the fulguration of papillomata, and Hunner Ulcers

There is a relation between the type of operation and the incidence of urinary infection, and it will be noted from the accompanying table that the infection occurs most often following the operation that lowers the body resistance, damages the tract directly, and interferes with the drainage mechanism This refers to the pelvis of the kidney, the ureter and the bladder As such damage most often is done to the bladder cystitis is more common than renal infections The Wertheim operation for carcinoma of the cervix is the outstanding example—it lowers the resistance, damages the bladder directly, and retention is the rule after a properly done Wertheim's In fact, Paul Werner* claims that if retention does not follow he feels that a proper operation has not been done The Watkin's Interposition is a close second and other vaginal plastics, especially those on the anterior wall, and hysterectomies, not far behind

Injuries to the ureter, resulting in obstruction, and fistulae are followed by ureteral obstruction and kidney infection

* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, May 22 1928.

* *Surg Gyn. & Obst*, Jan. 1928.

How does the infection gain entrance? This occurs through catheterization, infection through the blood stream, or the passage from a neighboring infected tissue, the first two being the more frequent If the infection arises in the kidney it may descend the ureter and involve the bladder and urethra, on the other hand I feel that a cystitis may cause a pyelitis by ascent of the infection along the ureter For example, after a difficult forceps delivery a patient developed an acute cystitis, and in a few days, a bilateral pyelitis There was marked edema of the trigonum A nephrectomy was done and the same edema was seen in the portion of the dilated pelvis near the ureteropelvic junction and in the ureter, this to my way of thinking, proving the infection an ascending one The majority of the renal infections are, I believe, haemotogenous, and arise from the lodgment of bacteria, having their origin in infected thrombi related to the operation The sudden, abrupt, acute onset without symptoms referable to the bladder (and a bladder that cystoscopically appears normal) leads to this conclusion After a few days the second kidney often becomes involved, either through the blood stream or from an ascending infection

Occasionally a urinary tract infection may follow a tonsillitis

To get an idea of the number of infections, and the class of operation in which they occurred most frequently I have tabulated 200 consecutive private operations

Frankly, I was rather surprised at the small number of renal infections noted I am sure there are more on the ward cases, and this may be due to the fact that it is difficult to impress upon the internes and nurses the necessity for adequate catheterization When a patient begins to void, the interne is apt to discontinue the order for catheterization, the patient having residual urine is more prone to infection Better nursing care of the private cases may also have a bearing upon this

A perusal of the list will show that in the smaller operations, and those requiring short anesthesia, there was little bladder disturbance In all the radium cases for so-called functional bleeding, the bladder was drained with a retention catheter during the time the radium was in the uterus, and yet none of these developed a cystitis In the operations that involved the bladder, as the abdominal hysterectomies, and more particularly, interposition and Mayo Cystocele operations, ones that both injured the bladder and interfered with proper evacuation, the incidence of infection is greater

Kidney infections are more apt to develop in the cases where ureter drainage is deficient —note the number following the carcinomata of the bladder, especially where the growth is in the region of the ureteric opening

Symptoms —In the mild cystitis cases there is first noted bladder discomfort and if the patient is able to void, frequency of urination Cystitis alone causes no temperature unless it is severe, as in the gangrenous type There is pus in the urine and often blood is noted the first day or two The pain may be slight or severe, usually paralleling the severity of the inflammation In the severe and gangrenous type there is foul smelling urine containing a good deal of pus, and the patients are quite ill Such cases usually follow very difficult labors or impacted growths

In the pyelitis cases which follow a cystitis it may be noted that the pain travels from the bladder region along the course of the ureter and when the kidney becomes involved there is pain, with chills and temperature, reaching 101° and even 106°F, usually dropping to normal or near normal, and followed by recurrences Leucocytosis is usually present With the haemotogenous type, several days after operation, the patient is found with temperature that may have followed a chill Tenderness in the kidney region may be marked or so slight that jarring by first percussion (Murphy's sign), or deep pressure is required to bring it out. This tenderness usually disappears after a few days, or may continue in the more severe cases Subsequent involvement of the other kidney is frequent. Urgency and frequency soon develop In the haemotogenous type pus may not be found in the urine during the first few days, as the infection is primarily limited to the kidney cortex The majority clear up spontaneously, though a few severe ones persist until actively treated

Diagnosis —This can usually be made on the symptoms Frequency, pain, pus in the urine, and no temperature, usually speak for infection limited to the bladder Temperature, with or without chills and renal pain, point to kidney involvement With renal involvement a mental review of the operation is made to determine the possibility or probability of ureter damage In an uretero-sacral shortening where free venous oozing occurred, the left ureter was occluded in the attempt to control the bleeding—with a consequent severe renal infection When there is such a possibility the patient should be cystoscoped after injecting Indigo-Carmine, intravenously Should the dye fail to appear on one side, a catheter should be passed to determine the patency and the point of obstruction of the ureter At times a radiographic examination is essential, especially if there is a history of pre-operative renal colics—a quiescent stone may engage the ureter and cause obstruction Ordinarily,

even in pyelitis, I do not advocate cystoscopy in the first three days of the infection, but if there is no improvement at the end of this time the patient is examined—more to institute treatment than to clear up the diagnosis

Treatment—Prophylaxis—Before every operation upon women a catheterized specimen should be examined, to determine the presence or absence of infection, and should such exist, it should, if possible, be eliminated After a Watkin's Interposition Operation done by one of my confreres, a large amount of pus was found coming from the left kidney, on further investigation eight large renal stones were discovered that had been there probably for years In a recent case, from a neighboring city, two stones were found in the bladder after a beautiful correction of a large cystocele —these stones antedated the operation at least several months

The bladder should also be tested for residual urine, especially in cystocele and prolapse cases The knowledge of this residual tendency will be of help in the post-operative treatment The eyes and patellae reflexes should be investigated so that a tabes may not be overlooked After operation all factors lowering vitality, such as chilling, wetting etc, should be prevented Urinary antiseptics, such as urotropin, should be given where bladder damage has been done, where there is imperfect evacuation, and catheterization is necessary

Catheterization is more apt to be underdone than overdone To obtain the proper spirit of cooperation with the nurse, the problem of residual urine, and its dangers should be explained Also the so-called paradoxical incontinence At times it is difficult to make a nurse understand that a patient may not be emptying the bladder when she is having frequent urination or spillage In most of our vaginal plastics and hysterectomies, there is apt to be residual urine for a week or more, and it is my rule to have the patient catheterized every six hours until I am sure there is no residual urine This is determined by catheterization after voiding Catheterization must be gently done, it cannot be done gently without proper lubrication of the catheter Frequently the nurse will attempt catheterization with no other lubricant than the water in which the instrument was boiled, and the urethra is needlessly traumatized, rendering it more liable to infection and making subsequent catheterization more difficult and painful

During the period of catheterization the patient should take some urinary antiseptic, preferably, Hexamethylenamine and Acid Sodium Phosphate, and once daily the bladder should be irrigated with a mild antiseptic solution followed by the instillation of drams two of 15% Argyrol Solution

Cystitis—In the acute stage Tincture of Hycocyamus and Potassium Citrate are given, 15 minims of the former and 20 grains of the latter, every three or four hours The diet should be bland and fluids given generously The bladder is catheterized and irrigated with Boric Solution followed by instillation of argyrol If there is no residual urine, once daily is sufficient, otherwise, the patient is catheterized every 6 or 8 hours and irrigated once or twice daily after the catheterization Codeine, or even morphine may be necessary for pain As the more acute symptoms subside the sedative mixture is discontinued and Hexamethylanemine and Acid Sodium Phosphate are given Except in the severe cases the condition rapidly clears Its continuance makes one suspicious of renal involvement.

In pyelitis a conservative policy is advocated, plenty of fluids, heat to the affected region, exhibition of alkalies The urinary antiseptics are of slight value at this stage. Most of the pyelitic infections show some improvement in three days' time, and in the event of failure to do so, I feel that local treatment is indicated Some contend that the good results of ureter catheterization and pelvic lavage are due more to the establishment of drainage than to the effect of medicaments in the pelvis For this reason they advocate leaving the catheter in the ureter for one or more days The ureter is not a quiescent organ, and I feel sure that its peristaltic action over a stiff catheter causes marked ureteral damage Except in marked pelvic retention I prefer withdrawing the catheter after instilling the antiseptic fluid My best results have come from nitrate of silver When the pelvis cannot be readily emptied, the silver forms an insoluble chloride with the salt of the urine, destroying its efficacy, and leaving a precipitate that is difficult to be drained away In such instances some urine soluble substance should be used—mercurchrome being the best of these

These treatments are carried out every day, or less frequently depending upon the urgency of the case

There will be instances where it will be technically impossible to catheterize the ureter, and an attack must be made directly on the kidney Such are found in the bladder growths in the neighborhood of the ureteric orifices, or after injury to the ureter Where ligation of the ureter has been found, the question of reopening the wound to free the ureter comes under consideration Whether to do this or drain or remove the kidney often calls for a nice decision

In the renal infections that are severe and show no tendency to betterment, nephrotomy or more often nephrectomy is indicated.

Nephrotomy where the patient is too ill for nephrectomy, and where drainage of the kidney may result in its return to normal Nephrectomy, in many instances, is not much more of an operation than nephrotomy, and if the chances of saving the kidney are not reasonably certain, the removal of the kidney is preferable

Should a ureteral fistula develop the problem arises—to make an anastomosis into the bladder, or the intestine, or a nephrectomy Except in favorable cases of low injury, nephrectomy is the safer operation However, the recent favorable results on rectal implantation according to Coffey technic may offer a solution in the saving of the kidney In March, 1928, I did a bilateral implantation in two stages for irreparable vesico-vaginal fistula following labor and at present the result appears most satisfactory

Summary—1 Cystitis is frequent after operation Renal infection less frequent, except operations involving the ureter, or its vesical orifice

2 The greater number of infections follow operations of severity or those preventing proper drainage of the urinary tract

3 Prophylaxis should be directed to avoidance of urinary tract injury and the establishment of proper evacuation of the urine

4 The infection of the bladder may be through direct causes, contamination, or of haematogenous origin That of the kidneys through the blood stream, or ascent of the ureter

5 Treatment should be directed toward the removal of cause, proper evacuation, relief of symptoms, and medication, both general and local

6 Surgical treatment of these infections is, fortunately, seldom necessary, but when indicated should be undertaken without hesitation

Operations	No	No Urinary Infection	Cystitis	Renal Infection
Curettage	9	9	0	0
Radium	15	15	0	0
Tracheloplasty	3	3	0	0
Round Ligament Shortening and Appendectomy	6	6	0	0
Round Ligament Shortening, Appendectomy and Perineorrhaphy	11	8	3	0
Round Ligament and Uretero-Sacral Shortening	1	0	1	1
Ovarian Cyst	8	7	1	0
Perineorrhaphy	3	2	1	0
Perineorrhaphy and Tracheloplasty	1	1	0	0
Perineorrhaphy and Kelly Sphincter Suture	3	0	3	0
Perineorrhaphy and Cystocele	4	0	4	0
Cystocele (Lockyear)	1	1	0	0
Mayo Cystocele and Perineorrhaphy	4	0	4	1
Appendectomy	6	6	0	0
Appendectomy and Cholecystectomy	11	9	2	0
Cholecystectomy	3	3	0	0
Appendectomy Cystocele and Perineorrhaphy	1	0	1	0
Appendectomy, Tracheloplasty Perineorrhaphy	3	3	0	0
Hysterectomy	44	21	23	2
Myomectomy	1	1	0	0
Carcinoma Bladder, Supra-pubic Cystotomy and Radium	6	0	6	2
Papilloma Bladder Fulguration	4	0	4	0
Hunner Ulcers	7	0	7	0
Stone Kidney Pelvis	1	1	0	0
Nephrectomy	10	0	10	0
Decapsulation for Essential Haematuria	1	1	0	0
Rectal Implantation Ureter	1	0	1	1
Watkins Interposition and Perineorrhaphy	3	0	3	3
Vesico-Vaginal Fistula	6	0	0	0
Recto-Vaginal Fistula	1	1	0	0
Fistula in Ano	3	3	0	0
Hemorrhoidectomy	3	3	0	0
Hemorrhoidectomy and Tracheloplasty	1	0	1	0
Vulvo-Vaginal Cyst	1	1	0	0
Retroperitoneal Fibroid	1	1	0	0
Incisional Hernia (Abd)	2	2	0	0
Intestinal Adhesions	2	0	2	0
Salpingitis	2	1	1	0
Ectopic	3	3	0	0
Caesarean	4	4	0	0
Totals	200	116	78	10

ALCOHOLIC PSEUDO PELLAGRA*

By EDWARD R MALONEY, M D, LOUIS TULIPAN, M D, NEW YORK, N Y

From the Department of Dermatology and Syphilology, New York University Medical School
Service of Dr Howard Fox.

THIS paper is based on a study of a number of patients with the characteristic skin eruption of Pellagra who were admitted to the dermatological clinic of the New York University Medical School and later transferred to the dermatological service at Bellevue Hospital for further observation

All of them were addicted to the excessive use of alcohol and gave histories of having been on drinking debauches for periods varying from two to six weeks During this time they had had very little or no food

Twenty-one cases of this type were admitted and studied from June to October Of these, 20 were men and 1 woman Their ages varied from 24 to 67 with an average age of 45

They all gave a history more or less similar to the following —"For the past four or five weeks I have been drinking continuously without touching a morsel of food, except an occasional plate of soup or a slice of bread"

In this series, all the cases exhibited the characteristic and typical dermatitis on the dorsal aspects of the wrists and hands, extending to the phalanges There was a sharply defined border between the affected dorsal and the non-affected surfaces The eruption was symmetrical in all the cases

The eruption varied in appearance, from slight redness pigmentation and wrinkling of the skin to a violaceous erythema on a dark pigmented base, covered by scales or bullae, or eroded areas and crusts where previous bullae had ruptured When the cutaneous lesion began to subside, large sheets of desquamation were observed in most cases In one patient, bullae and oedema under both eyes were present in addition to the eruption on the hands In some of the other cases, patches of pigment and dermatitis on various parts of the body were observed. The end results in the majority of the cases were either a dry and somewhat atrophied skin, or wrinkling and pigmentation

All, but two of our cases were free from mental symptoms These two cases were diagnosed as acute alcoholism and presented the mental symptoms of delirium tremens and terminated in death

None of the cases had very marked intestinal disturbances, about one-half suffered from more or less mild diarrhoea, the others were constipated Recovery in all but the two previously mentioned cases, was very rapid the patients remaining in the hospital from 8 to 12 days with an average stay of 10 days As soon as alcohol was withdrawn and food given, the symptoms promptly disappeared No particular diet, pure protein or otherwise was used, the ordinary hospital diets sufficing to put these patients in good condition

Because of the fact that these cases are only seen during the warmer months, it was decided to test certain of them for the presence of hematoporphyrin in the urine We were able to test only four cases of which one gave a positive reaction

The following case reports are submitted as good examples of the histories of practically all of these cases, the others differing in minor degree only and in nothing essential

Case 1 P R., male, 52, Irish-American, admitted to Bellevue Hospital on June 4th, 1928, suffering from alcohol poisoning and an eruption on his hands The personal history is quite irrelevant, except that he had been addicted to the excessive use of alcoholic drinks for about a year before the onset of his eruption At that time he noticed a redness of the skin on the back of both hands Later he experienced a painful sensation of the hands but no itching

On admission the patient appeared lethargic but not acutely ill The general physical examination revealed nothing unusual The blood pressure was $\frac{140}{75}$

The blood Wassermann test was negative The urine analysis was normal The skin manifestations were as follows

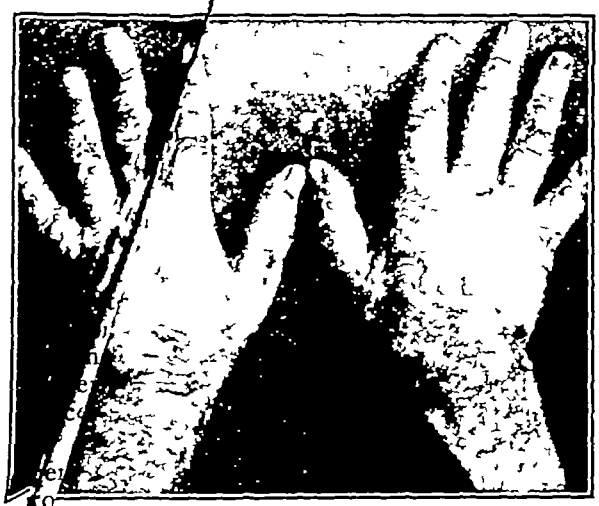
On the dorsal surface of both hands from above the wrists to the phalangial joints, there was a violaceous pigmented eruption, which was symmetrical and sharply marginated with a distinct line of demarcation between the affected dorsal surface and the normal palmar aspect. The skin was dry, somewhat wrinkled and covered by gray scales crusts and marked desquamation No other lesions were noted This patient was placed in bed and given a routine semi-soft hospital diet. His recovery was uneventful Six days after admission, he was discharged as well Only pigmentation was noted on the date of his discharge

Case 2 E M, male, 48, Irish-American, admitted to Bellevue Hospital on June 4th, 1928 Chief complaint on admission was eruption on both hands, with burning sensation of about four weeks' duration

The family history is negative His personal history reveals constipation for the past five years

*Read at the One Hundred and Twenty third Annual Meeting of the Medical Society of the State of New York Section of Dermatology and Syphilology June 5 1929

He had "tetanus due to an infection of the left thumb" three years ago For the past two months he had been drinking excessively and took but little nourishment Physical examination showed a thin male who did not appear acutely ill General physical examination was negative The urine analysis and blood Wassermann tests were also negative His skin exhibited an erythematous



Gloved Eruption almost identical (Pseudo-Pellagra) Characteristic Eruption observed in all these cases

moderately pigmented, rough appearing eruption on the dorsal surfaces of both hands, from the wrists to the phalangial joints The lesions were symmetrical and there was a distinct line of demarcation on both hands No other skin lesions were seen This patient was also placed in bed and a regular semi-soft diet was given In one week he was discharged as entirely well, except for pigmentation on the skin

Comment

These cases are reported because they are typical of a fairly large number of similar ones that have been observed in the Dermatological Clinic of the N Y University during the past seven or eight years It was noticed that from time to time since the advent of prohibition, patients with the skin eruption of pellagra on the hands, but with no other symptoms of this disease, would present themselves at the clinic All of these patients were whiskey drinkers of the type that work just about long enough to earn sufficient money to buy what they could of their favorite beverage The majority of them were Americans of Irish descent (13 out of 21 of our cases) None of them were Jews, thus corroborating the statements of various observers that Pellagra or Pseudo-Pellagra is not found among members of this race

The kind of whiskey used by these patients was necessarily, because of its cheapness, green, unmatured synthetic liquor Often it was undoubtedly nothing more than raw alcohol, denatured with some of the denaturing material removed, plus coloring matter Naturally, while drinking this, they ate little or nothing, and during the warm months, slept out of doors day and night thus being exposed to the action of light It is possible that the ingestion of raw, green, whiskey may render the individual photo-sensitive and thus cause the eruption usually seen

The occasional case of this type, that presents mental symptoms, we believe is due to acute alcoholism and not pellagra. These cases are to be found at times in the alcoholic wards of any large city hospital if looked for

Many of the cases with pellagroid symptoms seen in parts of the South, where moonshine whiskey is used extensively, cases that have generally been called true pellagra, probably come under this classification and are due to the same cause

While it is well known that alcohol is a predisposing factor either directly or as an economic contributing cause in true pellagra, we believe that the above cases should be classed as pseudo-pellagra, rather than as pellagra, for the following reasons

1 They did not present the mental and nervous symptoms of pellagra
2 They did not present the marked diarrhoea
3 The skin eruption in most cases was limited to the hands, only occasionally appearing on the face and then to a very slight extent, and never on the feet

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THE IMPORTANCE OF SPLANCHNOPTOSIS IN GYNECOLOGY

By HARRY ARANOW, M D, NEW YORK

IN THE early part of my medical career I had the good fortune to become associated with a very good gastro-enterologist in one of the large New York clinics This gave me an opportunity to become intimately acquainted with enteroptosis in its subjective and objective symptoms When a few years later I took up the work of gynecology, I was struck with the frequency with which the symptoms of certain types of gynecological cases resembled those of the splanchnoptotics I had seen at the gastro-enterological clinic A little further study and observation convinced me that these cases were all of the same type and their classification into

*Read before the Bronx County Medical Society Dr Aranow 1928

"stomach" or "gynecological" cases depended upon whether the gastro-intestinal or pelvic symptoms were considered most important by the admission clerk of the clinic In most instances this decision of the admission clerk was rendered final by human psychology In the gastro-enterological clinic the gastro-intestinal symptoms were emphasized, little attention being paid to the pelvic conditions In the gynecological clinic the pelvic symptoms were brought out to the neglect of the gastro-enteric and nervous manifestations Personal experience extending over a period of over twenty years has tended to confirm the observation that a great many gynecological conditions, namely uterine displacements, prolapse of uterus, tubes or ovaries, pelvic varicocele, are often associated conditions of a general splanchnoptosis

If these observations are true, it is self-evident that these cases require the attention of both the gynecologist and the medical man to obtain the best results It is also self-evident that a prolapsus of the uterus, tube or ovary which is part of a general systemic condition of ptosis can not be cured by any local operative procedure This is the message I am trying to convey in this short paper

Etiology

In a brief paper of this character, it is impossible to go into all the theories as to the origin and pathogenesis of either splanchnoptosis or prolapse of the female pelvic organs Permit me to quote a paragraph from the chapter on enteroptosis in Osler's Modern Medicine "Thus the theories regarding the pathogenesis of splanchnoptosis may be broadly placed in three groups 1 The condition is congenital, and is due to an inherent weakness of the tissues which support the abdominal viscera, such factors as clotting, trauma, disease, etc, are not the primary causes, but simply contributory ones, which bring out or accentuate the inherited tendencies 2 The condition is due to pressure of clothing, trauma, weakness of the abdominal walls, various diseases associated with marked loss of strength or weight, various spinal and thoracic diseases, pregnancy and parturition tumors, ascites, in other words, a number of conditions, each of which has as its result the weakening of various visceral supports due in some cases to pressure, in other cases to adhesions, in other cases to trauma, and in still other cases to a marked diminution of the supporting power of the abdominal wall 3 That each of the foregoing may be the primary cause of the condition, in other words, that there may be both an acquired and a congenital form of Splanchnoptosis"

Let me call your attention to the remarkable fact that every one of these theories is also given in text books on *gynecology* as the underlying cause of displacements of the pelvic organs The same theories, i e, congenital weakness of supports, trauma and disease, and a combination of both holds true in both conditions Under the circumstances, the frequent association of splanchnoptosis and displacements of the pelvic organs is to be expected

Frequency

Enteroptosis is frequent in a female patients and still more so in the so-called gynecological patients Dr Einhorn, who sees only cases with digestive disturbance, gives the frequency of ptosis in women as 35% Dr Thompson reports 112 cases in 272 general medical cases 44% In a large series of gynecological dispensary cases which I had gathered some years ago for a paper of this character, about 30% showed distinct signs of splanchnoptosis That means that nearly one out of every three patients coming to the gynecological department of this large hospital dispensary showed physical signs of enteroptosis May I quote again from Osler's *Modern Medicine* "The association of displacements of the pelvic organs with splanchnoptosis is a subject to which little attention has been paid, and yet it is one of extreme importance because retroflexion (bend) of the uterus is a very frequent accompaniment displacement of various abdominal organs Smywick found that of 34 women with splanchnoptosis, 80% had retroversion of the uterus generally in a marked degree, and Smith believes that a majority of patients coming to the gynecologist have splanchnoptosis

Symptoms

In my introductory chapter, I have already mentioned that the general symptoms of splanchnoptosis and of displacement of the pelvic organs are similar, when such symptoms are present As you all knew, these conditions may give no symptoms whatsoever Dr Ashton in his textbook "Practice of Gynecology," lists the symptoms of uterine prolapse under the following headings Backache, Pelvic Symptoms, Rectal Symptoms, Bladder Symptoms, Leukorrhoea, Menstrual Disturbance Digestive Disturbance Nervous Symptoms The characteristic symptoms of splanchnoptosis are backache, headache, indigestion, abdominal and pelvic pains, frequent and often painful micturition, neutasthenia, *plus* the local symptoms attributable to the displacement of the various organs From a comparison of the above lists, one can readily see that the general symptoms of both these conditions are almost identical This important fact is not sufficiently emphasized in text books on surgery and gynecology in spite of occasional sharp reminders by the internist Here is one by Dr Thomas R Brown "It must strike our gynecological brethren that the symptoms which they attribute to retroflection of the uterus bears a striking resemblance to those of splanchnoptosis and this accentuates the fact al-

ready noted that in the vast majority of cases retroposition and retroflection of the uterus are but associated signs of a general splanchnoptosis, and to expect relief by a ventral fixation of the uterus seems chimerical, to say the least" This seems to me a pretty sharp slap at the gynecologist What I cannot understand is why Dr Brown was singling out the gynecologist In our experience the surgeon is just as often to blame for starting on some of these patients on an endless operative career by an operation for chronic appendicitis or floating kidneys, etc I know of the wife of a prominent surgeon who was operated on for chronic appendicitis, floating kidneys, retroversion of the uterus once, retroversion of the uterus a second time To the best of my knowledge, her condition is no better today than it was before the first operation

Diagnosis

The diagnosis of both splanchnoptosis and displacements of the pelvic organs is usually easy With little experience one can spot the tall, thin, narrow-chested, slightly stooped, thin-legged, flat-footed enteroptotic, on the street On the examining table, the long-narrow-chest, the long distance from the ensiform to the umbilicus, the hollow abdomen, suggest ptosis Palpation reveals a poor abdominal wall, often separation of the recti, palpable kidneys, sometimes also liver and spleen The stomach may "splash" some distance below the umbilicus The wall of the large intestine may feel relaxed and toneless, and the contents of the bowel may gurgle under the palpating hand Percussion, after gas distention, will often show a gastroptosis X-Ray makes the diagnosis positive

The diagnosis of displacement of pelvic organs is rarely difficult If the patient is obese, an examination under anaesthesia may be necessary The diagnosis of pelvic varicocele is extremely difficult, and to my mind very uncertain However, what one must keep in mind constantly is the fact that splanchnoptosis and pelvic organ displacements are often associated conditions, and the pelvic descensus may be part of a general ptosis

Treatment

It is not within the scope of this paper to take up the treatment of either pelvic organ displacements, pelvic varicocele, or splanchnoptosis The idea I wish to bring home to you is what is the proper treatment in cases of retroversion of uterus, prolapse of pelvis organs, etc, when the condition is associated with a general enteroptosis?

First The treatment must be both local and general to get satisfactory results The local prolapse or displacement may be treated by posture, tampon, pessary or support The patent must also be given a nutritious, fattening diet, exercise, abdominal massage, and abdominal support. Many a woman may be relieved of her pelvic and abdominal symptoms by a properly fitted abdominal support

Dr Watson of Edinburgh, professor of gynecology and obstetrics at the College of Physicians and Surgeons, in a paper on "The So-Called Ovarian Pains," read before the Eastern Medical Society several days ago made the following statement "It is *amazing* how frequently a woman will be relieved of all her symptoms by a properly fitted abdominal support" He was referring to patients with general and local symptoms caused by tubo-ovarian prolapse and pelvic varicocele

Second and most important It is unscientific and contrary to common sense to expect a cure of a general ptosis by a local suspension operation This does not mean that these cases should never be operated on Occasionally the local disturbance may be so great that an operation may be advisable, but, these highly neurotic patients must not be made to expect more than local relief, and, before operating on a patient of this character, it is the duty of the physician and surgeon to make sure they have recognized the underlying cause of the trouble The symptom-complex of splanchnoptosis is most *complex* indeed It may simulate chronic appendicitis, renal colic, postoperative adhesions, chronic disease of tubes and ovaries, pelvic varicocele, and a long chain of digestive and nervous disturbances In our opinion, this type of cases make up the majority of the unsatisfactory post-operative results Many of these patients are operated on repeatedly without benefit I remember seeing a case that was sent to the hospital for operation for the ninth time

Conclusions

1 Splanchnoptosis is extremely common in patients coming to the gynecologist

2 The underlying causes of enteroptosis and of displacements of the pelvic organs are similar

3 Therefore, the association of pelvic ptosis and general enteroptosis is frequent

4 In a great many cases the pelvic ptosis is simply part of a general ptosis

5 To obtain the best results these patients must be treated both medically and gynecologically (*Medically first*)

6 As a rule operations do not cure this type of cases

ANESTHESIA IN PROSTATECTOMY*

(A Summary of Two Hundred Consecutive Cases)

By WINFIELD SCOTT PUGH, M D, NEW YORK, N Y

It is not our purpose in this brief dissertation to discuss the relative values of suprapubic and perineal prostatectomy as in our opinion the indications for each are well established For the high prostate, projecting well into the bladder, the removal by the suprapubic route is a definite indication A massive gland of the lower type bulging into the rectum is, without doubt best removed by the perineal route, the technic of Young well serving this purpose As to the number of cases coming under each heading we may say that they vary greatly In some of our services we have seldom done a perineal operation, while on the next tour we may have a large percentage of those for attack by the lower route

In this group of cases one hundred were operated on by the suprapubic approach Here we encounter another proposition, namely, as to whether we shall remove the gland by a one or two-stage operation In other words, shall we first drain the bladder by a suprapubic cystotomy, and a little later as the patient's condition warrants, do a secondary removal of the prostate through the cystotomy incision Our alternate procedure is to drain the bladder by an indwelling catheter as long as may be necessary, and then do the cystotomy with a prostatectomy in one stage Opponents of the latter technic tell us patients do not tolerate a urethral catheter, and secondly epididymitis occurs in a high percentage A prolonged period of observation in important European clinics convinced us that the dea of intolerance to a urethral catheter was argely fallacious Certainly 80 per cent had io difficulty in urethral drainage What about epididymitis? Yes, it will occur in a small percentage of cases, but this is most effectively prevented by a bilateral vasectomy as recommended by Goldstein, the writer and a few others It has been claimed that vasectomy does not prevent epididymitis, a large clinic having recently reported four cases occurring in spite of vasoligature We doubt very much the actual severance of continuity of the vas in these instances Let me say right here, this little matter of vasectomy is not such an easy thing as many would have us believe The mere passing of a transfixing needle, opening over where the vas is supposed to be, ligating and cutting something is not necessarily vasectomy One must open the scrotal pouch, definitely isolate the vas, being sure of the structure, ligating and then severing it Remember it must be the vas, a vein or mass of tissue will not suffice We stress this little point because we have made the mistake ourselves and have seen many successful surgeons do the same. In a series of two hundred consecutive cases the following technic has been successfully carried out An area of about two inches in the long axis of each side of the scrotum over the vas is infiltrated with one per cent Tutocain, using a Luer Lock type needle and syringe The cord is then brought up into the wound and the vas carefully isolated It is then resected and about one quarter of an inch removed, the ends ligated and dropped back into its bed The scrotum is sutured with plain catgut so that it does not have to be disturbed and a collodion dressing completes the operation A Pezzar or Malecot self-retaining catheter 18F is now inserted on a mandrin into the bladder and left in place The length of time it is allowed to remain in situ of course depends on the individual case, but in the vast majority one week suffices Remember we always carry out the vasectomy before inserting the catheter

The One State Prostatectomy

In 75 per cent of our cases the removal of the gland was carried out under spinal anesthesia which, with modern technic, is a perfectly safe procedure The spinal technic is now so well known that we shall not discuss it here It is our experience that the remaining 25 per cent of our cases are best operated upon under a strictly local anesthesia This is particularly so in those cases complicated by cardio renal syndrome, as manifested by emphysema, arteriosclerosis, and a myocarditis with hypertensive heart These conditions just named as a matter of fact were the underlying reasons for Laewews pioneer work in local anesthesia of the urinary organs

Aside from the above noted portrayal, one needs must consider also the advanced age of many of these patients and their greatly diminished reserve force Here we have a vitally important factor which must influence us in the choice of anesthesia In perhaps no other class of patients will the baneful effects of a narcosis be so pronounced as in these maladies of the urinary tract in the aged

Are there any factors which might contraindicate the use of local anesthesia in prostatic surgery? Yes, there are two possible negations First, the absence of one skilled in the necessary technic, secondly, the speed mania must be considered, as local anesthesia is posi-

* Read before the Brooklyn Medical Society March 8 1929

tively incompatible with haste No mad dashing and jabbing of needles is permissible, but thoroughness is paramount. It is extremely difficult, in fact well nigh impossible, to anesthetize against pulling and tearing At times your patient will say—"Doctor, I know and feel everything you are doing" What he actually means is that he is conscious of hands and arms of the surgeons on his abdomen Also when a part is put under great tension is cannot be disguised, but you will note he does not complain of pain

Choice of an Anesthetic

Quite a variety of drugs have been introduced into the field of local anesthesia In our present work we are using Tutocain and find it eminently satisfactory This substance is very handy, being put up in tablet form and going into solution very quickly It is much less toxic than cocaine, causes no irritation or tissue injury, is readily sterilized and penetrates rapidly We thus find that all of the essentials of a good anesthetic medium are well covered What about the use of Suprarenin in connection with the anesthetic medium? Those opposed to its use say it causes various nerve disturbances, etc As a matter of fact, our experience which has been considerable convinces us that it makes no difference if you use it or not.

Preoperative Medication

For a number of years it was our custom to use a little morphin and scopolamin as a preliminary, say a sixth of a grain of morphin and 1/250 grain of scopolamin, two doses of these amounts, the first two hours and the last, one hour before operation We now seldom use this (shall we call it preliminary) measure, except in the highly nervous type of patient. That class, however, is not well adapted to local anesthesia

Forty-eight hours before operation the patient is given 30 grains of Sod Bicarb If the gastrointestinal tract is disturbed he is given a two per cent solution of the drug by rectum Twenty-four hours previous to prostatectomy he receives a mild laxative such as a liquid petrolatum, and is allowed to have a peaceful preoperative night

Anesthetic Methods

In surgery of the prostate, aside from spinal technic, we may employ

1 Midline infiltration of the abdomen
2 Abdominal field block
3 Caudal anesthesia
4 Intravesical prostatic infiltration

The first and second must be combined with either three or four

Anesthetic Technic

If we intend to use a caudal anesthesia the patient is placed face downward with a pillow under the pelvis and the sacral hiatus located Note the word "located" If the notch is not quite definite don't butcher up the patient by making countless stabs, as this harpooning gets you nowhere The surgeon who has any intelligence will know at once if he can enter the sacral canal and if there is doubt, abandon it Sacral technic we have described elsewhere If we do a sacral (caudal) shall we combine it with a transsacral? By no means If we stop to study our anatomy—and local anesthesia, requires such knowledge, you will find how superfluous transsacral is I will admit that transsacral has saved many a poor caudal and vice versa Moreover, one must suppose his anesthesist is competent Just one more point regarding sacral before leaving it. You have heard considerable talk about there being subcutaneous swelling if you are not in the sacral canal Perish the thought I have failed in many sacrals, with no evidence of tissue infiltration

Before completion of the sacral anesthesia with one per cent Tutocain, which takes care of the prostate, no matter how high, the patient is turned on his back and we are ready for the abdominal technic We seldom use midline infiltration believing the field block gives us a wider range.

Field Block

This method is well adapted to the suprapubic opening of the bladder as well as to such major technic as resection, deperitonealization of the bladder is recommended by Volcker—the diverticulum methods of Lower and others The transperitoneal resection of Delbru, the removal of tumors high up in the bladder as suggested by McCarthy, Scholl and others are also readily accomplished with field block Even the lower third of the ureter may be approached for the removal of calculi

Illyes, Jones and Labat believe that midline injections somewhat reduce the vitality of the tissue, particularly when placed in contact with septic bladder contents While we have not seen many such incidents, the experience of these distinguished workers is well worthy of note We find three types of field block most commonly employed, their introduction being largely due to the tireless efforts of Hachenbruch, Illyes, and Labat In 25 per cent of our suprapubic prostatectomies one of these three has been employed in every case The more extensive bladder lesions are best done under the wide block as recommended by Illyes and Labat For a simple prostatectomy any one of the three types may be employed Field

block is a typical example of conduction anesthesia In other words, we build a wall of anesthetic fluid which surrounds the nerves in their course and quite thoroughly prevents the passage of impulses

As can be readily seen the abdominal wall is quite an ideal place for this type of anesthesia. We find that much of the innervation occurs from the lateral aspects and is practically in parallel lines

Type one This method as now practiced is very similar to that devised by Hachenbruch Its adaptation to prostatectomy is simple and effective. A superficial wheal is made in the midline of the abdomen an inch and a half or so below the umbilicus A second wheal is made in the midline about an inch above the symphysis pubis A lateral wheal is made at the outer border of each rectus muscle and midway between the pubic and subnavel wheals These punctures now form quite distinctly the points of a rhombus and it is hence at times known as the rhombus method At each wheal a 10 cm needle is inserted and thrust directly downward until the aponeurosis is perforated Injections are then made beneath this fanwise in all directions (see cut) The needle is withdrawn and subcutaneous injections are made in the same manner After completion of the above, about 10 c.c. of the Tutocain is injected through the lower wheal into the space of Retzius

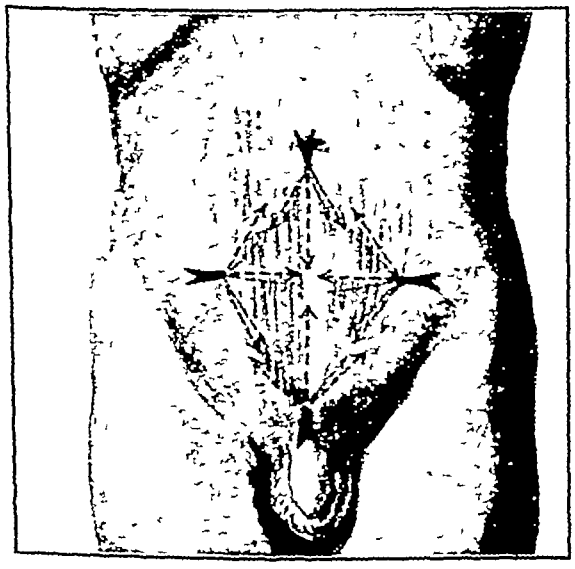


FIGURE 1
Field block type one

Type two This represents the authors modification of the Illyes block. Briefly this is as follows Eight wheals are made in the corium The first, one and a half inches below the umbilicus in the median line A second just above the symphysis pubis Three wheals are then made at the outer border of the rectus muscle. One close to the pubic arch, one just below the umbilical level and third midway between the two At each of these points we penetrate the aponeurosis, and inject a few c c of one per cent Tutocain solution Injections are then made fanwise connecting the

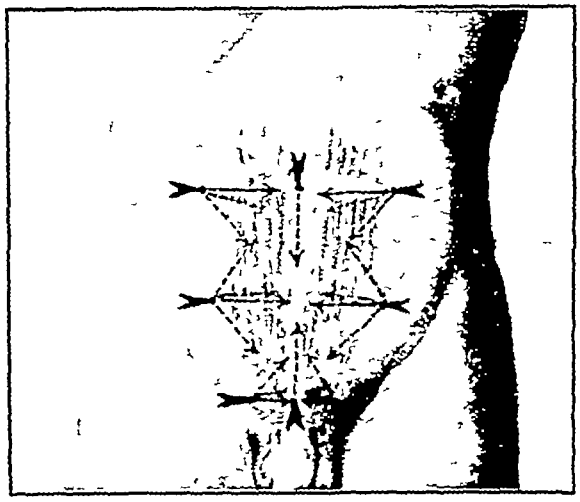


FIGURE 2
Field block type two

points of puncture Through the lateral wheals injections are also made up and down the border of the rectus both intramusculary and subcutaneously Through the lower midline wheal 10 c c of an anesthetic is injected into the space of Retzius

Type three The introduction of this particular form of block is due to Labat. It is both simple and effective. Our procedure in carrying it out is with some slight modification essentially as follows

Wheals are made just above each pubic spine at the outer rectus border Another wheal is placed on the same line just below the navel area, while the third is made midway between the two former Subcutaneous and intramuscular injections are made fanwise all along the lateral border of the rectus as described in block two The space of Retzius is also injected in a somewhat similar manner We have utilized the block technic in almost a thousand cystotomies, both in our own practice and that of other surgeons These vesical approaches we have described fully elsewhere

Before leaving the subject we might say it is not advisable to fill the bladder until the completion of the local anesthesia technic Bladder puncture is regarded as trivial by some, but is still respected by us, after about thirty years of frequent contact Do you ever

tively incompatible with haste No mad dashing and jabbing of needles is permissible, but thoroughness is paramount. It is extremely difficult, in fact well nigh impossible, to anesthetize against pulling and tearing At times your patient will say—"Doctor, I know and feel everything you are doing" What he actually means is that he is conscious of hands and arms of the surgeons on his abdomen Also when a part is put under great tension is cannot be disguised, but you will note he does not complain of pain

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3 Caudal anesthesia
4 Intravesical prostatic infiltration

The first and second must be combined with either three or four

Anesthetic Technic

If we intend to use a caudal anesthesia the patient is placed face downward with a pillow under the pelvis and the sacral hiatus located Note the word "located" If the notch is not quite definite don't butcher up the patient by making countless stabs, as this harpooning gets you nowhere The surgeon who has any intelligence will know at once if he can enter the sacral canal and if there is doubt, abandon it. Sacral technic we have described elsewhere If we do a sacral (caudal) shall we combine it with a transsacral? By no means If we stop to study our anatomy—and local anesthesia, requires such knowledge, you will find how superfluous transsacral is I will admit that transsacral has saved many a poor caudal and vice versa Moreover, one must suppose his anesthesist is competent Just one more point regarding sacral before leaving it. You have heard considerable talk about there being subcutaneous swelling if you are not in the sacral canal Perish the thought. I have failed in many sacrals, with no evidence of tissue infiltration

Before completion of the sacral anesthesia with one per cent Tutocain, which takes care of the prostate, no matter how high, the patient is turned on his back and we are ready for the abdominal technic We seldom use midline infiltration believing the field block gives us a wider range.

Field Block

This method is well adapted to the suprapubic opening of the bladder as well as to such major technic as resection, deperitonealization of the bladder is recommended by Volcker—the diverticulum methods of Lower and others The transperitoneal resection of Delbru, the removal of tumors high up in the bladder as suggested by McCarthy, Scholl and others are also readily accomplished with field block. Even the lower third of the ureter may be approached for the removal of calculi

Illyes, Jones and Labat believe that midline injections somewhat reduce the vitality of the tissue, particularly when placed in contact with septic bladder contents While we have not seen many such incidents, the experience of these distinguished workers is well worthy of note We find three types of field block most commonly employed, their introduction being largely due to the tireless efforts of Hachenbruch, Illyes, and Labat In 25 per cent of our suprapubic prostatectomies one of these three has been employed in every case The more extensive bladder lesions are best done under the wide block as recommended by Illyes and Labat For a simple prostatectomy any one of the three types may be employed Field

REPORT OF CASE OF SYPHILIS IN WHICH DEATH FOLLOWED AFTER THE ADMINISTRATION OF SULPHARSPHENAMINE

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THE testimony of most competent observers is that sulpharsphenamine is a comparatively safe drug and that its use is rarely accompanied by serious reactions No deaths ascribed to its administration have come to our notice The ratio of severe reactions and deaths to various arsenicals is given in the U S Naval Bulletin[1] as follows

Arsphenamin 1 reaction to 436 doses
Sulpharsphenamin None
Neoarsphenamin 1 reaction to 794 doses, with 4 fatal reactions
Trypsarmide None

Many workers have concluded that fatalities have been due to other causes than the toxicity of the arsenical and that many of the so-called reactions after the institution of the treatment are ascribed to insufficient or improper treatment such as too large doses insufficiently spaced Stokes[2] and others[3, 4] have described reactions due to sulpharsphenamine but no mention is made of deaths

The occurrence of jaundice as a complication of the treatment of tertiary syphilis is comparatively rare Stokes discusses this at length and states that the proportion would not exceed 14 cases in 28,000 injections The question whether or not arsphenamine may cause liver degenerative changes is important and is in dispute Zieler states that if the jaundice follows after the development of the rash it must be considered as due to the arsphenamine On the other hand Stokes, Ruedermann and Lemon[5] state that the argument against an arsphenamine etiology is based on the fact that no definite time sequence between the administration of the drug and the incidence of the jaundice can be detected, jaundice often appearing so late that any connection between the two occurrences is merely a matter of speculation There was no constant relation between the total dose of arsphenamine and the severity of the hepatic symptoms which could not be largely explained on the basis of the time intervals in the interim home treatment system of the department Furthermore, arsphenamine had almost no unfavorable effect on those patients who continued it during their jaundice, and resumption of the arsphenamine in 50 per cent of the cases as soon as the jaundice cleared up had no effect in producing relapse They are inclined to the view that an infectious agent, possibly associated with epidemic respiratory infections, is the exciting cause They also suggest that it is in part hematogenous and associated with gastrointestinal lesions They conclude that while arsphenamine may and does act as a predisposing factor in the cases of hepatitis, the exciting cause is probably an as yet unidentified agent

We wish to report a death where it seems probable that the intravenous administration of sulpharsphenamine was a causal factor While the patient had symptoms indicating a gastrointestinal lesion, they were not serious in character and did not interfere with his daily habits or duties There was no history of respiratory infection either with the patient or his family, and no signs were evidenced at the preliminary physical examination Indeed prior to the treatment, careful physical and laboratory studies disclosed no evidence of important visceral lesions other than a low grade duodenal ulcer, and while an active duodenal ulcer was demonstrated at autopsy, there was no evidence that it was an important factor in causing the death A definite history of lues and the positive Wassermann tests formed the basis of the diagnosis which led to the use of the sulpharsphenamine. In all, five doses were given at intervals of one week Within 24 hours after the last administration violent reactions occurred accompanied by a skin eruption and jaundice, followed within a few days by death The details of the case are reported in the following study

The patient was seen for the first time as an office case six weeks prior to his death The details of the history and clinical examinations are as follows Male, age 58 years, divorced, railroad employee Chief Complaint, pain in epigastrium Epigastric distress had been present for more than two years It bore no relation to meals Lasted from a few minutes to an hour Occurred at irregular intervals of days, weeks, or months Always associated with nausea, rarely with vomiting, occasionally aggravated by exercise Previous history without significance except lues at the age of 38 years, which was not thoroughly treated Patient had two healthy children Family history negative

Physical Examination Patient well developed male, no evident illness Skin and mucous membranes normal Mixed gray hair Teeth, eyes, ears, nose, throat, tongue, thryoid all normal Lymph glands not enlarged Moderate sclerosis of large peripheral arteries Lungs clear, heart normal size, sounds regular and clear Except for left inguinal hernia corrected by truss, and a slight localized tenderness in the midepigastrium, the abdomen was normal Pupillary and patellar reflexes equal and active Romberg normal Normal coordination Spine and limbs normal Rectum, prostate and genitals normal

Preliminary urine, blood sugar and non-protein nitrogen examinations were normal Blood was taken for a Wassermann test, a report on which was not available until six days later In the

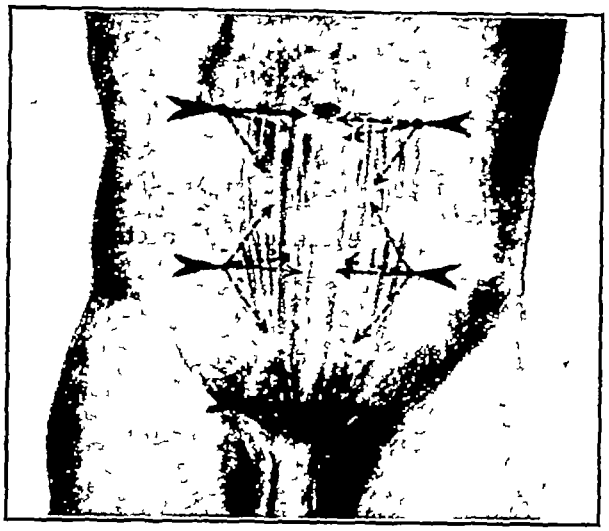


FIGURE 3
Field block type three

strike vessels with the injection needles? Oh, yes, we do and at times we have seen moderate sized hematomas particularly in the supra-aponeurotic layer To date these oozings have never inconvenienced us

THE PROSTATIC APPROACH

The field block being completed our incision through the abdominal wall is made, the peritoneal investment retracted from the bladder and that viscus opened as high as possible The high opening greatly facilitates closure Our prostate is now visualized If you have not as yet given the patient sacral anesthesia, Dr C W Allen of New Orleans, recommends direct prostatic anesthesia by periglandular injections beneath the capsule as follows After the bladder is opened the needle is passed beneath the mucosa on the anterior bladder wall and progressively inserted downward toward the prostate, injecting as it is being advanced When the gland is reached the needle is passed to one side, the solution flowing sub-mucously over it Allen tells us this gives an anesthetic pathway to the field of operation The deep injections are begun at the vesical neck within the anesthetic area and are made from this point backward on each side. Our first is usually made just below the urethra and on each side Further injections are then made around the prostate between the true and the false sheath

We have tried the Allen method a number of times but we are by no means as successful as the originator and our failures have been frequent, so that we have come to rely on the combination of sacral and field block Our finger now outlines the prostate and we then have an assistant elevate the gland by a finger in the rectum Why not put a finger of your other hand in the rectum and do the entire procedure yourself? The answer to this is easy and satisfactory at least to me I know too many instances of prominent surgeons who have forgotten to change the glove after a rectal procedure Being only too human myself I make lots of errors, but would not care to have this one if I can avoid it With a complete anesthesia we proceed to enucleate the prostate by the insertion of our index finger into the urethra, rupturing the anterior commissure This gives us an opening into the prostatic capsule, following which the finger is passed around the line of cleavage from right to left until the adenomatous mass is loose in our hand It is often necessary to cut a few bands of adhesion at various places What about hemorrhage? As a rule it is controlled by hot packs If this will not suffice one of the Pilcher-type bags are employed A drain in the space of Retzius left for 48 hours and a Pezzar catheter in the bladder sewed in place completes the procedure The patient as a rule will begin to void by the urethra in one week if no obstruction has been left. The suprapubic wound should be entirely healed in three weeks

SUMMARY

1 The one-stage method is applicable to 80 per cent of suprapubic prostatectomies

2 Epididymitis will not occur if the vas is properly ligated

3 Local and regional anesthesia is best for those cases not adapted to the subarachnoid technic

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The examination of the gross specimens reveals the presence of an old duodenal ulcer, syphilitic aortitis, acute jaundice and hemorrhagic colitis

Microscopic description

Spleen Sections show marked passive hyperemia Sinus endothelium is somewhat swollen No marked reticulo-histiocytic reaction Phagocytic macrophages contain moderate amount of hemosiderin No active erythropagocytosis is noted Malpighian corpuscles are not prominent and lack their central core of undifferentiated mononuclear cells Between the lymphocytes are seen very numerous eosinophiles of microblastic variety

Liver Sections from the liver show rather marked periportal round cell infiltration limited mostly to the bile ducts and bile canaliculi No evidence of diffuse or periportal fibrosis could be detected Kupffer cells are numerous and contain granular yellow pigment while the liver cells show only traces of pigment No Eppinger's biliary thrombi were noted Nothing indicative of acute atrophy or fatty degeneration could be seen

Pancreas Nothing of note except some round cell infiltration in the areas close to the duodenal ulcers

Ulcers Simple plastic type of ulcers with some round cell infiltration but without any features suggestive of specific granulomatous inflammation Specially stained sections did not show the presence of syphilitic spirochetes

Mesenteric Lymph Glands Show diminution of actual lymphoid tissue and replacement of it by the reticulo-histiocytic cells These elements reveal marked hypertrophy and vacuolization of cytoplasm but no visible inclusion of hemosiderin could be noted

Kidneys Show cloudy swelling of the epithelium of the convoluted tubules with marked generalized passive hyperaemia Small areas of arteriosclerotic fibrosis are seen No evidence of active cellular inflammatory reaction or toxic destructive changes are noted

Aorta Shows round cell infiltration in the adventitia with moderate sclerosis

Lungs Show marked emphysema with the presence of numerous heart failure cells

The cause of death in this case is not clear It is suggested that since no definite anatomical changes were found in any part of the biliary tract, that the jaundice observed was due to a blocking of the reticulo-endothelial system, with the result that bilirubin accumulated in the blood and tissues A direct van denBergh reaction which was obtained does not controvert such interpretation, in view of van denBergh's observation of direct reaction in cases where no anatomical changes could account for any obstruction and where the direct reaction was probably due to heart failure with impairment of cellular oxidation which interfered with the transformation of bilirubin into biliverdin It is known also that the active treatment sometimes stirs up latent syphilis, Herxheimer reaction, and the mobilized spirochetes together with the arsenical preparation administered may block the reticulo-endothelial system and thereby produce jaundice It is possible that therein lies the explanation of the death in this case, and that the kind of arsenical administered was immaterial

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THE WORK OF THE GRIEVANCE COMMITTEE

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A summary by the Executive Secretary of the Grievance Committee New York State Department of Education

THREE complementary factors are necessary to maintain a high standard of medical practice first, high educational standards for licensure, second, the elimination of illegal practice, and third, the discipline of licensed physicians who have drifted from the straight and narrow path of professional rectitude The amended medical practice act provides all three of these functions, the third of which is the sole function of the Grievance Committee

This report deals solely with the third function, that of the Grievance Committee, but it is obvious that the business of disciplining licensed practitioners would be farcical were it not complemented by both high requirements for licensure and adequate prosecution of illegal practitioners of medicine

Prior to the passage of the Webb-Loomis bill, charges against licensed physicians were heard by committees of the Board of Medical Examiners, whose findings were acted upon by the Board of Regents Apart from the fact that the Board of Medical Examiners had other heavy duties as its primary function, this arrangement was not satisfactory for the reason that the public never brought its complaints against physicians before that Board, so that its work was practically limited to the cases of physicians convicted of felonies, all charges being initiated by the Department of Education

meantime a provisional diagnosis of gastrointestinal ulcer was made and dietary and alkali therapy begun The Wassermann report was as follows Alcoholic antigen 4 plus, cholesterin antigen 4 plus, Kahn test 3 plus A confirmatory test was immediately made with similar results Neither the gastrointestinal symptoms nor the pain were satisfactorily relieved and vascular syphilis was considered as a factor The treatment of the lues was then deemed advisable Sulpharsphenamine 0 6 gram dissolved in 10 cc of freshly distilled water was given intravenously and yellow oxide of mercury in half grain doses by mouth twice daily was ordered After 7 days a second dose of sulpharsphenamine 0 9 grams was given in the same manner This dose was repeated at intervals of one week until the patient had four doses Up to this point the patient had been feeling well and seemed to be benefited by the treatment After the fourth dose the patient developed an extensive maculopapular eruption over the extensor surfaces of the arms and about the ankles This rapidly spread over the body, becoming confluent and dusky red in color The face was not involved A slight pruritus was associated with the rash and a feeling of malaise became evident Mouth temperature at this time was 99 degrees Fahrenheit There was a marked tenderness of the feet Suspecting a Herxheimer reaction, after an interval of one week a fifth dose 0 9 gram was given, which seemed to greatly aggravate the symptoms The patient was then given sodium thiosulphate intravenously beginning with 0 3 gram and increasing 0 1 gram daily up to 1 gram For the first three days of this treatment the rash continued to increase and then suddenly temporarily subsided The feet continued to be very tender and the patient was unable to walk One week later the patient became more acutely ill, a profound degree of jaundice developed and the patient was sent to the hospital where as above stated he died 48 hours after admission On the day of death the blood sugar was 83 mg , non-protein nitrogen 70 6 mg , icteric index 60, hemoglobin 88 per cent, red blood cells 4,600,000, white cells, 16,900, van den Bergh test immediate direct and positive Urine contained a few casts and a trace of albumen, otherwise was normal Rectal temperature was constantly around 104 degrees Fahrenheit, pulse from 110 to 120, respirations from 20 to 35

A post mortem examination was made by Dr N W Popoff with the following result

External The body is that of a well developed, rather stout man with marked icteric discoloration of the skin and visible mucous membranes The face and lower portion of the legs are covered with an eruption of the papular type The pupils are slightly contracted The nose, mouth, ears and genitalia are negative Considerable rigor mortis is present

Abdominal Cavity The abdominal cavity contains a normal amount of yellowish fluid Organs, examined in situ, show the following The spleen is soft, large and cyanotic The liver is firm, enlarged and congested The gall-bladder is distended and filled with bile No evidence of stones or any extrahepatic obstruction is present The pancreas is soft and does not show any changes of special note The stomach appears normal The small and large intestines show no gross changes The kidneys show slight lobulation of the arteriosclerotic type

Thoracic Cavity The heart is in normal position and is of normal size The lungs appear markedly congested and edematous, otherwise they are negative

Spleen and Liver The spleen on cutting appears soft and mushy and weighs 350 grams The liver weighs 2,385 grams Its cut surface gives the appearance of nutmeg liver with congestion.

Gall-Bladder On opening the gall-bladder and extrahepatic ducts down to the ampulla of Vater no obstruction is found and the probe can be inserted without any difficulty into the duodenum

Stomach The stomach on opening shows marked hemorrhagic congestion of the mucosa

Duodenum and Intestines In the duodenum on opening are found close to the pylorus two healed ulcers and one fresh ulcer about two inches above the ampulla of Vater The mucous membrane in this region appears congested and connective tissue overgrowth in the submucous portions is noted The serous coat in the region of the ulcers mentioned shows some adhesions but no evidence of perforation is found The small intestines down to the cecum do not show changes of note The ascending and transverse parts of the colon appear hemorrhagic and congested

Kidneys The kidneys each weigh approximately 350 grams The capsule strips readily and the outer surface appears reddish gray On cutting the parenchyma appears markedly congested and the arteriosclerotic scarring of the tissue is noted

Urinary Bladder No changes of note are found in the bladder

Heart and Aorta About 150 cc of yellow fluid is found in the pericardial cavity The heart on opening does not show any changes on the right side except that the right ventricle has a very thin wall The left ventricle is normal The papillary muscles of the left ventricle are thickened and several sclerotic patches are found on the bicuspid and aortic valves In the abdominal part of the aorta above the celiac axis many arteriosclerotic patches with ulceration are found and the longitudinal rugae usually associated with syphilis are noted

Lungs The lungs weigh 1,125 grams The cut surface appears very edematous, but no evidence of active pulmonitis, infarcts or embolism are found

the fact did not justify civil prosecution, and so far as can be determined, none of them have ever reached the civil courts What might have become of these charges had they been submitted to some legal shyster can only be left to unpleasant conjecture

By far the largest number of cases were dismissed after an informal hearing before a sub-committee In these informal hearings no written charges are preferred against the physician and none of the witnesses are placed under oath However, a written record is kept of all the testimony The complainant and the accused physician are each permitted to give his side of the story, after which the sub-committee determines whether or not the facts warrant a formal trial Of 41 cases, 34 were dismissed after informal hearings, apparently to the satisfaction of both of the contending parties One case was dismissed by the whole Grievance Committee, where the sub-committee had deemed a final hearing necessary, making a total of 50 out of 56 cases against licensed physicians which were disposed of without reference to the Board of Regents, legal costs to the complainant and defendant, or unpleasant newspaper notoriety

tice, and it has deliberately pursued the policy of saving the brand from the burning by moderate punishment wherever such a course appears practicable

These cases do not include the cases in which a physician has been convicted of a felony, where the statute does not require a hearing before the Grievance Committee, but the physician is disciplined directly by the Board of Regents The license of one physician convicted of a felony has been revoked during the year 1928-29

Types of Cases, Ambulance Chasing —At the request of the Committee of the Bar of the County of Kings, the Department of Education investigated charges of ambulance chasing against 13 physicians, connected with Kings County hospitals, which were presented to the Grievance Committee for consideration With the exception of one case, where the question of deliberate falsification of medical records is involved, and which is still pending, the investigation showed that all of the men involved were internes or very young practitioners, who had for the sake of relatively small sums of money become "runners" for an unscrupulous ring which was exploiting compensation cases There was no evidence that

CHART I Character of charges against physicians, showing disposition of cases

	Complaints	Dismissed			Forwarded To Regents			Pending
		By Secretary	After Informal Hearing	After Hearing	For Revocation	For Suspension	For Censure	
Ambulance Chasing	13		12					1
Improper Advertising	10	1	8				1	
Attempted Abortion	7	1	4	1		1		
Malpractice	6		5					1
Aiding Illegal Practitioners	5		3					2
Fraud and Deceit	4					1	2	1
Unethical Conduct	1		1					
Narcotic Violations	1				1			
Miscellaneous	14	13	1					
Totals		15	34	1	1	2	3	
Fig I	61	50			6			5

Of the 6 remaining cases, 2 have been censured and reprimanded by the Board of Regents upon the recommendation of the Grievance Committee 2 cases are pending before the Board of Regents with a recommendation for suspension of practice, and only 1 has been recommended for revocation These disciplines are on the whole much less severe than those formerly given by the Board of Regents after hearings by the Board of Medical Examiners The Grievance Committee is very sensible of the severity of taking away from a physician his only means of livelihood, thereby forcing him into poverty or illegal practice these physicians had violated any statute or committed fraud and deceit in their practice, but they had more or less unwittingly connived in conduct which was highly unprofessional In view of all these facts and the fact that all of these physicians were just starting on their professional careers, the Grievance Committee let them off with a very strict warning and reprimand

There is no doubt that the effect of this reprimand was very telling, and that these young physicians were made to realize very acutely the advisability of developing their practice upon ethical lines Their records are of course in the

Under the present law, the Board of Medical Examiners is charged solely with the examination of candidates for medical licensure, and the newly constituted Grievance Committee has sole jurisdiction to hear charges against licensed practitioners A casual analysis of the year's activities of the Grievance Committee is sufficient to show that this is a very arduous duty

Constitution of the Grievance Committee — The Grievance Committee is composed of ten practicing physicians, four of whom are nominated by the Medical Society of the State of New York, two by the Homeopathic Medical Society of the State of New York, one by the New York Osteopathic Society, and three by the Board of Regents Each member serves for a term of five years All the hearings are held before sub-committees of three members, the vast majority of the work naturally falling upon the sub-committee in New York City, composed of Dr Orrin Sage Wightman, chairman, Dr Moses Keschner, and Dr Roy Upham The Committee is particularly fortunate in having the legal services of Sol Ullman, Esq and George Fleckenstein, Esq, deputy assistant attorneys general, who act as counsel The expenses of counsel and the cost of the expert court stenographers required for preparing the necessary legal records are paid out of the two-dollar annual registration fees, the members of the Grievance Committee and the Executive Secretary serve without compensation

Advantages of a Grievance Committee —The advantages of a Grievance Committee, composed of ten prominent physicians, may be summarized as follows

1 A physician is tried in the first instance by a court of his peers, who appreciate the particular tribulations and embarrassments, misunderstandings and difficulties common to medical practice

2 A court of physicians can readily understand the inevitable technicalities arising in any medical litigation, which would naturally confuse and trouble a lay court

3 A body of representative medical practitioners is best equipped to pass upon all questions of proper professional conduct

4 The public has confidence in the just determinations of a professional body such as the Grievance Committee in matters involving medical practice

5 The Board of Regents and the higher courts, who have final jurisdiction in all matters pertaining to the revocation of medical licenses, have confidence in such a body and their final determinations will be heavily influenced by the judgment of the Grievance Committee

The work of the Grievance Committee is of benefit both to the public and to the licensed practitioner of medicine For the public the Grievance Committee serves as a court to discipline and sometimes to revoke the licenses of physicians whose professional conduct is a menace to the public, as well as to arbitrate disputes between the public and physicians without the expenses attending an ordinary legal proceeding

The benefit to the medical profession is even greater In the first place, by voluntarily keeping the medical profession clean, the Grievance Committee has undoubtedly raised medicine's prestige and increased the public's respect for the profession's reputation and honor Secondly, it has quietly and efficiently disposed of a large number of unfounded claims against physicians, most of which would have found their way into a civil court, creating not only unnecessary expense, but highly unpleasant publicity for the accused physician, thirdly, it has restarted a number of ambitious but ill-advised young practitioners upon the road of professional ethics, fourth, its existence serves as a constant warning to the weaker members of the profession that misconduct will receive prompt discipline and is too risky to be profitable, and lastly, it has eliminated from practice those few disreputable members whose conduct lowers the reputation of the medical profession in the eyes of the public

Result of the Year's Activities —An analysis of the Grievance Committee's activities for the year 1928-29 is given in Chart I which shows the extent and variety of the work which has been accomplished In all, 61 complaints were received against licensed physicians, of which 5 are still pending, and 56 were completed The complaints include ambulance chasing, 13, improper advertising, 10, attempted abortion, 7, malpractice, 6, aiding illegal practitioners, 5, fraud and deceit in practice, 4, unethical conduct, 1, narcotic violations, 1, miscellaneous, 14 The miscellaneous charges include forgery, bastardy, incompetence, immorality, failure to pay debts, and overcharging Chart II shows the final disposition of the 56 cases

It is apparent that in practice the Grievance Committee operates as a series of sieves, disposing of charges against licensed physicians where the evidence does not warrant further action It also prepares the record and the findings of fact in the few cases where the Grievance Committee determines that discipline by the Board of Regents is indicated Thus, of the 56 cases completed for the year 1928-29, 50 were disposed of by the Grievance Committee, without reaching the Board of Regents Fifteen cases were disposed of by the Executive Secretary on the grounds that the complainant had not submitted sufficient evidence to justify a trial or that the nature of the charges submitted did not fall within the purview of the Grievance Committee These include numerous charges of malpractice and negligence, which must of course be tried in a civil court In most of these cases the facts submitted warranted the Secretary's informing the complainant that

calling in consultation in a serious obstetrical complication a practitioner with no more experience than himself, and thirdly, in performing a major surgical operation for which he had neither the experience nor the training After a vigorous warning, the sub-committee dismissed charges, but there is no doubt that Dr A B returned to practice a sadder but wiser man, and there is little likelihood that he will ever be guilty of any future professional misconduct

As a result of this case the hospital superintendent is taking up with the hospital association the necessity of checking up on all of the credentials of all applicants for internships

Malpractice —There were several charges against physicians in cases where children had died from diphtheria, and in which the parents' ignorance of the situation led them to believe that death resulted from the physician's incompetence Patient and courteous explanations of these situations by members of the Grievance Committee invariably resulted in a proper understanding of the situation Similar disposition was made of charges that physicians had failed to respond to emergency calls On the other hand, at least one complaint showed upon investigation that a physician had apparently practiced fraud and deceit upon an innocent patient, and this case is held for formal trial in the near future

Summary —An analysis of the work of the Grievance Committee for the year 1928-29 shows that it has been of benefit both to the public and to the medical profession, that it has quietly and intelligently disposed of unfounded charges against practicing physicians, that it is leading erring practitioners to the straight and narrow path, that it is eliminating improper physicians from the practice of medicine, and that it is increasing the public's regard for the medical profession's integrity and ethical standards

files of the Grievance Committee and they realize that any second offense will not pass unpunished This action of the Grievance Committee not only set these young physicians aright, but it served notice upon the interested profession at large that ambulance chasing and similar charges would not be tolerated in the future

Similar charges involving more serious infractions on the part of 8 Manhattan physicians have been investigated by the Citizens' Committee Against Fraudulent Claims, and the Medical Society of the County of New York These cases will be tried formally before the Grievance Committee in the fall

Informal conferences between members of the attending staff of several municipal hospitals resulted in the introduction of an ethical system for the payment of physicians' services in legal duties, compensation cases occurring in municipal hospitals

Improper Advertising —Of 10 cases of improper advertising, one was dismissed by the Executive Secretary as unfounded and one was censured by the Board of Regents The remaining 8 cases were made up of charges against physicians most of whom were foreigners who indulged in either misleading or unethical advertising After informal hearings, these physicians all agreed either to discontinue all advertising, or to submit their future advertising to the Grievance Committee for censuring This is a field which will doubtless occupy the Grievance Committee for some time to come, and its activities in this field are bearing fruitful results

Aiding Illegal Practitioners —There were 5 charges of licensed physicians aiding and abetting illegal practitioners Two of these cases are still pending and 3 were dismissed after informal hearing and warning by the Committee. The value of the Grievance Committee is particularly well illustrated by the following case

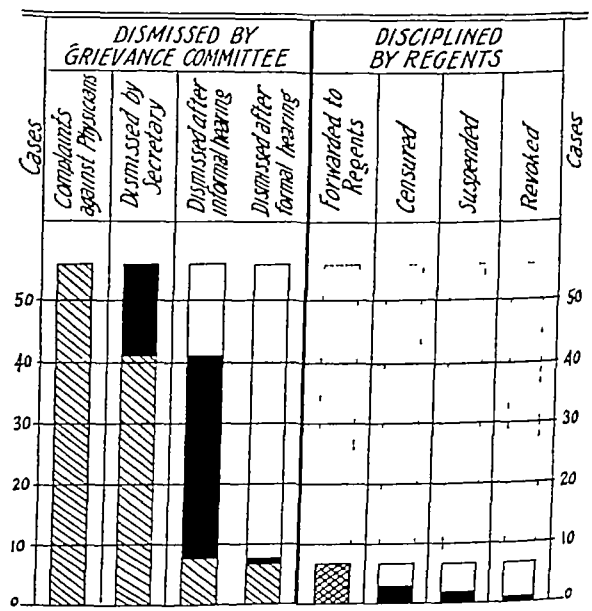
Dr A B graduated from one of the leading New York medical colleges three years ago During his internship at a leading municipal hospital he became friendly with another interne, Dr X Y , who had previously served an internship in another hospital in New York City After practicing two years in Brooklyn, Dr A B decided to move his office to Manhattan, when he chanced upon Dr X Y , whereupon the two opened offices together

Shortly thereafter, Dr X Y had a difficult confinement case and called Dr A B into consultation Dr A B , after consultation with a third physician, who had also been a fellow-interne, decided that the case required a Cesarean section He thereupon removed the patient to a small sanatorium, performed the Cesarean section, and delivered a living child The patient recovered from the operation but died within ten days from sepsis following endometritis.

Upon investigation, the health authorities discovered that Dr X Y was not a graduate physician, but when the Department of Education attempted to arrest him for the illegal practice of medicine, he fled the State Dr A B was thereupon brought before the Grievance Committee on the charge of having aided and abetted an illegal practitioner in the practice of medicine, resulting in the death of a patient, and in the filing of a falsified death certificate

Had this case come before a criminal court, there is little doubt that this physician's reputation would have been wrecked However, he appeared before the Grievance Committee without counsel, but accompanied by the superintendent of the municipal hospital in which he had met Dr X Y while serving as an interne The hospital

CHART II *Summary, Showing Disposition of Cases*



superintendent stated that Dr X Y had been appointed as an interne in his hospital on the submission of evidence that he had previously held a similar position in a reputable New York City hospital, so that his medical credentials were never questioned Dr A B therefore naturally assumed that Dr X Y was a physician owing to the mistake of the hospital in which they were internes The superintendent vouched for the professional integrity of Dr A B during both his internship and his subsequent practice The death certificate filed by Dr A B had not been falsified as it showed endometritis as a contributing cause of death

It was pointed out in no uncertain terms to Dr A B that he had made three serious mistakes in judgment, first, in practicing in the same office with an individual concerning whose professional qualifications he had no knowledge, second, in

PERIODIC HEALTH EXAMINATION CAMPAIGN

The physicians in New York State are developing a growing consciousness of their duty to the public,—to give medical service, in all forms, to all classes of people Individual physicians are exceedingly conscientious in giving curative treatments in private practice and in hospitals Doctors are also developing a conscientious sense of duty to give equally efficient treatment along preventive lines But physicians say that people do not appreciate preventive medicine, and the people retort that the average doctor says "Forget your trouble and come back if it gets worse"

The problem before the medical profession is to inoculate a sense of individual responsibility for the practice of preventive medicine, in every doctor and every lay person,—the doctor to give the advice and the layman to seek it

The problem has been studied by special committees of the larger medical societies, and standard methods of its solution have been developed under the name of the Periodic Health Examination The Medical Society of the County of New York sponsored a series of lectures on the periodic health examination in 1925, and published them in a book of 185 pages The Kings County Medical Society also promoted the examinations by a series of lectures and demonstrations These two societies have continued their activities with the cooperation of some of the leading lay organizations engaged in public health work

The Medical Society of the State of New York has also taken up the movement, and on June 3, 1929 the House of Delegates passed the following resolution which was introduced by the delegates from Bronx County

> *Resolved,* That a special committee be appointed by the President whose duty it shall be to popularize periodic health examinations, and that a week be set apart to be known as health week to initiate this campaign

In accordance with that resolution, the following special committee was appointed

Dr C Ward Crampton, Chairman, New York
Dr George B Stanwix, Yonkers
Dr Luzerne Coville, Ithaca
Dr Charles C Trembley, Saranac Lake
Dr W W Britt, Tonawanda
Dr Joseph P Garen, Olean

This committee will hold a formal meeting in Saratoga Springs on Friday September 20 in connection with the annual meeting of the Fourth District Branch, but the Chairman has done an immense amount of preliminary work and has cooperated with the special committees of New York City

The work in New York City has been developed by all its five county medical societies to the stage of the formation of a Greater New York Committee on Periodic Health Examination This committee used a full page of the Magazine Section of the *New York Times* of Sunday, August 18, 1929, for an educational advertisement calling attention to the principles underlying periodic health examination It answered such questions as the following

What organizations are promoting public health examinations?

What is the prevalence of insidious diseases that should be detected in their earliest stages?

What health agencies are cooperating with the medical profession in promoting periodic health examinations?

What is the distinction between the "silent" and the "speaking" forms of disease?

What is the difference between the periodic health examination and the medical examination that has usually been done in the past?

This public announcement is the first step taken by the five county medical societies of Greater New York toward popularizing periodic health examinations The part to be taken by the Medical Society of the State of New York will be determined largely at the September meeting of the special committee An essential part of the work of that committee will be to popularize public health examinations in the minds of physicians themselves

The advertisement is an excellent example of the education of the people which must accompany the efforts of the medical profession It was paid for by four of the largest lay health organizations in New York City The New York Tuberculosis and Health Association, The Milbank Memorial Fund, The Life Extension Institute, Inc., and The Metropolitan Life Insurance Company This was in accordance with the principle that popular medical education is one of the great functions of lay health organizations as set forth in the agreements made in connection with the Cattaraugus County controversy (See this Journal December 1, 1928, page 1433)

Physicians will attend to the education of their own patients in methods of making periodic health examinations, but it is the peculiar work of the large health organizations to influence patients to go to the doctors for the examinations

With the appointment of this new committee, the Medical Society of the State of New York has taken a well-considered and an apparently epoch-making step forward

EDITORIAL

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For list of officers of County Medical Societies, see this issue, advertising page XXXIV

FALL ACTIVITIES

With the Fall there comes an enhanced activity of the Medical Society of the State of New York Much advance is expected in the work of the various committees, whose chairmen and members labor earnestly for the advancement of medicine and the benefit of the individual doctors Each committee has its own problems which it must solve for the benefit of not only the individual physicians, but also the public at large

Medicine in its modern form has changed much in the last few years, and so has the physician, but the ideals of the profession remain the same As the Society has met its responsibilities in years past, so it will meet the newer problems with vigor, and will decide them promptly for the good of its constituents, the doctor and the patient, and the people

JAMES N VANDER VEER

MEDICAL PROGRESS

Problems in Nutrition.—*Professor I Abelin* of Berne discusses the influence of the thyroid on nutrition, and the significance of fat in carbohydrate metabolism Under the first head he takes up successively the metabolism of fat, of casein, and of mineral matter (phosphates and calcium salts) and the influence of vitamins Having given the status to date of research into these subjects, he concludes as follows It is difficult to find another substance which can produce such basic and permanent modifications of nutrition as the thyroid hormone Research into various animal species also shows that the picture of hyperthyreosis is superior in character and limitation to almost any other known physiological condition Nevertheless it is quite possible to modify this action in either direction The most important of these factors is the kind of nourishment. The addition of special food stuffs to the usual regimen is sufficient for this purpose and there are numerous kinds to be considered, so that we can hardly think of an isolated action of the hormone In the therapy of the future these modifications of the diet must be borne in mind The author's data are all based on experiments with small laboratory animals, so that they can hardly be applied with certainty to man Thus in hyperthyreosis the liver function suffers, but if substances rich in vitamin B be used for diet this result is prevented A diet rich in casein has the same antagonistic property In regard to the influence of fat on the carbohydrate metabolism, as studied especially in the formation of glycogen, the author concludes from his experiment that the amount of glycogen formed and a large portion of the total carbohydrate metabolism are dependent not only upon the kind and amount of the ingested carbohydrate but also upon the momentary situation of the fat metabolism The carbohydrate and fat exert a check upon each other, the carbohydrates protecting the organism against acetonuria while the fat in turn exerts a like protective role—*Klinische Wochenschrift,* May 28, 1929

The Problem of Otosclerosis—Macleod Yearsley states that heretofore attention has been concentrated almost entirely upon the changes found in the labyrinthine capsule in otosclerosis, leaving the cerebral auditory centers unheeded, that is, the organ *by* which we hear has been neglected for that *which* we hear Recent work upon chronic intestinal intoxication throws a flood of light upon the causation and course of otosclerosis McDonagh's investigations show the blood changes resulting from the chemical poisons manufactured in the intestine There is a precipitation of the protein particles of the plasma in the pericapillary lymphatics in the temporo-sphenoidal lobes, which, by taking electrons from the neurones would cause the cortical cells to undergo degeneration It is, therefore, in an examination of the cerebral cortex of the temporo-sphenoidal lobes that elucidation of otosclerosis will be found In support of this hypothesis Yearsley points to the fact that every case of otosclerosis exhibits one or more of the cardinal signs of familial chronic intestinal intoxication, together with a marked degree of malcoordination Tinnitus, usually hissing in character, frequently precedes deafness, and is highly suggestive of a central irritation It is significant that the tinnitus is not seldom satisfactorily relieved by efficient treatment of the toxemia The foregoing remarks indicate that treatment directed less at local than at general conditions offers greater promise of success as a means of prevention The general treatment indicated consists in disinfecting the colon, preventing reinfection by careful revision of the diet, and the use of vaccines made from the intestinal flora This treatment must be patiently persevered in for one or possibly two years At the same time local treatment should not be neglected The electrophonoid method of Zund-Burguet has given the writer good results in several cases Diathermy also may be helpful Seven illustrative cases are cited in which treatment of chronic intestinal intoxication was followed by marked improvement in the hearing and in the general condition of the patients—*The Practitioner,* June, 1929, cxxii, 6

Roentgen Therapy of Pertussis—Ernest Charles Samuel states that, although pertussis was treated by Roentgen therapy as far back as 1907, and its use has slowly increased, it is by no means employed to the extent it deserves In a series of 850 cases in Massachusetts, in which the Roentgen rays were used uniformly, the mortality was 0 3 per cent as against a general mortality for the State of 6 4 per cent for the same year The author's method of treatment is to give exposures at intervals of three to seven days, depending upon the severity of the case The average number of treatments required is

LEADING IN HEALTH PROGRAMS

Commenting on the editorial in the July 15th issue of this JOURNAL, entitled "Doctors and Health Programs," the July-August issue of the *Nassau Medical News,* the monthly organ of the Medical Society of the County of Nassau, says

"It was the recognition of the truth of these statements and the realization of the possibility for service which prompted the Medical Society of the County of Nassau to open its own headquarters, employ full-time representatives, institute as its mouthpiece the *Nassau Medical News,* and make possible the increased activities of the several committees having to do with our relations with the public and with the other health organizations of the county

"The physicians of Nassau County are no longer isolationists, they are organized to carry health programs to the people, they are in position to meet their responsibilities for leadership in these programs And the lay organizations of the county, recognizing these facts, are coming to the physicians more and more for advice, guidance, and assistance The physicians are not being asked merely to 'endorse' a program after it has been completed, but are actively participating in the formation of those programs as well as in their execution

"The Diphtheria Prevention Commission, now in the process of formation, is merely an example of the work which can be done by the 'peaceful cooperation' spoken of above Hand in hand, with mutual respect and confidence, the physicians and the lay organizations in Nassau County, presenting a united front to face our many common problems, constitute a power and force which should make Nassau County one of the banner counties of the State in matters of public health and preventive medicine"

This quotation is concrete evidence of the performance of their civic duties by practising physicians through the County Medical Society Note the suggested contrast between an endorsement of a program after it has been completed and a leadership in the formation and execution of that program

LOOKING BACKWARD

This Journal Twenty-five Years Ago

Bureau of Information — Twenty-five years ago in the days before the amalgamation of the two State Medical organizations, the New York State Medical Association ran a Bureau of Information, concerning which the Journal for September 1904 says

"Many times since its incipiency, we have been tempted to close our Bureau of Information Recently, however, physicians in this State, and not a few in neighboring States, have awakened to the advantages we offer them.

"As an example of what we do, Dr A, living in Manhattan, wants a "Sayre's Extension Tripod", he needs it for use to-morrow morning He telephones 2810 Madison Square, and we report to him within an hour the houses which have them in stock and the prices they ask

"Dr B, living 250 miles from New York City, wishes a sterilizer immediately, for a particular purpose Instead of communicating with a dozen firms, and examining their catalogues for what he needs, Dr B, writes a description to us, with details as to an approximate price he is willing to pay, and the day he wishes it delivered, and we attend to everything else

"Where do our profits come from? From a percentage on the sales? Oh, no, we are not doing this work for a few dollars in cash, but for a position of power between the physicians of the New York State and the merchants who can supply their wants

"The advantages to the Journal and to The New York State Medical Association itself, which may be had by the members of this Association, making every use of their Bureau of Information, are inestimable It took a long time to make our members realize the personal profit, in money, and time, which we are ready to offer

"Now, thank you, we are doing very well Advice and prices furnished on all things, professional, household or personal, desired by our members"

the pioneer work of Sauerbruch and others in this direction and to the contradiction subsisting between the views of this surgeon and Balint. One insists that a local acidosis constitutes an optimum for healing, the other has it that an alkalosis is best for this purpose The author cites a case which may throw light on this difference of opinion The patient was a freak who as a result of training could control most of the smooth muscles of his body —could dilate and contract his pupils at will, give himself gooseskin, accelerate or slow the pulse, displace the heart, etc This patient happened to sustain a röntgen burn on his back, 23 cm by 11 cm in extent, which had persisted unchanged for 15 years as a raw surface There was a purulent discharge with a fetid odor, and the lesion had resisted every attempt to heal it About a year ago signs of stenosis of the esophagus appeared, due presumably to cancer in situ As a result the patient became very thin from undernourishment, but, striking to relate, the ulcer on the back healed under the author's eyes in the space of 8 days The patient, however, died from his malignant growth The patient in his fasting state had naturally developed an acidosis and the author adds this case to those already described by Sauerbruch One must not generalize too hastily, however, for in diabetic acidosis some other factor must be at work to account for the difficult healing, the increase of blood sugar being sufficient for the purpose. The experience of Balint in favor of an alkalosis optimum for healing also argues for the likelihood that there are a number of factors which may make or mar healing and that each should be considered separately —*Klinische Wochenschrift*, June 4, 1929

Abdominal Pain in Children.—H W Carson discusses some of the difficulties of diagnosing abdominal disorders in children, because of the diversity of the references of pain, the inability of the infant to explain matters, and the liability to attacks of colic due to unsuitable feeding The stomach, liver, and pancreas may be excluded as causes of abdominal pain in early life Intestinal indigestion is the cause of the majority of abdominal pains and readily yields to simple treatment. Severe summer diarrhea accompanied by tympanites may be difficult to differentiate from a surgical disorder In Henoch's purpura, which is characterized by gastric crises and hemorrhages from the mucous membranes, it is difficult to exclude intussusception or other acute abdominal emergencies If the blood shows diminished platelets, this is a help in diagnosis Surgical disorders causing abdominal pain in children may be classified as *inflammatory*, including appendicitis and the various types of peritonitis, and *peristalsis*, including pyloric obstruction, intussusception, and obstructions of various kinds An acute abdominal condition in a child is more likely to be appendicitis than anything else It is a question whether chronic appendicitis occurs in children at all, but there is a condition of hydrops, due to stricture of the appendicular lumen, following an acute attack of appendicitis which has not been recognized. In children abdominal rigidity cannot be depended upon as a diagnostic sign to the extent that it can be in adults The diagnosis of appendicitis should not be made until pneumonia and pleurisy have been excluded Of the acute peritonitis cases in children those due to appendicitis are the most common Acute tuberculous peritonitis and acute pneumococcal peritonitis are occasionally seen In each case the pain is generalized, but the temperature is higher than in appendicular peritonitis Instances of intestinal obstruction in children are practically limited to intussusception and adhesions in acute or tuberculous peritonitis Pain is a most valuable sign in those cases of post-operative ileus following acute peritonitis, it is a direct call for operation, without waiting for vomiting and distention which soon follow Among the causes of chronic abdominal pain is irregular peristalsis, which may be due to many external stimuli, most commonly to dietetic indiscretions The writer has never seen a child with intestinal stasis due to Lane's kink, Jackson's membrane, or enteroptosis Enlarged tuberculous mesenteric glands are a common cause of abdominal pain They are difficult to diagnose unless they have reached the stage of calcification, when they may be detected by the x-rays, and then they may be mistaken for ureteral calculi In these cases the pain is usually near the umbilicus, appears suddenly, passes off as quickly as it comes, and may not return for a week or two —*Canadian Medical Association Journal*, June, 1929, xx, 6

Role of the Gingival Tonsil in the Pathogeny of Pyorrhea.—Rene Vincent, a stomatologist of Paris, states that all authors admit the role of the absorption of the maxillary in the genesis of pyorrhea This makes it possible to understand something of pyorrhea in the aged, in the tabetic, and sufferers from various endocrino-sympathetic maladies, but is insufficient to account for pyorrhea in the young—between 20 and 40—in which known factors are absent Nothing remains then but to accuse infection, but this theory is not upheld by the results of research The author had a singular case of a patient who had had his appendix and gallbladder removed and a gastroenterostomy without relief from intestinal symptoms The little tongues of gingival tissue between the

three or four The exposure is directed to the anterior chest wall, as there seems to be no advantage in dividing the dose anteriorly and posteriorly A small cone should be used to confine the rays to the hilar area and attention must be given to protection of the thyroid area, especially in older children No attempt is made to avoid the thymic area, the feeling being that if there is a coincident thymic enlargement it will be the better for receiving its share of radiation The use of Roentgen therapy as a prophylactic measure also seems to be of value, as it has been noted that the disease failed to develop when exposed children in the same family were treated as well as the patient The benefits to be derived from Roentgen therapy in pertussis are primarily a very prompt relief of the paroxysms of coughing with its attendant vomiting This usually occurs shortly after the first exposure In the majority of cases there is a distinct shortening of the usual long-drawn out course of the disease, and the associated complications are, as a rule, absent, owing to the relief of the cough All pertussis patients should be given the advantage of Roentgen therapy, as it can do no possible harm and usually will do great good—*Southern Medical Journal,* June, 1929, xxii, 6

Nature of Grippe—Prof Paul Krause writes briefly on a recent epidemic of grippe in which 111 patients were treated There could be no doubt of the transmission from person to person which was seen over and over by physicians and nurses who were moreover themselves infected in a large share of the exposures The course was mostly mild and Pfeiffer's bacillus was found in but 87 per cent of the cases—this despite the fact that a new technique is now employed which is said to be superior to the old When pneumonia developed the germ usually found was the pneumococcus Type II But despite the paucity of the positive Pfeiffer cases the author believes firmly that that organism is the cause of grippe There was rather a poverty of symptoms in this epidemic—merely headache, backache, and catarrh of the upper respiratory tract There was but one fatality, in a man of 39 who had developed pneumonia There was difficult diagnosis in certain masked cases, one passing for typhoid fever until the negative Widal test showed the contrary In another case appendicitis was the first diagnosis Angina was present in 23 patients, mostly in people who were subject to sore throat. About half of these anginas presented the peculiar condition regarded by some as pathognomonic of influenza—a narrow strip of red on the free border of the soft palate The total number of pneumonia cases was 10 The patients were put to bed and the milder cases required only hydrotherapy for the headache The only drugs used were sodium salicylate and acetylsalicylic acid In pneumonia with pneumococcus present antipneumococcus serum was used, polyvalent while waiting for typing and afterwards the specific serum The improvement under serum treatment is often striking and the author warmly recommends it. He would always use oxygen inhalations and some form of hydrotherapy A few drops of iodine tincture in a glass of water make the best gargle for the angina and he also advises adrenalin inhalation—*Deutsche medizinische Wochenschrift,* June 7, 1929

The Heart in Pregnancy—T P Sparks, Jr, urges the necessity of the diagnosis of heart disease early in pregnancy, in order that treatment may be promptly instituted when signs of a break in compensation are imminent. Failures occurring early in pregnancy should always give rise to a guarded prognosis, since the heart is failing at a time when it has not reached the period of greatest strain Myocardial failure is one of the most serious lesions complicating pregnancy Endocarditis is just as serious, and the probability of carrying through labor with one of these complications is always extremely doubtful. With these conditions the sooner pregnancy is terminated the better the prognosis Mitral stenosis is regarded as the next most serious lesion, particularly if it is due to rheumatic fever Mitral insufficiency and aortic insufficiency seem to exert a less damaging effect on the course of pregnancy and are not regarded as seriously as the above-mentioned lesions The management of patients having heart defects other than myocardial failure and endocarditis becomes a matter of attempting by every possible means to maintain the cardiac reserve If failure does occur and the heart muscle shows an inability to come back after a reasonable period of time under treatment, interruption is also indicated here, but statistics show that in most of these cases interruption will rarely be necessary The anesthetic is important in these cases Nitrous oxide and oxygen anesthesia is preferable if an operative procedure is indicated, if it is not available, ether may be employed provided the surroundings do not contraindicate its use—*Southern Medical Journal,* June, 1929, xxii, 6

Wound Healing and the Acid-Base Equilibrium—Dr H Kalk of the Second Medical Clinic at Charité Hospital, Berlin, refers to

LEGAL

INSANITY—EFFECT ON THE MARITAL CONTRACT

Important changes have been wrought by the Legislature of this State in the last year or so in relation to the annulment of a marriage on the ground of insanity We will discuss these legislative changes in two editorials, in the first of which we shall deal with the right of a sane spouse to annul the marriage on the ground of insanity unknown at the time of entering into the marital contract In our second editorial we shall consider a recent statute which gives either spouse a right to annul the marriage on the ground of incurable insanity subsequent to the marriage and existing for at least five years

About two years ago, there was presented to our Court of Appeals for decision an action brought by a husband against his wife to annul their marriage The case came before the Court on the following facts

The plaintiff was married to the defendant in the year 1912 In his complaint he claimed that unknown to him, she was then a lunatic wholly unable to understand the nature of the contract of marriage and its effects and consequences Two children were born of the union After the parties had been married for a period of ten years, the lunacy of the wife was established by appropriate judicial proceedings The complaint was dismissed in the Court below for failure to state a cause of action The question presented to the Court of Appeals was whether a marriage, voidable for insanity, may be annulled at the suit of the spouse who is sane

Under the statutes of this State as they stood at the time that this question was presented to the Court for consideration, a marriage might be annulled on the ground of idiocy or lunacy existing at the time of the marriage, by any relative of the idiot or lunatic, or if no suit for such relief was prosecuted by such relative, then on the application of any person admitted by the Court to prosecute as the next friend of such idiot or lunatic The marriage of a lunatic might also be annulled on the application of the lunatic after the restoration of reason, if the parties had not freely cohabited as husband and wife after the lunatic was restored to reason

On principle, it would seem that a reciprocal right, with appropriate restrictions, should be granted to the sane spouse, but the Court was of course limited in its decision to the language of the statutes controlling the facts before it In the consideration of the question, the Court assumed, as it was bound to, the truth of the allegations in the plaintiff's complaint, namely, that the wife was a lunatic at the time of the marriage and that the plaintiff husband was ignorant of her condition

In a very able opinion, Chief Judge Cardozo, writing for the Court of Appeals, held that under the statutes as they then existed, the husband was without relief to avoid the marriage In discussing the problems of public policy involved in the question before the Court for consideration, Judge Cardozo said

"There remain some considerations of public policy that are not to be ignored If a sane husband may avoid a marriage for the insanity of his wife, the question will come up whether he may put his wife aside though her insanity was known to him when the marriage was contracted * * * One may doubt whether the Legislature of New York, if it had supposed that such a right of action had been created or preserved, would have been less diligent to safeguard the remedy with appropriate restrictions The trouble does not end, however, with the moment of the marriage Problems difficult of solution will arise where the husband, though ignorant at the beginning, cohabits with the wife after her insanity is known There is instinctive revolt against the notion that infirmity of the mind shall be used as a pretense for relief against satiety of the body In this very case, plaintiff and defendant lived together for ten years The insanity is alleged to have existed from the beginning, yet as late as six years after the marriage a child was born of the union One would suppose that the cases must be rare indeed in which insanity so acute as to vitiate a marriage * * * could remain so long concealed Indeed, the plaintiff does not tell us when it was that the defendant's affliction was discovered His allegation is merely this, that the affliction was not known at the moment of the marriage If a marriage so contracted is voidable in its inception at the instance of the husband, shall later cohabitation with his wife after her insanity is known be taken as ratification or affirmance or inequitable conduct that will defeat the right of action? * * * The Legislature was careful to provide that annulment should be refused at the suit of the insane spouse if cohabitation continued after sanity was restored It has said nothing as to the rights of the other spouse where there has been continued cohabitation after the insanity is discovered In a code so precise and comprehensive would it have been satisfied to leave so much uncovered had it supposed that its enumeration would not be taken as exclusive? If so, the reciprocal right of action is first to be

teeth were swollen and congested A drop obtained antiseptically from one of these was cultured on gelose, and a streptococcus culture so obtained was used as an autovaccine with brilliant results amounting to complete recovery Since that time the author has frequently encountered the coincidence of these gingival lesions with infections remotely situated—felons, boils, intestinal lesions, etc The microbes concerned may be the *Staphylococcus albus* and *aureus,* the *Streptococcus parvulus,* and others He now has a material of this sort comprising a dozen cases But why is this portion of the gum attacked in these cases? The author in reply quotes the view of Retterer, expressed in 1922, that the gum is a lymphoid organ like the tonsil and appendix, Peyer's patches, etc When any of these structures are involved the tissue of the gum may also be involved in the selective action of the microorganism, and the latter and its toxins lower the resistance of the tissues, the resulting infection extending to the development of a lysis of the jaws comparable to that from chronic osteomyelitis To cure pyorrhea, then, it may be necessary to eliminate a focus of infection at a distance—*Bulletin de l'Académie de Médecine,* May 21, 1929

Conception and Limitation of Eczema.—Dr Carle, a dermatologist of Lyons, states that during the XIX century the word eczema was used to comprise all dermatoses which presented a common appearance Many of these were regarded as of internal origin But after 30 years of work in microscopic study, in culturing microorganisms, in following up the evolution of the lesions, and finally in the results of treatment, we have reached the conclusion that the determining cause is often enough of external origin The causal factor may be a fungus or a bacterium which is able to give rise to the most dissimilar lesions These organisms penetrate into the follicles, accumulate in the folds, infect small traumata, etc, and often the resulting disease may be connected with the occupation These lesions are best thought of as examples of dermatitis—the author prefers the term epidermitis for the superficial forms—which require only local treatment The term eczema should be reserved for that large group the causes and nature of which are still unknown In the present paper the author does not discuss this residual group at all, but devotes all his effort to a classification of the epidermitides He isolates a group due to fungi and fungoid organisms—dermatomycoses of some authors Here belong such diverse affections as eczema marginatum, dysidrosis, the various tineas, etc A second group is due to bacteria—chiefly the staphylococci and streptococci—and when the organisms in question penetrate into the follicles deep-seated and obstinate lesions result—furuncles, nonparasitic sycosis, etc A third group attributed to coccidia comprises seborrheic eczema, pityriasis, etc Finally one may make a special group of professional dermatoses, for in these we find a traumatic factor with subsequent infection by fungi or bacteria. Superficial forms are readily amenable to local measures, but in deep-seated follicular lesions physical therapy, vaccines, etc may be required—*Le Journal de Médecine de Lyon,* May 5, 1929

Cigarette Smoking—A. Winterstein and E Aronson have made researches on this habit in the Technical High School of Zürich Nicotine is, they hold, the leading toxic ingredient of cigarette tobacco and 4 milligrams will cause symptoms which may persist for 24 hours Five "mild" cigarettes actually contain a fatal dose of nicotine. Cloetta has shown that nicotine can give rise to symptoms ordinarily unrecognized as such There is no legislation which tends to cut down the consumption of cigarettes and the tendency of their consumption to increase is being noted all over the world There is no actual distinction between mild and strong cigarettes in regard to percentage of nicotine and these terms as used in the cigarette industry mean but little. It would certainly be impracticable to legislate against the use of tobacco as a whole, but it should be practicable to insure a "hygienic" cigarette although thus far attempts in this direction have not been very successful It is now possible to limit the nicotine percentage to a given figure and it is possible to show by tests on living tissue—the leech for example—that the percentage is in accordance with that designed Analyses on brands of cigarettes bought in the open market show that the nicotine content may vary from 0 7 per cent to 3 per cent We also know how much smoke reaches the buccal cavity in smoking—somewhere between one-fifth and two-fifths of the smoke formed It is estimated that the inhaler absorbs about three times as much nicotine as the non-inhaler Long and thin cigarettes contain less nicotine than short, thick ones while dry ones contain more than moist ones It might be possible to pass laws against the sale of cigarettes containing more than 0 4 per cent of nicotine and even if the smoke of these were inhaled the amount of the alkaloid absorbed would not be dangerous The authors do not seem to favor extraction of nicotine but rather of growing strains of tobacco with low nicotine content.—*Schweizerische medizinische Wochenschrift,* May 25, 1929

NEWS NOTES

SECOND ANNUAL GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

The New York Academy of Medicine has completed its program for the Second Annual Graduate Fortnight The First Fortnight was held during the first two weeks of October 1928, and was described in this Journal in the issues of September 15 and October 15 The announcement of the second Fortnight was made in this Journal on February 15, 1929

The Committee in charge of this year's Fortnight consists of Dr Harlow Brooks, Chairman, and Drs Louis Casamajor, Ludwig Kast, Emanuel Libman, Howard F Shattuck, and Allen O Whipple This Committee has chosen for the subject of the Fortnight "Functional and Nervous Problems in Medicine and Surgery" The field includes those functional disturbances which have been much neglected in the last thirty years in comparison with the structural disturbances of the human body The topic covers differential diagnosis of functional and organic derangements in all branches of medicine and surgery

The plan of the 1928 Fortnight will be followed this year Clinical programs will be conducted in the larger hospitals in the afternoon, and formal lectures will be given in the evening in the Academy building at 2 East 103rd Street

The scope of the evening lectures is indicated by the following program of the first three days

The Medical Profession and the Public Good, Dr Livingston Farrand, President, Cornell University

The Graduate Fortnight and Graduate Medical Education, Dr Ludwig Kast, Professor of Medicine, New York Post-Graduate Medical School

Origin and Growth of the Mental Hygiene Movement, Mr Clifford W Beers, Founder, National Committee for Mental Hygiene

The Involuntary Nervous System, Dr Walter Langdon Brown, St Bartholomew's Hospital, London

Hysteria as a Practical Problem, Dr C Macfie Campbell, Professor of Psychiatry, Harvard University

Neuroses Following Accident, Dr Foster Kennedy, Cornell University

Sympathic Ganglionectomy, Dr Alfred W Adson, Mayo Clinic

The character of the afternoon clinics may be judged from the following numbers which are the two appearing first on the program

Babies' Hospital, October 8

The neuropathic child, Dr Nathaniel R Norton.

Cretinism, Dr Herbert B Wilcox

Psychic disturbances as seen in private practice, Dr F Elmer Johnson

Bellevue Hospital, October 8

Vegetative nervous symptoms in the course of encephalitis, Dr Foster Kennedy

Surgery of the sympathetic, Dr Alfred S Taylor

Trophoneuroses and the central sympathetic, Dr Walter K Kraus

Vegetative nervous system phenomena in the psychoneuroses, Dr Thomas K Davis

A twenty four page program has been prepared and will be sent to those who inquire for it The members of the Medical Society of the State of New York are cordially invited to attend the Fortnight and to make use of the hospitality of the New York Academy of Medicine

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THE NEW DIRECTORY

Copy for the Annual Medical Directory of New York, New Jersey and Connecticut was sent to the printer in August, and the reading of the proof should be completed by the end of September

Each year there are a number of physicians who delay sending their new addresses, telephone numbers, etc, until all the proofs have been read and the pages made up It is therefore very important if there are any changes in your record for the Medical Directory that you send them at once to the Medical Society of the State of New York, 2 East 103rd Street, New York

inferred by recourse to a process of construction, and then by a new process of construction is to be burdened with implied conditions Uncertainties are not exhausted with the cases thus supposed A spouse insane at the time of marriage may subsequently be restored to reason If the wife, becoming sane, confirms the marriage, as she may, will judgment go for the husband to the effect that it is void? These and like queries suggest embarrassments and complications that may have seemed to the Legislature to find their readiest solution in the denial of a remedy as easily abused"

It was strenuously argued by counsel for the husband that if the Court failed to give the husband the relief sought, it would work a great injustice and hardship to him Answering these contentions, Judge Cardozo further said

"Much is said about hardship Not all of it is of such a nature as to be heeded by the law The theory of annulment on the ground of insanity is not that the sane spouse has made a bad bargain in getting an insane partner The theory is that the insane partner to the union has manifested a consent that is unreal for lack of a contracting mind The hardship might be as great in many of its phases if insanity supervened a month after the marriage or a year It might be as great if the diseased condition were one of body and not of mind The law turns a deaf ear to these and like regrets

When all deductions are allowed, there remains none the less, in possible situations a residuum of hardship that may be thought to be special and peculiar One of the parties to the marriage, though innocent of wrongdoing, is condemned to uncertainty as to his or her status unless the other party to the marriage or an appointed champion is willing to dispel the doubt The statute relieves such uncertainty from the worst of its incidents by fixing the status of the children irrespective of any suit. They remain in any event the legitimate offspring of the sane parent This has been so since the days of the Revised Statutes * * * They may now be declared legitimate as to the other parent also * * * Uncertainty remains to some extent in respect of rights of property incidental to a marriage It remains, aside from legal consequences, a foe to peace of mind, a disquieting reminder of anomalous position. Considerations such as these may suggest an amendment of the statute that will extend the right of action Good faith can be assured by coupling the extension with appropriate conditions"

Judge Cardozo's suggestion that a consideration of the questions which formed the subject-matter of his opinion might lead to an amendment of the statute, bore fruit in 1928 when the Legislature amended the Civil Practice Act so far as to give the sane spouse a reciprocal right to annul the marriage The amendment reads as follows

"Where one of the parties to a marriage was a lunatic at the time of the marriage, an action may also be maintained by the other party at any time during the continuance of the lunacy, provided the plaintiff did not know of the lunacy at the time of the marriage"

It is to be regretted that the Legislature did not fully meet the points raised by Judge Cardozo's decision Although, as the learned Court pointed out in its opinion, cohabitation by the sane spouse after discovery of the insanity would in all probability operate as an estoppel in an action by the husband to annul the marriage, nevertheless it would have been a simple matter for the Legislature to include in the statutory amendment above referred to a clause that no annulment should be granted in the suit of the sane spouse where there was cohabitation after the discovery of the insanity

PURPOSE IN LIFE

Social workers may be so much concerned with far-off results that they overlook immediate needs It may be that the doctor is likely to put too much emphasis on the immediate need of the patient,—to secure for him the absolution for his past offenses, and then to turn him loose to repeat his misdeeds

Doctors will appreciate the following item by Edward Hope in his column called "The Lantern" in the New York *Herald-Tribune* of August first

"College students, a minister said in his sermon the other day, have no purpose in life. But has the Rev gent ever seen one just as he catches sight of a pretty girl or a gin bottle? And what is a Purpose in Life, anyway? Our own idea is that it is something you think up to write on a questionnaire, or something that occurs to you suddenly when you are making character with a member of the Other Sex"

FREE SERVICES BY BARBERS IN HOSPITALS

Barbers were the original surgeons, and following the example of their illustrious successors they are claiming credit for free services given to patients in the hospitals of Brooklyn The *New York Times* of August 14 has the following to say regarding free services of barbers —

"More than $3,000 worth of free services are rendered by barbers in Brooklyn hospitals, according to hospital superintendents Patients who are unable to pay are taken care of without any charge by those barbers who work in the Brooklyn institutions, the superintendents said

"At the Jewish Hospital a regular barber shop with two barbers and a manicurist are maintained All the children in the wards are taken care of without any charge, the superintendent there said Such patients as are convalescing and who are able to walk to the shop also are taken care of there. While on his rounds, the barber tidies the hair of or shaves those persons too ill to get out of bed The superintendent of the Jewish Hospital said that these barbers give about $1,000 free service yearly"

If the free hospital services given by barbers are worth three thousand dollars annually, then those rendered by physicians are worth thirty million

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HUMAN BAROMETERS

Doctors scoff at a lot of popular notions until they themselves acquire them Rheumatism is a reliable barometer to many persons and this fact, if not the reason for it, is confirmed by scientific research This idea is expressed in the following verses by James J Montague in the department "More truth than poetry," in the *New York Herald Tribune* of August 14 —

'When Uncle Abner used to say
'We're goin' ter have a rain.
When I was pitchin' hay today
My knees begun to pain
I quickly turned away, because
Though I was young in years,
I felt convinced by uncle was
Too soft between the ears

When Aunt Eliza would remark
In shrill, prophetic tones
The snow'll be three foot deep by dark
I feel it in my bones'
My head I smilingly inclined
But did not deign to speak,
I thought that the old lady's mind
Was getting rather weak

'But now a scientist maintains—
And proves it, if you please—
That changing weather *does* cause pains
In people's arms and knees
And when they say 'It's goin' to snow
Or mebbe sleet tonight,
My legs is achin', so I know'
They usually are right

Today I frequently deplore
My children's want of tact
They've got to doubting, more and more,
That I state only fact
But well those scientific chaps
Their work have gone about,
And in a few more years, perhaps,
My kids will just find out!'

THE DAILY PRESS

THE HAY FEVER SEASON

The hay fever season is now approaching its height, and the affection is becoming copy for newspapers It is real news that the city of New York finds it necessary to compel landowners to cut the noxious weeds beside the streets, as though the city were a country hamlet An opposite phase of the problem—the susceptibility of individuals—is discussed editorially in the New York *Herald-Tribune* of July 20 as follows

"Hay fever sufferers have a right to demand, of course, that medical science discover the fundamental cause of their disability, for this cause certainly is not the mere pollen in the air, but is the mysterious something in blood or body which makes certain individuals susceptible to the pollen proteins while other individuals are not In spite of much active and intelligent work on this and other diseases of the same class, the so-called allergies, the secret proves illusive Banishment of the hay fever plants from the city is admittedly a temporary expedient, pending further medical knowledge, but an expedient which New York's vast army of sufferers is likely to find exceedingly grateful"

SERVICE WORTH WHILE

The medical profession with its array of experts and specialists is like a big department store in which the customer takes what he wants, and the salesmen stimulate him to buy regardless of his needs and his finances

Both physicians and the managers of department stores are beginning to realize that they are educators as well as money getters A large advertisement of a big department store in the New York *Times* of August 5 emphasizes the service which the store renders in the making of household budgets That particular advertisement is directed to the customer who has a $100,000 income, and is as likely to be in debt as the thousand-dollar laborer

The spendthrifts of health are found among the rich, the refined, and the educated quite as often as among the poor, and physicians are as eager as floorwalkers to gratify their fancies The closing words of the advertisement apply equally well to both department stores and the medical profession

"This personal interest is highly appreciated It is a delight to hear the customers' comments They think it is wonderful not to be urged to buy either extravagantly or extensively They like the co-operation they get in their buying They feel they are being guided to buy wisely This cements the close ties between the store and its customers It is a marvelous demonstration of faith and good will"

GLAMOUR IN ADVERTISING

The first essential in an advertisement is that it shall not merely invite a casual reading, but it shall compel the attention of one who idly turns the pages The user of the advertised article is sure to experience something of the bewitching enchantment which he felt on the discovery of the alluring advertisement.

The *New York Times* of August 9th discusses advertising glamour as follows

"'Glamour' without lies or insincerity is the watchword in the new school of advertising

"Suppose when I spend a quarter for tooth paste I do pay two cents for literal cleanliness and twenty-three cents for glamour—what, after all, more precious would my money buy?

"So long as advertising writers confine their glamourous words to harmless gush there can be no protest on moral grounds But competition is keen, and exaggeration grows by what it feeds on Many advertising agencies maintain a strict self-censorship, however, and little downright untruthfulness gets past it Even when they tell us that 'nothing gives such an air of elegant sophistication' as a certain type of cloth for suits, or that 'this face lotion is compounded according to a formula favored by the aristocracy of Europe for fifty years,' most of us smile a little incredulously Then we go out and buy the suit and the lotion"

editions The methods described are those that have definite clinical application

The book is especially recommended to the medical student and the medical man of limited laboratory experience.

H M Feinblatt

Handbook of Bacteriology for Students and Practitioners of Medicine. By Joseph W Bigger, M.D Second Edition. 12mo of 452 pages, illustrated New York, William Wood & Company, 1929 Cloth, $5 00

This is the second edition of a text-book written primarily, as the author states, for medical students, rather than for those specializing in bacteriology The author has condensed in a small volume all the facts pertaining to bacteria as the causative agents of disease in man with a minimum amount of theoretical and laboratory procedure.

I. Cohen

Angina Pectoris By Harlow Brooks, M D 16mo of 164 pages New York and London, Harper & Brothers, 1929 Flexible leather, $2 50 (Harper's Medical Monographs)

This is the second volume of Harper's Medical Monographs which are attractive books of convenient size which should prove very helpful to the practitioner The author after a review of historical facts, discusses what is known of the etiology, pathology and symptoms, with special attention to treatment, of angina pectoris

With regard to the pathology, he believes that disease resulting in stricture of the coronary lumen is the most common finding but is not the entire basis for the disease. Ischaemia of the heart muscle, myocardial disease and aortitis are discussed If syphilis is found to be present, before arsphenamin is used, the patient is brought under the influence of iodides and mercury or bismuth Angina pectoris caused by gout is said to occur and to yield to treatment with colchicine and cinchophen Toxic angina caused by tea, coffee and especially by tobacco receives consideration, the latter is stated to be the most common cause of the condition

For the attack the usual remedies are advised. Drugs of the caffeine type theobromine theophyllin and euphyllin (now called metaphyllin), which are said to dilate the coronary arteries, are used by the writer, but he is skeptical as to their beneficial effects both for the attack and as a measure of prevention

W E McCollom

Thyroxine. By Edward C Kendall M S, Ph D, D Sc Octavo of 265 pages, illustrated New York, The Chemical Catalog Company, Inc., 1929 Cloth, $5.50 (American Chemical Society Monograph Series)

"Thyroxine" is volume number 47 of the American Chemical Society Monograph Series It embodies the results of more than fifteen years study of this subject on the part of the author as well as a critical presentation of the findings and theories of other investigators, the bibliography contains 541 references

The earlier physiological and chemical studies of the thyroid gland are discussed. The history of the preparation of the various active extracts from the gland is traced up to the isolation of crystalline thyroxine The chemical and physical properties of thyroxine are described, and account is given of the synthetic preparation of thyroxine.

The clinical aspects of thyroid dysfunction are presented and the underlying chemical etiology is discussed Among the topics treated may be mentioned hypo- and hyper-thyroidism, myxedema, basal metabolism, and biological oxidations Chapters are devoted to the influence of the thyroid on nitrogen, carbohydrate phosphorus and calcium metabolism. A chapter is given to the "Standardization of Thyroid Material"

The Board of Editors of the American Chemical Society Monographs and the author have rendered clinicians and investigators an invaluable service in presenting this authoritative monograph

M J Shear.

Manson's Tropical Diseases A Manual of the Diseases of Warm Climates Edited by Philip H. Manson-Bahr, D S O, M.A, M D Ninth Edition, revised Octavo of 921 pages, illustrated New York, William Wood & Company, 1929 Cloth, $11 00

The author is very modest in calling this volume only "an introduction to the important department of medicine of which it treats" The 889 pages of this book contain more information on the tropical diseases than one would expect to find in two such volumes Although meant especially for those living or traveling in the tropics, the contents of this book so clearly emphasizes the importance of this department of medicine that every physician should be encouraged to own this volume at least for reference. The material is presented in the light of recent investigations The plates are fascinating and in themselves educational The clinical methods employed are the best and are fully described so that they can be carried out accurately by the reader Lastly, the emphasis on treatment is an important feature of this new edition The book is highly recommended

S H Polayes

The Diagnosis and Treatment of Tropical Diseases A Compendium of Tropical and Other Exotic Diseases By E R Stitt, A.B, Ph.G, M D Fifth Edition, revised Octavo of 918 pages, illustrated. Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $9 00

The present volume of about 900 pages is exceptionally well illustrated and presents a large and interesting amount of material not covered in former editions

Among the new subjects of interest described are Melioidosis (glanders-like disease of Rangoon), food injuries and vitamine deficiencies, injurious plants, common cosmopolitan helminthic infections, injurious arthropods, fish and coelenterates, and poisonous snakes.

Under malaria, a discussion of the value of plasmochin and of the use of malaria induction in the treatment of paresis are ably presented

A section on laboratory procedures which is concise and yet detailed and complete adds much to the value of the book

We can most highly recommend the volume to the general practitioner and the special worker as a reliable book of reference

H M Feinblatt

Ante-Natal Care. A Practical Handbook of Ante-Natal Care and of the Abnormalities Associated with Pregnancy By W F T Haultain O B E, M C, M B, and E Chalmers Fahmy M B, F R C S E. 12mo of 113 pages New York, William Wood & Company, 1929 Cloth, $2.25

This book is a practical handbook of Ante-Natal care, and of the abnormalities associated with pregnancy

In the first part of the book, the authors consider the diagnosis and hygiene of pregnancy, together with methods of pelvic mensuration and general examination of the pregnant patient

In the latter part of the volume, the various abnormalities which occur in pregnancy are set forth in considerable detail

The book is small, yet the authors have succeeded in crowding a great deal of valuable material into a very small space. It teaches well the importance of Ante-Natal care during pregnancy

W S S

BOOK REVIEWS

A Shorter Anatomy With Practical Applications By E Wolff, M D, B S, F R C S Octavo of 451 pages illustrated New York, William Wood & Company, 1929 Cloth, $6 00

The text and drawings of this volume are based upon lectures and demonstrations given by the author to the students of University College and Hospital and the Slade School of Art

There are 440 pages of text which deal with the anatomy of the body in a short descriptive manner, illustrating the relationships by drawing The student is encouraged at all times to use his body in making anatomical observations

For the student of anatomy, this volume lacks much of the important detail, particularly as regards anatomical relationships

The skeletal muscular groups are stressed as regards their various movements and actions, also their surface form

There are about 130 illustrations, most of which are drawings by the author There are also about 15 *x*-ray pictures showing the bony anatomy, with four of the *x*-ray group illustrating the various positions of the gall-bladder

The brevity and arrangement of the text makes this a valuable ready reference book on this subject It should also be an extremely valuable asset to the student and teacher of artistic anatomy

H T Wikle.

Surface Anatomy By Arthur Robinson, M D, F R C S, and E B Jamieson, M D Octavo of 175 pages, illustrated New York, William Wood and Company, 1928 Cloth, $6 00 (Oxford Medical Publications)

With the already existing number of dissecting manuals another would amost seem superfluous, however, this short volume of 160 pages of text and 38 drawings with 24 in color, deals with surface anatomy and comes from a school whose anatomical accuracies are a by-word in the profession, which should make it command the attention of the student of anatomy

The text is concise, the drawings are well done and accurate. The subject matter is taken in orthodox sequence starting with the head and including a chapter on the back.

The old imaginary line marking on the surface is little used, the structures are located by definite anatomical points and structural relationships

Although this is a volume essentially for the student of anatomy, it should be of great benefit in the teaching and study of physical diagnosis, its conciseness increases its value in this field of study H T Wikle.

An Index of Symptomatology By various writers Edited by H Letheby Tidy, M A., M D Large octavo of 710 pages New York, William Wood & Company, 1929 Cloth, $12 00

This volume of seven hundred and ten large pages and one hundred and thirty illustrations contains a wealth of information arranged in alphabetical order and gives a clear description of the symptoms of each disease It covers all the branches of medicine and surgery and the special subjects, the work of the numerous contributors in the different fields making this broad scope satisfactory They are all well known English clinicians and have produced a first class work, which makes a companion volume for French's Index of Differential Diagnosis by the same publishers

It is a convenient and valuable reference book

W E McCollom

Getting Ready to Be a Mother. A Little Book of Information and Advice for the Young Woman Who Is Looking Forward to Motherhood. By Carolyn Conant Van Blarcom, R N Second Edition, revised 12mo of 286 pages, illustrated. New York, The Macmillan Company, 1929 Cloth, $1 75

When a book reaches the second edition, it passes from the experimental stage and becomes one of the volumes that have been proved, and found to be of value. In this second edition, the author has revised some of the contents of the previous edition, and has added some of the latest bits of information for the expectant mother

The volume is divided into two parts Part one deals with the mother and her unborn babe, and covers the prenatal period. Part two deals with the baby after it has arrived

The book is very readable. The language is simple, and the advice given to the expectant mother is sound, practical, and of great value

It is to be hoped, that as time goes on, all mothers will be instructed in just such simple, but necessary truths, as are to be found in this little volume

We wish for it all the success of the former edition.

Wm Sidney Smith

Surgery in the Tropics By Sir Frank Powell Connor, D S O, F R C S Octavo of 293 pages, illustrated. *Philadelphia*, P Blakiston's Son & Company, 1929 Cloth, $3 50

The author claims that this little book is meant to supplement the teachings of standard textbooks of surgery only In the opinion of the reviewer it actually accomplishes very much more Not only is the "tropical point of view" adequately and attractively presented, but the essence of good judgment in surgery in general is brought home to the reader in a remarkably clear-cut and eminently practical style. The illustrations are numerous and are well selected To the surgeon beginning to work in the tropics this book will be a source of great comfort and inspiration.

Geo Webb.

Recent Advances in Obstetrics and Gynaecology By Aleck W Bourne, B.A., M B, B Ch. Second Edition 12mo of 382 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $3.50

Recent progress in obstetrics and gynecology is set forth in a very engaging manner Though much of the material is not new, the subjects selected for discussion are very clearly presented. Excellent drawings illustrating the mechanism of septal tears in intracranial hemorrhages are included. The management of placenta praevia is surprisingly different from our own, and a strong case is made out for "vaginal plugging" without bags or version Prolapse is well done, and the end results of surgery in Cancer of the Cervix are compared with the results of radium For anyone interested in gynecology or obstetrics the book is well worth while

C A G

Practical Clinical Laboratory Diagnosis A Thoroughly Illustrated Laboratory Guide Including the Interpretation of Laboratory Findings Designed for the Use of Students and Practitioners of Medicine By Charles C Bass, M D, and Foster M Johns, M D Third Edition, revised Octavo of 187 pages, illustrated. Baltimore, The Williams & Wilkins Company, 1929 Cloth, $7.50

This small volume of about 180 pages is well illustrated and is written in much the same style as the former

It doubles misfortune to have to pay twice!

For instance, vacation expenses and post-vacational illness

The return from vacation is being followed, this year, by intestinal disturbance, frequently diagnosed is "intestinal Grippe" It develops in babies, in children and in many adults

Treatment is symptomatic and Dietetic

Dietetic Means DRYCO

DRYCO is free from pathogens, easily digested, almost completely assimilated, simple to prepare and utilized when other forms of of milk are ineffective or not tolerated

Proscribe other feeding agents. Prescribe DRYCO

NOTE THE PROMPT RETURN TO NORMAL

Send for DRYCO samples, suggested feeding tables and clinical data Just pin this to your letterhead or Rx blank and mail

The Dry Milk Co., 15 Park Row, New York City

OUR NEIGHBORS

MEDICAL DEFENSE IN OKLAHOMA

Some members of the Oklahoma State Medical Association seem to use their medical society for what they can get out of it, if one may judge by the following editorial from the July issue of that State Journal

"For the information of our members it is decided to call their attention to the terms upon which Medical Defense is extended and available At the outset it should be stated that formerly the Association undertook to pay all legal expenses Gradually it was noted that some of our members attempted to include every other conceivable form of expense The average amount spent in defending these cases was about $400 00 In one case more than that amount was expended and the next year the successfully defended member lapsed his membership and has never renewed One of the earliest cases ever defended cost the Association an expense bill of more than $400 00, he too, lapsed his membership and remained so This was so disheartening that it was decided to limit the maximum amount of expense in any one case to not more than $100 00

"One of the most irritating phases of it was the palpable lack of good faith shown in some cases In one case a member paid his dues, say on the 5th of May, was sued on the same date and expected the Association to defend his case, though his membership fee was not received until well along in June This member gravely stated that the first intimation that he was to be sued was received the day after he paid his dues Under the present rule—and they are positively binding—the following are necessities

"1 The member sued must have been in good standing upon the date of the alleged malpractice and *must have remained so continuously* (the only exception to this is that there is a month of grace, January of each year, in which the dues must be received in the office of the State Secretary)

"An example of how a member may get in trouble under the above rule is this He performs some service, say in 1928, he neglected to pay his dues, disregarding both notices from his County Secretary and the State Secretary, finally paying them in March or April, 1929 He is sued for alleged malpractice in May, 1929 He is not entitled to any aid, for his membership expired December 31, 1928 Had he paid his dues as late as January 31, 1929, he would have been entitled to defense

"2 Malpractice must be alleged. This money was not intended to be used in defending any other type of action Notwithstanding this it is not uncommon to receive requests for aid in other than malpractice suits

"3 Strictly speaking the Association should have prompt notice of a suit, a copy of the petition filed against the doctor and the names of his attorneys as well as those bringing the suit Of course if the suit is merely filed and never comes to an issue and the attorney's bill is a nominal fee of *$25 00* or *$50 00*, which is sometimes the case, the member is not entitled to the full amount of $100 00 to which he might otherwise be entitled In other words if his attorney fee is $100 00 or more and is expended in good faith in defending a malpractice suit, he is entitled to reimbursement to that amount"

INCREASING THE DUES IN THE ARKANSAS MEDICAL SOCIETY

The annual dues of the Arkansas Medical Society have been three dollars, but the House of Delegates on May 7 voted to raise them to five dollars The motion was introduced as the result of a proposal to employ an attorney The President of the Society, Dr R H T Mann, calling attention to the expense of the new office, said

"I think this is the place for this matter to come up Here is what I have to say about this The good of the Arkansas Medical Society, the health of the two million people living within this State, is too important not to be handled in the proper way and the five dollars, if it is to be raised to that, is an insignificant sum If we, through the Arkansas Medical Society, can give the physicians who are now practicing in this State and those who are to practice medicine in the future in this State, the best possible known conditions under which to practice, then I say that the five dollars is nothing compared to the benefits received by each physician who is practicing in the State Is there any further discussion on it? I want it to be voted on right here before the House"

(*Continued on page 1094—adv xiv*)

"In all infectious diseases, in all chronic anaemic and asthenic conditions, the mineral content of the Organism becomes impaired"

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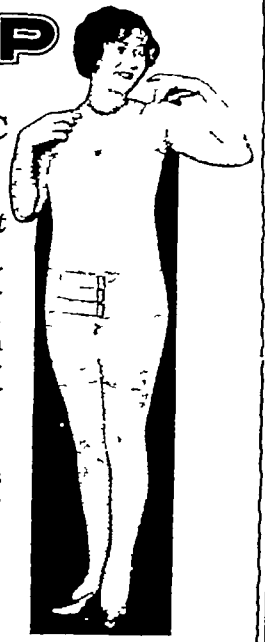
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(*Continued from page* 1092)

Dr Wm E Jones of Little Rock made a rather idealistic proposition as follows

"I am not a delegate, but I should like to say that I think, instead of raising the dues to five dollars, that we should make it ten, then, any amount of money that we do not need for the upkeep of our Society could be used in the students' loan fund to be paid back by those students when they get out in active work I think it is one of the greatest things we could possibly do for the upbuilding of our profession We have a number of young men in the State that would make wonderful physicians if they only had the opportunity to get started Our good friend from Fort Smith, who has the benefit of this loan, was the son of a very good friend of mine, who has been gone many years It doubtless has been a great boon to this young man to have had this loan, and it will be paid back and he will be very grateful for the use of it"

The Secretary, Dr W R Bathurst, feared that loss of members would follow the raising of the dues, although that result did not follow the doubling of the dues in New York State, Dr Bathurst said

"Having had some experience in collecting dues from over a thousand members for a good many years, I fear it will be difficult to raise the dues to five dollars This increase might appeal to you this morning while you feel the need of it, with a small number present, but our seven or eight hundred members not present may object seriously We shall lose at least 20 per cent of our members during the next year We will not be any better off financially, but I think in the following year we will get a large number back and eventually have our income increased It is a step we must take eventually and we might as well go through that depression at this time."

Dr Ware of Greenwood opposed both the employment of an attorney and the raising of the dues, and said

"I am not a delegate, but I would like to voice my sentiments against the employment of an attorney regularly If you are going in to spend money, of course, you will lose members I think that the dues can stand for at least a year, maybe two years, just what they are today It doesn't look well for organized medicine to jump in and let the public know we have employed an attorney regularly and we raised our dues It doesn't look well"

The Treasurer, Dr R J Calcote of Little Rock, showed the need of more money when he said

"In my report this morning, I reported some $2,950 00 less than I did last year So you see from that alone it might show we need an increase in dues Some of these days we shall

(*Continued on page* 1096—*adv xvi*)

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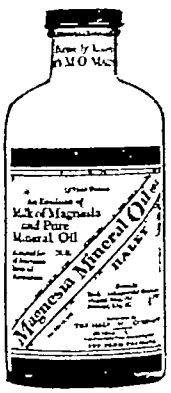
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FORMULA
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Accepted for N. N R of the A. M A.

Generous sample and literature to any physician on request

The
HALEY M-O COMPANY, *Inc.*
Geneva, N Y

(*Continued from page 1094—adv xiv*)

need a full-time secretary Some of these days we would like to look forward to a permanent home, and we shall need money for these things when they come, and we might as well start now"

Dr Calcote's address apparently settled the question, for at the close of his address the House unanimously voted to raise the dues to five dollars

SCIENTIFIC WORK OF THE TEXAS MEDICAL ASSOCIATION

The leaders of the Medical Society of the State of New York are always interested in the activities of the State Medical Association of Texas as set forth by Dr Holman Taylor, Editor of the *Texas State Journal of Medicine* The July issue contains the following editorial comment on "The Scientific Work of the Texas State Association"

"Several years ago our House of Delegates inaugurated the so-called Council on Scientific Work This council comprises ex-officio, the President and Secretary of the State Association, the officers of scientific sections, and five members from the Association at large, carefully selected and elected on a five-year, overlapping term basis

"It is proposed that all of the scientific work of the Association shall be directed by this group Scientific sections will continue to function as s' ch, and their officers will have complete jurisdiction over the work of the sections, but the influence of the other members of the council will inevitably be felt by the officers of any given section, and the results must be more satisfactory than they would otherwise be No part of the function of any officer of any section is taken from him He is still responsible for the compilation of his program and for its execution, but he will both give and take advice Certainly in this manner the work of the sections will be coordinated

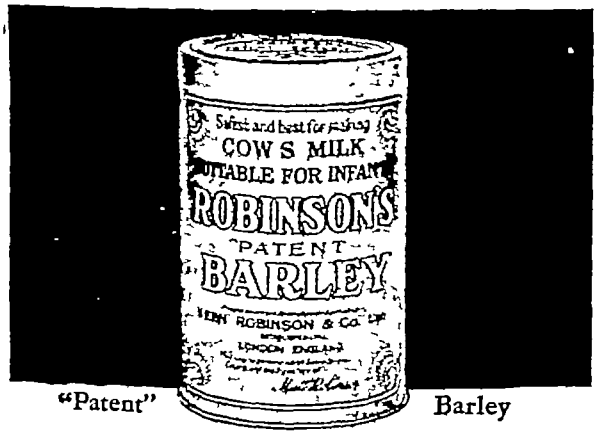
"It is within the province of this council to undertake any enterprise whatsoever of a scientific nature, either as a matter of research, coordination or education There are certain duties relegated to it by the written laws of the Association, and certain obligations imposed upon it by common consent It takes time for us all to appreciate the value of the plan Even the council itself is just beginning to reach its stride

"The President has selected for the major theme of the scientific work of his administration 'Early Diagnosis,' which subject involves, of course, the heretofore spasmodically conducted campaigns of 'Early Physical Examination,' 'Annual Physical Examination,' and the like He expects to bring to the aid of the Association many welfare organizations interested in such matters, when the time is ripe, but first he feels that the medical profession must get this particu-

(*Continued on page 1098—adv xviii*)

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(*Continued from page* 1098—*adv xviii*)

grams and of encouraging members to make contributions to the literature of scientific medicine. Should an offer be rejected it would presumably mean that some other offer more nearly met the requirements of the section officers and the Council on Scientific Work It is not necessary that any one should be embarrassed Authors from whom contributions have been tentatively accepted, will then be expected to perfect their papers, and submit them to section officers If they meet with the approval of the section officers, they must then be read before county societies, or district societies, in accordance with the provisions of the by-laws"

ADMINISTRATION OF THE TEXAS STATE MEDICAL SOCIETY

The organization of the State Medical Association of Texas is similar to that of the New York State Society, as well as seen from the following editorial in the July issue of the *Texas Journal*

"The basic group of our organization, in addition to its executive and administrative officers as such, and its legislative body, is the Executive Council It is quite probable that those who devised the system hardly appreciated its value at the time A few years' experience with it has convinced all of those who have observed its operation, that it was about the wisest concept of our plan of control This group comprises the executive and administrative officers, the Board of Trustees, the Board of Councilors and the Legislative Committee Before the day of the Executive Council, when an executive officer desired advice, he called upon those whom he felt were competent to advise him Either that, or he took a snapshot at making a decision on his own account Today any question of sufficient importance to require a conference brings together those officers, councils and committees which have to do with the Association in its several activities, so that any decision arrived at may be said to be coordinated. A legislative problem, for instance, may require money If so, the Board of Trustees are a part of the council and can advise and, following the decision of the group, make the necessary appropriation If the legislative problem at the same time involves the work of the Board of Councilors, the councilors are there and can advise, and then be instructed If the president desires to inaugurate a publicity campaign, there are ready at hand in this group those who must put it into effect and those who must appropriate the money to cover the necessary expenses involved

"The Board of Trustees is now and has been for years, the custodian of the funds and finances

(*Continued on page* 1102—*adv xxii*)



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His treatment of constipation included large and repeated bleedings, "diluting and antiphlogistic glysters" repeated several times a day, incessant hot drinks, and "fomentations of the like kind applied all over the belly and chiefly the application of live hot and sound animals, such as puppies or kittens."

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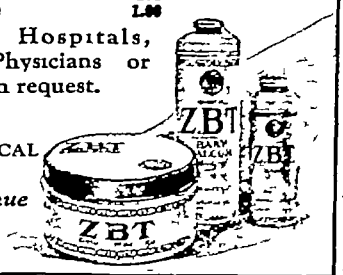
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New York and London

(*Continued from page* 1100—*adv xx*)

of the Association, in fact, it constitutes the board of directors of the Association, so far as business matters are concerned The fact that the board is made up of a small group of members, elected on a five-year, overlapping term of office basis, enables it to adopt a permanent financial policy for the Association and with the expectation of carrying it out The by-laws very wisely provide, and it did so upon the advice of the Board of Trustees itself, that each year a tentative budget must be prepared by the Board and submitted to the House of Delegates for discussion and approval or disapproval No business organization will permit its business policies to be thrown into the discard by its stockholders, except through the regularly constituted board of directors, but there are some differences between our organization and that of one of an ordinary business character Therefore this provision that the membership of the Association may have, through its House of Delegates, an opportunity to play upon the responsiveness of its financial managers Through this system our organization has been able to carry on an ever increasing activity and at the same time lay up a surplus, which surplus bids fair in the course of a reasonable time, to assume such proportions as will relieve us from anxiety as to the future and at the same time produce sufficient income to lessen the contributions we must make by way of dues The trustees long ago very wisely decided that no matter what the efforts of the Association might be, or what campaigns it had on hand, some money should be saved each year At no time has an inordinate surplus been put away Through this system we avoid the financial extremes of organization work"

Concerning the councilors, the editorial makes the following comment which may be profitably considered by the New York Society

"It is our idea that the reason boards of councilors have lost their value is because they have not been given anything to do, that not a great deal has been required of them We have tried to keep our board busy, and it has generally functioned very well, indeed It is the duty of the individual councilor to organize the county societies in his district, approve their by-laws and get them into good working condition After that, it is his problem to keep them going, and at the maximum speed He is an officer of the State Medical Association, and not of the county medical society or the district medical society At the same time, he is of and from the profession in the district and may be depended upon to care for their interests, along with the interests of the State Medical Association as a whole In his efforts to keep county societies functioning at maximum efficiency, it will be necessary

(*Continued on page* 1104—*adv xxiv*)

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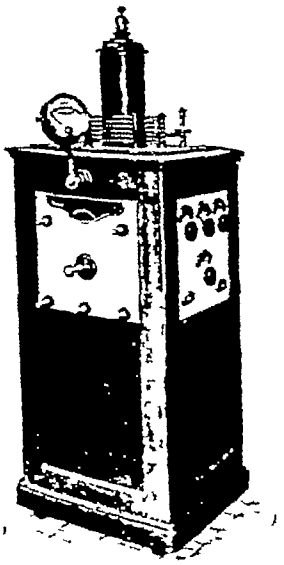
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Try

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It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field

It does not burn, irritate or injure tissue in any way

Hynson, Westcott & Dunning

Baltimore, Maryland

(*Continued from page* 1102—*adv xxii*)

for the Councilor frequently to settle disputes When he cannot do that with satisfaction to all concerned, it is the function of the Board of Councilors, as a whole, to make decision Such decisions are final"

Medical defense in Texas is of as much importance as it is in New York, as is shown in the following paragraph

"We would not overlook the importance of the Council on Medical Defense. One-tenth of our dues goes to support the work of this council That is a very small amount considering the importance of its work If it did not more than to keep our members and the insurance companies together and see that each does its part, it would be worth the price charged for it. It does much more than that Each year it takes exclusive charge of a number of malpractice suits brought against our members, without any cost whatsoever to the individual, and sees to it that there is no imposition practiced through that most potent and dangerous instrument of the blackmailer, the medical malpractice damage suit In addition to this service, the Council is virtually the legal advisor of the Association, and quite a respectable sum of money is spent in caring for the Association's litigation each year"

WHAT THE GEORGIA MEDICAL ASSOCIATION DOES

The annual address of Dr W R Dancy, President of the Twelfth District Association of Georgia touched on the work of the State Medical Association as follows, according to the July issue of the State Journal

"The Basic Science law you have heard much of It is very simple when analyzed It means that any one desiring to practice the healing art in Georgia should pass examinations on the Basic Sciences, which are anatomy, chemistry, physics, physiology and pathology Surely no right minded man, be he layman or professional man, can raise any objection to this It seems, however, there is some opposition

"The Health Program of the State Board of Health is heartily endorsed by the Medical Association of Georgia The necessity for larger funds to combat the present health situation in Georgia is imperative The physical business and economic welfare of our people and our state are dependent upon the control of disease Malarial fever and hook worm are again on the increase and recent storms, floods, and tornadoes have made harder the conditions of control The Sanitarium facilities for the care of mental defectives and tubercular cases are painfully inadequate, the preventable dis-

(*Continued on page* 1106—*adv xxvi*)



Quick Relief..

The familiar symptoms of gastric hyperacidity are so distressing as to call for immediate relief.

Here lies the keynote of the unusual success of BiSoDoL, in clinical usage BiSoDoL corrects "sour stomach," acid eructations after meals, nausea and vomiting promptly and effectively

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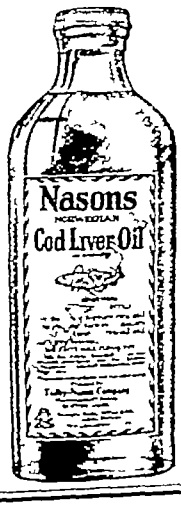
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My druggist s name

(N Y J 9 29)

(*Continued from page 1104—adv xxiv*)

ease control situation is in dire need of greater physical and financial help, and I shall avail myself of this opportunity of urging all district societies to keep alive the effort of tick control in each of its counties

"Along the line of preventive medicine I would ask you to note that the chairman of the Cancer Commission whom your President recently appointed has caught step with the spirit of this administration and has begun his cancer campaign by personally presenting a paper on cancer I think it advisable and good policy for the commission to advise the citizens of the prevalence of cancer, its increase and its prevention in so far as we can

"A few years ago the American Medical Association adopted a recommendation of its committee that its component organizations organize for Medical Relief in Disaster The plan of organization was for the President of the Association of each state to be at the head of the State organization In counties the President of the County Society would head the organization If several Societies are combined into one Society the President of the combined Society would be the director in these counties The state director would be the President of the Medical Association of the State and the national director would be the manager or secretary of the American Medical Association acting under the advice of the President The work that this organization would do would be immediate relief in diaster Just as soon as possible after a great calamity has befallen a community the organized band of physicians of your county, at the request of your President Manager, would go without delay to the scene of trouble and function until the Red Cross, the United States Government or some organized bodies for this purpose arrive to take charge

"If we should sacrifice Medical Defense we felt that the physicians, particularly throughout the country districts, would not protect themselves with other insurance which would undoubtedly in some instances bring about unfortunate suits which in turn would reflect on the profession of this state Therefore, it was agreed to retain Medical Defense It was then necessary that the dues should be increased After a generous exchange of ideas the House of Delegates referred this matter to Council which decided that $7 00 per year should be the minimum dues The House of Delegates approved this and the convention of the Association adopted it This increase is a very small matter indeed, being about one-half a cent a

(*Continued on page 1108—adv xxvii*)

(*Continued from page* 1108—*adv xxviii*)

"We mention this subject because within recent weeks one or two publications have criticized the Association for going to the expense of maintaining a Bureau of Publicity which they consider of questionable value To our notion one of the most valuable features of the constructive work done by our Association is the creation and maintenance of the Bureau of Publicity with its splendid educational work Furthermore, it should be remembered that the expense is nominal, and the prominent medical men of Indiana who compose the Bureau of Publicity and who devote hours and hours of their valuable time to the work, are receiving no monetary compensation of any kind whatsoever and certainly no publicity

"It is unfortunate that some of the members of the Indiana State Medical Association do not know and do not try to find out how much time and trouble are devoted to constructive work for the benefit of the medical profession as well as the public by those who comprise the officers and committeemen of the Indiana State Medical Association. These men, to the number of two score or more, are working for the common good, with little or no thought of reward of any kind, but from a sense of duty as well as love of the work They deserve higher praise and we think they receive it except from the unthinking

STATISTICS IN MEDICAL PAPERS

The *West Virginia Medical Journal* always has a 'Presidents' Page," conducted this year by Dr H M Hall of Wheeling That page in the August issue discusses statistics in a medical paper as follows

'Any one who is arranging a program and includes a 'research worker' on the list knows what to expect—the audience will not be there as to numbers This is somewhat due to the manner in which these earnest, sincere men make up their papers They are too 'dry' and uninteresting Dr A. C Ivy, of Chicago, was always an exception The day will come when charts with maximum and minimum curves of incidence, long food tables with calories and percentages, statistical figures with matters involved and intensely mathematical, will not be given by a speaker, either by slides or otherwise, to an audience. They are not absorbed, followed, or accepted by more than ten per cent of an audience All medical meetings would go along more skilfully and with better results if these necessary, elaborate, and yet tiresome features were excluded It is quite essential that they appear in the article when published, but it is a sad blunder too long tolerated to have long analyses cluttering up an otherwise brilliant paper The end results in figures would be enough The other is never mentally accepted, so why use it?"

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(*Continued from page 1106—adv xxvi*)

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INDIANA BUREAU OF PUBLICITY

The newspaper releases by the Indiana Sta... Medical Association are appreciated by the people according to the following editorial in the July Journal

"The editor of one of the prominent daily newspapers in Indiana has informed us that he considers the bulletins issued by the Bureau of Publicity of the Indiana State Medical Association as containing more trustworthy and useful health education than anything that can be brought before lay readers At first he was skeptical as to the real reason for releasing such articles under the sponsorship of our Association, but after noting the releases week after week, and month after month, he says he has come to the conclusion that the Bulletins are very valuable for the public, and he takes pleasure in publishing them in his newspaper We also have heard various favorable comments from lay readers concerning appreciation of the bulletins of the Bureau of Publicity

(*Continued on page 1109—adv xxix*)

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IODINE IN SOUTH CAROLINA FOOD PRODUCTS

The July number of the *Journal of the South Carolina Medical Association* contains an article on the iodine content of foods grown in the state, and also the following editorial comment

"A wonderful meeting was held at Columbia, June 20, pursuant to a call of Dr F H McLeod of Florence for the purpose of discussing ways and means by which the medical profession could promote the publicity of the high iodine content of our home grown food products The *Journal* has consistently supported the idea to the effect that the medical profession should be the real leaders in this movement. The evidence appears to be sufficiently conclusive to warrant every doctor in South Carolina in getting solidly behind the whole profession both from a scientific and commercial standpoint Too often, scientific discoveries do not receive the full approbation of those who should be the first to acknowledge their value In this instance we are pleading for a speedy acknowledgment of a great opportunity to serve not only the state but the nation"

INSURANCE FOR DOCTORS IN SOUTH CAROLINA

The July issue of the *Journal of the South Carolina Medical Association* suggests a state-wide plan for the insurance of physicians as follows

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NEW YORK STATE JOURNAL of MEDICINE

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TRICHINOSIS—RECENT OBSERVATIONS*

By MARTIN WEISS, M D, BINGHAMTON, N Y

SINCE my recent publication of six cases of Trichinosis in one family[1], I have observed five others, three of which occurred in one family A rather careful and complete clinical study was made of one, and the observations obtained from this case brought out some apparently new and interesting findings The most important one of these was the finding of six encysted trichinae, reencysted in one large capsule, lodged between the striated fibres of the deltoid muscle near its tendenous insertion The biopsy was performed 19 days after the onset of the disease which showed a marked degree of encystment that had already taken place, together with other pathological changes in the field, which will be explained later on in this paper Another interesting observation was the repeated finding of the mature trichinae in large numbers in the stools for several weeks after the onset of the disease Photomicrographs are shown in figures 1-2-3 and 4

In presenting the series of cases I want to say something of this disease in general For convenience, we may divide this disease into three stages, all of these stages, or activities of the trichinae may occur at the same time.

1 Period of gastro-intestinal infestation
2 Period of dissemination
3 Period of encystment

The period of gastro-intestinal infestation occurs when under-cooked pork, ham, beef sausages and other meats infected with living encysted trichina spiralis are eaten By the heat of the gastro-intestinal tract, and the action of the gastric juices present, these encysted trichinae are liberated into the stomach and upper part of the duodenum, from their cysts, in an immature stage As one ounce of meat may contain as many as 100,000 trichina spiralis, and each female may give birth to several thousand we can readily understand the enormous infection that may occur from eating several ounces of trichinous meat Ransom has shown that a large proportion of encysted trichinae are killed at 55 degrees C (130 degrees F) For this reason it is very essential to cook all meat so thoroughly as to destroy the worms before ingesting

The trichinae when liberated from their cysts mature in the upper part of the small intestines in from 2 to 3 days The mature male is about one-sixteenth of an inch long and the female about one-tenth of an inch long Copulation and fertilization takes place in the small intestines The males are said to die off after copulation, but the life cycle of the female is about six weeks during which time she may liberate several thousand larvae This fertilized female trichina burrows herself into the mucosa of the small intestines about one-fifth of its length and the embryos escape from the vulva which is located in the anterior portion of the worm These larvae are taken up by the blood and lymph stream, and distributed to all portions of the human body, as they are smaller than a red blood cell The mature worms, I have found, may remain in the gastro-intestinal tract for many weeks

The symptoms observed during this period of gastro-intestinal infestation are fever, nausea, vomiting, diarrhea, abdominal pains, and general malaise These may be caused by the liberation of the trichinae and their toxins from their cysts, and also by the irritation of the intestinal wall caused by the burrowing of the female trichinae These symptoms may be mistaken for Typhoid Fever or Auto Intoxication

Children have a more sensitive gastro-intestinal system and therefore symptoms produced are more pronounced, the diarrhea being a great aid to lessen the severity of the disease, as a result of the expulsion of the worms The children may go on without the disease ever being recognized

Of my series of 11 cases, five of these were children, none of whom had oedema of the eyelids, nor severe muscular pains but did have gastro-intestinal symptoms The reason for the above might have been that either the children did not eat as much meat, or that their vomiting and diarrhea helped to get rid of the trichinae I may state that a vermifuge colonic irrigations, duodenal or gastric lavages are indicated at this

* From the Endicott Johnson Medical Service

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instances, as it was in the case that I am about to present, the worms are not found for several weeks after the onset of the disease, and then they may be repeatedly found in large numbers as seen in Figures 2 and 3

2 *Blood Picture* This also plays a very important role, as this together with a positive history of eating pork may be the only means of diagnosing the disease At the beginning, during the acute stages there may be a low eosinophile count, but as the disease progresses this may reach as high as 50% In one case I found it to go as high as 47% There is no relationship between the eosinophile count and the severity of the disease except that a sudden drop is said to be a bad omen In the case to be presented, the eosinophile count was only 4% on the third day of her illness, at a time when she was very ill

There is nearly always a rather high leucocytosis and an increase in lymphocytes, with diminution in polymorphonuclea leucocytes The

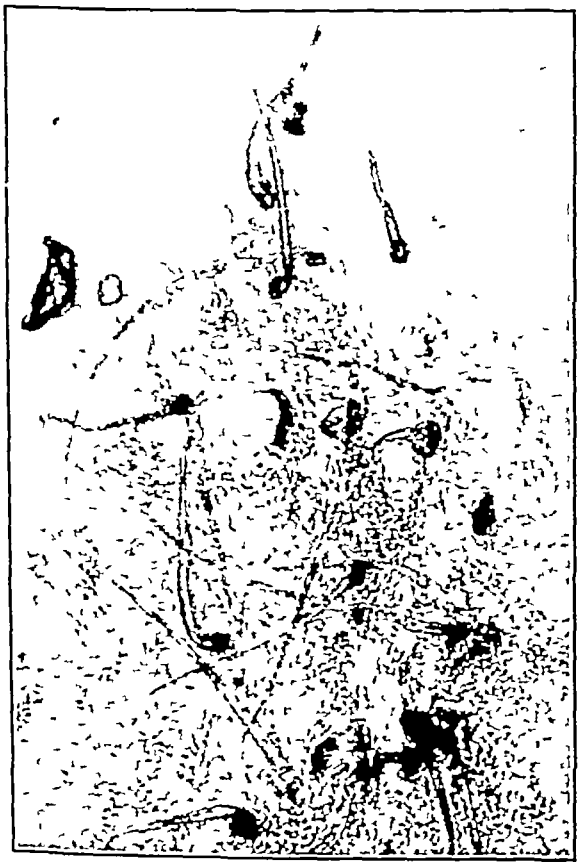


FIGURE 3
Trichina spiralis in intestinal tract Low power (X 33)

red blood cells, hemoglobin and color index are not altered much The larvae have been found in the blood stream

3 *Spinal Fluid* The spirilli have been found in the spinal fluid, and a lumbar puncture may be resorted to when other means of diagnosis fails, or when the patient is showing signs of cerebro spinal disturbance

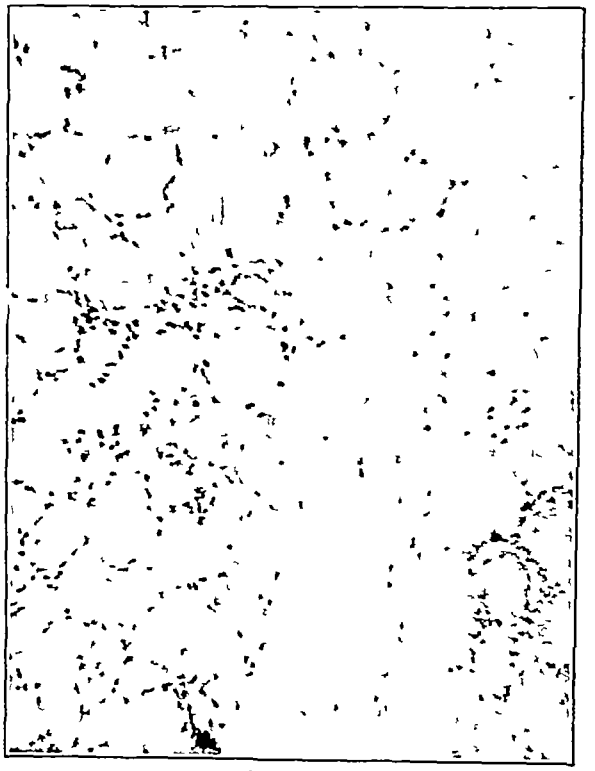


FIGURE 4
Myositis in deltoid muscle Case of Trichinosis

4 *Urine* No definite or permanent change can be found in the urine except that the Diazo Test, or Methyline Blue Test may be positive

5 *Temperature, Pulse and Respirations* During the first week the temperature rises gradually, or is slightly remittant It may reach 104 or 105 degrees, then remain high for about one week, and finally begin to recede at about the third week

The pulse is comparatively slow in relation to temperature The respirations are normal unless the respiratory muscles are affected by the invasion of the trichinae This chart gives us a picture almost similar to that of Typhoid Fever

Prognosis

Death rate 2-3%
Depends on the number of trichinae eaten.
Good in children on account of smaller amounts of meat eaten, their vomiting and diarrhea
Prognosis is poor when there is respiratory failure (occurs usually between the 4th to 6th week)
Prognosis is poor when there is a sudden drop in the eosinophile count

time so as to expel the worms that they may not enter their 2nd or 3rd stages

The second stage, or stage of dissemination of the larvae trichinae into the blood and lymph stream, is claimed by many to begin at about the end of the first week, but it is my belief that this occurs earlier in the disease on account of the fact that patients complain early of the symptoms produced by this stage, as oedema of the eyelids or face, or severe muscular pains These are caused by the parasitic infestation to those areas Because of the fact that mature trichinae exist in the intestines for several weeks, we still have the first stage going on with the second, and it is at this time when the patient presents the many symptoms of the disease

As I have stated before, the larvae are given out in large quantities into the blood and lymph stream and consequently to every available part of the body They have been found in every fluid, including the breast milk, with the exception of the urine Hassin and Diamond[2] have given a very splendid account of Trichinosis Encephalitis, death having been caused by the extensive invasion of the trichinae into the brain and surrounding tissues Trichinae make their habitat in the striated muscles where they enter their third stage or encystment This stage may accompany the other two and a multiplicity of symptoms be present

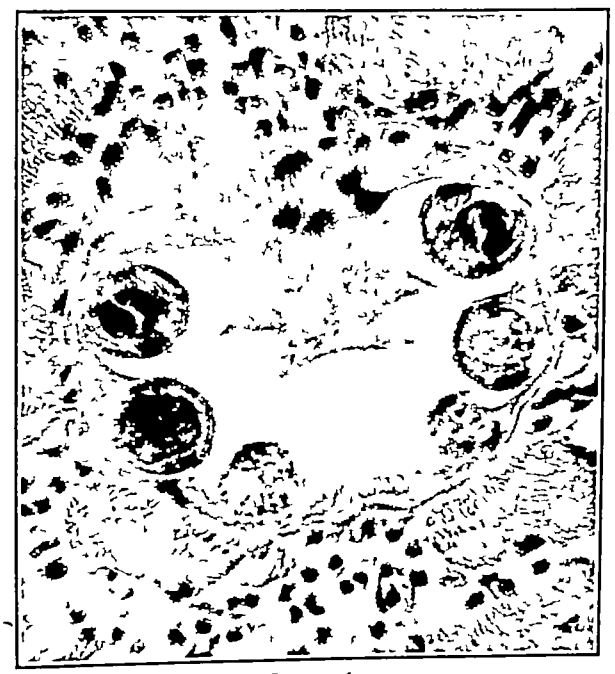


FIGURE 1

Encysted trichinæ in deltoid muscle High dry X 150

The third stage begins at about the third week, the larvae grow a little and then coil themselves in between the fibres of the striated muscles and form a capsule made of their own excretions Later on this capsule, which is formed from the destruction of the muscle fibres, becomes calcified



FIGURE 2

Trichina spiralis in intestinal tract High power dry lens (X 150)

The trichinae continue to live in their cysts for many years (20-30) Figure 1 shows the degree of encystment that takes place 19 days after the onset of the disease The encysted trichinae are most commonly found in the deltoid, gastrocnemi, diaphragm, intercostal and tongue muscles In the long muscles, the best place to find them would be near their tendenous insertions

It is in this stage that pathological changes occur in and around the muscle fibres, as well as in the blood and cerebro spinal system Some of these pathological changes are myositis, small round cell infiltration, increase intracellular tissue calcification of the cyst wall, destruction of muscle fibres and encephalitic changes, as seen in Fig 4

H A Williams of Buffalo has found that on doing 505 autopsies on persons dying of diseases other than Trichinosis encysted trichinae spirilli were present in 53% of the cases This again proves that a great many people have the disease so mildly that it goes on without any recognition of its presence

CLINICAL FINDINGS

1 *Stools* The finding of the trichinae in the stools makes the diagnosis positive Repeated examinations should be resorted to, because in many

THE CANCER SITUATION IN THE STATE OF NEW YORK

V The Cancer Clinic

By JOHN M SWAN, M.D, F.A.C.S, ROCHESTER, N Y
From the New York State Committee of the American Society for the Control of Cancer

ONE of the methods approved by the American Society for the Control of Cancer as of value in its attack on the cancer problem is the establishment of cancer clinics In its publication entitled, "Cancer Clinics and Consultation Services," the Society suggests that the clinics may be temporary or permanent General suggestions are made for the establishment of both kinds of clinics The Society is mindful of the fact that in different parts of the country local conditions may make it desirable that certain modifications be made in the methods suggested for the organization of both types of clinic

The experience of the New York State Committee has been that when the members of the organized medical profession are questioned about the advisability of the establishment of cancer clinics several objections are made

Some physicians say that there are already plenty of clinics established to which people may go for diagnosis and advice as to treatment Other physicians have said that people would not go to cancer clinics Still others have said that the establishment of such a clinic would serve to frighten people and prevent them from asking advice which they otherwise might request Still another group says that cancer is a hopeless condition in regard to which there is no use in raising hopes that may prove futile

In the summer of 1924 the New York State Committee, after considerable deliberation, concluded that it might be useful to establish a cancer clinic in one of the larger communities in the state as an experiment, in order to determine the correctness or falsity of the opinions above mentioned In view of the fact that the chairman of the State Committee the chairman of the 7th District Committee and the chairman of the Monroe County Committee had their residences in the City of Rochester, it was determined to undertake the establishment of such a clinic in that city

It was decided, first, that the clinic should be conducted as a diagnostic and advisory enterprise and that no treatment should be given Second, that the clinic should be operated in cooperation with the practicing physicians in the city of Rochester and that every person seeking advice should be referred back to his regular medical advisor, in an endeavor to build up confidence between the patient and the physician Third, that the clinic should be operated as an item in the educational program adopted by the Committee in carrying out the policies of the National Society

The staff was organized to consist of two general surgeons, two gynecologists two internists, a laryngologist, a dentist, a dermatologist, and a radiologist A registered nurse was employed to act as secretary of the clinic and a practical nurse was also employed with the view of instructing her, and through her, the people with whom she would come in contact, with the object of breaking down some of the objections on the part of lay people to listen to a discussion of the cancer problem

The Clinic was opened on July 14, 1924, and as a result of four and a half years of operation, the clinic staff feels that it is able to say positively first, that people will go to a cancer clinic, second, that they want to know whether or not they have cancer, third, that the operation of the clinic, so far as its staff is able to determine, is not a source of cancerphobia, fourth, that some physicians refer their patients for opinion and advice

The operation of the clinic is not designed to take people away from their family physicians, nor to compete with the out-patient clinics of the hospitals of the city; but rather to act as a cooperative body both for the practicing physicians and the hospital clinics

A man may think that he has symptoms that indicate cancer of the stomach He goes to his family physician or to a general medical clinic where he is examined and an opinion given, but during the examination the patient does not say to the physician who is studying his case, "Is my trouble cancer?" The physician has no means of knowing that the patient thinks his trouble may be indicative of cancer and, consequently, makes no statement to the effect that the disease is or is not of a malignant nature As a result, the patient goes away from the physician's office or from the clinic with his question unanswered On the other hand, as soon as a patient appears at a cancer clinic, the physicians who examine him know that he thinks he has cancer Very frequently the nature of the disease is so evident that it is possible to assure him at once that his trouble is not due to cancer, with consequent relief of mental anxiety and worry Each patient is commended for his interest in his health which brought him to the clinic It is pointed out emphatically that cancer is never painful in its early stage and that annual physical examinations are most important for this reason Literature of the American Society for the Control of Cancer is distributed.

Personally, I should like to see every hospital in the territory of the New York State Committee which now has an out-patient department or in which an out-patient department may be established in the future, conduct a cancer clinic as often as the local conditions warrant

Treatment

1 The prophylactic precautions taken in cooking all meats well is very important
2 Daily high saline colonic irrigations
3 Daily injections of 1 gr Thymol in 1 c c of sterile olive oil injected intramuscularly for seven days (this has not shown me any convincing results)
4 Gastric or duodenal lavage as described by Dr Rivas[3] seems to give striking results
5 Symptomatic treatment

Report of a Case

On October 10, 1928, Mrs K, age 32, together with her husband and a daughter 8 years of age, ate a dinner consisting of roast pork That evening they had some more of the meat The following morning she took to work two sandwiches of pork, but ate only one because she felt weak, dizzy, and had pains in her epigastrium She vomited once and was then compelled to leave her work The next morning, second day of the disease, she was unable to open her eyes due to the generalized facial oedema An ophthalmological examination revealed no pathology except a slight conjunctivitis Headache was severe and she vomited several times She acted drowsy, was slow in speech and ataxic in gait She presented a picture of a drunken person

On October 13 (third day of illness) she was unable to stand on her feet on account of weakness and pains in her calf muscles The oedema of her eyes was slightly improved, while in other parts of her body it increased, vomiting persisted, and her bowels moved only with the aid of an enema On the same day she was admitted to the hospital with a temperature of 102 degrees, and a pulse of 90 A blood count revealed 15,800 leucocytes, 74% polymorphoneuclears, 17% lymphocytes, 5% large mononeuclears, 4% eosinophiles, 83% hemoglobin and a red blood count of 4,800,000

On the following day the other two members of her family were admitted to the hospital with gastro-intestinal complaints, grippy pains and malaise.

Blood counts showed a leucocytosis with a 26% eosinophile count for the girl and a 6% for the father The diagnosis of trichinosis at this time seemed probable

As the disease progressed, the oedema which was general, slowly subsided, but the muscle pains became more pronounced, extending to her thighs, upper arms, pectoral, intercostal and abdominal muscles Headache was severe, cough dyspnea, chest and upper abdominal (diaphragmatic) pains were her chief complaints at the end of the first week A Roentgenoscopic Examination of her chest did not show any pathology at this period Her condition slowly improved during the stay of 35 days in the hospital and she was discharged on Nov 17, 1928, weak

The oedema of her eyelids, together with several of her other symptoms and complaints reappeared in a milder form during her illness This was the result of a new invasion of the Trichinae into her system

Clinical Findings

1 Urine examination gave a positive Diazo reaction, otherwise it was negative
2 Stool examination was positive for Trichinae Spiralis on Oct 24 (13th day of her illness), after many previous negative examinations They remained positive for several weeks Figures 2 and 3 show the trichinae in one of the specimens The stools remained positive for about three months
3 Blood Fifteen complete blood counts were done at intervals of a few days, all of which showed an increase in the leucocytes and eosinophiles, with a relative decrease in polymorphoneuclears and lymphocytes The red blood counts and hemoglobin were either normal or slightly increased
4 Spinal fluid was negative for the trichinae on two examinations done at a four-week interval
5 Biopsy of a piece of the deltoid muscle near its tendinous portion was performed on Oct 30, 1928 (19th day of illness) and six encysted trichinae were found Figures 1 and 4 show not only the trichinae but also the pathological changes that existed at that stage of the disease
6 Temperature, pulse and respirations were somewhat similar to what is found in Typhoid Fever

Conclusions

Gastro-intestinal complaints, oedema of the eyes and muscular pains are pathognomonic

There is no definite ratio between the leucocyte count and the eosinophile count, and the eosinophile count is no index to the severity of the disease

During the acute stage a low eosinophile count may be present

Trichinae Spiralis may be found in the stools many weeks after the onset of the disease

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2 Hassin and Diamond Trichinosis Encephalitis *Arch Neurol and Psychiat*, 15 34, Jan., 1926

3 Damaso, DeRivas Treatment of Parasitic and Other Affections of the Intestine by the "Intra-Intestinal Thermal Method" *American J Trop Med* Vol VII, No 6, Nov, 1927

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place on account of illness The same day Dr Abramowitz, Health Officer of the town of Thompson, with whom Dr Duggan had already communicated, telephoned that he had located the cook in his district He stated that he believed the woman to be suffering from typical typhoid

The same day a letter was received from the Department of Health of the City of New York stating that a fatal case of typhoid had occurred in a Yonkers man, another case had been reported in a Brooklyn man, and that a rumor had been received that two other cases had occurred, —all in people who had spent Decoration Day at the X Hotel

A conclusion which might have been jumped at (but it wasn't) was that a cook with typhoid had communicated the disease to the proprietor's son and the boarders Looks good, doesn't it?

But, consider the *dates of onset,* something we have harped about until we assume everyone is tired of hearing it

Inquiry showed that the cook and the proprietor's son became ill *at about the same time, June* 15

The onsets of the cases among the boarders were from June 9 to June 17 Therefore, we are justified in concluding that the proprietor's son, the cook, and the boarders had a *common source*

The Evidence—The boarders who contracted typhoid had been at the X Hotel from May 29 to June 2, and one had stayed until June 10 Taking into consideration the period of incubation of typhoid, it is evident that the infection in all the cases must have been received during the Decoration Day period,—2 or 3 days before and after May 30 We are, therefore, concerned with evidence pertaining to that period *only*

We know that the source must have been either water or milk or other food

The water continued the same before, during, and after the period in which we are interested, and is still the same. The last case had its onset June 17, and there have been no more We therefore tentatively exclude water

The regular milk supply was the same as that supplied to other hotels in the vicinity, in which no typhoid occurred. We therefore exclude it.

But there was an auxiliary supply, 3 or 4 quarts daily obtained from a nearby farm during the Decoration Day period A new milk handler had just been employed This gave us some concern *But the sale of milk had been continued* from this farm, with no change of personnel, up to July 5, with no cases and there have been none since then We therefore tentatively exclude it

Food and Specifically, Food Handlers—During the Decoration Day period, the food handlers consisted of

1 People belonging to the family
2 Those first employed at that time

We exclude the first group because typhoid had not occurred at the X Hotel in previous years

In the second group were a girl and three men.

We exclude the cook for obvious reasons

We tentatively exclude the three men, partly because their connection with the food was not very close, but principally because they continued at the hotel and no cases occurred afterward

This leaves us the girl She was in close contact with food, one of her duties being the preparation of salads, a process we ascertained, in which the ingredients were freely handled The girl was not well, but had a "weak stomach," which is always suspicious Her work was not satisfactory and she was dismissed two or three days after Decoration Day But where she had gone was not known at the hotel *We needed that girl*

It was ascertained that she had been employed through a local employment agency We tried to secure information from this agency last year, and "remonstrated" with the proprietor for the lack of records We told the proprietor this time that we didn't expect anything Our bluff was promptly "called" by the production of most valuable information It appeared that on June 4 the girl had returned to the agency, and had secured a position as chambermaid in another hotel

Dr Harry Jacobs, health officer of the town of Fallsburg, in whose district this latter hotel was located, was asked to secure the necessary specimens This was promptly done, and the State Laboratory reported the demonstration of typhoid bacilli The girl was a typhoid carrier, and the source of the outbreak

It is to be noted that, by elimination, we reduced the possible sources to *one* hypothesis,—the girl The elimination necessarily could not be absolute in all of the instances, but we selected as our first hypothesis to be proved or disproved, the "most likely" one

Dr Slee the District State Health Officer of the East Hudson District, visited the carrier, secured the facts relating to her previous history, and arranged that her work should not include the handling of food However, she soon left for parts unknown The New York City authorities were notified, and we have before us a copy of a letter stating that the girl is again under the control of health authorities

The first 500 patients who appeared at the clinic presented the following conditions

I	*Malignant Neoplasms*			90—18 0%
	A Carcinoma		40	
	Breast	25		
	Jaw	1		
	Larynx	1		
	Penis	1		
	Rectum	2		
	Stomach	3		
	Tonsil	1		
	Uterus	6		
	B Epithelioma		39	
	Cervix	2		
	Lip	5		
	Skin	30		
	Tonsil	1		
	Vulva	1		
	C *Carcinoma (suspect)		11	
	Breast	1		
	Cecum	1		
	Cervix	1		
	Colon	2		
	Rectum	2		
	Stomach	4		
II	*Benign Neoplasms*			65—13 0%
	Angioma		8	
	Cysts			
	Lip		1	
	Mammary		1	
	Nabothian		1	
	Sebaceous		19	
	Thyroglossal		1	
	Epithelial hypertrophy		2	
	Fibroadenoma		2	
	Fibrolipoma		1	
	Fibroma		10	
	Keloid		2	
	Lipoma		13	
	Osteoma		1	
	Papilloma		3	
III	*Precancerous Lesions*			97—19 4%
	Biliary tract disease		1	
	Cervical laceration		2	
	Cervical ulceration		2	
	Cervicitis		2	
	Cholecystitis		6	
	Endocervicitis		4	
	Gastric neurosis		4	
	Hematuria		1	
	Hemorrhoids		9	
	Keratosis		23	
	Leukorrhea		1	
	Mastitis, chronic		18	
	Chronic cystic		4	
	Nasal ulcer		2	
	Peptic ulcer		6	
	Pigmented mole		9	
	Prostatic hypertrophy		2	
	Rectal ulcer		1	
IV	Benign Skin Lesions			32
V	Nervous Diseases			28
VI	Gynecological Diseases			27
VII	Gastrointestinal Diseases			31
VIII	Cardiorenal Diseases			11
IX	Respiratory Diseases			2
X	Endocrine Diseases			14
XI	Miscellaneous Conditions			103
	Of these, 21 had no demonstrable disease and three had been operated at a former time, but showed no evidence of recurrence			

* Suspected cases are counted as positive

Clinics similar in character to the Rochester Clinic are conducted at the Samaritan Hospital and the Troy Hospital in Troy The Medical School of the University of Rochester conducts a tumor clinic once a week, and the Albany General Hospital holds a radium clinic twice a week in cooperation with the Albany Medical College

The Buffalo City Hospital has just announced the establishment of a cancer clinic The New York State Institute for the Study of Malignant Disease, in Buffalo, has conducted clinics and maintained a hospital for suitable cases for such a long time that it sees about 1 500 cases of cancer and suspected cancer every year

PRACTICAL EPIDEMIOLOGY

By FRANK W LAIDLAW, M D, MIDDLETOWN, N Y

From a mimeographed Bulletin of Dr Laidlaw s District State Health Officer District

WE WISH to ask every Health Officer and Public Health Nurse in the district to read carefully the following example of an analysis and the teamwork which led to the solution of a typhoid problem

July 3, Dr Duggan, Health Officer of the town of Bethel, Sullivan County, telephoned the Middletown office that the son of the proprietor of the X Hotel had typhoid, and that he understood that the cook employed at the hotel had left the

fied with the environment. They are acquainted with the roads and people and generally familiar with conditions in the various communities and of lay organizations which knowledge may be a distinct asset to the County Health Department It has a tendency also to lessen the criticism concerning "foreigners" which sometimes arises If Civil Service has been adopted by the county the examination should be restricted to residents of the county

In selecting other professional personnel, preference to residents of the county should be given if suitably qualified, but residence should be secondary to ability and experience in the performance of the required duties Additional members should be added to the staff of the County Health Department as the needs and growth of the work indicate, but haste should be avoided as it is much more liable to cause criticism than tardiness, and we are less apt to find it necessary to change our methods to meet a program which further study of health needs may indicate.

The organization of his office will be the next concern of the Health Officer The recording of all work performed is of the utmost importance and suitable forms and equipment for a proficient filing system are the sine qua non of any health department It is surprising the number of references to files which become necessary as your department progresses and clerical records of accomplishment often astonish one

As the County Health Department is an official part of the County government, the offices should be at the County Seat, and suitable office space and equipment be provided by the Board of Supervisors To forestall criticism of this assertion, I will say that while I am aware that the County Seat is not always located so as to be the most accessible to the center of population of the county, that it may not be the most desirable place to live, and that such location may entail the establishment of a sub-office, nevertheless, the added prestige given to the Department when located in the Court House, the fact that it is more readily accepted by the other county officials as an integral part of the County government when so located, and consequently receive better cooperation from them, far outweigh all other considerations

The first duty of the Health Officer is to journey around the county and to get in immediate personal touch with all local health officers and physicians Following this, he ought to make as many contacts with other health and social workers as it is possible for him to do, and with all civic organizations He should at the earliest opportunity become a member of the County Medical Society and such other organizations as exist in his county and district and familiarize himself with the clinical and hospital facilities in his territory

He should determine what other organizations are engaged in some form of public health work, their scope, their character, whether official or voluntary, and desirability of assuming some of these functions or of co-ordinating the program of the County Health Department with already successfully operating services, and should familiarize himself with facilities available in allied welfare work from whom he may require or to whom he may be asked to give assistance in solving problems having a health angle.

Social service in Suffolk County is well organized The Child Welfare Board is an official county organization caring for dependent, delinquent or defective children and giving assistance to widows or dependent mothers, and with the passage by the recent Legislature of the Fearon Bill with reference to public welfare, adequate hospital and medical care will be possible for the indigent sick We have also several local social service organizations for case finding in welfare work The needs of the physically handicapped will be met by the operation of the recently enacted legislation providing aid through the Department of Education as well as the orthopedic service of the State Department of Health Able assistance is given by the Tuberculosis and Public Health Committee through its nurses and secretary in both practical assistance and in public health education

In most County Health Departments it will be wise after making this survey to concentrate on some outstanding problem for a year or two, not however in any way neglecting routine duties In Suffolk County we are concentrating on the sanitary production of milk as one need and the building up of local nursing service as another

Routine duties common to all health departments are

1 Communicable Disease control
2 Laboratory service
3 Tuberculosis control
4 Maternal and infancy hygiene
5 Preschool and school hygiene
6 Investigation and abatement of nuisances
7 Supervision of water and milk supplies
8 Disposal of sewage

Communicable disease control in the main is taken care of by the local deputies of the County Health Officer with the assistance of the school medical inspector and nurses Epidemological investigations are made by the County Health Officer Under the recently amended County Health Law increased authority is given the County Health Department and in Suffolk County the former township health officers are acting as deputies covering the entire township area inclusive of incorporated villages having a population of less than 3,000 There are townships varying in population from 1,100 to 28,000 and six incorporated villages having a population

A COUNTY HEALTH DEPARTMENT IN OPERATION

By ARTHUR T DAVIS, M D, RIVERHEAD, N Y
County Health Officer, Suffolk County

IN considering the operation of a County Health Department we ought first to review the reasons leading to the establishment of units on a County basis

In the South where County Health Departments have had the greatest growth, the unit of government is the County, whereas in the North it is the Township, so originally boards of health were established along the lines of local government, and, when the chief functions of boards of health and health officers were contagious disease control and abatement of nuisances, the part time local health organization was sufficient for these elementary needs, but with the increase in knowledge both of scientific medicine and other means of prevention, it was realized that many other factors, both social and economic, entered into the public health picture It must be further realized that, while the medical profession is generally accepted as the preponderant force for public health progress, there are others who have a great interest in community health,—the welfare organizations, educational authorities, industry and the public in general are involved,—and the cooperation of all is essential to the solution of the many problems of public health

As health problems increased the medical profession sought and received the aid of the engineer, laboratory worker, the public health nurse and others in overcoming those diseases which are controlled and prevented as a result of community effort The natural result was the addition of one duty after another by legislatures to both local health officers and State Health Departments, until the local health officer could no longer give to his public health work the amount of time required as this must always be secondary to private practice of medicine on which he is dependent for his livelihood This led to the increase in personnel and authority in the central bureaus to assist and direct purely local problems In many states part time county health officers were appointed, in others the State Health Department has sought to remedy matters by District Health Officers, but neither plan gives entire satisfaction It involves delay, long and arduous travel, extra expense and the bugaboo of dual authority So as time went on instead of increasing centralized authority, State Health Departments sought to decentralize, to decrease the amount of local work done by the bureaus and divisions and to increase local effort The logical outcome was to seek a unit of government sufficiently large and financially able to support an adequate health organization on a full time basis, and as few townships are able to do so, the County has become recognized as the logical unit of local health administration

Assuming then that the County Health Department is the best method found to date for public health administration, how does one operate?

This will depend largely on the geographic location, the budget, the number of personnel and the existence of other health organizations in the County If located in the so-called poor counties, it may consist of only a health officer, in others we find all variations up to an organization as it exists in Los Angeles County, California, which has a larger personnel and budget than most State Health Departments

In our own State two County Health Departments have been organized, neither of which will, at the present time at least, function in exactly the same manner, but owing to many differences will probably operate along different lines to accomplish the same results

These Departments are operating in Counties which are dissimilar in many respects Cattaraugus has within its trea two cities, Suffolk none. Cattaraugus is largely rural in the sense that it consists largely of farming area, while Suffolk has many small communities which are suburban in character Cattaraugus has a relatively fixed population, but in Suffolk the population is greatly increased during the vacation season, due to the vast number who enjoy its recreational advantages along the North and South shores, and its nearness to New York City brings a large transient motoring population throughout the summer season Even the climate is different, winter being very mild in Suffolk County and severe in Cattaraugus, making travel in the latter much more difficult in winter

The type of organization adopted by these two counties has been made to meet these various differences, and as most counties in New York State resemble either one or the other of these two counties, the plan of organization in use in one can be adapted to the needs of such other County Health Departments as may be organized

When the Board of Health has been appointed by the Board of Supervisors, they should first appoint the County Health Officer who must be appointed from an eligible Civil Service list, thereby insuring proper training and experience in public health administration. Other personnel ought not to be chosen until the County Health Officer is on duty as all other appointments should be made by the Board on his recommendation

In selecting personnel, it is desirable to secure the clerical force and such inspectors as may be employed from among the residents of the county This is advisable because they are generally better qualified to know the many local customs It is their home and they will be satis-

fied with the environment. They are acquainted with the roads and people and generally familiar with conditions in the various communities and of lay organizations which knowledge may be a distinct asset to the County Health Department It has a tendency also to lessen the criticism concerning "foreigners" which sometimes arises If Civil Service has been adopted by the county the examination should be restricted to residents of the county

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of more than 3,000 This makes a very satisfactory arrangement as these village health boards are now under the direct control and direction of the County Health Board with no conflicting authority as formerly Adequate reporting of communicable diseases is of course dependent on the practicing physician, and frequent contact with them in medical meetings and elsewhere is a great help in securing early and accurate reports

Suffolk County is fortunate in having a Tuberculosis Sanatorium established in 1916, the staff of which conducts diagnostic tuberculosis clinics at frequent intervals throughout the county and provision is made for the employment of two nurses for follow-up work supported by the county funds The Tuberculosis and Public Health Committee also has two nurses who are assisting in this work and are doing some generalized nursing also All have assisted in diphtheria prevention campaigns and cancer campaigns

In both communicable disease and tuberculosis control, laboratory diagnosis is an essential factor, so that the advisability of adequate laboratory services is of major importance In Suffolk County we are accessible to the New York State Department of Health Branch Laboratory in New York City from which we receive excellent service, and in addition each of the four hospitals situated in the county maintains a laboratory with trained technicians for the use of the hospital staff These hospitals are strategically located, one at Bay Shore and one at Southampton on the south shore, and one at Huntington and one at Greenport on the north shore Another is nearing completion at Port Jefferson, also on the north shore which will have a well equipped laboratory Practically all the physicians in the county are connected with one or more of these hospitals The County Health Department plans a small laboratory for the examination of milk, water, sewage, etc, to meet the needs of its own personnel We therefore feel that adequate laboratory and hospital facilities are available for the people in better proportions than in most counties

For maternal care we are fortunate in the provision of adequate beds for maternity cases and the increasing use of hospital facilities by prospective mothers The county has a relatively small alien population, and consequently only a small number of births are attended by midwives The general economic status of the people is probably above the average

In infant and pre-school hygiene we have in operation several local centres supported by the community and with local physicians generously giving their services A careful study of the further needs of the county in this direction is being made and the best way of meeting these needs has not yet been determined In the meantime an occasional round-up of infants and preschool children is being undertaken

School hygiene is, as elsewhere in the State, under the direction of the Department of Education In Suffolk we have medical inspectors for all schools and practically all the large schools have full time school nurses In other instances several have combined to employ a nurse In others, community nurses do school service as a part of a general nursing service School physicians and nurses are co-operating heartily with the County Health Department and the Supervising Nurse acts for the Department of Education in the county to supervise and assists the school nurses

With reference to Public Health Nursing in Suffolk, we have school nurses We have Tuberculosis nurses, nurses employed by the insurance companies both full and part time and Red Cross nurses, the Tuberculosis and Public Health Committee has two nurses, several townships and villages are supporting community nurses doing public health and bedside nursing So it would seem that our problem would be to co-ordinate these existing agencies and to encourage additional community service where needed, so that at the present time we are employing only one Supervising Nurse, to do supervisory and organization work to bring this about Happily we are meeting with a considerable degree of success In many other counties it is more than likely that all full time nurses to be paid by the County Health Department and engaged in a generalized program would be of a more desirable plan

With reference to sanitation local health officers are to be relieved of nuisance investigation and abatement as this function will be taken care of by the County Health Department

The problem of waste disposal is an acute one in Suffolk County and is receiving careful study by the County Board of Health Owing to the very rapid growth of the county, the large number of summer residents and the small sized lots of many real estate developments, we are seriously concerned for fear our water supply, both public and private, may become polluted as these supplies are practically all from wells, there being at present only one surface supply in the county Sanitation of well areas is therefore vitally necessary

Sewage disposal is becoming a very important factor in our program Most disposal is by cesspool and with the small size of the lots there is grave danger in this method of the owner polluting his own well, as deep wells are apt to be brackish and shallow wells are theretore the rule. Sewerage systems are not as fully utilized as they should be, and it will be our aim to encourage the formation of sewer districts

The garbage dump and refuse pile are other forms of potential nuisances which are receiving

consideration and the building of incinerators for inflammable refuse, garbage and dead animals is receiving attention by several of the large townships, the Town of Huntington having already shown leadership in the erection of a most excellent plant.

In sanitation of milk supplies we have a unique position in the State as the Board of Supervisors have appropriated additional money to the County Health Department for the services of a Veterinarian Practically all milk produced within the county is consumed locally, so that Tuberculosis eradication in cattle is in fact essentially a health measure which will be of benefit solely to the residents of Suffolk County The Supervisors recognizing this fact have not created a separate commission but have made this a responsibility of the County Board of Health

The Veterinarian will also assist in the prevention of other diseases of cattle which may be transmitted to man, especially rabies, undulant fever and septic sore throat

In addition he will assist in food supervision, as it relates to meat, by endeavoring to secure the inspection of all meat killed locally for consumption in the County, this service to be paid for by the Town boards Two of the ten townships already have this service and several more are ready to establish such inspection

As a further factor in the program of milk sanitation we have a full time dairy inspector who is engaged in regularly visiting all dairies producing milk and already a great degree of improvement is manifest, both in equipment and method All permits will be issued by the County Board of Health and this will do away with the confusion of authority between village, town and county He also collects the milk for bacteriological examination Pasteurizing plants are under the supervision of the Sanitary Engineer

It seems to us that with the combination of Sanitary Engineer for the correction of defects in sanitation, a veterinarian for animal disease control, a dairy inspector for frequent check-up of method and equipment and the laboratory for bacteriological examination, a most excellent milk supply should result

One of the most important functions of the County Health Department is that of public health education In this we have only made a beginning

There has been published for some time the monthly News Letter which is the official organ of the County Medical Society and the allied health and welfare organizations to which the County Health Department is a contributor In addition, newspaper articles are being published which is, after all, the best way of reaching the mass of people. Lectures and talks are given and moving pictures on health are shown to Parent-Teachers' Associations, Mothers' Clubs, Women's Clubs, Civic organizations and all who ask for such services It is hoped later to issue a monthly bulletin of our own as well as special bulletins in health subjects

Finally, what are the advantages of a County Health Department? They are, briefly, those of any well directed business organization

Centralization of authority in one board instead of thirty-six as formerly in Suffolk County, with consequent elimination of conflicting authority between townships and villages

Availability of expert professional personnel beyond the ability of a single township to finance giving full time service in all branches of Public Health administration.

More and better service for the same expenditure of money

State aid to county up to one half the cost

An organization unit for prevention and a continuous program for the entire county with special emphasis on problems requiring community efforts

An organized unit for the prevention and suppression of epidemics of disease

An official central organization for the correlation of all health activities

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DIAGNOSTIC VALUE OF LATENT JAUNDICE IN ABDOMINAL AFFECTIONS*

By HENRY A. RAFSKY, M D, NEW YORK, N Y

THE recognition of Jaundice, especially in the early stages, has always been of diagnostic value Until recently, the clinical and laboratory methods at our disposal did not always enable us to detect early signs of icterus However, with the development of the various tests for jaundice, the problem of recognizing minor degrees of icterus has been somewhat simplified

Jaundice is thought to be brought about by either an obstruction of some part of the bile passages with a reabsorption into the blood of the bile pigment previously excreted by the liver, or by a disturbance of the metabolism of the bile pigment which results in a retention of the pigment

A certain amount of bile pigment is known to be present normally in the blood plasma and the greater part of this pigment is bilirubin Under normal conditions this is rapidly

* From the Gastro-Enterological Clinic, Lenox Hill Hospital New York.

removed from the blood stream by the liver If the amount of pigment in the blood stream is greater than is readily taken care of by the excretory organs, it may accumulate in the plasma and jaundice result

It has been definitely shown that an increased amount of bilirubin in the blood (Hyperbiliruminemia) can be detected in the serum before there is any other clinical manifestation of jaundice Therefore, the estimation of the amount of pigment in the blood enables us to differentiate between "apparent" and "latent" jaundice

"Apparent Jaundice" is a term that is applied to the clinical picture of hyperbiliruminemia, increased output of bile in urine, lessened bile content in the feces, and discoloration of the skin and conjunctiva "Latent Jaundice" is a term applied where the retention of bilirubin can be detected only in the blood and there is no other clinical manifestation of jaundice

The subject of latent jaundice was studied in 158 cases It was found that the original icterus index of Muelengracht, modified by Bernhard and Maue as suggested by Stetten[1] was best suited for this purpose This is essentially the method that was adopted by Bernheim[2] Shattuck[3] stated that the icterus index was the most useful functional liver test for clinical work He regards the normal icterus index between 3-6, the latent jaundice between 6-15

The cases were studied with a twofold purpose first, to ascertain to what extent the determination of the bilirubinemia in latent jaundice aided in the diagnosis of abdominal affections, secondly, to determine if latent jaundice had a distinct time relation to the onset of pain in biliary colic

The patients selected for study were those who complained of at least a moderate amount of abdominal pain and who did not have any clinical signs of jaundice The blood was examined as soon as possible after an attack of abdominal pain

The cases studied were as follows Cholelithiasis 26, Cholecystitis without stones 39, Gastric Ulcer 8, Duodenal Ulcer 14, Functional Hyperchlorlydria 21, Cardiopsasm 2, Carcinoma of Oesophagus 2, Carcinoma of Stomach 3, Chronic Appendicitis 6, Colitis 7, Visceroptosis 10, Chronic Gastritis 4, Chronic Enteritis 5, Habitual Constipation 3, Post Operative Adhensions 8

Sixty-five cases of gall bladder affections were studied In forty of these patients, whose blood was examined from 1-20 hours after an attack of abdominal pain, the icterus index varied between 8-12, latent jaundice being present in 85 per cent of these cases One patient had an icterus index of 25, without the slightest evidence of apparent jaundice In the remaining 14 per cent of the cases the icterus index varied between 3 5-6

In twenty-five cases of gall bladder affection, where the blood was examined between attacks of abdominal pain or more than 20 hours after its onset, the icterus index varied between 3 5-6 From the above it seems that there is a definite time relationship between latent jaundice and the biliary colic

The presence of gall stones did not seem to have any material effect upon the latent jaundice In some patients who had a cholecystitis without stones, as for example Mrs J Case No 30, the icterus index of 12 indicated a hyperbilirubinemia, while in other cases (Mrs S B, Case No 101) the gall bladder was filled with stones and the index was but 5 5

At times following an attack of biliary colic the bilirubin content of the serum rose very markedly even though there was no evidence of jaundice elsewhere in the body After the attack subsided the serum bilirubin likewise diminished The following case will illustrate this

Mrs E W, age 42, was first seen on November 18, 1926 The family and previous history were negative The patient stated that she had been perfectly well until about two weeks before. The pain had no relation to food At 11 P M on November 17, 1926, the patient was suddenly seized with a very severe pain in the epigastrium She came to the clinic about 3 P M, and the icterus index, determined about one hour later, was 25 There was not the slightest evidence of apparent jaundice in spite of the high icterus index, which, when determined seven days later was 9 The patient was operated upon in March, 1927, and numerous biliary calculi were found in the gall bladder

In cases of uncomplicated Gastric and Duodenal Ulcer, the icterus index did not exceed 6 5 Bernheim[4] stated that cases of Gastric Ulcer gave a normal index and Duodenal Ulcer a higher icterus index In our group of patients there was no material difference in the icterus index of uncomplicated cases of Gastric and Duodenal Ulcer The indices varied from 4-6 5 The presence of latent jaundice in a case of Gastric and Duodenal Ulcer under observation always meant an associated affection of the biliary system The following was an example of this type that came to operation

R N, 46 years old, was first seen on January 13, 1926 He stated that eight years before he had had Typhoid Fever The past year he had been having a dull pain in the epigastrium and upper right quadrate soon after eating and lasting about two hours Food re-

lieved him at times Vomiting likewise relieved him The pain came on periodically, the patient being free from pains for weeks at a time The pain radiated to the right shoulder An analysis of gastric contents showed free Hydrochloric Acid = 40, Total Acidity = 80, blood negative The icterus was 10 5 An *x*-ray examination revealed the following Duodenal Ulcer with gastric retention, Cholecystitis

The patient was operated upon and the following was found "Chronic thickened ulcer one inch beyond the pylorus on the anterior superior portion of the duodenum The latter was attached to the gall bladder by old tough adhesions The gall bladder was enlarged and constricted at its middle The walls were thickened Diagnosis Ulcer of Duodenum and Chronic Cholecystitis Posterior Gastro-Enterostomy and Cholecystectomy were performed" The pathological report confirmed the diagnosis of Cholecystitis and Ulcer

The icterus index in the remaining group of our cases, which included Carcinoma of the Oesophagus and Stomach, Chronic Appendicitis, Post Operative Adhesions, etc, did not exceed 7, unless there was present an associated biliary affection Some of these patients came to the clinic with a history of very short duration and complained of symptoms that did not appear to be due to a gall tract affection Still, upon examination of the blood, latent jaundice was found to be present When the patient was operated upon, gall bladder disease was found in addition to the abdominal trouble which first appeared to account for all the symptoms

A case of this type was R H, age 18, first seen February 9, 1926 Family and previous history were negative The patient stated that for seven weeks he had been having sticking pains on both sides of the epigastrium below the costal margins, and especially over the lower right quadrate Fourteen days before, he had been taken ill with severe pains The pain radiated all over the right side They came immediately after eating but did not last longer than a few minutes Since the onset of the illness he had vomited once Physical examination revealed marked tenderness over the appendix The icterus index was 12 The gastric contents showed free Hydrochloric Acid=24, Total Acidity=56, blood negative The patient was operated upon on March 27, 1926 Chronic Cholecystitis and Appendicitis were found There was a broad band of adhesions extending from the gall bladder to the duodenum Cholecystectomy and Appendectomy were performed Pathological report confirmed the diagnosis of Chronic Appendicitis and Cholecystitis

Just as the presence of latent jaundice aids us in the diagnosis of abdominal affections, so at times the absence of latent jaundice will likewise help us In one of the cases of Carcinoma of the stomach, the icteric like appearance of the patient and the history pointed toward an affection of the liver The blood showed an icterus index of 3 5 This immediately ruled out any jaundice although the patient had an icteric hue At the operation an extensive inoperable carcinoma of the stomach was found The icteric appearance of the patient was due to the marked secondary anaemia

Comment—It can definitely be stated that latent jaundice is a valuable factor in abdominal diagnosis From the study of the above group of cases it appears that there is a relationship between the onset of pain and the ensuing latent jaundice But the number of cases that we could completely control were too few in number to make any extensive deductions This phase of the subject is still under study Whether calculi were present or not and the number did not have any material effect upon the latent jaundice A very important diagnostic point that was observed in the patients under study was that an icterus index indicating latent jaundice meant an affection of the biliary system The latent jaundice in abdominal affections may indicate disease of the biliary system, although a normal index does not necessarily exclude it

Conclusions

1 Latent jaundice is of inestimable value in abdominal diagnosis

2 Latent jaundice appears to have a time relationship to the onset of the biliary colic.

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ALLERGIC DISEASES IN CHILDHOOD*

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TWENTY-FIVE years ago, while making rounds in the Lakeside Hospital in Cleveland, Dr John Lowman asked a medical student the question "Why do we advise change of climate in a case of asthma?" The student replied "Because you can't do a thing for him, and hate to seem him hanging round your office"

At that time, if asked the chief cause of eczema, the average physician would have said the acid diathesis or acid in the blood When mention was made in 1906 to Sir Archibald Garrod, then Senior Physician to the Hospital for Sick Children in London, and now Osler's successor as Regeus Professor of Medicine at Oxford, of his father's brilliant piece of research work in associating excess of uric acid in the blood with gout, he said "Yes, it was a nice piece of work, but I wish he had never done it" On being asked why, he said "Because so many millions of people have been allowed to suffer from so many diseases because physicians have cloaked their ignorance, and satisfied their patients by explaining all sorts of ailments as being due to acid in the blood Gout is associated with excess uric acid No other disease is For every patient with gout that my father's discovery has relieved, a thousand sufferers from rheumatism, eczema, and what not have been improperly treated, due to the fallacy that these conditions are due to an acid condition of the blood" This was said by one who is not only one of the leading clinicians but also the outstanding medical chemist of England And yet our knowledge of the cause and correct treatment of eczema was so meager that "acid in the blood" was the almost universally accepted hook upon which to hang the cloak of our ignorance

Musser's Medical Diagnosis, edition of 1902, classifies hay fever as a reflex neurosis, and Osler's Practice of Medicine, passes over the causes of angio-neurotic oedema by saying that it is a hereditary disease

This briefly summarizes the extent of our knowledge in the first decade of the twentieth century of the diseases which are now grouped under the term "allergic diseases"

Following the introduction of serum therapy for diphtheria, it was found that whereas in the vast majority of cases antitoxin could be administered with impunity, occasionally sudden death followed its administration, especially in cases that had been given a previous dose of antitoxin The theory was developed that in some way the preliminary dose had made the patient hypersensitive to the serum This condition became known by the term anaphylaxis

The term "allergy" was first introduced by Von Pirquet to designate an artificial hypersensitiveness to tuberculin appearing during a course of tuberculin treatment The word as first used was synonymus with anaphylaxis Since that time there has been much confusion in the terminology of the various idiosyncratic conditions, but today it is generally agreed to apply the term anaphylaxis to the hypersensitiveness due to the artificial inoculation into the body of a foreign protein, while allergy is used to express a hypersensitiveness occurring accidentally or from natural causes

In 1912, Oscar M Schloss reported the case of a boy of eight years with a marked idiosyncrasy against eggs, oats, and almonds If any of these substances were ingested, immediate vomiting, intense swelling of the lips, tongue, and face, and profound collapse ensued In his study of this case, Schloss first called attention to the fact that if these substances were placed upon a small abrasion of the skin, an urticarial wheal appeared in a few minutes

Through the works of Goodale, Walker, Talbot, Moss, Coca, Cooke, and many others, this discovery of Schloss' has been elaborated, until today we have what is known as the skin test by means of which so much has been added to our knowledge of idiosyncrasies and the various diseases due to protein hypersensitiveness have become grouped under the name of the allergic diseases

The diseases at present considered as allergic in character are asthma, hay fever some types of bronchitis, eczema, urticaria, angioneurotic oedema, and certain acute gastro-intestinal upsets In the great majority of such conditions the true etiological factor may be determined with accuracy, and a rational line of therapy indicated by thorough investigation of each case by the use of the method of skin testing

The skin tests are made in various ways, and there is some difference of opinion as to which is the best method Schloss in his original experiments applied the powdered protein to an abrasion of the skin, made wth a Von Pirquet scarifier Talbot used an incision one eighth of an inch long made with a blunt knife, going through the superficial layer of the skin just deep enough not to draw blood He applied the powdered protein with a toothpick and dissolved it by applying decinormal sodium hydrate, also applied with a toothpick These are the two usual epidermal methods Cooke, on the other hand, uses protein in a liquid condition and makes his injection with a hypodermic needle endermically, as is done in the Schick test The endermic method is much more delicate than the epidermic and reactions can be obtained by this which will

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not show at all when tested with the epidermic method The advocates of the epidermic method on the other hand, claim that the endermic method is too sensitive for practical purposes, positive reactions being obtained to substances to which the hyper-sensitiveness is so slight that they are not worth considering clinically Another objection is that where the endermic method is used on a patient with extreme hypersensitiveness, severe allergic shock may result which may even be fatal, while with the epidermic method there is very little danger of such an untortunate occurrence In my own work, I have used a combination of the methods of Schloss and Talbot, making my abrasion with a Von Pirquet scarifier and applying the decinormal alkali from a capillary tube such as is used in diluting diphtheria toxin in making the Schick test In small children the tests are made in line on each side of the spine, in older ones on the forearm With an amenable child about twenty tests can be applied in 15 minutes Twenty minutes later the materials are washed off with warm water and the results of the tests observed

The present paper is based upon an analysis of the records of 134 patients upon whom skin tests have been done during the last ten years In all, 135 different proteins have been used in these tests, and 3,723 individual tests made, 300 or 8 per cent of the tests being positive, 72 or 53 per cent of the patients have given positive reactions and 62 or 47 per cent negative The percentage of positive reactions would undoubtedly be higher were it not that in a number of the cases of infants, but a very few tests were made, and in a considerable number of other cases, after a few tests were made, the patients were not brought back for further study With the exception of one case of asthma and five of hay fever, examined at the request of other physicians, all the cases were children

The number of tests made with the various groups of proteins used and the comparative results are shown in Table I

The allergic diseases are so varied in their characteristics that it is difficult at first sight to see how they can be related, but there is abundant proof that they are all but different manifestations of the same underlying condition A characteristic history of an allergic child is something like this A baby, apparently normal while still nursing, develops a more or less severe degree of eczema This may improve when it is weaned and put on cow's milk At ten months of age the baby is given egg He promptly vomits it There may be an attack of urticaria or swelling of the lips or tongue Rarely the whole face and ears swell enormously Some weeks later, the child is again given egg, either the performance is repeated or the child refuses to take the egg The conscientious mother, feeling that egg is an essential element of the diet, conceals the egg or perhaps, after a considerable struggle and many punishments the child consents to take it Some weeks later, the child develops asthma, or recurring attacks of bronchitis The mother, with the best of intention has forced a serious disease upon her child, one which may take months or years to eradicate.

TABLE I

Total Skin Tests Made in 134 Cases

	No tests	No. positive	% positive
Beverages	309	24	7
Cereals	424	30	7
Fruits	450	11	2
Fish	247	2	2/3
Meat	239	5	2
Nuts	101	12	12
Egg	234	85	36
Vegetables	674	26	4
Hairs	259	31	12
Feathers	134	15	11
Miscellaneous	217	16	7
Bacterins	95	1	1
Pollens	340	42	12
Total	3723	300	8

While various manifestations of the allergic conditions often occur on one patient, the infant with eczema becoming the child with asthma, or the baby with urticaria suffering from acute gastro-intestinal shock, for the sake of clarity the various manifestations will be discussed separately

The most commonly met manifestation of allergy is eczema This is the one concerning which there is the greatest difference of opinion, the pediatrists and the students of allergy believing that it is the important element in the disease, the dermatologists claiming that it is of but slight importance.

Of the seventy-seven cases of eczema reported today, 46 cases gave in all 153 positive tests, and 31 gave only negative tests, 60 per cent positive and 40 per cent negative An analysis of the 31 cases giving only negative tests shows that in 18 of these less than 10 tests were made, in only 4 cases were over 25 tests made and in only one over 50 If we eliminate from the record the 27 cases giving negative results in which less than 25 tests were made we find that we have 50 cases left, of which 46 or 92 per cent gave positive results From this it would be evident that if the investigation is made with even a moderate degree of thoroughness, it will be found that nearly 100 per cent of the eczema cases are shown to be allergic to one or more substances

A tabulation of the results of the tests in the eczema cases is shown in Table II

From Table II it will be seen that the classes of proteins which gave the largest proportion of

TABLE II

SKIN TESTS MADE IN 77 CASES OF ECZEMA

Protein	Number Tests	Number Positive	Per Cent Positive	Others Positive	Others Negative
BEVERAGES	198	17	8	Goat's Milk, Cocoa, Coffee, Tea	
Casein	73	6	8		
Lactalbumin	68	4	6		
Human Milk	26	4	15		
CEREALS	236	23	9	Rice, Rye, Soy Bean	Buckwheat, Corn
Barley	44	7	16		
Oat	59	3	5		
Wheat	47	9	19		
FRUITS	191	5	2	Banana, Lemon, Peach, Fig	Cantaloupe, Cherry, Grape, Grapefruit, Pear, Pineapple, Plum, Prune, Raisin, Strawberry
Apple	22	2	9		
Orange	51	0	0		
MEATS	116	5	4	Lamb, Veal	Chicken, Pork
Beef	29	3	10		
FISH	51	1	2		
EGG	148	66	44		
Egg White	74	37	50		
Egg Yolk	74	29	39		
NUTS	32	5	15	Almond, Cocoanut	Walnut
Peanut	11	3	27		
VEGETABLES	312	12	3	Bean, Cabbage, Potato, Squash	Asparagus, Beet, Carrot, Lettuce, Cauliflower, Onion, Celery, Parsnip, Rhubarb, String Bean, Spinach, Sweet Potato, Turnip, Pumpkin, Mushroom
Pea	24	3	12		
Radish	6	3	50		
Tomato	20	2	10		
HAIRS	66	12	18		Human Hair, Mouse Hair, Muskrat
Cat	12	3	25		
Dog	12	2	16		
Cattle	11	3	27		
Horse	12	3	25		
Rabbit	10	1	10		
FEATHERS	45	3	6		Goose
Chicken	15	2	13		
Duck	15	1	7		
MISCELLANEOUS	88	4	4		Cotton Seed, Horse Serum, Orris Root, Tobacco, Vanilla
Cotton	19	1	5		
Silk	21	3	14		
Wool	22	0	0		
TOTAL	1,483	153	10		

positive results to the skin tests were egg with 44 per cent, animal hairs with 18 per cent, nuts with 15 per cent and silk with 14 per cent Milk and cereals were guilty in a few cases, while fruits, meats, fish, and feathers gave exceptionally few positive results A finding of particular interest is that in none of the 51 cases of eczema tested did the much maligned orange juice give a reaction In fact, in no case of any character have I been able to get a reaction to orange juice

The value of the exact knowledge of the substance or substances to which a child with eczema has an idiosyncrasy may be illustrated by the following three cases

Case I—W R W of Cassville Mother, aunt, grandfather and great grandfather had eczema At 3 months of age while still nursing, child developed severe eczema of the face When first seen at 5 months of age skin tests for egg white and yolk were made and found strongly positive The mother was told to eliminate egg from her diet and if the baby was not improved in two weeks, she was to come to the hospital for further tests The case was seen again at 10 months of age Elimination of egg had caused no improvement, but dread of hospital had made the mother visit various physicians and dermatologists in Utica instead of returning for the tests The eczema had continued unimproved On two occasions when cow's milk had been given, the child had been very croupy and remained so all night They thought it would suffocate The baby was sent to the hospital and positive skin reactions were obtained for egg white, egg yolk, cow's milk, human milk, wheat and oats negative tests were obtained for potato, soy bean barley, rye, bean and chicken A very small amount of cow's milk given by mouth caused marked swelling of the lips and urticaria of the face The child became wheezy

An attempt to wean the baby and feed it with soy bean and barley gruel was a failure as the baby refused to take the mixture, became listless and weak with irregular pulse and acetone in the urine The baby was again put to the breast and sent home with instructions to nurse for another month and gradually try to get it to take the gruel foods The mother was especially warned not to wean the baby until some safe artificial food was found

The day after its return, the mother gave it one feeding of malted milk The child became irritable, its face swelled to twice the normal size, the eyes disappeared, and the ears looked like elephant's ears The family physician ordered Justs food This seemed to agree for two days and he weaned the baby Two days later the baby vomited and developed a bloody diarrhœa, collapsed and became semicomatose The mother's breasts had dried up The baby was given soda and feedings of chicken soup, soy bean gruel and potato soup, as the skin tests had shown these to be safe foods for it It improved and brightened up markedly Two days later the local physician ordered the foods stopped The child again became semicomatose During these few days, though the child was in a critical condition, the eczema improved astonishingly

The child was brought to Utica and admitted to the hospital Further skin tests gave positive results for peanut, and negative for almond, beet carrot, cocoa, codfish, corn, walnut, lamb, mackeral, onion, orange, rice and spinach During its six weeks' stay in the hospital a diet was built up in accordance to the skin tests, egg, milk, oats and wheat being entirely eliminated The baby gained in strength and weight The eczema entirely disappeared and it was discharged in good condition Its sensitiveness to cow's milk was so great that the smallest amount of butter, even the trace found in butterine and oleomargarine would cause the eye lids to puff up so that the eyes would disappear This child was so allergic to so many foods considered essential in infant feeding that I believe any attempt to put it on an artificial food, without the help of the skin tests would have ended fatally Every slight variation from the path of safety as indicated by the skin tests caused alarming symptoms

Case II—A V , a child of a farmer in Camden, was referred by Dr Allison when 22 months of age in 1926 The family history showed asthma on both sides of the family The patient was a first child and had been nursed one year He had had three attacks of asthma Four months before his first visit he had begun to have eczema of face which had spread to arms and legs He felt ill and refused to go out-of-doors onto the farm The eczema was so complete that there was no normal skin on which to do skin tests The advice was given to continue the local treatment, to omit all eggs from the diet and to return as soon as enough normal skin was obtained for skin tests He returned a few weeks later with a small patch of skin on his back free from eczema A point which proved of interest later was that the mother had been lining his clothes with silk in order to keep the wool from the irritated skin

A series of 72 skin tests were made of which the following were positive Barley, bean, egg white, peach, peanut, radish, squash, tomato cat hair, cattle hair, horse dander and silk Wool was among the harmless substances whereas the silk gave an exceptionally strong reaction In the light of these findings, the father remembered that the eczema on the arms and legs grew much worse whenever the child went near the cows or was put on the horse's back

The offending foods were eliminated from the diet, silk was ordered removed from the clothing and therapeutic injection of horse dander and cattle hair were carried out by Dr Allison The eczema improved rapidly and in a few weeks had

TABLE III

TESTS IN 40 CASES OF ASTHMA

	Number Tests	Number Positive	Per Cent Positive	Others Positive	Others Negative
GES	100	3	3		Human Milk, Goat's Milk, Cocoa, Coffee, Tea
	—	—	—		
	34	2	6		
bumin	27	1	3		
	159	7	4		Buckwheat, Corn, Rice, Rye, Soy Bean
	—	—	—		
	18	2	10		
	29	3	10		
	27	2	7		
	244	7	3	Banana, Grapefruit, Peach, Pineapple, Plum, Prune	Cantaloupe, Cherry, Fig, Grape, Lemon, Orange, Pear, Strawberry, Raisin
	—	—	—		
	111	1	1		Beef, Lamb, Pork, Veal
	—	—	—		
	25	1	4		
	69	14	20		
	—	—	—		
	34	8	23		
	35	6	17		
	67	7	10	Cocoanut	Walnut
	—	—	—		
	20	3	15		
	20	3	15		
	339	12	3	Bean, Carrot, String Bean, Sweet Potato, Turnip	Beet, Cabbage, Cauliflower, Celery, Lettuce, Onion, Parsnip, Rhubarb Radish, Spinach, Squash Pumpkin, Mushroom
	—	—	—		
	10	2	20		
	24	2	10		
	26	2	8		
	23	3	13		
	175	1	9		Cattle Hair, Human Hair, Mouse Hair, Muskrat
	—	—	—		
	36	5	14		
	36	5	14		
	35	4	11		
	26	3	11		
	83	11	13		
	—	—	—		
	34	6	17		
	22	3	12		
	27	2	7		
	120	11	9		Cotton Seed, Glue, Horse Serum, Tobacco, Vanilla
	—	—	—		
	15	2	13		
	19	1	5		
	23	2	8		
	21	6	28		
	89	1	1		
	—	—	—		
	12	1	8		
	228	6	2		
	—	—	—		
	11	1	9		
	10	2	20		
	12	2	16		
	12	1	8		
	—	—	—		
	1,784	97	5		

went to boarding school the next year a well boy, and it is indeed a satisfaction to see him acting and singing in the performances of the Players Club, after seven years of freedom from the disease which cursed his entire childhood

Case V—J B, the son of a physician Seen first in 1925 when 3 years of age Father has asthma, hay fever and eczema The patient was nursed for 5 months and then put on cow's milk He developed eczema when 2 weeks of age and asthma at one year The asthma had been almost constant and was greatly aggrevated when he took an automobile ride in the country He was known to have an idiosyncrasy against eggs

Positive skin tests were obtained for egg white and yolk, codfish, peas and especially strongly for silk When this was brought out, it was stated that when riding he always sat in his mother's lap and that she always wore a silk coat

All silk was removed from the living room, the mother's silk gowns were put away and the father procured a mercerized linen tie The offending foods were forbidden In twenty-four hours the wheezing stopped and the child appeared quite well After a series of silk inoculations, the usual amount of silk was reintroduced into the room and clothing, and the child had no recurrence as a result

A few months ago, after being given egg, he developed a severe bronchitis with some asthma The child is not yet well as he has other idiosyncrasies, one being to glue, but it is hoped that further work along these lines will relieve him of these other allergies, as it did of that of silk Without the tests, it would have been difficult indeed to find the connection between a ride in the country and an idiosyncrasy against silk

The cure of asthma is usually a tedious process, but if all the patient's allergic idiosyncrasies can be discovered, there are few cases that cannot be completely cured If the patient is found to be sensitive to foods, they must be removed entirely from the dietary A child that is egg allergic, may have a violent attack of asthma simply from eating a baker's roll that has been glazed over the top with egg, or a piece of cake containing egg Clothing, which has proved to be offending must be removed If feathers are responsible, pillows and down quilts must be avoided If the hair of animals is the cause, they must be avoided, either as pets, in toys, or as furs Following a period of removal of the offending protein, the desensitization process must be begun, in the case of foods by feeding minute quantities of the protein and daily increasing the dose, in the case of hairs, feathers, and clothing by giving weekly hypodermic inoculations, starting with infinitesimal doses and gradually increasing This immunizing process usually takes from six months to a year, and as it is rarely wise to immunize against more than two substances at a time, it is sometimes necessary to give several courses in succession Thus the treatment may take several years to complete, but if it saves the child from the life of an asthmatic invalid, the time is as well spent as it is when the diabetic takes insulin or the syphilitic salvarsan

With hay fever my experience has been limited to 9 cases as this disease is much rarer in childhood than in the adult In fact, five of my nine cases were adults whom I tested either because they were personal friends of mine, or were referred to me by fellow practitioners who were not equipped with the test materials, and asked me to work the cases out for them All of these hay fever cases gave positive results to more than one pollen, four to two pollens, two to three pollens, and one each to five, seven and eleven pollens respectively A summary of these is shown in Table IV

TABLE IV

RESULTS IN 9 CASES OF HAY FEVER

	Number Tests	Number Positive	Per Cent Positive	Negative
POLLENS				
Plantain	2	2	100	Dock
Clover	3	1	33	Yellow Daisy
Daisy	6	3	50	Alfalfa
Dandelion	6	2	33	Aster
June Grass	6	2	33	Rye
Red Top	6	3	50	
Rose	6	1	16	
Timothy	5	3	60	
Cocklebur	5	3	60	
Corn	7	3	43	
Dahlia	6	1	16	
Goldenglow	8	1	12	
Goldenrod	8	2	25	
Orchard Grass	4	1	25	
Giant Ragweed	8	4	50	
Short Ragweed	8	2	25	
Sunflower	8	2	25	
TOTAL	118	35	29	

There is much difference of opinion as to the value of pollen injections for hay fever I believe their value is in direct proportion to the care with which the preliminary skin tests are made, and the judgment used in the selection of the pollen to be used To proceed blindly with the inoculation of June grass in every early summer hay fever and ragweed in every late summer one, is but to invite disaster Where a comprehensive set of skin tests has been made, where the pollens to be injected are selected according to the vigor of the reaction and the botanical family to which the plant belongs, where the inoculations are given at sufficient intervals and started so far in advance of the hay fever season that the immunity has reached a high degree when the pollen blows, and these inoculations are kept up during the season very satisfactory results are obtained Unfortunately,

while in a certain proportion of cases one such series of inoculations produces a permanent cure, in many of them they have to be repeated in subsequent years The rapid daily inoculations begun at the beginning of the season, at times give relief, but are far inferior to those carried out slowly in advance

Closely related to asthma and hay fever are the cases of recurring coryza and bronchitis, which are the bane of every physician The more one studies the subject of allergy, the more one is led to believe that a considerable number of these cases are allergic in origin, and if adequately studied, the cause may be discovered and the attacks prevented One case will illustrate this aspect of the subject

Case VI—J L, now an Academy student has been under my care since he was three months of age At about the age of two years he began to have colds and attacks of acute bronchitis every few weeks His mother blamed the attacks upon his getting overheated, and said that she dreaded his going to his grandmother s home in the country because he always romped so hard and got so overheated while there, that he was sure to catch cold and have an attack of bronchitis Removal of his tonsils, cold baths in the morning, and every other means I knew were tried in my effort to prevent the colds, but with no avail When he was eight years of age, I suggested that I be allowed to try some skin tests, as they might give us a clue as to the cause of his repeated illnesses Twenty tests were made with the protein of foods, thirteen with pollens, and six with bacterins, all with negative results When I came to the hairs and feathers, however, the boy gave a strong reaction to cat hair His mother said it could not possibly be cats, as they lived in an apartment house and the boy never saw a cat He interrupted by saying, "Oh, mother, you know there are a lot of wild cats in grandmother's barn, and whenever I go there I have lots of fun catching them" He was instructed that in the future on his visits to his grandmother, he was to avoid the game of cat catching His attacks of bronchitis immediately stopped, and during the past eight years, he has been remarkably free of colds, though he romps, plays football and gets overheated in every way known to healthy youth

Time will not allow of a full discussion of the subjects of urticaria, giant urticaria, and angioneurotic oedema, but there is no question that many of these cases are allergic in origin, and that the underlying idiosyncrasies may be discovered and eradicated if they are studied from this point of view

Perhaps the most interesting and certainly the most worrying manifestations of allergy are the cases of acute gastro-intestinal shock, such as occurred in Case I described when discussing eczema, in which the child upon being given cow's milk vomited, had a bloody diarrhoea, and became unconscious In such cases, there is no time for any extensive series of skin tests, but a few tests can be made at once and if luck is with us, or if we have any clue as to the cause of the attack, startlingly brilliant results may be obtained Perhaps in such cases, even more important than finding what will cause an attack, is the discovery of what will not cause one As when a child is allergic to one food, he is usually allergic to several others also, the proper procedure in such cases is to remove all food for some hours, and gradually build up a diet containing no trace of any food except those for which negative skin tests have been obtained The process is slow and laborious, but in it alone lies safety A particularly interesting case has recently come under my observation

Case VII—J C M, thirteen months old, was sent to me a few weeks ago by Dr Girard of Lyons Falls The history obtained was that of a normal healthy child, which had been nursed for 9 months Four days before, the child was taken acutely ill with violent vomiting Everything taken by mouth had been expelled immediately The bowels had moved the first day, but not since except by enema There was no blood in the stools There had been no fever Dr Girard, suspecting some form of intestinal obstruction referred the baby to me Except for the lack of blood in the stools, the child suggested intussusception It was collapsed, quite limp, the eyes sunken, the temperature subnormal, the pulse weak and the abdomen relaxed Though no abdominal mass could be felt either by external or rectal examination, and there was no blood in the stools, it seemed safer to give the baby a barium enema and examine it under the fluoroscope This was done by Dr Powers immediately As the shadow of the sigmoid overlay the ascending colon, the examination was repeated later in the day We were convinced that there was no intussusception The baby, however, continued to vomit As the child was starving, that night one ounce of skimmed milk was given by mouth, every two hours The next morning the baby's face, arms, and legs showed a marked crop of urticaria. I then learned that they had never been able to give the baby cow's milk, except in small quantities and after boiling Skin tests were immediately made and positive reactions obtained for cow's milk, casein and lactalbumin and goat's milk Milk was discontinued, nutrient glucose enemata were given In a few hours the vomiting stopped and the baby, that had been so collapsed that it neither moved nor whimpered when the scarifier was applied to the back, soon began to show new life and when later tests were made, resisted vigorously In all tests were made with thirty-six food proteins, those of milk alone giving positive results A diet based upon the skin tests was built up, no food being allowed

until after a negative test therefor had been obtained The baby remained in the hospital one week gained a half pound in weight, and was sent home a healthy, vigorous infant, with a milk-free diet and instructions to return in two months, in order that the process of desensitization to milk could be undertaken

There is still one more situation in which I have found the skin tests to be of distinct value, and that is in regulating the diet of children who refuse to eat certain foods As the first symptom of an allergic idiosyncrasy is usually a dislike on the part of the child for the food which is a poison to him, I have found it well worth while in a number of children, with such distastes, to do skin tests for the foods they refuse to eat Herein lies the path of safety, for if the distaste is an expression of a true allergy and the food is forced upon the child, the results may be disastrous If, on the other hand, a skin test is made for every food concerning which there is controversy, one can tell the parents definitely whether or not the distaste is constitutional and must be respected, or is notional and should be suppressed

So far I have dwelt upon the bright side of this method of studying the diseases caused by individual idiosyncrasies I have shown that the etiology of a number of chronic conditions, previously considered mysterious, have been cleared up, and that a certain number of diseases, formerly considered more or less incurable, can be relieved I have shown that in other acute conditions of the gravest import the apparently impending fatality may be averted by a prompt study of the patient's allergic idiosyncrasies, and an intelligent application of the knowledge so obtained

Let me now say a few words on the dark side of the picture In the first place, we cannot promise results in all cases, but in what branch of medical science can we do so? The work is tiresome to physician and patient alike In an infant one can rarely do more than twelve tests at a sitting, and in an older child, the limit of his patience has been reached by the twenty-fifth test Though there is practically no real pain associated with the tests, young children are always frightened by the proceeding and struggle and scream during the entire time of the first investigation, and often at later sittings also, though an amenable child of four years, usually learns by the third time that the procedure has not the horrors he at first anticipated

If one gets one or more positive tests at the first sitting, the parents will usually have enough interest to return for later tests If the first tests are all negative, a certain proportion never return When definite results are obtained, enthusiasm is felt, but when a child is brought back eight or ten times and over a hundred tests are made all negative, it is difficult for both physician and parent to avoid discouragement

Fortunately, as more and more test materials become available, the proportion of unsuccessfully tested cases becomes less and less A recent step in advance has been that of making test solutions from the dust taken from the home of cases of asthma which fail to give reactions to the ordinary stock materials In a certain number of cases a reaction can be obtained from such dust, and there have been good results from therapeutic inoculations with extracts of such dust This is a delicate job, as the dust contains many different substances as animal hairs, sachet powders, feather dust and pollens, and as one has no idea which ingredient is the causative factor, one has no knowledge as to the strength of the dose being given However, when the usual methods fail, this should be considered Again when the stock material fails to give a test, for example to dog hair, a special test material made from the hair of a particular dog to which the patient is exposed, may solve the problem

Another drawback to the work is the fact, especially in cases of the allergic condition which have acute onsets as asthma, urticaria or gastro-intestinal crises that during the attack and for some days thereafter, the accuracy of the tests is greatly reduced It would appear that the explosion of the attack in some way renders the patient temporarily immune to the offending material, so that if a test is made during an attack of asthma or within a week following, a negative skin test may be obtained, with the very substance which has caused the attack Tests made at such time may be not only valueless but misleading

Human nature being what it is, most patients are willing to do anything to get relief at the time they are suffering, but forget all about the matter between attacks Great care must be taken to make the patients understand the necessity of returning during the well interval, if one is to keep their confidence in the face of a refusal to test during an attack

Whereas, when the epidermal method of testing is used, the procedure is quite safe and can be carried on in one's office, if the more delicate endermal method is attempted, the danger of shock is so great that it is doubtful whether it should be undertaken outside of a hospital, unless one has had extensive experience therewith

Perhaps the most serious drawback to this method of investigating the allergic diseases is the trouble and the expense In order to do the work adequately, one must keep constantly on hand at least one hundred and pref-

erably many more actively potent test proteins The active life of these proteins varies and outside of a research laboratory, there is no means of testing their potency For this reason they must be renewed at frequent intervals The materials are supplied in quantities of 25 to 50 mgm , enough for from five to ten tests only The stock has to be gone over every few days and those of which the supply is getting low, have to be renewed This takes time, trouble and money, sometimes to the extent of several hundred dollars a year For this reason, the method will never become popular in the hands of the general practitioner, who would probably see only a few cases a year and would not be able to devote the time or spend the money requisite for doing the work The only way that it can be done satisfactorily, is for a few men in each community to make a point of doing the work and for their confreres to refer their cases to them for investigation, and for recommendation as to treatment There are in most cities, some few men who are attempting to do this work more or less adequately, and I venture to say that very few of them are receiving a financial recompense in any way commensurate with the time or money being expended by them in keeping up their supplies Of course, the more referred work such men receive, the more thoroughly they can afford to do the work

In concluding allow me to say that this study of the diseases mentioned from the viewpoint of their allergic origin has passed the experimental stage, it has become an established branch of medical science The results obtained by this method of study are in a certain proportion of cases brilliant. There is no danger associated therewith Most of the conditions in question are by any other method of treatment, discouraging, and some are acknowledged to be incurable

In consideration of these facts, I believe that every case of asthma, hay fever, eczema, urticaria recurring bronchitis and allergic shock should be referred to some person equipped to do skin tests, to be studied from the viewpoint of their allergic origin I do not think I go too far when I say that a physician who treats these diseases without giving them the opportunity of having their allergic condition investigated, is practicing the medicine of the last century, and is no more giving his patient a square deal than is the man who treats acute appendicitis with olive oil instead of the knife, neglects to administer salvarsan in syphilis, and antitoxin in diphtheria, or allows a chronic gastric condition to go on for months without an x-ray examination

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STRICTURE OF THE MALE URETHRA PROGNOSIS AS BASED UPON A STUDY OF 1244 CASES*

By MEREDITH F CAMPBELL, M D , NEW YORK, N Y

BECAUSE of the histo-anatomy of urethral stricture, the prognosis is reciprocal not only with the diligence, intelligence and persistence with which treatment by urethral dilatation is carried on but also with the incidence of local intercurrent infections While the clinical course of stricture is a highly individualistic phenomenon and the study of a comparatively few cases serves but to confuse and give false impressions, the observation of a large number of these patients with a careful scrutiny of their past records indicates that there is a certain prognostic uniformity which may be anticipated We have recently completed such a study in 1244 cases of stricture admitted to the Urological Service of Bellevue Hospital and from these observations have gleaned certain prognostic data in a relatively large cross section of stricture clinicopathology This data we are here presenting

Etiologically, urethral strictures may be grouped as (1) spasmodic or neurogenic, (2) congenital or (3) acquired Acquired strictures may be of traumatic origin or may follow inflammation and it is this group of lesions we are concerned with here Most traumatic strictures are found in the membranous urethra, they follow perineal "straddle injuries," and in this series comprised but 1 9% (23 cases) of the total number It is safe to state that 95% of all urethral strictures are due to gonorrheal infection, in but 60 of our cases was gonococcus infection denied and from some of these patients the organisms were isolated during hospitalization Although traumatic strictures are somewhat more dense form more rapidly and as a rule are more obstinately tenacious than inflammatory strictures for therapeutic and prognostic considerations we may regard them as clinically identical

Three-fourths of these patients were between the ages of 30 and 60 our youngest was 16 and our oldest 91 years of age (Table 1) The majority acquired their gonorrhea during their twenties, the period of greatest sexual activity and promiscuity, but in a surprisingly large number symptoms of stricture did not become manifest

* From the Urological Service of Bellevue Hospital

TABLE I

19 and under	6
20-29	203
30-39	275
30-49	296
50-59	251
60-69	134
Over 70	43
Not recorded	36
	1244

until after the age of forty (Table 2) We may state that in general slowly forming strictures will be more easily cured than those dense strictures of rapid origin, so often associated with an unusually virulent gonorrhea The earlier the stricture is exposed to therapeutic attack, particularly before advanced nephropathy has developed, by that much will the prognosis be rendered more favorable

TABLE II

Time relationship between Gonorrhea and initial Stricture symptoms

	Years							
	under 1	1	2	3	4	5 9	10 15	over 15
One attack only	27	92	43	32	35	29	133	299
First G C	1	1	4	7	81	41	52	101
Last G C		43	27	15	20	44	31	31

Of 714 having but one attack of gonorrhea, 15% developed clinical stricture within one year, five within two months The others had suffered one to a dozen attacks and a large number of these had been operated on previously for stricture, periurethral abscess or urinary extravasation (Table 3)

The pathological picture of stricture is that of scar plus inflammation with its associated local cellular infiltration involving the urethral glandular structures as well as the periurethral tissues Stricture is proportional to the intensity of the urethral infection rather than its duration and if several focal areas of intense inflammation develop along the canal, one may anticipate several strictures The intensity of the inflammation influences in no small degree the ultimate prognosis, small localized relatively superficial scars resulting from a rather mild infection will not be apt to give rise to serious clinical manifestations nor will great difficulty be encountered in dilating such lesions On the other hand, marked urethral and periurethral infiltration and scar will necessitate frequent and often life-long dilatation, the alternative being the prospect of an early death from urinary sepsis

Because of the inherent quality of scar tissue to contract, the pathological and, by the same token, the clinical picture of stricture is never stationary Clinical cure is accomplished not by removal of

TABLE III

Previous Operations for Urethral Stricture

Times Operated	
1	317
2	20
3	7
4	2
7	1
9	1
Interval since operation	
Less than 2 years	60
2 to 4 years	72
5 to 6 years	33
7 to 10 years	65
Over 10 years	101
Not stated	17
With associated periurethral abscess	29
For prostatic abscess	1
For extravasation of urine	3

the scar but by its overdilatation It must ever be borne in mind, however, that the acquisition of new urethral infections serve but to light up old stricture and a lesion apparently cured previously may again rapidly become tight and extremely dense By the consideration of such factors does the extreme difficulty of accurate prognosis regarding stricture become apparent A favorable prognosis therefore is rendered likely by absence of intercurrent infections (either newly acquired or exacerbative in character) and persistent treatment

The proper treatment of the gonorrhea is the best preventive treatment of stricture When the infection is well controlled or has subsided, the passage of steel sounds (24-28F) hastens the absorption of inflammatory exudate by acting as a gentle massage inciting temporary local congestion Most strictures do not require cutting, intelligent and persistent passage of sounds will cure most strictures and control all Scar is not removed except by excision but by the passage of sounds inflammatory infiltration will be absorbed A third of this series were not operated upon, a large number of those operated upon would not have been so treated except for economic reasons of greatest importance to these patients These individuals would not follow through the prolonged course of sounds required and in these cases a normal urethral calibre is most rapidly established by cutting In private practice, however, few strictures are encountered which will not respond to the passage of sounds over an extended period

Strictures of the meatus should be cut Firm stricture of the pendulous urethra often requires cutting but strictures of the bulb will usually yield satisfactorily to dilatation Strictures of the membranous urethra are usually traumatic in

origin and require urethrotomy Periurethral abscess and impassable stricture each demand incision Unfortunately, in the minds of many patients, urethrotomy promotes a false sense of security, they believe themselves permanently cured of their strictures and will not return for further instrumental dilatation As a prognostic factor, this point is of extreme importance and accounts in a great measure for the large number of patients we see whose lives have been checkered with urethrotomies If the passage of sounds of ample size (28-30F) is instituted within a week following urethrotomy and is continued regularly at five to seven-day intervals until the strictures no longer contract, the incised ends of the stricture band will not grow together but will heal widely separated If the instrumentation is not started at once, the firm sclerotic union of these cut stricture margins will bring about a scar of even greater intensity than existed preoperatively

That one should not delay post-operative instrumentation is suggested by the observation that of the 848 operative cases cut to permit the passage of a 30-32F sound to the bladder, 16 required reoperation because, when instrumented ten days after the first operation, the canal was found to be exceedingly tight or even impassable Obviously, in such cases, the original operation was of little value to the patient other than to establish temporary bladder drainage

Because of the prolonged urinary back pressure due to the urethral obstruction, renal function is greatly reduced Often gross destruction of the kidneys has occurred Renal infection is the rule with all except early cases of stricture Upon the remaining functional capacity depends in a great measure the hope of the patient for life and upon the preservation or augmentation of this function depends the prognosis Of the fatal cases of this series, the majority died of renal infection or renal failure. Two-hour phenolsulphonphthalein estimations were made in a third of the 1,244 patients and of this number, half excreted less than 30%, and three excreted no dye at all in two hours and four others but a trace Estimation of the blood non-protein-nitrogen (or urea) and creatinin indicates what the kidneys have been doing in recent days Of those cases in which such estimations were recorded, relatively few showed an extreme nitrogenous retention (Table 4) In general we may summarize by stating that the prognosis is unfavorable if the phenolsulphonphthalein excretion is below 20% in two hours or the non-protein-nitrogen is above 100 mgms or the creatinin above 4 mgms per 100 cc. of blood Many of these cases, however, will recover promptly

It is obviously impossible to follow such a large series of cases over a period of years especially since they have been cared for in a large city hospital and represent in no small measure a floating population We cannot therefore, base our prognostic data on the immediate results of our most recent treatment. We can however, by carefully studying the preoperative histories of these patients, estimate quite accurately what will be the ultimate result of our treatment and thereby determine the general prognostic index in a large series of patients suffering with stricture While realizing the unfairness of comparing such end results with those obtained in private practice among a more intelligent class of patient, it must be borne in mind that tissue reactions are in general alike We have observed stricture lesions in private patients (including three physicians (of nearly the same severity as in these charity hospital patients and should the former group deny themselves surgical attention to the extreme degree as the latter do, the ultimate clinical picture would be identical

TABLE IV

Functional Examinations

Phenolsulphonphthalein test (per cent in 2 hours intramuscularly)	
None	3
Trace	4
Under 5%	15
6-15%	88
16-30%	88
31-50%	131
Over 50%	101
Creatinin	
Under 1 mgm 100 cc	6
1-2 mgms	201
2-3 mgms	69
3-4 mgms	12
Over 4 mgms	9
Non-Protein-Nitrogen	
Under 35 mgms 100 cc	317
36 to 50 mgms	122
51 to 75 mgms	36
75 to 150 mgms	11
Over 150 mgms	7

Of this series of 1,244 cases, 99 or 7 3% died Some (13) were not operated upon having been admitted to the hospital in coma and having died before urinary drainage could be instituted Exclusive of the extravasation cases secondary to stricture, the operative mortality was 4 9%, inclusive of urinary extravasation cases, 10 1% Over half (54 2%) of those stricture cases complicated by extravasation died Pneumonia was the immediate cause of death in eight patients, cardiac failure killed six, embolism one and paralytic ileus one Of the remainder most died of renal sepsis

Probably some of these stricture patients will be cured but the majority will continue an ir-

regular course of sounds during the lapses of which more scar will form and old scar will intensify This process will continue with the possible intercurrence of an acute urethritis Following this the patient may develop a periurethral abscess, urinary extravasation or suffer acute retention A severe prostatitis or even prostatic abscess may develop The patient may weather several such recurrences or the acute retentions may eventually become a chronic retention with overflow and an associated intercurrent acute renal infection is most likely to develop On the other hand, the only evidence of stricture may be dysuria, frequency and the presence of a gleet discharge with large shreds in the urine In any event, we find that within a period of a few years over a third of the entire number will require reoperation and of this relapsing group, a fourth will require reoperation within ten years Twenty of our patients had been operated on twice previously for stricture, seven three times, two four times, one seven and another nine times Three had had previous operations for extravasation, and twenty-nine had been operated on for periurethral abscess

In summary then, we may state that the prognosis of stricture is in direct ratio to the severity of the inflammatory scar and to the thoroughness of treatment The intelligent use of steel sounds will cure a few cases and control all Operative procedures are required in the presence of periurethral infection, impassable strictures or those which do not respond properly to sounds It should be forcibly impressed upon the mind of the post-urethrotomy patient that the operation is not the end but only a step in the progression to a cure Urethral dilatation must be started soon after operation and carried on until such time as the urethra will remain dilated It is important even then, that sounds be passed two or three times a year Of patients in whom this schedule is not followed, a third will require reoperation, a fourth of this number will require reoperation within ten years In considering the prognosis in a given case, the renal function and presence or absence of renal complications always merit most serious consideration since renal function is the thread by which the life of the patient hangs

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SOME PRESENT TRENDS IN THE TREATMENT OF PEPTIC ULCER*

By HOWARD F SHATTUCK, M D, NEW YORK, N Y

THE persistent effort to arrive at a uniform procedure in the treatment of peptic ulcer in the past few years has borne fruit in spite of the uncertainty and conflicting data on the subject Unfortunately the ideal treatment medical or surgical, is not yet in sight Yet there can be no question that accumulating experience and the studies of large groups of ulcer-bearing patients have considerably improved ulcer treatment in recent years A vast literature on ulcer continues to appear, making it rather difficult for anyone not especially interested in the subject to follow the present trends in its treatment It is the purpose of this paper to point out briefly just what seem to be the most generally accepted changes that have occurred recently in ulcer management

There has been a distinct swing of the pendulum toward medical management before resorting to surgery, except with complications and certain types of ulcer Many of our most able and experienced surgeons have taken a leading part in this change of attitude Let me quote three of them Lahey[1] states that it is his policy to operate in peptic ulcer

1st—In cases of perforated ulcer

2nd—In unrelieveable obstruction

3rd—In cases of recurrent hemorrhage

4th—In all cases where there is a reasonable ground for suspicion of carcinoma

5th—In cases of failure with medical management

He further states that obstruction due to ulcer medically unrelievable is a rarety in his experience, and that the group in which surgery has been done in his clinic for failures with medical management is a small one Certainly Lahey seems like an ultra-conservative regarding surgery in peptic ulcer compared with many internists Sir Berkeley Moynihan[2] holds that "It is at least arguable that the necessity for surgical relief in many cases is due to a too perfunctory trial of medical treatment" He advises before resorting to surgery that "a really serious attempt to treat all cases of chronic peptic ulcer by medical treatment should be made" William J Mayo[3] states "each case must be considered individually, and when it is reasonably possible, careful medical management of the ulcer should be given a thorough trial before operation is recommended" Thus it appears that indiscriminate surgery for peptic ulcer before a trial with medical treatment, is as bad practice as to withhold operation for cases of repeated hemorrhage and organic pyloric obstruction

At the same time there is an unmistakable trend to more and more radical surgery in dealing with peptic ulcer First, we had gastro-enterostomy,

*Read before the Clinical Research Society, New York City April 30, 1928

then pyloroplasty, succeeded by various forms of pylorectomy and excision, and lastly by subtotal gastrectomy with complete exclusion of the ulcer-bearing area Of course these extremely radical surgical procedures are by no means universally accepted by the surgeons themselves, while they are causing no little uneasiness among the internists

In the medical management of peptic ulcer, definite changes have taken place in the last few years There are still several different plans of management all strongly supported by their advocates and all yielding apparently equally good results in the hands of those skilled and experienced in their use

Frequent Feedings Duodenal feeding with one of the duodenal tubes gives considerable digestive rest and was widely used during the war period It is disagreeable for most patients however, and has been generally abandoned, except by a very few The principle of frequent feeding of a bland fluid and soft diet seems to be the most important part of the medical treatment and is common to all forms now in general use Sippy's orthodox treatment calls for hourly feedings long continued, but in recent years two hourly feedings have been very frequently used As the treatment progresses the periods have even been lengthened to every three hours by some In addition, there is an increasing tendency now to continue these frequent or intermediate feedings, usually of milk, for two years or longer, as I will point out later in connection with the duration of treatment

Alkalis There has been a distinct change regarding the use of alkalis Until a few years ago it was quite general to follow the lead of Sippy by using large amounts of alkali every hour for a very long period When it was found, however, that these massive doses produced alkalosis and other toxic effects in some patients, and that most patients did very well with greatly reduced amounts of alkali, or none at all, their use was considerably modified or abandoned While some modification of Sippy's treatment is still more widely used than any other, few men follow him in attempting to completely neutralize the free hydrochloric acid with alkalis Some do not use them at all as a routine, but the majority still continue the use of alkalis in small amounts at the beginning of treatment at least to help to bring the distress symptoms under rapid control

Duration of Treatment The follow-up studies of large groups of ulcer-bearing patients that have been carried out in the last ten or fifteen years have profoundly modified our attitude regarding the length of time that medical treatment should be carried out Many patients even now are carefully treated for only a few weeks or months Alvarez,[4] at the Mayo Clinic, recently on questioning 100 patients who had been previously treated medically for ulcer, found that "most of them had been allowed to return to a full diet within a few days or weeks after a cure" Many have recurrences because they return too soon to an unrestricted diet, the use of alcohol, tobacco, etc Recently I have seen three young patients, symptom free for over a year and showing favorable X-ray improvement, who have had relapses following the use of alcohol and the failure to keep up some intermediate feedings Some patients may get a so-called medical cure in one year But, it is best for all to follow a restricted diet, abstain from alcohol and have intermediate feeding for two years at least. Some patients will have to follow a somewhat restricted diet much longer, perhaps for the rest of their lives The success of the physician in getting a satisfactory medical result will depend, in a very large number of cases, on his ability to persuade his patients to carry out medical treatment for a sufficiently long time It need not be as careful a treatment as that used in the first few weeks, but it does need to be restrictive treatment just the same

All patients with ulcer should be firmly and repeatedly impressed with the necessity of long patient, faithful observance of the rules They must be taught to take care of their ulcers just as patients are taught to take care of their diabetes or tuberculosis All this takes time and infinite pains It is this part of the treatment that is more often neglected than any other And this neglect is undoubtedly the most frequent cause of failure with medical treatment

Until some better method of treating ulcer is found some patients will have to be careful about their diet and habits for the rest of their lives This applies equally well to many patients following operation for ulcer The rather disappointing late results of medical treatment with ward patients from the lower economic classes of our population, is due in a large measure to their inability or unwillingness to continue the treatment under medical supervision during the months following their discharge from the hospital Consequently we must expect a much larger number of these patients to come to surgery and at an earlier period than private patients do It is largely a problem of economics and intelligence

Exercise It has been pointed out that there is often an unfavorable effect on duodenal ulcer from tugging on the duodenum resulting from certain movements in bending and lifting It is not an uncommon experience for patients to have a recurrence of symptoms following hard work or strenuous exercise For this reason it is much more general now to forbid hard physical work or strenuous exercise during the active treatment of ulcer Walking is about all that is permitted in the beginning Of course patients become restive under these restrictions and often rather take

regular course of sounds during the lapses of which more scar will form and old scar will intensify. This process will continue with the possible intercurrence of an acute urethritis. Following this the patient may develop a periurethral abscess, urinary extravasation or suffer acute retention. A severe prostatitis or even prostatic abscess may develop. The patient may weather several such recurrences or the acute retentions may eventually become a chronic retention with overflow and an associated intercurrent acute renal infection is most likely to develop. On the other hand, the only evidence of stricture may be dysuria, frequency and the presence of a gleet discharge with large shreds in the urine. In any event, we find that within a period of a few years over a third of the entire number will require reoperation and of this relapsing group, a fourth will require reoperation within ten years. Twenty of our patients had been operated on twice previously for stricture, seven three times, two four times, one seven and another nine times. Three had had previous operations for extravasation, and twenty-nine had been operated on for periurethral abscess.

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SOME PRESENT TRENDS IN THE TREATMENT OF PEPTIC ULCER*

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THE persistent effort to arrive at a uniform procedure in the treatment of peptic ulcer in the past few years has borne fruit in spite of the uncertainty and conflicting data on the subject. Unfortunately the ideal treatment medical or surgical, is not yet in sight. Yet there can be no question that accumulating experience and the studies of large groups of ulcer-bearing patients have considerably improved ulcer treatment in recent years. A vast literature on ulcer continues to appear, making it rather difficult for anyone not especially interested in the subject to follow the present trends in its treatment. It is the purpose of this paper to point out briefly just what seem to be the most generally accepted changes that have occurred recently in ulcer management.

There has been a distinct swing of the pendulum toward medical management before resorting to surgery, except with complications and certain types of ulcer. Many of our most able and experienced surgeons have taken a leading part in this change of attitude. Let me quote three of them. Lahey[1] states that it is his policy to operate in peptic ulcer:

1st—In cases of perforated ulcer.

2nd—In unrelieveable obstruction.

3rd—In cases of recurrent hemorrhage.

4th—In all cases where there is a reasonable ground for suspicion of carcinoma.

5th—In cases of failure with medical management.

He further states that obstruction due to ulcer medically unrelievable is a rarety in his experience, and that the group in which surgery has been done in his clinic for failures with medical management is a small one. Certainly Lahey seems like an ultra-conservative regarding surgery in peptic ulcer compared with many internists. Sir Berkeley Moynihan[2] holds that "It is at least arguable that the necessity for surgical relief in many cases is due to a too perfunctory trial of medical treatment." He advises before resorting to surgery that "a really serious attempt to treat all cases of chronic peptic ulcer by medical treatment should be made." William J. Mayo[3] states "each case must be considered individually, and when it is reasonably possible, careful medical management of the ulcer should be given a thorough trial before operation is recommended." Thus it appears that indiscriminate surgery for peptic ulcer before a trial with medical treatment, is as bad practice as to withhold operation for cases of repeated hemorrhage and organic pyloric obstruction.

At the same time there is an unmistakable trend to more and more radical surgery in dealing with peptic ulcer. First, we had gastro-enterostomy,

*Read before the Clinical Research Society, New York City, April 30, 1928.

then pyloroplasty, succeeded by various forms of pylorectomy and excision, and lastly by subtotal gastrectomy with complete exclusion of the ulcer-bearing area Of course these extremely radical surgical procedures are by no means universally accepted by the surgeons themselves, while they are causing no little uneasiness among the internists

In the medical management of peptic ulcer, definite changes have taken place in the last few years There are still several different plans of management all strongly supported by their advocates and all yielding apparently equally good results in the hands of those skilled and experienced in their use

Frequent Feedings Duodenal feeding with one of the duodenal tubes gives considerable digestive rest and was widely used during the war period It is disagreeable for most patients however, and has been generally abandoned, except by a very few The principle of frequent feeding of a bland fluid and soft diet seems to be the most important part of the medical treatment and is common to all forms now in general use Sippy's orthodox treatment calls for hourly feedings long continued, but in recent years two hourly feedings have been very frequently used As the treatment progresses the periods have even been lengthened to every three hours by some In addition, there is an increasing tendency now to continue these frequent or intermediate feedings, usually of milk, for two years or longer, as I will point out later in connection with the duration of treatment

Alkalis There has been a distinct change regarding the use of alkalis Until a few years ago it was quite general to follow the lead of Sippy by using large amounts of alkali every hour for a very long period When it was found, however, that these massive doses produced alkalosis and other toxic effects in some patients, and that most patients did very well with greatly reduced amounts of alkali, or none at all, their use was considerably modified or abandoned While some modification of Sippy's treatment is still more widely used than any other, few men follow him in attempting to completely neutralize the free hydrochloric acid with alkalis Some do not use them at all as a routine, but the majority still continue the use of alkalis in small amounts at the beginning of treatment at least to help to bring the distress symptoms under rapid control

Duration of Treatment The follow-up studies of large groups of ulcer-bearing patients that have been carried out in the last ten or fifteen years, have profoundly modified our attitude regarding the length of time that medical treatment should be carried out Many patients even now are carefully treated for only a few weeks or months Alvarez,[4] at the Mayo Clinic, recently on questioning 100 patients who had been previously treated medically for ulcer, found that "most of them had been allowed to return to a full diet within a few days or weeks after a cure" Many have recurrences because they return too soon to an unrestricted diet, the use of alcohol, tobacco, etc Recently I have seen three young patients, symptom free for over a year and showing favorable X-ray improvement, who have had relapses following the use of alcohol and the failure to keep up some intermediate feedings Some patients may get a so-called medical cure in one year But, it is best for all to follow a restricted diet, abstain from alcohol and have intermediate feeding for two years at least Some patients will have to follow a somewhat restricted diet much longer, perhaps for the rest of their lives The success of the physician in getting a satisfactory medical result will depend, in a very large number of cases, on his ability to persuade his patients to carry out medical treatment for a sufficiently long time It need not be as careful a treatment as that used in the first few weeks, but it does need to be restrictive treatment just the same

All patients with ulcer should be firmly and repeatedly impressed with the necessity of long patient, faithful observance of the rules They must be taught to take care of their ulcers just as patients are taught to take care of their diabetes or tuberculosis All this takes time and infinite pains It is this part of the treatment that is more often neglected than any other And this neglect is undoubtedly the most frequent cause of failure with medical treatment

Until some better method of treating ulcer is found some patients will have to be careful about their diet and habits for the rest of their lives This applies equally well to many patients following operation for ulcer The rather disappointing late results of medical treatment with ward patients from the lower economic classes of our population, is due in a large measure to their inability or unwillingness to continue the treatment under medical supervision during the months following their discharge from the hospital Consequently we must expect a much larger number of these patients to come to surgery and at an earlier period than private patients do It is largely a problem of economics and intelligence

Exercise It has been pointed out that there is often an unfavorable effect on duodenal ulcer from tugging on the duodenum resulting from certain movements in bending and lifting It is not an uncommon experience for patients to have a recurrence of symptoms following hard work or strenuous exercise For this reason it is much more general now to forbid hard physical work or strenuous exercise during the active treatment of ulcer Walking is about all that is permitted in the beginning Of course patients become restive under these restrictions and often rather take

their chances with vigorous exercise or change to some physician who is less strict Some get sick and tired of medical treatment and resort to surgery without further delay

Ambulatory Treatment Most of the standardized forms of medical treatment of ulcer include a preliminary rest period as an important part of the regime And it has been generally believed that mental and physical rest play a large part in the success of medical treatment It was one of the cardinal principles of Sippy However, the large number of patients unable to afford the time and expense of the preliminary rest treatment has resulted in the use of ambulatory treatment with an increasing number of these portions of our population in the lower economic strata In a recent questionnaire among the members of the American Gastro-Enterological Association, Carter[5] discovered that a considerable number favored the ambulatory type of treatment No mention was made as to whether these men used it exclusively or only when conditions required it But he further found that satisfactory results reported with ambulatory treatment were distinctly lower than with the preliminary rest treatment, being 32 per cent as against 61 per cent Alvarez[4] has presented the case of ambulatory treatment more strongly perhaps than any other Despite this unmistakable trend toward a wider use of the ambulatory form of treatment, my personal conviction is that where preliminary rest is reasonably possible, better results will follow in the long run when it is used It removes mental and physical strain And like the preliminary hospital treatment of a patient with diabetes, it provides a splendid opportunity to train the patient in the care of his disease under strict control

It must be remembered that peptic ulcer is a fairly common condition Most of the patients will be cared for by the average general practitioner under average conditions Accordingly, we must have a simple, workable plan of treatment that can be applied by the average physician to the average patient Such a plan is the ambulatory regime of frequent feedings, say every two hours, with three meals of suitable soft, bland food with or without the administration of small amounts of alkalis three or six times a day Still better forms of treatment will be available for those who can afford the time and extra expense connected with them But we must be prepared as in so many other chronic diseases to adjust the treatment to the patient's economic and social status when necessary

There are a number of other considerations, such as the use of tobacco and the removal of foci of infection that might be considered We can merely allude to them here There is still a little diversity of opinion about the use of tobacco, but I think that most careful observers favor stopping it altogether, at least for a long period during active treatment The status regarding foci of infection is essentially the same as in other conditions associated with them, with perhaps a swing of the pendulum away from the extreme radicalism of a few years ago Of the constitutional tendency to ulcer or ulcer diathesis, so called, we know very little But present studies on human constitution such as those being made by Draper, are sure to shed light on this exceedingly interesting and perplexing problem

In conclusion it may be said that some of the recent trends in the treatment of peptic ulcer are as follows

1 It is quite generally accepted that, excluding complications and certain types of ulcer, all peptic ulcers should first be given the benefit of suitable medical treatment before resorting to surgery

2 The principle of frequent feedings long continued is recognized as the most important part of medical treatment

3 No general agreement exists about the role of alkalis in medical treatment The prolonged use of excessive amounts, as advocated by Sippy has been largely abandoned And while some methods of treatment do not include alkalis at all, most of them use small amounts of alkali in the beginning, at least, to bring the distress symptoms under rapid control

4 The duration of medical treatment has been extended from a few weeks or months to at least one or two years, possibly longer It is now recognized that some patients have to follow certain restrictions for the rest of their lives

5 More attention has been paid in recent years to restricting certain forms of physical activity during the early months of medical treatment

6 The great majority of those especially interested in ulcer treatment, still favor the preliminary rest treatment when it is possible But the large number of ulcer patients who cannot afford the time and expense for such treatment has brought about a much greater use of the ambulatory type of treatment for these patients

7 Tobacco and alcohol are now generally prohibited for long periods

8 Obvious foci of infection are eradicated at the start, but the pendulum, has swung away from the ultra radicalism of a few years ago regarding foci

1 Lahey, F H., and Jordan S M "When to Operate in Cases of Peptic Ulcer" *N Y State Med Jour* 27 60 (Jan. 15) 1927

2 Moynihan, Sir Berkeley "Diagnosis and Treatment of Chronic Gastric Ulcer" *British Med Jour* 2 768, 1919

3 Mayo, W J "Progress in the Handling of Chronic Peptic Ulcer" *Jour A M A* 79 19 (July 1) 1922

4 Alvarez W C "A Practical Treatment of Duodenal Ulcer" *Jour A.M A* 87 2086 (Dec. 18) 1926

5 Carter, H S "Some Aspects of Medical Treatment of Peptic Ulcer" *Bulletin of N Y Academy of Medicine* Dec., 1926

THE HEALTH EXAMINATION—SOME FUNDAMENTAL CONSIDERATIONS*

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The study of the status of the health examination in medicine, economics, and every-day affairs reveals a diversity of faith and practice An assay of the situation may aid discussion, work toward agreement, and facilitate progress The health examination is a new and rapidly developing subject It needs landmarks The following discussion is prompted by this need

Definition—1 A good definition should recognize the three essentials of the examination (1) the health client, (2) the purpose of the examination, (3) and the examiner

2 'The medical examination of a man in good health" may serve the purpose of a brief definition The following is more exact and descriptive "A health examination is an inspection of a man (presumably in health) to defeat disease and deterioration, increase health, happiness, and efficiency by every way possible to a skilled, understanding medical adviser"

We must also define our new terms as we adopt them The term "health client,' referring to the health examinee, and 'preclinical signs," recommended four years ago, seem to be increasingly approved (*Medical Journal and Record*, Oct 21, 1925, "The Health Examination and Its Distinctive Features" by C Ward Crampton, M D) The health examination, however, can only be adequately defined by describing it It has for its initial purpose the discovery of disease conditions actively present This is all that the health examination means to most physicians and the general public This is reason why the average man is afraid of the health examination It connotes something destructive This has been the chief obstacle to its progress

The second function of the health examination is to discover the preclinical signs of oncoming disease The term 'preclinical' is new It refers literally to the stage previous to taking to one's bed (cline = bed) Preclinical signs of disease may be found (1) In the anatomical structure of the client (2) By physiological tests, (3) The observation of certain deviations from the normal, (4) The study of life habits, (5) Conditions, (6) Environment, (7) The record of previous illnesses (8) The study of the lives of ancestors and collaterals The health examination has to do with disease present in the first case and potential, preclinical) in the second This is the pathological aspect of the health examination

It has another aspect which relates to conditions which are the opposite of disease, to wit, health, happiness, vigor, efficiency, and long life In a sense, all these desirable positive human states are made possible only by the absence, or relative absence, of disease The best way to work toward long life is to remove those things which shorten life These are largely pathological Similarly the most efficient way to preserve youth, increase vigor, and happiness is to remove those pathological conditions which destroy them In addition to these anti-pathological efforts, there is, therefore, a constructive phase of the health examination which seeks by the regulation of life and various physiological, psychological, and social means to increase the abundance of the fruits of health and make the living of life more keenly desirable and worth while living long

This difference in point of view is illustrated by the following story which is told about a patient in a celebrated sanitarium He had been examined by many doctors in many ways and by many impressive processes over a period of a week Thoroughly exhausted, he was given his final interview by the head physician, who stated as follows "You are a very sick man Thus and so is much impaired, and this and that are quite seriously damaged, but, if you follow our advice, keep under our care, eat no meat, stop smoking, never take a drink, and go to bed at nine o'clock every night, you will live perhaps ten years longer" The patient fixed his consultant with a dim and baleful eye and replied "What for?"

Thus there are three departments of medicine recognized in the health examination (1) the pathological, (2) the preclinical, and (3) the constructive (positive health) To define completely the health examination requires a far more extensive and incisive analysis For this purpose the following headings are suggested

1 Purpose
2 Content
3 The health client (different kinds)
4 Time consumed in the health examination
5 Place and circumstance (office, clinic, home, contest, campaign)
6 The examiner and his status (private practice employed, group, hospital)
7 The economics, cost, worth, and value

A brief reference to each topic is important Each division interlocks with every other and the discussion of one touches upon all

Purpose—There are quite a variety of purposes in mind when a presumably healthy person is examined by a physician

1 The health examination may have a very limited purpose Persons handling food must be

*Much of an address on The Economic Aspects of the Health Examination" delivered before the Medical Alliance on May 2 1929 has been employed in this article.

examined to make sure that they are not suffering from any contagious disease and the Wassermann test is considered the chief essential The purpose is primarily protection of others Technically this is a health examination because the examinee is presumably in good health It is sufficient for its very limited purpose and we must value it accordingly

2 The insurance examination has for its purpose the protection of the company against bad risks It seeks to find out if the examinee will die too soon thereby costing the company more money than he has paid in premiums This examination is technically a health examination because the examinee is presumably in health It fulfills its purpose as well as may be We must not expect it to benefit the examinee That is not the intention It may help make him aware of his status and thereby function as a good health examination As a rule, however, if he passes it, he gets a false sense of security and this provides an excuse for omitting a real health examination This does harm

The health examination offered by insurance companies to their policy holders is different This purpose is to prolong life so that more premiums may be paid into the treasury of the company This is a real health examination in so far as its purpose is concerned, however limited it may be in its scope and merit It does good It must be valued accordingly

3 The usual health examination is confined exclusively to pathology in its simplest and most evident form The question is asked by the health client, "Have I any disease I do not know about?" The doctor thereupon looks for disease He finds it or he does not find it He gives an answer, "You have no disease You are all right Come in next year"—or, "You have such and such a disease You must do so and so" This search for disease is, in the opinion of many, a complete health examination Such, however, is not the case Nevertheless it does much good The world would be a better place if people generally had these examinations and the physicians generally gave them This examination may be as much as we legitimately can ask of the public and of the physician in general for the next decade It may be politic for us to make this examination the standard and work for this alone until we can go further The examination, however, neglects two fields The first is the *Preclinical* field This answers the question, "Are there any signs of oncoming illness against which I can take reasonable measures," and the second, the *Positive Health* field which inquires, "Are there any ways in which I might be made more vigorous, happy, and efficient?"

The field of pathology is familiar to the physician It is extensive and vital to public welfare The preclinical field is new to the physician It is promising, vastly more extensive than the field of pathology and equally important though not so urgent The positive health field of constructive medicine with its concern with the higher degrees of vitality and happiness is a definite luxury In this field the physician has hardly entered The charlatan has preceded him

The foregoing serves to illustrate some of the various purposes of the health examination

Content

A *Pathology*

Strangely the one element upon which all students of the health examination agree is the search for disease This search should be thorough Every region of the body must be gone over with care The old-fashioned doctor theoretically knew the whole body Recently the body has been cut up into various regions or systems in which the appropriate specialist rules with authority Recognizing this, we must go to the specialist for regional information, and, we hope, simple diagnostic methods The first effort in this direction was that of the New York County Medical Society which published the addresses of a series of specialists in the New York Medical Journal and later as a separate volume in 1925, printed and circulated by the New York Tuberculosis Association This has been followed by a book by Fisk and Crawford "How to Make a Periodic Health Examination" (New York, Macmillan, 1927) and recently by a volume "Preventive Medicine" by the Public Relations Committee of the New York Academy of Medicine (New York, Hoeber, 1929) All these publications deal with regional pathology but very little with preclinical medicine and almost nothing with positive health Most of the health examination forms, including those of the American Medical Association, are primarily records of pathology though there is evidenced everywhere a desire to enter the field of preclinical and constructive medicine

Much work still needs to be done in the organization of the field of simple, evident pathology and its adaptation to the needs of the health examination It will always be the most important part of the health examination for it deals with the urgent, vital, dangerous, and immediate It will never be the whole of the health examination

B *Preclinical Signs*

Preclinical signs of disease are those which appear before the man must take to his bed, as we have explained We must divide them into two groups The first group of preclinical signs is clearly pathological and comes in the category above discussed The second group contains signs which, though not in themselves pathological, indicate various degrees of probability of future ill-

ness In the first group, the pathological preclinical signs, many are familiar, viz, the appearance of albumin or sugar in the urine, a lump in the breast, a diseased tonsil, a positive Wassermann reaction, high blood pressure, and the like All of these and hundreds of other pathological signs appear preclinically, i e, before the man is sick enough to go to bed This is the great and undisputable field of the health examination It needs the vigorous services of clear sighted physicians in every specialty in medicine

The second group of preclinical signs contains many clear indications that a disease is approaching, or that it is likely to occur, or that it is more likely to occur in this kind of person than in the average person These signs are less clear, less certain and difficult to isolate Some are definite, others verge upon the speculative They are understood best by the biometrician, on the one hand, and the old-fashioned family doctor who saw people go through a life time On the other hand, they are least understood by the practical every day doctor who deals only with people already sick or seriously damaged, who seldom has time to raise his head from the distress or illness and wonder what were the beginnings of all this trouble and destruction This is the field in which preventive medicine will advance in the next five decades In this field the explanation and solution of myocarditis, nephritis, diabetes, and possibly cancer will largely be found Chronic diseases, as we see them at the death bed, are merely the terminal phenomena of a series of changes and adaptations which have progressed through several stages, the last of which we, in our restricted pathological field, are permitted to see The first six or seven stages of stenocardia may be in the preclinical field, and they may be quite remote from the heart We have a long way to go in this field before we can rightfully claim to be following the old adjuration *Obsta principiis* (Resist the first beginnings) This is the unique field of the health examination and it is a great opportunity for scientific service

Preclinical signs may be found in heredity and the study of collateral relatives, in the habits and environment of life, in the study of past illnesses, in the anatomical structure of the body, and in the physiological tests Each one of these topics requires extended and detailed consideration not possible in the present discussion

The third variety of medical effort found in the complete health examination is Constructive Medicine This recognizes the fact that ordinary average health is a thing of mediocrity It is not more desirable and satisfactory than the ordinary average income Average ordinary health implies a state far below the optimum and, in most cases, far inferior to what may be hoped for, expected, and realized This is the field of hygiene, life regulation, reasonable exercise, rational diet, and sensible life management This is primarily a medical field The doctors neglect it because they feel it is beneath them It lacks the tang of emergency, the drama of rescue They should prescribe and regulate the health producing elements of living They may be aided by ethical practitioners in exercise, massage, and the like This field should not be left unregulated for the cultist to develop The medical profession can do much to increase their service in the field of positive health

Thus the health examination consists broadly of three interlocking departments of medical effort

1 Pathology—its recognition and amelioration

2 Preclinical signs—their recognition and the institution of reasonable precautionary measures

3 The effort toward optimum health, Constructive Medicine

The Health Client

The next variable in the health examination is the health client himself There are two kinds of health clients The first come to the examination because they wish to get its benefits The second class, however, are sent for the examination by an employer, or they are required to take it in order to gain some privilege The first is voluntary, the second is obligatory The second class, who received the impetus toward the health examination from necessity, outnumber six to one those who come to the examination of their own accord This is an important consideration in the study of the subject.

The voluntary health client is assumed to be in good health Such is not always the case In fact most of the men who come to the doctor's office for a health examination suspect they are not well and have reasons for their suspicions There is, of course, a small proportion of men who have studied the health examination question, decided that it was good, and proceed to get the prospective benefits They are counseled by wisdom They are very few

The second class are the apprehensive They are by far the most numerous They are afraid of some unknown, oncoming illness because of some discomfort or minor disability and come for examination to be relieved of their fears

The third class who come for the health examination are those who are counseled by despair They have one or more chronic illnesses They have sought relief from one physician after another and have not obtained it They have hope of the health examination which goes thoroughly through every part of the body, so different from some of the examinations they have had They cherish a gleam of hope that by this process they will solve an apparently hopeless problem And, sometimes they are right Thus there are three classes of health examinees, the confident, the ap-

prehensive, and the despairing, prompted respectively by wisdom, fear, and hope

The obligatory health examination is found principally in industry The employer requires an examination and certification before employment As a rule, the examination is general and thorough enough only to meet the needs of the employer Its standards rise and fall with the labor market It always emphasizes some particular element related to the trade in question The huge number of these examinations, the fact that they are done by organizations in a wholesale manner, makes this branch of the subject of peculiar importance from the standpoint of medical economics As a rule, this kind of examination results in approval or disapproval It does not, as a rule, give any information to the client and he receives little or no benefit therefrom In this respect much advance may be made

Similar examinations are made by Labor Unions before admission The huge bulk of health examinations in school and colleges, and in organizations where exercise is taken, such as the Y M C A are of this kind The great diversity of the obligatory examination makes this subject an important one for the medical profession to study and develop

The health client who voluntarily comes to the physician's office is likely to be of the following types, given in the order of frequency first, men between forty-five and fifty-five, women, from thirty to forty, young men and women about to marry, adolescents, in the growing stage, brought in by the parents, and finally, school children (who are rapidly increasing in number) Health clients vary indefinitely, of course, as to sex, age, economic, social, and marital status Haven Emerson suggests the beginning of the health examination should be before birth We may go further and examine the grandfathers and grandmothers as well as the fathers and mothers of the oncoming generation This is the biological point of view It will be seen, therefore, that there are various kinds of health clients of the most diverse classes Each class presents problems peculiar to itelf

Time

There is a great variety of opinion as to the amount of time which should be taken for the health examination For example, at one extreme is the "one minute stripped examination" in which one hundred men employees of a certain steel corporation were lined up, without clothes, and as they passed the physician, each was given an examination of one minute This is a health examination, apparently most inadequate, but it resulted in an astonishing bulk of valuable information From this extreme brevity of one minute, the times increases to fifteen minutes, one-half hour, one hour, two hours, and more, depending upon the purpose in mind, the interest of the physician, and the time and means at the disposal of the client A week in a hospital for observation might not be too long It should be understood that to put a client through all possible tests would probably take six months and would wear out the client It is also the observation of those experienced in the subject that a brief examination by a skilful observer may be worth more than a lengthy inspection with less skill Time alone is not a pledge of merit. It is an element. The time for the health examination will be determined by what the examiner included in his plan As his vision enlarges, the time will lengthen

A plan which has worked well in office practice is the giving of the examination in two parts, several days apart At the first visit the history is taken, the laboratory tests and measurements made, and the organic examination is done Any special tests, such as x-rays, to be taken before the next visit, are then ordered On the second visit, all of the clinical and laboratory data are assembled, all questions are cleared up, the program is decided upon, discussed with the client, and set forth This plan has many advantages, both to the client and to the physician

Summary

Thus the writer has endeavored to discuss briefly the salient points in the first four of the elements of the health examination which cause it diversity They are the purpose and content, the nature of the health client, and the time consumed The other variables, the examiner, the place of examination, the economic aspects, have necessarily been referred to in the course of this discussion which, in the nature of things, must be incomplete These matters are among the many that must be taken into consideration in the planning of health examination forms, records, systems, and campaigns

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RESPECT YOUR PHYSICIAN

By LE GRAND KERR, M D , BROOKLYN, N Y

RESPECT and reverence are requisites if the better things of life are to be ours Without a preponderance of respect and reverence our perspective of life is warped and its color is drab

Disrespect for a particular law makes its enforcement increasingly difficult Because a large minority of our citizenry have scant respect for the eighteenth amendment, that amendment becomes largely inoperative in such areas

Passive disrespect for peace through emphasis upon the glories of war and the apothesis shown to generals who carry battle to a successful termination, has retarded for generations the possibility of universal peace

If a large part of the medical profession lost the respect which they hold for their patients and the reverence they hold for their profession, it would be a sorry day for public health Fortunately, the great mass of physicians have a well-grounded respect for their patients and a reverence for their health and lives Frequently it is so great that a doctor sacrifices his own life and health for that of his patients

Respect and reverence should beget its kind It is not alone the privilege of the patient to respect and revere his doctor but it is to his distinct advantage to cultivate that feeling This does not mean that one may not seek other medical counsel, it does not even imply absolute faith in all that his doctor does, but it does demand that as a patient he respects all the doctor advises, accepting it as given for his best interests When the patient uses his prerogative of refusing to act upon certain advice, he should do so kindly and not clandestinly This takes no cognizance of that smaller coterie of physicians who feel that when a patient has once consulted them, they have a life time claim upon him and are aggrieved if he consults another, we can dismiss that narrow-mindedness without consideration

Neither does due respect and reverence mean the physicians immunity from ridicule and satire Ridicule and satire are a part of life's amusements They need not, however, influence true and worthy ideals The tawdriest wit with moronic intellect can ridicule anything or anybody Satire, however, is remedial, its object is the betterment of a condition and uses our sense of humor as an agent to accomplish it. Satire may require real genius Under the superficial guise of tearing down, its real and deeper objective is building up

I have viewed with concern the attitude that many men and women take when they discuss a physician They analyze, tear him apart, attempt to see him as he is not This may be permitted the psychoanalyist, who says "Here is an emotion, here a conflict, here a complex, here an inhibition" and they all go to make up this man But for the average person it is wanton destruction Unless you are skilled in gathering up the results of your analysis and orienting them in perfect harmony you are a destroyer Any one can take an automobile engine apart but how few could reassemble it?

See the physician as he is, as he works, as he lives, in other words, you must view him as a person and not a machine Recalling his continual contacts with disease and even death with its constant depressing influence, be charitable toward his moods How advantageous it would be if we could school ourselves to be rigorous in judgment of self and gentle in judgment of our physician Society has need of the family doctor It also has need of the specialist—the genius in medicine The latter is apt to be given too large a place in the high regard and respect of the family, because his work is apt to be more spectacular

It takes a genius to create, to correlate, or to bring any medical advance into useable form The family doctor, however, must desire it and make use of it or no one benefits Of what use is the knowledge of the expert unless the general practitioner, the family doctor, utilizes that knowledge? To illustrate, it took a genius to discover Insulin If that discovery had remained with the genius or had been appropriated by other men working in a special line, diabetics would continue to suffer and die as before But when the family doctors in large and increasing numbers laid hold of the discovery, demanding its fuller production and prescribed it for their patients and thus launched it, that notable find took on efficiency Thus it registered a real and substantial advance in medical science and the prolongation of life. All the medical geniuses and specialists in the United States alone could not have accomplished this It was the great company of family doctors insistently demanding that their patients have something better for health and life that made Insulin of the high value it is

The family doctor works in another practical way, rarely, if ever, getting credit for it A few hundred or a few thousand family doctors demanding something better for their patients results in the production of a producer, a genius in medicine or a specialist who can supply the demand And so the specialist is the creation of the family doctor

In closing, let me ask a simple question How can you expect your physician to make a constant demand for the best that there is in medicine for you, when you deny him the stimulus of a maintained and growing respect and at least a measure of reverence for the things he stands for in medicine?

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POPPIS A CODE WORD FOR THE APPROACH TO DIAGNOSIS IN CHILDHOOD*

By JACOB SOBEL, M D, NEW YORK, N Y

THE following remarks are not intended for the trained pediatrician I am presumptuous enough however to believe from my own experience, that they will prove of service in the hands of family practitioners—at least such physicians who are still engaged in what to me has always been and is the broadest, the most humanitarian, the most comprehensive, most self-satisfying, most interesting and the most arduous branch of present day medicine, namely general practice Pediatrics has been defined as the "specialty of the general practitioner" or as Brenneman says "the pediatrician is a general practitioner to the young, a chronologic and not a regional specialist" Considering the fact that a large percentage of the practitioner's routine work deals with infants and children, diagnostic pediatric aids are or should be of great value It is to the general practitioner then that these remarks are in the main directed, although their application by the pediatrician has one saving grace—they will do him no harm

In these days of scientific medicine, one is apt, when working in the forest of laboratories, x-rays, mechanical apparatus, instruments of precision and the like, to lose sight of the fact that he is dealing with a human being who has within his organism much that cannot be recorded or registered by any of the aforementioned adjuvants Perhaps a more fitting title to my paper would be "Back to the Bedside" At the expense of being labelled "old fashioned," I am going to present what I consider a practical, clinical, domestic approach to the sick or ailing child, with a view to establishing a diagnosis After all is said and done, when one is called in consultation to the home of a sick infant or child the paramount interests of the parents center around certain questions which they "put up" to you for an answer The questions are essentially (1) what is the matter with my child, (2) is he very sick, (3) will he recover, (4) how long will it take, (5) are there any complications, (6) will he recover completely, (7) how did he get the disease

Herein lies the difference between private and hospital practice In the former, decisions are expected promptly and at times unqualifiedly, without recourse to laboratory and other aids, while in the latter the diagnosis must often wait upon the elaboration of collateral findings It is in the home then that a clinical sense and judgment are so necessary and that prompt decision is demanded The importance of the clinical side of medicine and the use of our God-given senses are very pointedly emphasized by Dr Irving Roth in his book on Cardiac Arrythmias as follows "Since it is the man and not the instrument who ought to be the final judge, the potentialities of our special senses as simple, useful and readily available means in clinical medicine ought to be developed and utilized" And as Dr Robert Abrahams says very happily "The cardiograph is a fine and delicate instrument but it cannot and should not take the place of the eye, the ear, the hand and the cumulative experience of the examining physician An instrument has no intuitive faculty and no diagnostic instinct"

Diagnosis is the keynote of proper care and treatment Diagnosis of diseases and conditions during infancy and childhood has its disadvantages and advantages over that of adult life While in the early ages a diagnosis must often be made without the assistance and cooperation of the patient and many times against resistance, there is lacking the exaggeration, the antagonism, the hesitancy or side stepping and the prevarication of the adult Furthermore, diseases in childhood are usually single as it were, in that this little body has not as yet been subjected to the many physical, psychic, mental, dietetic and other insults which have become part of the adult, and which result in complicating or coexisting pathology Then too children—at least those who cannot talk—tell no lies, even if they cannot direct your attention to the location of their suffering or ailment or tell of their subjective symptoms

In approaching a diagnosis during infancy and childhood, it has been my experience that errors are more frequently due to failure to think of given possibilities or to examine thoroughly and systematically, than to any lack of knowledge on the part of the physician In other words, the difference between one physician and the other when faced with a given train of symptoms or objective findings, lies in many instances, in being trained to think and examine along systematic lines or to coordinate in his mind certain possibilities Of course, one cannot be expected to unfold in his mind all possible diagnoses But after all, the majority of ailments and disorders in childhood, the every day bedside cases, fall within a somewhat limited sphere, so that, if the physician could have at his command some short cut to thinking of the common or ordinary possibilities, this would serve to focus attention upon them at least And if after such analysis, a diagnosis is not possible, then he could turn his thoughts to the more unusual possibilities or probabilities

While in Vienna during the Summer of 1922 in discussing pediatric material with an American colleague, he mentioned a short code word which

*Read at a Meeting of the Progressive Medical Society New York City, January 8th 1929

he used in his practice to fix his attention upon the common disorders of childhood This idea made appeal to me and since then I have adopted that method, although I have modified and enlarged the code word Surely we all remember how as youngsters the colors of the rainbow were readily brought home to us by the word or mnemonic Vibgyor And surely every physician recalls how in his medical student days he codified or rhymed anatomical and other data, without which—and only too often with—the cramming of the subjects would have been difficult or impossible Who does not remember the mnemonic verse of Oliver Wendell Holmes as a reminder of the sequence of the cranial nerves—

"On old Monadnock's treeless tops
A Finn and Frenchman
Picked some hops"

The code word or mnemonic which I present as an aid in the diagnosis of the more common affections of childhood is POPPIS, not an elegant one I confess, nor one replete with special significance or meaning, but one nevertheless which if adopted and used will, I am sure, lend itself to systematic approach, thinking and examination and will prove useful in arriving at a proper diagnosis

May I repeat that in the presentation of this code word it is not intended to cover the realm of pediatric diagnosis, but it is hoped and expected that with its application and the conditions which it brings to mind, the more usual conditions of childhood as well as some unusual ones will be sought for and diagnosed And while the code may not always fit the disease at hand, opportunity will be afforded for further search and analysis

Taking up this word POPPIS, in the order of its respective letters, we begin with P This letter should recall Pharyngitis and with it the necessity of a thorough examination of the entire oral cavity, throat, nose and neck With this should come a search for such common conditions as coryza, tonsillitis, or membranous exudate nasopharyngitis, adenoiditis, stomatitis retropharyngeal adenitis or abscess, gingivitis, ulcerations, decayed teeth, enanthemata as well as rigidity of the neck and the type of facies Pharyngitis should for purposes of this codification direct attention to many conditions "above the neck" and that this covers a large field in childhood is apparent The O naturally and almost instinctively brings to mind first of all, Otitis All agree that no physical examination of a child is complete without an otoscopic inspection In cases of unexplained temperature rise during the course of the contagious diseases, or with indefinite symptomatology, an otitis will often be found as the etiological agent I have known, and so have you, many a 'touch" of pneumonia, teething, influenza and malaria to clear up spontaneously with rupture of the tympanic membrane. With otitis should come the thought of other conditions in and about the ear otitis externa, furunculosis, eczema, mastoiditis, preauricular adenitis, parotitis and facial nerve involvement

The O should make us ever mindful of the possibility of an Osteomyelitis, especially in cases of prolonged irregular fever for which no apparent cause can be found

The next letter P should draw attention to Pneumonia, Pleurisy and Pericarditis particularly, and to Pertussis, and with them to other allied intrathoracic conditions — endocarditis, enlarged thymus, tracheo-bronchial adenitis, tuberculosis, empyema, atelectasis

Many cases of pericarditis in childhood and of enlarged thymus are overlooked because one does not think of looking or examining for them Certain it is that pericarditis in childhood, either as a primary or a complicating condition, is more common than clinical statistics show, as verified by autopsy findings It is difficult enough and at times impossible to diagnose this condition when one is on the lookout for and thinks of it, but it is increasingly more likely to escape detection when one does not even keep it in mind as a possibility

With empyema an exception must be made in a sense, as to early diagnosis and early treatment. I heard Dr Alexis Moskowitz say, that in the army service, those patients with empyema who came under the supervision of good internists and whose condition was diagnosed early and operated upon promptly, gave a much higher mortality than those who were under the care of less experienced and efficient physicians and who therefore were diagnosed and operated upon later—to their great advantage This may seem paradoxical But the fact is that in metapneumonic empyema experience teaches that operation should wait upon the formation of thick pus and adhesions It is now generally accepted that it is not the empyema, but the early interference and the complicating conditions which kill the patient. If the diagnosis of empyema is made early operative intervention should be delayed, until suitable intrathoracic conditions from the operative standpoint, arise

Typical Pertussis is readily diagnosed—even by the laity Pertussis like coughs, or pertussoid as it is poorly named, often challenges our diagnostic skill This is particularly true and timely in these days when influenza with its persistent, tantallizing, irritating, spasmodic, non-productive cough accompanied at times with vomiting, is so prevalent Since it is in the catarrhal stage that pertussis is so contagious a diagnosis from the family and community standpoints is important and desirable This influenzal cough may last four to six weeks, and may affect several members of the family Corroborative aids in the diagnosis

of pertussis as against influenza are—history of exposure, early morning spasmodic cough, leucocytosis often as high as 30 to 50 thousand, with an absolute lymphocytosis of 60 to 80 per cent of the total number of leucocytes, afebrile character, usual absence of catarrhal chest signs, failure of response to therapeutic measures and finally Petri dish cultures from the bronchial secretion with the recovery of the Bordet-Gengou bacillus ("cough sowing" method) The cough of pertussis may frequently be initiated by suprasternal pressure upon the larynx or trachea or by irritation of the pharynx Pertussis may exist without a whoop

Corroborative of influenza are, history of a previous attack of pertussis, no history of exposure, rise of temperature, evidences of catarrhal symptoms with chest signs, normal blood count, leucopenia or moderate polymorphonucleosis, and the recovery of the influenza bacillus from the bronchial secretion In some cases the diagnosis will eventually remain in doubt

The third P in this code word brings to the fore Pyelitis, Poliomyelitis, and Polioencephalitis, Pyloric Stenosis or Pylorospasm, and with them allied conditions of the nervous and genito urinary system—meningismus, encephalitis, meningitides, kidney and bladder conditions

When poliomyelitis is prevalent the attention of the profession is fixed upon its possible occurrence, so much so that at this time we are apt to err on the side of safety and diagnose other diseases as poliomyelitis In off years, however, when sporadic cases occur, we are apt to lapse, and unless one has the possibility before him, mild and early cases may escape our notice

How frequently does the diagnosis of pyelitis or pyuria thwart us, only because we do not think of it or seek an examination of the urine Days and weeks often pass by in this condition which simulates a variety of diseases often of apparently serious nature, in some instances suggesting the need for surgical interference I should like to add one other thought for the letter P, the thought of purpura, Henochs or abdominal purpura, in cases of vague abdominal pains

The letter I, should bring to mind primarily and immediately Intussusception Many infant lives have been sacrificed because the first doctor called did not think of this possibility Thinking of it is, often enough, all that is necessary to make a diagnosis, and early diagnosis and prompt treatment—surgical intervention—are life saving measures With the thought of intussusception comes the responsibility of ruling out appendicitis, pneumococcic or other types of peritonitis The surgeon should not be blamed for a mortality in intussusception when he is required to operate late The success in treatment of intussusception is in direct proportion to the rapidity with which the diagnosis is made and the promptness with which the patient is referred to the surgeon

The I, should also recall Inanition especially in the newborn with apparently unexplained and often very high temperature, Intracranial hemorrhage in the newborn and general infections

The last letter, S, is of special importance in diagnosis during infancy and childhood and should suggest the possibility of Syphilis, Sepsis, Spasmophilia, and Scurvy, all of which are often undiagnosed because they are not kept in mind during the routine examination Those who have been trained to think of the possibility of Syphilis and Scurvy will diagnose these conditions in *their early stages* far more frequently than is done at present and by instituting their respective specific treatments will bring not only relief to these sufferers but also symptomatic if not pathological cure And repeated convulsions in infancy and childhood, so often attributed to "teething," gastric upset, cerebral disease or what not—mostly what not—will frequently have their origin in a calcium deficiency tetany Thinking of tetany brings with it prompt relief through the use of a calcium salts, parathyroid extract or preferably, in the light of recent studies and observations, through the use of irradiated ergosterol (Vigantol)

Many of the conditions aforementioned are ushered in with fever, and inasmuch as rise of temperature in young children varies within such wide limits and causes, and often remains unexplained in our own minds, it seems to me that a systematic examination is necessary, if not for the establishment of a definite diagnosis, at least for the elimination of certain common and often relatively unimportant conditions

You will note that no attempt has been made here to enter into any elaborate discussion of symptomatology, of diagnostic criteria, or of differentiation, since it is assumed that the application of this code presupposes a critical analysis of the patient's condition Please note, too, that in following the letters of this code word in regular order and applying thereto the diagnostic possibilities, you will automatically or better perhaps routinely, direct your examination to practically all parts of the body, from the head to the toes This in itself will render the overlooking of the more usual conditions less likely

That code words or mnemonics have their place and application in other fields is exemplified by the use of the word SHPSAAA by Dr Louis Faugeres Bishop to designate and remember readily the seven—not fifty-seven—varieties of irregular cardiac action namely—S sinus arrythmia, H heartblock, P premature contractions, S simple paroxysmal tachycardia, A auricular flutter, A auricular fibrillation, A alteration in pulse

It is my feeling based upon a fairly large personal experience and usage that if this code word

POPPIS is carried to the bedside and systematically applied, many errors of diagnosis will be avoided, and therefore many therapeutic and other measures instituted, which will bring comfort, relief of suffering and saving of life to many children

This word POPPIS is, of course, merely an index or guide which I have personally adopted, and I have no doubt but that each one in his own way can or will modify it, or has already done so, to suit his own purposes and needs

The main thing to keep in mind is that in approaching a sick or ailing child it is necessary to proceed in a thorough systematic manner, to examine completely and to formulate in one's mind the various possibilities so that later what proves to be self-evident is not overlooked in the incipient stage With the aid of this or a similar code word I have reason to believe that many diagnostic pitfalls will be averted

It may be argued that this code word, simple as it appears, covers a formidable array of diseases and conditions and that it embraces too wide a field Granting this for the moment, and granting that when first used some items may be overlooked, it will be admitted I think that after its constant use there will arise a coordination and continuity of thought that will become routine and almost automatic.

While it is my desire at this time to emphasize the code word POPPIS, nevertheless I cannot resist the temptation to state that in approaching the newborn I have also adopted a coined code word known as HAASIM as a lead to the diagnosis of certain conditions peculiar or common at this time, or to some of the dangers that lie in the path Hemorrhagic diseases of the newborn, Asphyxia, Atelectasis, Sepsis and Syphilis, Inanition, Icterus and Infections, Mastitis and Meningitides

With a proper approach to the sick child as outlined in this mnemonic or code word POPPIS, there will arise fewer occasions for reproach in your daily routine

Delafield was wont to say that diabetes is one of the easiest diseases to diagnose, if you think of it That was thirty years ago I do not know but what it is quite out of fashion these days to think—in medicine at least It is so much easier to leave it to the laboratory or to special instruments, that we are beginning to suffer from mental inertia or impotence This 'let George do it" policy is leading us far afield from using our God-given senses, and our powers of association, analysis, decision and judgment. It seems almost as if the thinking cap which adorned the heads of those great clinicians of yesteryears has been lost, strayed or destroyed

And so it is that in childhood a careful history, patient inspection, complete, thorough and systematic examination and thinking of possibilities will lead the way to correct diagnosis

Naturally, each one of us when confronted with a sick child gains an impression of the condition at hand It is this medical instinct which is such a wonderful asset in diagnosis And while it is true that it may not be necessary to run the gauntlet of all the conditions embraced within this code word, nevertheless its use will serve as an excellent trainer to systematic and coordinated thinking This in itself would appear to be more than worth while, at least to my way of thinking

Whether you use this code word or some other, or whether you use none at all, it is highly desirable that you develop the faculty of thinking quickly of the various possibilities in the case at hand For my own part I have found that the cultivation of this thinking diagnostic habit can be best attained by the use of some such short cut as this code word—POPPIS

In conclusion, my object has been to present a rapid, practical, systematic working scheme of diagnostic approach for every day bedside practice, particularly in the home, in order to minimize the over-looking of the more common diseases and disorders of infancy and childhood It is hoped that these remarks will open wide a free discussion of the diverse subjects which I have at best only touched upon in the course of my presentation

It is in this sense, gentlemen, and with this object in view that I present POPPIS to you for consideration and judgment

EDITORIAL

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For list of officers of County Medical Societies see September first issue, advertising page XXXIV

AUTUMN MEDICAL NEWS

September has seen the renewal of the older activities of the Medical Society of the State of New York, and the inauguration of new lines of work Progress by the Medical Society of the State of New York is equal to that made by medical schools, research laboratories, and voluntary health organizations The Executive Committee of the Council is considering a wider variety of plans than ever before The county secretaries have held a profitable conference, the committees are expanding their fields of activity, and the District Branches will inspire the members in the local districts Medical news, which is real history in the making promises to be unusually abundant and interesting this fall and winter

COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

No one will deny that humanity has benefited immeasurably as a result of the advances made in public health work In these accomplishments the medical profession has played a most important role For this it has asked no credit Rather it has considered this an obligation, along with other unselfish duties, inherited by a cherished tradition along the principles laid down by the Hippocratic Oath As an expression of their part in this work, the Medical Society of the State of New York has long had an active standing Committee on Public Health Although public health is to-day but a part of the field of preventive medicine, and has properly come under the supervision of governmental agencies, still the physician's part in the larger field has become more important, especially with emphasis now laid *on personal hygiene* Preventive Medicine cannot be separated from curative medicine It is entirely reasonable to say that the former depends on the latter for efficient service The physician therefore because of his endeavors is naturally concerned with preventive medicine, and his community has a right to expect him to act for them as leader and adviser in these matters Realizing that no other agency can so well provide adequate medical service as the medical profession itself, and that this is a most necessary contribution to public health work, our State Society has changed the name of its present standing committee to the more inclusive term, the Committee on Public Health and Medical Education While this committee for several years has been very active along definite lines, its ultimate aim is to have each county medical society do the things it is now doing, and possibly more, in the field of public health and medical education The State Society's Committee urges the co-operation and *support of each county society and welcomes* constructive suggestions and honest criticism from every member

THOMAS P FARMER.

EPIDEMIOLOGY FOR GENERAL PRACTITIONERS

Epidemiology is the most direct and practical application of the principles of preventive medicine It deals with the detection of the origins of cases of contagious disease Every case of communicable disease has a parent and a grandparent, and so on back through a long line of ancestors It is the work of the epidemiologist to follow the tell-tale clues supplied by the patient and to detect the parental origin of the sickness The detective work requires that the epidemiologist shall be familiar with the modes of onset of the disease under investigation and the period of its incubation The investigator must be wise and diplomatic, and able to detect probable truth from deception He must be able to lead up to essential facts through a series of questions which lead the patient and the family to talk freely and to give out clues whose importance the epidemiologist does not disclose until he has secured corrobative facts

To secure epidemiological data requires time, energy, and money to an extent which the average family doctor cannot give, and should not be required to give even if he were so inclined The investigations are community matters, and furnish the best arguments for the establishment of a county department of health which is large enough to support an epidemiologist

The average physician is not trained in epidemiology, and for this the medical schools are responsible Very few medical schools teach their undergraduates the principles of the detection of communicable diseases, and the practical methods of their control Nearly every medical school has a chair of public health or preventive medicine whose professor is expected to teach epidemiology But it is a common fault that the teaching by the professor of medicine is not coordinated with that of the department of public health The professor of medicine, for example, lectures and gives clinics on typhoid fever, its diagnosis, course, and treatment He includes brief statements regarding its origin from food, water, and carriers, and he leaves that subject to the public health professor who deals with that topic weeks or months after the professor of medicine has finished it No wonder the average doctor fails to grasp the principles of detecting the origin of his case of typhoid When the health officer asks him the date of onset of the sickness, he will give the date of his first visit, and will have only a vague idea of when the patient was first conscious of his illness The doctor will nearly always be able to give a clear detailed account of the progress of the sickness since his first visit, but he seldom knows what happened to the patient during the week or month preceding his call

The epidemiologist wishes to know not only the date of onset of illness in a case of communicable disease, he also wants to go back of that date to the time when the patient caught the disease, which, in the case of typhoid, is one or two weeks previous to the date of onset The investigations of a typhoid case, therefore, go back at least a fortnight previous to the first call of the doctor,

and may require visits to a number of stores and dairies, questioning of suspicious neighbors, and securing information from remote places that have been visited by the patient All this is community work, and belongs to the health officer or epidemiologist

However, the family doctor is not relieved of responsibility He is the first to come in contact with the patient, and can secure information before the family and the neighbors become suspicious of quarantines and exposures of infected dairies and water works The patient and his family will talk freely during the early days of a sickness, but are likely to be suspicious and secretive when the neighborhood gossip starts up

How shall the family doctor be instructed in epidemiology? His instruction starts in the medical school There are two ways by which that instruction may be improved

1 The professor of medicine, when he finishes a contagious disease subject, may tell his class to listen carefully to the professor of public health who will give the instruction in the epidemiology of this disease He will also tell the students that they will be expected to stand an examination in the epidemiology of the disease As a matter of fact, this coordination between the two departments of a medical school is seldom effected

2 The second method of teaching epidemiology is that the Dean shall arrange that the professor of public health shall lecture on the epidemiology of a disease as soon as the professor of medicine has given his instruction This is done in at least one medical school

The methods of epidemiological investigation of a common disease are well illustrated by Doctor Laidlaw's article on the epidemiology of a small outbreak of typhoid fever in a rural community, printed on page 1118 in the scientific department of this JOURNAL This article is of practical value to every member of the Medical Society of the State of New York

LOOKING BACKWARD

This Journal Twenty-five Years Ago

Fees to Medical Colleagues —It is a principle of medical ethics that physicians shall treat one another and their families free, yet an up-State doctor was charged by his friend, a prominent New York surgeon, for an operation on his wife, as described in a letter to this Journal for September 1904 The writer said —

"He and myself and wife have been on the best of terms for the last six years During the first three years of our acquaintance I sent him (or referred to him) cases that for his services netted him $3,600 One case he charged the patient $1,500, the second one his fee was $1,000, the remaining $1,100 was distributed more or less over or between three or four patients I did this because I liked him and on account of our friendly relations and not expecting any compensation for it"

After describing an operation performed by the surgeon on the writer's wife, the letter continues —

"After the operation I asked him what his fee would be He hesitated and said 'Well, Doctor, give me what you can afford, but be as generous with me as you can, as my expenses for the last year have been large' I asked him to wait a few days 'Well, two or three days', he said While talking I gave him $50 and said 'Doctor, here is so much to apply on your services' In a few days I received from him the following statement of his account

	$500 00
Discount	200 00
	$300 00

with a foot-note 'Please send check for the amount right away, as I am going abroad and would like to leave my books in as clear a shape as is possible' I replied to his statement, asking him if he did not think his statement was more appropriate for laymen than for a brother practitioner and calling his attention to our relations in the past"

This Journal made the following editorial comment

"The Section of the Principles of Medical Ethics adopted by the American Medical Association in 1903 relating to this subject, Chapter 2, Article II, Section 3, is as follows

"When a physician is summoned from a distance to the bedside of a colleague in easy financial circumstances, a compensation, proportionate to traveling expenses and to the pecuniary loss entailed by absence from the accustomed field of professional labor, should be made by the patient or relatives'

"Hence, it would appear, that the specialist acted in accordance with the principles laid down by the American Medical Association, in making the charge, and, being a reasonable one, it should be paid"

The editor carefully avoided saying what should be done to the surgeon

MEDICAL PROGRESS

Intrinsic Cancer of the Larynx, the Lasting Cure in 76 Per Cent of Cases by Laryngo-Fissure—Sir St Clair Thomson characterizes that type of laryngo-fissure which is limited to "splitting open the larynx and clipping out a cord" as an inadequate and unsurgical procedure for a disease like cancer He resorts to an almost complete hemilaryngectomy, but performed from the inside After the larynx is split open lengthwise one thyroid ala is removed and all the soft tissue internal to it, from its internal perichondrium to the mucous membrane of the glottis, from the ventricular band above to the subglottic space, and from the anterior commissure back to and embracing the vocal process of the arytenoid cartilage This is all removed in one mass With this operation a lasting cure was obtained in 76 per cent of the author's series of 70 consecutive cases Of these patients 63 were male and 7 female Their ages ranged from 31 to over 80 years, though by far the largest number were between 41 and 61 years There were three operative deaths Eighteen patients died of other causes after having lived beyond the three year period without recurrence A number of the survivors have lived to an advanced age and have conserved a useful voice There were 11 recurrences, and 7 deaths from carcinoma elsewhere without local return of the disease With reference to recurrence, Thomson feels little anxiety if the third month passes without any suspicious symptom Early relapses should not be regarded as recurrences, but rather as evidence of incomplete removals By educating the public to pay strict regard to persistent hoarseness, which is the one solitary symptom of laryngeal cancer, and by teaching the profession to appreciate the niceties and necessities of early diagnosis, the number of laryngo-fissures and the proportion of lasting cures will steadily increase, while the need for laryngectomy will as progressively diminish—*Canadian Medical Association Journal* July, 1929, xxi, 1

Carcinophilia—Professor W Weichardt, bacteriologist of the University of Erlangen says that as is well known, the metabolism of cancer cells differs from that of the surrounding normal cells The question arises as to the possible existence of microorganisms which might grow freely on such a selective medium If such were the case the products of metabolism might exert a certain influence over the growth of the cancer cells The author has already devoted years to the quest of such organisms, experimenting chiefly on the tumors of cancer mice Organisms which show preference for cancer cells he terms carcinophilic The avidity of the organisms for cancer cells must lead to an infection of the mass and to some effect upon it, possibly one of lysis The first experiments described are those of inoculating a mouse tumor with cultures of hemolytic streptococci No carcinophilia was evident and the author next proceeded to cultures of *B mesentericus* and the bacillus of timothy grass Both of these gave results more suggestive of specific activity, although the author is silent as to the details He now considers the possibility of preparing antigens from these organisms which may possess not only some therapeutic activity but also diagnostic value The author alludes to the toxic split products which have been described by various authors as resulting from a lysis of the cancer cell and which may exert a hostile action on the organism, but asserts that he is not seeking such an effect nor does he believe in the existence of any specific cancerous hormone (so-called necrohormone) He seems instead to lean to the opinion that any split products formed from the cancer cells may act on the organism at large like ordinary non-specific proteins producing a general reaction—*Münchener medizinische Wochenschrift* June 21, 1929

The Influence of Treatment with Hypertonic Sodium Chloride Solutions in Patients with Acute Abdominal Conditions—In a recent paper R S Anderson and Reed Rockwood reported a marked reduction in the mortality following abdominal operations, from the use of hypertonic salt solution in patients whose blood chlorides were below 260 milligrams as compared with similar cases in which the treatment was not employed They now analyze a series of 90 cases with low blood chlorides in which the intravenous injection of hypertonic salt solution reduced the operative mortality more than one-half In acute cases, such as ruptured appendix with general peritonitis and acute intestinal obstruction there is accumulating evidence to show that the mortality is reduced by delaying operation for several hours and giving the patient a course of preoperative medical treatment The fall in blood chlorides usually parallels the severity of the toxemia, though some patients may have a considerable fall without much evidence of toxemia A comparison of the chemical tests

and may require visits to a number of stores and dairies, questioning of suspicious neighbors, and securing information from remote places that have been visited by the patient All this is community work, and belongs to the health officer or epidemiologist

However, the family doctor is not relieved of responsibility He is the first to come in contact with the patient, and can secure information before the family and the neighbors become suspicious of quarantines and exposures of infected dairies and water works The patient and his family will talk freely during the early days of a sickness, but are likely to be suspicious and secretive when the neighborhood gossip starts up

How shall the family doctor be instructed in epidemiology? His instruction starts in the medical school There are two ways by which that instruction may be improved

1 The professor of medicine, when he finishes a contagious disease subject, may tell his class to listen carefully to the professor of public health who will give the instruction in the epidemiology of this disease He will also tell the students that they will be expected to stand in examination in the epidemiology of the disease As a matter of fact, this coordination between the two departments of a medical school is seldom effected

2 The second method of teaching epidemiology is that the Dean shall arrange that the professor of public health shall lecture on the epidemiology of a disease as soon as the professor of medicine has given his instruction This is done in at least one medical school

The methods of epidemiological investigation of a common disease are well illustrated by Doctor Laidlaw's article on the epidemiology of a small outbreak of typhoid fever in a rural community, printed on page 1118 in the scientific department of this JOURNAL This article is of practical value to every member of the Medical Society of the State of New York

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LOOKING BACKWARD

This Journal Twenty-five Years Ago

Fees to Medical Colleagues —It is a principle of medical ethics that physicians shall treat one another and their families free yet an up-State doctor was charged by his friend, a prominent New York surgeon, for an operation on his wife, as described in a letter to this Journal for September 1904 The writer said —

"He and myself and wife have been on the best of terms for the last six years During the first three years of our acquaintance I sent him (or referred to him) cases that for his services netted him $3,600 One case he charged the patient $1,500, the second one his fee was $1,000, the remaining $1,100 was distributed more or less over or between three or four patients I did this because I liked him and on account of our friendly relations and not expecting any compensation for it"

After describing an operation performed by the surgeon on the writer's wife the letter continues —

"After the operation I asked him what his fee would be He hesitated and said 'Well, Doctor, give me what you can afford, but be as generous with me as you can, as my expenses for the last year have been large' I asked him to wait a few days 'Well, two or three days', he said While talking I gave him $50 and said 'Doctor, here is so much to apply on your services' In a few days I received from him the following statement of his account

	$500 00
Discount	200 00
	$300 00

with a foot-note 'Please send check for the amount right away, as I am going abroad and would like to leave my books in as clear a shape as is possible' I replied to his statement, asking him if he did not think his statement was more appropriate for laymen than for a brother practitioner and calling his attention to our relations in the past"

This Journal made the following editorial comment

"The Section of the Principles of Medical Ethics adopted by the American Medical Association in 1903 relating to this subject, Chapter 2, Article II, Section 3, is as follows

"When a physician is summoned from a distance to the bedside of a colleague in easy financial circumstances, a compensation, proportionate to traveling expenses and to the pecuniary loss entailed by absence from the accustomed field of professional labor, should be made by the patient or relatives'

"Hence, it would appear, that the specialist acted in accordance with the principles laid down by the American Medical Association, in making the charge, and, being a reasonable one, it should be paid"

The editor carefully avoided saying what should be done to the surgeon

is found Seventy-five such patients were included in this study and 24 died, one-half of them succumbing to heart failure Obese patients are poor surgical risks Cardiac patients, excepting those with syphilitic aortitis or advanced coronary disease, are not likely to die suddenly during operation Patients without heart lesions, either by clinical or pathological standards, are more likely to die unexpectedly as a result of anesthesia than are those with demonstrable heart disease Auricular fibrillation increased the danger of death from operation in arteriosclerotic cases only from 3 4 to 37 5 per cent but in a small series of rheumatic heart cases the increase was from 8 8 to 22 2 per cent Thyrocardiacs with auricular fibrillation do better under operation for hyperthyroidism than any other group with this arrhythmia, because of the favorable effect of thyroidectomy on the heart The suspected cardiac patient should be studied from the medical and surgical viewpoints before operation, instead of when he is *in extremis* from which there may be no relief So long as surgeons consider patients "especially unsafe" their future in the hands of the surgeon is relatively bright.—*Surgery, Gynecology and Obstetrics,* July, 1929, xlix, 1

Is There a Genuine Active Immunity to Syphilis?—W Kolle and R Prigge attempt an answer to this question on a basis of research made at the Chemotherapeutic Research Institute in Frankfurt The question is of great importance with special emphasis on late manifestations of the metaluetic type Immunity to syphilis has in general been regarded as ordinary infection immunity with resistance to new infection based on the presence of residual spirochetes in the tissues Let sterilization once come about, whether spontaneous or the result of treatment, and reinfection readily follows But recent research, especially in the United States (Chesney, Kemp), has shown that rabbits cured of syphilis by early intensive salvarsan treatment may undergo a superinfection—that is, a theory of superinfection is in harmony with the facts This phenomenon is seen in a certain number of cases only and the act of superinfection may be unaccompanied by symptoms Two sets of rabbits were inoculated by Kolle with respectively homologous and heterologous tissues containing spirochetes and in each of the series the positive results exceeded the negative ones in number The assumption of Chesney that an active immunity exists to syphilis is, in Kolle's opinion shown by these experiments to be unwarranted, and the old clinical opinion that there is no true active immunity to syphilis is borne out There is of course a chancre immunity The symptomless superinfection develops in treated animals not only in the early but also in the later stages The old view that syphilis immunity is an ordinary infection immunity is therefore not shattered by the work of Chesney.—*Deutsche medizinische Wochenschrift,* lv 24, June 14, 1929

Incipient Tuberculosis—Dr J Heimbeck, an internist of Oslo refers first to the possibility of showing on a Röntgen plate the early subclavicular infiltrate so characteristic of tuberculosis in youth In regard to Pirquet positives, these are rare in Oslo in early life but become more and more frequent as the child ages Nurses tested with the Pirquet when they enter upon their service at the General Hospital show negative reaction in 52 per cent, while only a very few of the positives develop the disease in later life A study with the Röntgen ray of a large number of negatives from the training school for nurses showed at first that all were negative, but as a result of a follow-up 9 showed later the subclavicular infiltration The freedom from all evidence of older infection left no doubt in the author's mind that these patients were infected from without In these negative Pirquets the reaction became strongly positive and various general and local symptoms developed Of three cases reported, all of the patients showed erythema nodosum as a manifestation, and the author stresses the importance of this symptom from the diagnostic standpoint To the original shadow of the subclavicular infiltration were added numerous other evidences of pulmonary mischief The first patient showed scattered spots over the right lung area, the second showed the same and a doubtful apical pleuritis, and the third patient had the same shadows as patient No 1 As a result of his experience the author exculpates latent infection in childhood as the cause of tuberculosis during the 15-25 year period, save in rare exceptions These youthful tuberculous subjects are manifestly infected from without, when the negative Pirquet becomes strongly positive for the first time The subclavicular infiltrate is a true primary lesion which is followed by fever and other evidences of toxinemia, such as erythema nodosum. The lung mischief tends to diffuse itself on the infected side.—*Klinische Wochenschrift,* June 25, 1929

Diagnostic Value of the Isolated Pupil Symptoms in Visceral Syphilis—Professor R. A Luria of Kasan has studied a series of more than 250 cases of visceral syphilis and distinguishes between monovisceral and plurivisceral forms, although he himself has seen only the latter In an entire series of cases he has found isolated pupillary symptoms which comprise a variety of manifestations, as anisocoria, rigidity, and certain minor anomalies Anisocoria occurs in about 2 per cent of normal individuals and is also seen in diseases other than syphilis However the impor-

in this group for chloride, non-protein nitrogen, and carbon dioxide capacity shows that the chloride is the most delicate indication of the toxemia and may or may not be accompanied by a rise in the non-protein nitrogen The carbon dioxide capacity tends to rise until the rise in non-protein nitrogen occurs, when it begins to fall, often resulting in an acidosis rather than an alkalosis For practical purposes only the blood chloride estimation need be made, for intravenous medication may safely be given in the presence of clinical signs of toxemia without resort to the laboratory At first only 1 or 2 per cent sodium chloride solutions were used, but now the authors are practically always using 5 and 10 per cent sodium chloride in 10 per cent glucose In their entire series of injections only one reaction has occurred, and that was not severe The only precaution insisted upon is that the water used in making solutions must be freshly distilled, and that no solution should be kept longer than three days In the illustrative cases cited the amount injected was usually 500 cc —*Surgery, Gynecology, and Obstetrics,* July, 1929, xlix, 1

The Bloodmaking Action of Large Amounts of Fresh Fruit Juice —Mm G Mouriquand and A Leulier and Mlle Schoen, in dealing with this theme, mention the ancient belief in the antiscorbutic power of fruit juices and especially those of the citrus fruits In more modern times credit for this result has been given to the vitamin C contained in these juices, and not alone ordinary scurvy but other forms of hemorrhagic disease and resulting anemia have benefited as well as forms of paraplegia, while the same substances exert a prophylactic action More recently these juices have been held to benefit anemias directly, increasing the number of red cells and hemoglobin, although it is admitted that the conditions thus benefited may belong to the avitaminoses C The authors have tested these juices in both experiment and the clinic—in the latter they have especially studied the treatment of simple anemias of early childhood of the type sometimes called alimentary Guinea pigs were submitted to ordinary fasting tests and to deprivation of vitamin C, and the blood counts were followed up for each series In each an anemia developed but much more rapidly when the vitamin was withheld In general inanition the animals received lemon juice which evidently held back the development of the anemia In vitamin starvation the fruit juice soon brought the number of red and white cells to the normal The conclusion is reached that in avitaminoses, including anemia, large doses of lemon juice suffice to bring the blood cells up to the normal count, while in inanition and underfeeding (too few calories) the same substance is equally efficacious in overcoming anemia —*Bulletin de l' Academie de Médecine,* June 11, 1929

Egg Idiosyncrasy —Bruno Bloch and J A G Prieto report at great length a case of this idiosyncrasy with a discussion of the role of allergy in the genesis of eczema and other dermatoses The case in question was nominally an eczema in a child with egg idiosyncrasy, manifested as follows ingestion of an egg caused first of all a generalized urticaria followed by fever, diarrhea, and miliary erythema When egg was applied directly to the skin, the latter having first been scarified, an erythemato-urticate eruption appeared in a few minutes If the egg were applied to the intact skin, there appeared at the end of 24 hours an epidermo-vascular reaction which presented all the characteristics of an eczema Not only the egg of the fowl but the flesh of the latter and the egg of the goose caused these phenomena The antigen was found to be dialyzable and was therefore not a protein. It has been shown that in such cases of idiosyncrasy a reaction takes place between the antigen and a sessile antibody—in other words an allergic reaction The eczematous portion of the reaction may or may not be transmissible by the passive route The conception which makes of eczema an allergic reaction which corresponds to that in asthma, serum sickness, etc., would necessitate a contact between the allergen and a specific antibody fixed in the cells of the epidermis This view is rendered plausible by a series of clinical and experimental data It should not be thought of as applying to the great majority of eczemas —*Annales de Dermatologie et de Syphiligraphie,* May, 1929

The Heart in Surgery —Howard B Sprague has analyzed the results of surgery on 170 cardiac patients to discover, if possible, what types of heart disease influence prognosis He finds that age is the most important factor in mortality Two-thirds of the deaths occurred in patients over the age of 50 Of 14 patients dying under the age of 50, syphilitic heart disease was present in 3, rheumatic heart disease in 6, Pick's disease in 2, with hypertension, obesity plus hypotension, and unknown heart disease in 1 each Of the 170 patients 42 died during or following operation, a gross mortality of 24 7 per cent, but only 5 patients died suddenly on the operating table Of the 42 deaths only 22 were due to causes directly referable to the heart though cardiac disease may well have made some of the others more susceptible to the pathological conditions from which they died Of 47 patients with rheumatic valvulitis and normal cardiac rhythm only 4 died Patients with rheumatic heart disease and normal rhythm without congestive failure can be operated on with little danger It is in the group of degenerative heart disease, arteriosclerosis with or without hypertension, that the greatest mortality

LEGAL

INSANITY—EFFECT ON THE MARITAL CONTRACT II

There are three parties to the marriage contract—the husband, the wife and the State Thus the parties to the marriage may not by their own acts change the marital status We will consider in this editorial the right of either spouse to annul their marriage on the ground of incurable insanity

Prior to March, 1928, the statutes of this State did not afford any relief to either husband or wife where, subsequent to the marriage, either of them became incurably insane, and this too despite the fact that the insanity may have continued over a great period of time

The plight of a man or woman who find themselves bound by the marital tie to one incurably insane, makes out an appealing case for judicial relief There is an old legal maxim, however, that "Hard cases make bad law" In a matrimonial situation, it is impossible to divorce any individual case from the welfare of society as a whole The stability of the family as a human institution must be preserved and zealously guarded, in order that the welfare and happiness of the offspring of the marital union be preserved Any proposal, therefore, to annul a marriage based upon the incurable insanity of one of the parties must, of necessity, be considered in the light of all the other factors and conditions to which reference has already been made

The problem was solved when the Legislature amended the Domestic Relations Law in 1928 by adding to Section 7 thereof a new subdivision which provided that a marriage is free from the time its nullity is decreed by a Court of competent jurisdiction, at either party thereto

"Has been incurably insane for a period of five years or more, provided, however, that if the marriage be annulled on the ground of the insanity of the wife, the court, before rendering judgment, must exact security, to be approved by a judge of the court, for her suitable care and maintenance during life Provided further, that judgment annulling a marriage on such ground shall not be rendered until in addition to any other proofs in the case, a thorough examination of the alleged insane party shall have been made by three physicians who are recognized authorities on mental diseases, one of whom shall be the superintendent of a state hospital for the insane, the other two to be appointed by the court all of whom shall have agreed that such party is incurably insane and so reported to the court'

In your counsel's opinion, this is a just and humane law, as protection is afforded against either collusion between the parties or the desire of one party to rid themselves of the other on a mere pretext For example, it is to be noted that the statute provides that

1 The insanity must be incurable,

2 It must have persisted for a period of five years,

3 The alleged insane party shall be subjected to a thorough examination by three physicians who are recognized authorities on mental diseases, one of whom shall be the superintendent of a state hospital for the insane, and the other two to be appointed by the Court,

4 No judgment of annulment shall be rendered unless the opinion of the three physicians who have examined the alleged insane person is unanimous that such person is incurably insane,

5 Adequate provision is made in a case where a husband seeks to annul his marriage, for the support and maintenance of the wife, and such support and maintenance is guaranteed by getting from the husband proper security

The question as to how much a husband who seeks an annulment under this statute should pay for the support and maintenance of the wife and for how long, as well as the nature of the security to be given therefor, was the subject of a recent decision The learned Court gave a just and reasonable interpretation to the statute in this respect The decision reads in part as follows

'The questions presented to the court for determination are what is the adequate amount required for the suitable care and maintenance of the defendant and how the payment of the same shall be secured The first question is quite analagous to the question so frequently presented in actions of divorce of fixing alimony A like method would be applied of ascertaining the means of the husband and the requirements of the wife in her present condition This may be presented in the shape of affidavits As to the method of securing payment it must be noted that the payment to be secured is during the lifetime of the defendant If a bond is given it must be for the joint lives of the parties As the defendant would lose her right to support by the death of her husband if the marriage were not annulled, I think that a bond limited to the joint lives, instead of to the life of the defendant would meet the requirements of the statute Nothing less than this would do so I do not think that the bond of the husband to pay for the support of the defendant during her life would be sufficient unless it be under exceptional circumstances

tance of this is much less than that of the Argyll Robertson pupil, when occurring as an isolated phenomenon The author does not refer merely to typical cases of the latter but also includes sluggishness of the pupils One or both eyes may be involved Naturally one thinks of neurosyphilis in these patients as an explanation of the pupillary phenomena, in which case the association with visceral disease might be a mere coincidence The author, however, is prompt to show that the anomalies in question occur when neurosyphilis is *quite absent* Thus in company with others he has seen them in syphilitic ulcer of the stomach and presumably in other locations, although for some reason he always adduces syphilis of the stomach to illustrate visceral syphilis But the association of neurosyphilis with visceral syphilis is of unusual interest and importance in these patients and the two types of late syphilis are often associated in peculiar ways Thus we may find a specific radiculitis in certain cases, suggesting that neurosyphilis may itself give rise to visceral mischief The rationale of pupillary anomalies in these cases is in fact not apparent and may indicate that the disease has directly attacked the vegetative nerves, although some invoke a low grade of meningitis It must be borne in mind that the Argyll-Robertson pupil has been seen in chronic alcoholism, nicotinism, and diabetes At present we can only state that the anomalies in question are often suggestive of visceral syphilis —*Deutsche medizinische Wochenschrift,* June 21, 1929

Aerophagy and Pneumatosis Ventriculi — R Isenschmid of Berne states that air swallowing assumes a number of clinical forms, one being vertigo or syncope The air may accumulate in the stomach or colon The subject is ignorant of the swallowing but when he is observed the larynx may be seen to move up and down or saliva may be swallowed Our exact knowledge of air swallowing however, dates from the use of the fluoroscope, which shows every step of the process of air accumulation and expulsion Nervous men and women suffer most Pneumatosis ventriculi is a generic term for a stomach distended with gas of which aerophagy is but one of the causal factors We know little enough of the nature of air swallowing or why it gives rise to burdensome symptoms in some and perhaps none at all in others With most people accumulation of gas in the stomach leads to eructation Many explanations have been offered and it seems certain that there are different mechanisms involved in different cases Some air must be swallowed with meals, but this is probably expelled by eructation in the normal subject In the author's experience, however, most patients swallow the air when they are not eating In one case perhaps, an increased flow of saliva causes incessant swallowing, while in another the swallowing is a nervous manifestation Presumably *an atonic stomach* favors accumulation and retention, but many patients seem to suffer from the opposite condition of hypermotility Does treatment throw any light on the symptom? Sometimes the air can be extracted by introduction of a stomach tube or more air may be swallowed until the stomach is forced to expel it Nerve sedatives (bromides) are often of such value that the role of nervousness as a causal factor is made manifest Bismuth and charcoal are of some value which seems to show that there is a factor of irritability of the gastric mucosa A dietetic treatment hardly exists in the author's opinion —*Schweizerische medizinische Wochenschrift,* June 8, 1929

Vaccination Encephalitis —Prof A Eckstein, of the pediatric clinic at Düsseldorf, gives a concise summary of our knowledge of this compilation which dates in a way from 1922 although it was known before then Evidence accumulates that it is one of a group of encephalitides of which the most conspicuous is the epidemic form known at first as sleeping sickness, which has since manifested itself as a protean disorder, occurring no longer in epidemic waves Encephalitis may complicate measles, chickenpox, and mumps, but all cerebral complications must not be set down as encephalitis and the author would exclude from this group the cerebral manifestations of scarlet fever and whooping cough In regard to the very first record of vaccination-encephalitis it is of interest to state that it dates from Freud as far back as 1897, at which period this author was making an extensive study of the cerebral palsies of childhood, before he had become interested in psychoanalysis Eckstein gives long accounts of the cases in England and Holland where the incidence has been much higher than elsewhere Scattering cases have been reported from Czechoslovakia, Austria, Sweden, Poland, Bulgaria, and Italy As for Germany the author has made an intensive search of the records and has found no less than 89 cases, of which at least 11 developed before 1922 with one as far back as 1912 No cases are mentioned in any continent but Europe, America being still immune, and data fail for Eastern Europe (with the exception of Bulgaria) Generalization is still very hazardous, for on a basis of the English and Dutch statistics it appeared that the danger period was from 3 to 13 years, but an analysis of the German figures seems to show that immunity before and after that term of years is an illusion and that there is in reality no special period of predisposition or immunity While the complication is not to be underrated it would be far worse to intermit vaccination or make it optional —*Klinische Wochenschrift,* June 18, 1929

NEWS NOTES

AMERICAN CONGRSS OF SURGEONS

Nearly every county in New York State is represented in the membership of the American College of Surgeons which will hold its nineteenth annual clinical congress in Chicago, from Monday to Friday, October 14-18 The clinical program of the Congress fills ten pages of the August issue of *Surgery, Gynecology, and Obstetrics* and includes clinics in the principal hospitals of Chicago, given by visiting doctors as well as local physicians

Special attention is to be devoted to the demonstration of modern methods in the treatment of fractures At the Cook County Hospital a special fracture clinic will be conducted each morning and afternoon, and at many of the larger hospitals plans are being made for a complete showing of the methods and end-results in this special field which forms so large a part of the surgical work in this great city

A conference on traumatic surgery is planned for Friday morning and afternoon A report of the Committee on Traumatic Surgery will be given, and an open forum will be conducted

An added clinical feature of importance at this year's session will be provided by a series of clinics to be given by outstanding surgeons of the American continent on Tuesday and Wednesday afternoons beginning at 2 o'clock in the grand ballroom of the Stevens Hotel Among those who will give clinics are the following George W Crile, Cleveland, John B Deaver, Philadelphia, John M T Finney, Baltimore, Charles H Mayo, Rochester A symposium on pernicious anemia will be presented by Charles A Elliott, Chicago, George H Whipple, Rochester, New York, C C Sturgis, Ann Arbor, Michigan, and William P Murphy, Boston

The annual business meeting of the Fellows of the College will be held on Thursday afternoon The annual convocation will be held on Friday evening when the 1929 class of candidates for fellowship will be received

The feature of Monday afternoon's program will be the practical demonstration of a model staff conference by one of the local hospital groups, together with a discussion of the entire subject of staff conferences

A symposium on the prevention of infection and a round table conference on administrative problems, admission of patients, the clinical laboratory, the social worker, etc, are important features of the second day's program and will include a practical demonstration of an administrative conference

On Wednesday morning there will be a joint session with the Association of Record Librarians given over to a symposium dealing with the efficiency of case records

These are only a few features of the annual Congress It is hoped that a goodly delegation of Fellows from New York State will be present

DISTRICT BRANCH MEETINGS

The meeting of the Sixth District Branch will be held on September 27th, instead of the 25th, as announced on page 1031 of this JOURNAL of August 15th The dates and places of meetings, so far as they have been arranged, are as follows

Fourth District Branch, Saratoga Springs, Thursday and Friday, September 19th and 20th

Third District Branch, Kingston, Saturday, September 21st

Sixth District Branch, Cortland, Friday, September 27th

Seventh District Branch, Clifton Springs, Saturday, September 26th

Eighth District Branch, Buffalo Thursday, October 3rd

Fifth District Branch, Watertown, Thursday, October 17th

First District Branch, Yonkers Friday, October 25th

THE NEW DIRECTORY

Copy for the Annual Medical Directory of New York, New Jersey and Connecticut was sent to the printer in August, and the reading of the proof should be completed by the end of September

Each year there are a number of physicians who delay sending their new addresses telephone numbers etc until all the proofs have been read and the pages made up It is therefore very important if there are any changes in your record for the Medical Directory that you send them at once to the Medical Society of the State of New York, 2 East 103rd Street, New York

LONDON LETTER

LONDON, AUGUST 28, 1929

Post Vaccinal Encephalitis The occurrence of a further fatal case in London (the seventh this year) of encephalitis following prophylactic inoculation against smallpox has excited much public interest and the matter has been raised in the House of Commons It is now agreed in medical circles that these cases of encephalitis are due to the vaccination, but in what way is not clear It has been suggested that the introduction of vaccine makes more active or reduces resistance to bacteria which are latent in the body, others suggest that some impurity in the lymph is responsible In this country lymph prepared by the Government can be obtained only by the public vaccinators, and the private practitioner has to obtain his lymph from medical supply agents who may obtain the lymph from less well controlled sources At the British Medical Association Meeting now being held in Manchester, opinion was general that the lymph obtained from private firms varies very much in potency, one medical man stating that a public vaccinator using Government lymph has had no failure in 21 years, whereas with lymph obtained from the best firms in London, only 25 per cent had been successful An official of the Ministry of Health stated that Government lymph could not be supplied to private practitioners because no records would be kept of the number treated or the results The public vaccinators have to keep such records, and the latest figures show that of 576,589 capillary tubes, each containing sufficient lymph for one person, supplied in one year, 98 6 per cent gave a successful result He advised all those requiring to be vaccinated to go to the public vaccinator The question, however, as to whether any cases of post vaccinal encephalitis have followed the use of Government lymph has not yet been answered, but a full enquiry is to be demanded in the House of Commons and some important facts may come to light

'Ragging' by Medical Students On June 20th an anti-vivisection meeting at the Caxton Hall, Westminster, was broken up by an organized body, presumed to be medical students, and some very rough horse-play resulted A protest to Scotland Yard has resulted in a letter being written by Viscount Byng, the Commissioner of Metropolitan Police, to the principal medical schools asking the authorities to warn students against the practice, and to appeal to them for better behaviour It is curious that it has taken the police so long to act, for there is no doubt that 'ragging,' among medical students at least, has been for a long time on the decline Except for the usual exuberance at the Rugby Football cup-ties and the traditional "enmity" between University College and King's College there has been hardly a 'rag' of any importance since 1919 when "Pussyfoot" Johnson, to the dismay of the participants, lost his eye At my old hospital—St Bartholomew's—it has long been decided, with that curious unanimity which only youth can display when "good form" is in question, that 'rags' were not 'quite,' if one may use a modern cliche. It was not ever so, and I well remember a gorgeous 'rag,' when, on a particularly snowy day in mid winter, it suddenly occurred to some cheery students that the immemorial custom of the City police to use the "Square" as a short cut between the Henry VIII Gateway and Little Britain should no longer be recognized The first policeman to appear was greeted, much to his surprise with a volley of snowballs He whistled for assistance and very soon quite a battle was in progress It was conducted with the greatest good humor on both sides and neither claimed a victory, but many windows were broken, and repairing the damage cost us quite a lot But it seemed worth it at the time! High spirits and the pursuit of medicine have always been associated, and it is interesting to speculate on the causes which change the somewhat irresponsible student into the grave and altogether exemplary practitioner I believe it would be found that the 'raggers' are more in the early years of studentship and that the feeling of responsibility soon settles upon them, as they are brought into actual contact with disease, suffering and misery But a little buoyancy does no harm, and I hope the authorities will convey Viscount Byng's caution in the way it is meant!

Lavender Time Now through the hot and dusty streets of London comes the Lavender cry, oldest and last of the cries of London A haunting melody, always heard so far away and yet so near, bringing before us visions of some well-remembered garden, some grassy walk between the nodding "spikes," some scent, some rare memory Well! Well! Another fortnight, and then

H W Carson, F R C S

PUBLICITY WORKERS

Columbia University will conduct a course on 'The theory and technique of modern publicity work." The *New York Sun* of August 29 comments editorially on the course and says

"Perhaps it was coincidence, but the announcement by the publishers of the Red Book that this city has 4,338 varieties of business was followed in a few hours by the assurance of Columbia University that its course in "the theory and technique of modern publicity work" will be continued.

'Surely there are many lines of industry which have not yet obtained the services of expert "publicists," "directors of public relations" and plain, old-fashioned press agents The desks in this office, which creak under the barrage flung from myriad mimeographs, have yet to feel the weight of propaganda from the pretzel factories, the overall laundries and the makers of pipe-bending machinery and carpet tacks These and a thousand other industries obviously need their place in the sunlight

"Strangely, more propaganda is employed for the sake of the ideal than for the advancement of the real If you set up a new league of nations, a new brand of ethics, a new method of ridding the world of sin, pain or debt, a purely philanthropic scheme for conserving the forests by turning them over to a power company, or a holy plan to crush the power companies by putting the government in the hydroelectric business, you must have a red-hot 'director of public relations' Six days he toils and on the seventh he shoots his product, marked 'released for Monday, February 31,' at the newspaper If when it is read it falls into the basket to the accompaniment of a groan, what of it? One more editor has failed to grasp a great idea"

Even the sanctum of the NEW YORK STATE JOURNAL OF MEDICINE is the depository of enough pieces of "Publicity" on health alone to keep every issue of the JOURNAL filled in quantity if not in interest

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MARIHUANA

The New York *Sun* of September 4 has an editorial on marihuana, a cactus of the Southwest called mescal button or peyote by the Mexicans It is used by the Indians and Mexicans as a narcotic whose effects are those of haskeesh, or hemp The *Sun* says

"Except those 'with the proper credentials' little is to be learned concerning marihuana in respectable quarters Governments and libraries are afraid of it, and justly The belief is probably that those who know nothing about it will not be tempted to fall prey to its ugly fascination"

This will be news to most doctors

CITY INCINERATORS

The disposal of garbage and rubbish by burning has at last been placed on a scientific basis in which the production of smoke and odors may be prevented to such an extent that many of the large hotels dispose of all their household waste in their own incinerators in their cellars

The *New York Sun* of August 29 discusses public incinerators in the following editorial

'With the completion on October 1 of the last of the incinerator units for Brooklyn the whole output of garbage and rubbish in that borough will be disposed of by scientific appliances This gives Brooklyn five plants for incineration of garbage and rubbish, and fourteen incinerators that destroy only rubbish

"Each of the three new plants has a capacity of 500 tons a day, of which 75 per cent is garbage and 25 per cent rubbish, including what is called trade wastes Geographically the new plants are well situated One is on the Gowanus Canal at the foot of Hamilton avenue, South Brooklyn, one on Newtown Creek, Greenpoint, and one close to the Paerdegat Basin of Jamaica Bay Not only do the furnaces and equipment of these plants follow the latest designs, but showers and rest rooms are provided for the employees The capacity of the five incinerators is 371,000 tons of garbage a year, which allows a margin of 48,000 tons over the quantity collected in 1928

"It is not easy to find sites for incinerators on Manhattan Island or in the Bronx and Queens Neighborhood prejudices are active despite assurances that these plants will create no nuisance Incinerators have become a public necessity and it is urgent that plants be installed at waterside stations in all the boroughs not now so equipped When this is done there will be no New York city garbage fouling the city's own shores and those of New Jersey, Long Island and along the borders of the Sound"

THE DAILY PRESS

FASTING CLUBS

Early in the summer there came to the Journal office a four-page pamphlet describing "The World-Wide Fasting Movement, the most basically spiritual movement ever undertaken on earth," organized by the Fasting Clubs of Chicago for world-wide regeneration" This cult holds That the Hypnotizing and Re-education of the world's subconscious mind by holding the Perfect Vision, is a reality"

The promoter, G H Aron, offers to send free instructions which include the following subjects

The technique of fasting

Twenty-one methods of quickening elimination during fasting

What to think about during the fast

Thirty-eight magic words defined

Aspects of the individual in the perfect vision

The state in the new civilization

Extracts from opinions of great men

The pamphlet contained copies of advertisements in the *Chicago Daily News* offering free lectures—no collection taken—on some of the objects to be attained through fasting, among them being the following

Governmental purchase of farm land until that left in private ownership should be only sufficient to produce what the people consume

Choice of the President of the United States on the basis of scientific character analysis

Outlawry of war by fasting (evidently based on Napoleon's statement that an army fights on its stomach)

Possibly the object of fasting club is contained in the following statement

"Dr Aron and Staff of Fasters will leave for the Millson 1000 acre private estate in the Rocky Mountains, on July 22nd for the "Ideal Fast,' the fast to hunger, lasting from forty to ninety days"

Now, for the second half of the story *The New York Times* of August 29th contains the following item from Lyons, Colorado

"On a cot in a tent the lifeless and withered form of a Chicago art model and member of a cult that came to the wilderness of Peaceful Valley to seek "youth, truth and health" was found today, a victim of starvation

"Instead of youth and health Chris Solburg, 40 years old, found death

"Solburg was one of a party of thirty members of a Chicago health cult who, a month ago, under the leadership of Dr George Huntley Aron, came to Colorado seeking a place where they might practice their health tests, including fasting

"Sunday Solburg, who had completed his fast of thirty-one days, began eating solid foods His fast had reduced him from 160 to 85 pounds After consuming several sandwiches his friends said that he was in agony All day Monday he remained on his cot and yesterday he was inert, refusing to converse with other members of the cult who were fasting

"The Chicago cult received considerable publicity when ranchers reported that its members were running around Peaceful Valley without clothes, taking sun baths Authorities demanded that they at least wear sun suits

"With Solburg's death only a few members of the Chicago cult remain at the camp and, excepting one person, they are reported to have quit fasting"

ADVERTISEMENTS NEXT TO READING MATTER

Advertisers often specify that their announcements shall be placed next to reading matter, and this JOURNAL tries to accommodate them However, an article in the *New York Herald Tribune* of September 3, describing the ninth International Congress of Psychologists, said

"Dr Harold E Burtt, of Ohio State University, reported on experiments made for the reader's reactions to "flats" and "standards' in advertising

"Dummy magazines were made up in pairs—each containing twenty-five pages of reading matter and twenty-nine full page advertisements In one of the dummies the advertisements were grouped in two "sections" with the articles in between, while in the other the same material was used but after five initial pages of reading matter, alternate pages were devoted to advertisements

"The subject submitting to psychological scrutiny looked through the dummy for ten minutes and was tested for his observations He was then given the second dummy Preliminary results indicated no outstanding superiority for either methods"

many health books are apt to do, in the mind of the reader

And it answers many questions which the laity are constantly asking—notably the differences between the optometrist, optician and oculist or eye surgeon, and the importance in using drops" in testing for glasses, etc.

The book is divided into four parts Part One is devoted to a discussion of the Mechanism of Sight, including the question of glasses, Part Two, when the mechanism gets out of order, including the commoner external diseases, Part Three, the Eye in Middle Life and Beyond, with description of cataract, iritis and glaucoma, and Part Four, on Eye Inheritances

The author is to be congratulated upon covering the field so thoroughly and so entertainingly in such brief scope

E. C. PLACE

DISEASES OF CHILDREN Second Edition, Edited by HUGH THURSFIELD, D M., M A, F R C P., and DONALD PATERSON, M D, M R C P Octavo of 1106 pages, illustrated New York, William Wood & Company, 1929 Cloth, $13 00

This is a large one volume treatise on Pediatrics with almost 1100 pages of text. It is the second edition of a work first published in 1913, and edited by Sir Archibald E. Garrod, the late Frederick E. Batten, and Hugh Thursfield This present edition was edited by Hugh Thursfield and Donald Paterson, both on the staff of the Hospital for Sick Children, Great Ormond Street, London Naturally, the lapse of time between the first and the present edition caused the work to be looked upon as something out of date in these days of rapid advancement in the field of Pediatrics

The present edition has been brought thoroughly up to date, and it may claim, with some justice, to be the best single volume on the subject in the English language. The array of Pediatric authorities to be found in the list of contributors is most imposing and the selection of the writers for the individual subjects has been a happy one. While there can, at the present time, be no great difference of opinion between Pediatricians in England and in America, one is struck, in reading this book, by some of the minor, though noticeable, differences One notes in the section on the 'Feeding of Infants and Children" that protein milk of various types which the writers, Dr Cautley and Dr Paterson agree, is very popular in Europe and America is little used in England Another point of difference between the procedures in the two countries is in the use of castor oil, not only as a purgative, but as a corrective in cases of gastro-intestinal dysfunction 'Celiac Disease' which is taken up by Dr Reginald Miller is described as being an intolerance of fat with carbo-hydrate indigestion as an entirely secondary symptom. In this country, it is generally agreed that this condition involves an intolerance of both fat and carbo-hydrate. Another striking thing is the apparent difficulty of getting clean milk from tuberculin tested cows which, of course, in this country is no longer difficult. Little's Disease or Cerebral Diplegia is not admitted to be caused in every case by cerebral hemorrhage at birth, but two of the factors admitted are, health of the mother during pregnancy and the degeneration process dependent on some toxic condition or defective vital endurance.

It is refreshing in these days of multi-volume sets on Pediatrics to come across a single volume work which covers the field thoroughly and yet does not sacrifice completeness and accuracy for condensation

WM HENRY DONNELLY

PHYSICAL THERAPEUTIC TECHNIC. By FRANK BUTLER GRANGER A B M D Octavo of 417 pages illustrated Philadelphia and London, W B Saunders Company, 1929 Cloth $6 50

This is the best and most simply written book which has as yet been published on this subject. Dr Granger was a noted specialist in Physical Therapeutics and was not given to exaggeration. In the preface he states that this work is not intended for specialists but rather for the general practitioner who wishes to know what to do with various types of physical therapeutic apparatus. He stresses the value of massage and feels that the office assistant of a physician attempting to do physical therapeutics should be first of all a well trained masseur The book has a short simple chapter on electrophysics which is the basis of a great deal of physical therapeutics and should be mastered by one attempting to do this work. This is followed by a description of the currents used in medicine with their physiological effects and methods of use. He next describes the electro magnetic system with the effects of the various rays on the human system There is a short chapter on hydro-therapy and one on massage

He outlines a hospital department of physiotherapy and describes its relations with the other services This is followed by chapters on certain diseased conditions in which he has found physio-therapeutic methods of treatment to be of value, and an index of diseases with the methods that he has used in the treatment of them

He states that the methods used are private not official and are not endorsed by any council, medical school or hospital, but are the results of his own experience.

No one attempting to start using physical therapeutic methods of treatment can afford to be without this book

CHARLES F McCARTY

SURGICAL PATHOLOGY By CECIL P G WAKELEY, F R C S, and ST J D BUXTON, M B, B S Octavo of 904 pages illustrated New York, William Wood & Company, 1929 Cloth, $12 50

This is a splendid book particularly for the surgeon, who by becoming a better pathologist becomes a much better surgeon.

The cuts are excellent, the reading matter is clear and interesting

The work covers the entire field of pathology from the surgical standpoint Enough histo-pathology is presented to clarify the pathological anatomy where this is desirable

M E MARTEN

RECENT ADVANCES IN SURGERY By W HENEAGE OGILVIE M A, M D 12mo of 461 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1928. Cloth, $3 50 (Recent Advances Series)

This book of 461 pages with 108 illustrations concerns itself with the proven advances made in general surgery This does not mean that the text of the work depicts any thing brilliantly new or phenomenal By the time a new procedure has proven its value, it is already old However, in its 16 chapters the author and his collaborators have sifted out of the mass of newer things surgical in nature, the ones which have proven to be of value and of constructive interest

To enumerate the individual advances found in the book would require a complete paraphrase Suffice it to say that the reviewer has found it well worth his while reading its contents He recommends it to all those interested in surgery

MERRILL N FOOTE.

THE TECHNIC OF LOCAL ANESTHESIA By ARTHUR E. HERTZLER, A M., M D Fourth Edition Octavo of 284 pages illustrated. St. Louis, The C V Mosby Company, 1928. Cloth $6 00

Although this book presents the standardized technic of local anesthesia it is a personal work, reflecting vast experience and special skill Indications contraindications and difficulties are thoroughly covered. It is a safe guide for the workers in this field who do not require an encyclopedic treatise including yesterday's refinements

A. C. J

BOOK REVIEWS

THE CHILD OF CIRCUMSTANCE The Mystery of the Unborn By ALBERT WILSON, M D Octavo of 420 pages, illustrated. New York, William Wood & Company, 1929 Cloth, $6 00

All those interested in abnormal conduct, and more particularly in criminology, will find this book a most interesting one Wilson gives much space to the management of criminals in various countries, and praises especially the methods used in Holland and Belgium

The author does not believe in determinism, and is rather scant in his treatment of psychoanalysis In fact he is a strong believer in the organic basis of misconduct He thinks that poorly developed pyramidal cortical cells favor criminal conduct, and suggests that the law should recognize this theory This is a long way from the Freudian or behavioristic theory of conduct

He is motivated by a broad humanitarianism He has an interesting chatty style It is because he presents his theories in a different sort of way that makes them of value to the student of abnormal conduct For even though one might not agree with all of his views, the reader will derive benefit by studying this book by Wilson

JOHN F W MEAGHER

NEUROSURGERY Principles, Diagnosis and Treatment By WILLIAM SHARPE, M D, and NORMAN SHARPE, M D Octavo of 762 pages, illustrated Philadelphia and London, J B Lippincott Company, 1928 Cloth, $11 00

This compact volume in five parts treats of a highly specialized field of surgery and its press work suggests more substantial information for the average medical practitioner than the contents actually warrant

Part I This section of the book includes Tumors, Abscess Injuries With or Without a Fracture of the Skull Hydrocephalus, Cranial Deformities, Indications and Technique of Special Examinations and Tests, Indications and Technique of Cranial Operations

Despite the work on tumors in recent years by men of Harvey Cushing's experience, this discussion apparently ignores the fact that many gliomas show a low degree of malignancy and that removal of the growth may be followed by absence of symptoms for several years Here, a subtemporal decompression is recommended for such conditions

In the chapter on Brain Abscess, the author stresses the use of the subtemporal decompression in most cases of temporosphenoidal abscess, and emphasizes that exploration for the abscess should take place through the subtemporal route and not through the infected mastoid field

Birth injuries are treated at some length, quoting the author's experience with this phase of the subject, including specific data as to frequency and advising early and repeated lumbar punctures to prevent cerebral spastic paralysis

Hydrocephalus, Cranial Deformities, Indications and Technique of Cranial Operations are discussed in turn without the addition of any original aspects of these phases of the subject

The section on Surgery of the Spinal Cord by Norman Sharpe suggests early laminectomy for spinal injuries producing compression of the cord, also laminectomy in certain types of multiple sclerosis

The surgical treatment of early, selected, cases of purulent meningitis, localized, and associated with mastoid disease, should have a subtemporal decompression performed on the corresponding side of the head

The end results of Neurosurgery are finally outlined in a more forceful than convincing style.

H G DUNHAM.

GLEANINGS FROM GENERAL PRACTICE. By DAVID TINDAL M D 12mo of 209 pages New York, William Wood & Company, 1929 Cloth, $2.50

In this book the author gives especially to young physicians, some counsels on professional conduct and upon medical subjects There are chapters on the young practitioner, on professional conduct, on medical treatment and on the care of children and the aged. There are notes on cookery and sick room administration and over 200 prescriptions favored by the writer Some of these contain too many ingredients in one mixture to be popular at present

W E MCCOLLOM

AIDS TO PSYCHOLOGY By JOHN H EWEN, M.R.C.S., Eng, L.R.C.P Lond 16mo of 166 pages New York, William Wood & Company, 1929 Cloth, $1 50

This vest pocket edition serves as an aid for students who are particularly interested in psychological medicine. It is intended to be used only after more exhaustive volumes on psychology have been studied It deals primarily with the more orthodox schools of psychology, paying little attention to Freudian mechanisms It serves well the older static psychology, and should be of considerable help to the student in reviewing his psychology, as it covers the subject quite well

IRVING J SANDS

DIABETES AND ITS TREATMENT By FREDERICK M ALLEN, M D 24mo of 98 pages New York and London, Funk & Wagnalls Company, 1928. Flexible leather, thirty cents (The National Health Series—Edited by the National Health Council)

This little pocket-size volume is as complete and well-written a treatise for the layman as has been published Aside from its usefulness to the diabetic, its cultural aspects should be of value to the average intelligent reader who wishes to increase his general fund of knowledge

WILLIAM S COLLENS

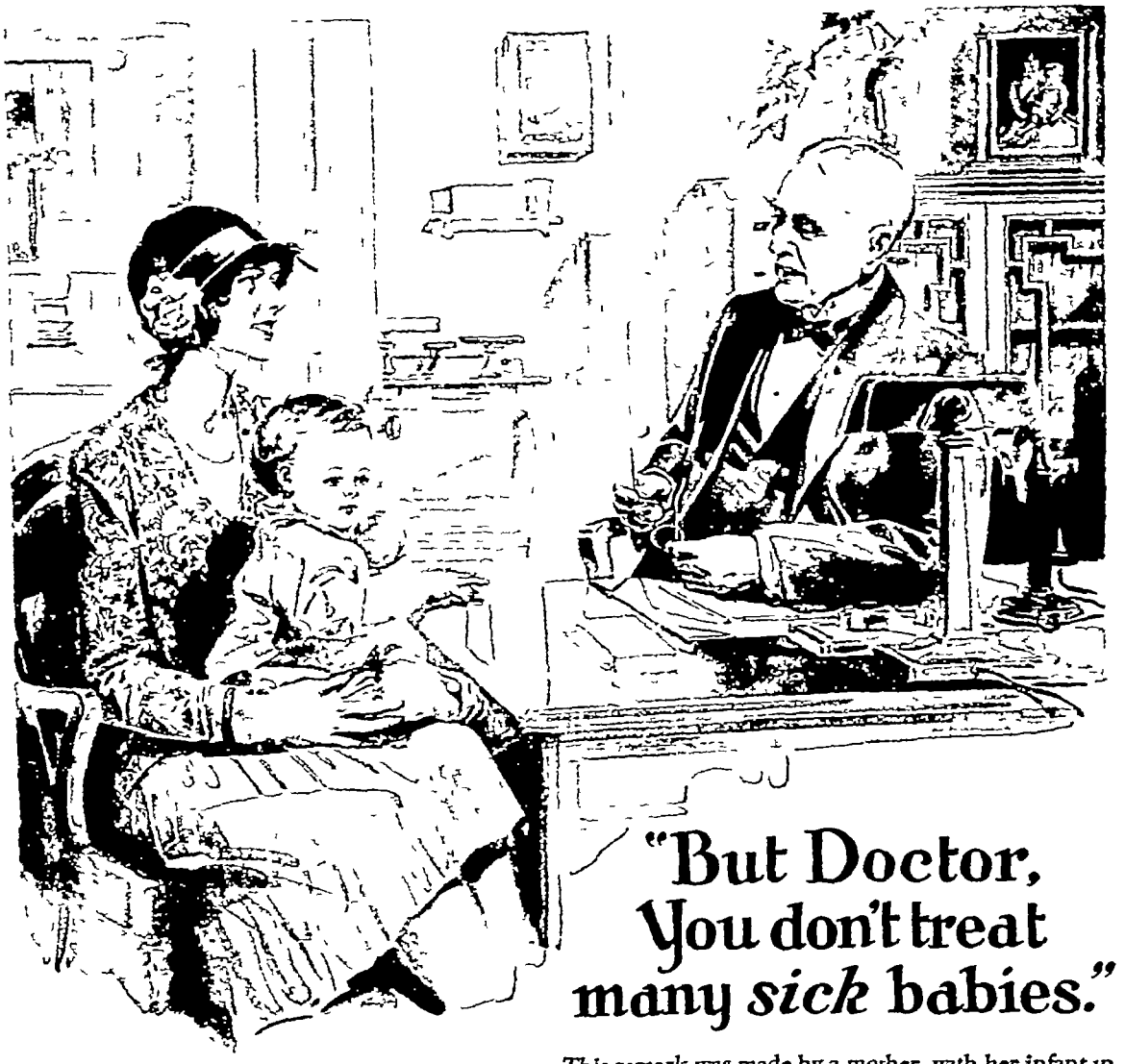
CARE OF THE MOUTH AND TEETH By HARVEY J BURKHART, D D S, L L D 24mo of 45 pages, illustrated New York and London, Funk & Wagnalls Company, 1928 Flexible leather, thirty cents (The National Health Series—Edited by the National Health Council)

A timely well-written booklet covering the subject in a self-explanatory manner Read it, digest it recommend it to your patients A worth-while contribution to a layman's dental education

LEONARD KOHN

WHAT EVERY ONE SHOULD KNOW ABOUT EYES By F PARK LEWIS, M D F A C S 24mo of 70 pages, illustrated New York and London, Funk & Wagnalls Company, 1928 Flexible leather, thirty cents (The National Health Series—Edited by the National Health Council)

One could wish that this well-written little booklet of 70 pages could be read in every home in the country With only occasional lapses it tells the story of ophthalmology in simple terms, which are readily understandable to the lay mind—no mean accomplishment. It captures the interest of the individual in an important phase of health, without exciting alarming ideas, as



"But Doctor, You don't treat many *sick* babies."

To the woman pictured in this interview, it somehow seemed that in a case of artificial feeding, intestinal disturbances were an inevitable necessity—that these were dread diseases which in some vague, mysterious manner, baffled all efforts to prevent and whose correction lay in the drastic administration of drugs

This remark was made by a mother, with her infant in her arms, as she discussed her own case with her physician Paradoxically enough, because her physician was a successful infant feeder, he gave promise to lose standing in her estimation.

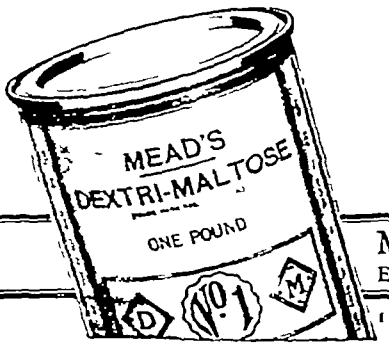
The Doctor's reply was illuminating to this mother—"*We don't treat many sick babies because we feed more well babies properly*"

So modern feeding practice seeks first to preserve the infant's health rather than correct nutritional disturbances. And in this it is eminently successful. What this patient did not realize was that the physician needed her confidence and co-operation.

The dangers of carbohydrate fermentation are greatly minimized, weight gains with sound body turgor are easier to secure by the use of Mead's Dextri-Maltose in fresh cow's milk or lactic-acid milk mixtures.

It is readily assimilated by the infant and is supplied the doctor with different salt contents. No. 1 with sodium chloride 2% for normal cases, No 2, salt free and No. 3 with 3% Potassium Bicarbonate for constipated infants.

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OUR NEIGHBORS

DOCTORS' CARDS IN STATE JOURNALS

Several State Journals, among them being those of Indiana and Michigan, carry the cards of physicians in their advertising columns The practice is often criticized and is decreasing But the August *Journal of the Tennessee State Medical Association* records editorially the approval of the advertising cards and says

"Some effort was made last year to increase the number of pages of advertising in the Journal by running a Directory of Physicians The plan was approved by the Board of Trustees at the meeting held in February, 1929, but it was thought wise not to push the matter until the House of Delegates of the State Association acted upon it The matter was submitted to the House of Delegates and approved by that body at the meeting held in Jackson, in April, 1929, so that all the steps have been taken to secure the approval of all concerned

"There can be no objection raised on ethical grounds In fact, a number of very high class state journals are running such a directory

"Members of the Association are now in position to decide for themselves whether they want the directory or not You have all the facts before you

"The following is a sample of what will be run It is taken from the *Journal of the Indiana State Medical Association*

"Phone Main 2290, Residence, Humboldt 1401
C E Orders, M D
General and Abdominal Surgery
350 Bankers Trust Bldg, Indianapolis, Ind

"It will be noted that the card shows the name, the location, the 'phone number and the specialty of the doctor

"The reasons for running such a directory have multiplied in recent years A number of younger men in the profession who are not well known throughout the state have equipped themselves to do special work There is no good reason why men engaged in special work should not make the fact known to the doctors of the state No statements beyond those run in the card will be permitted, of course

"The cost will be on the basis of a full-page ad in the Journal for twelve months, which will be $18 00 per year per card running ten cards to the page We will not run any cards until a sufficient number of contracts to run a page have been signed Payment for running the cards would be made semi-annual in advance

"We do not expect to use high-pressure salesmanship in building up this directory, nor do we expect to place it on the grounds of charity

"The financial condition of the Association, as shown by the last audit, is sound The roll of members at the present time is equal to the largest enrollment we have ever had at this time of year Owing to the work that lies before the Association for the next eight months the expenditures will be heavy These expenditures will not be of a current nature Next year will be the year for the centennial celebration and no one at the present moment can anticipate the cost of all the efforts that are to be made in making this event a success

"Members of the profession who are interested in space in the directory are requested to write the Journal at once and a page will be started as soon as ten contracts have been signed"

SECRETARIES' MEETING IN MISSOURI

The August issue of the *Journal of the Missouri State Medical Association* carried an account of the twenty-first annual meeting of the Missouri Society of Medical Secretaries which was held in Springfield on May fifteenth, with forty-two secretaries present The first address was given by Dr J H J Upham of Columbus, Ohio, who said

"Another good thing it seems to me is to get our county societies interested in public health problems As you know, that it a burning question We are having all kinds of uplift work going on and all the various societies are becoming active, and if you can get your society to take up problems of this sort the members will take a prominent place in the community and be consulted on such matters You will feel a sense of pride in getting the members to come out, and they will feel they have important matters to discuss at the meetings, and also that they have a recognized place in the community when health problems are brought up

"Then every once in a while have a social

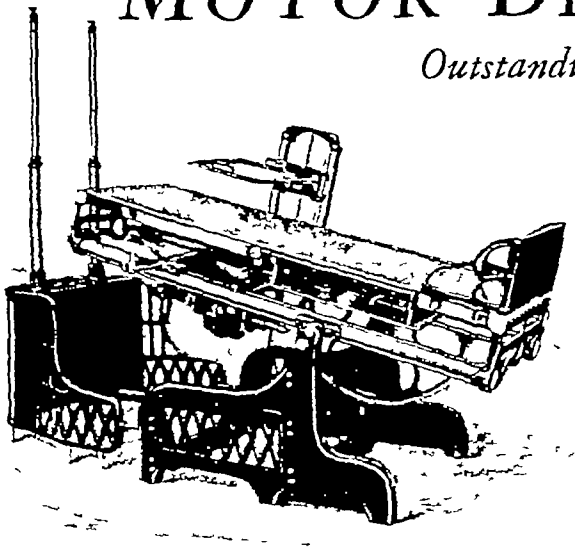
(Continued on page 1166—adv xii)

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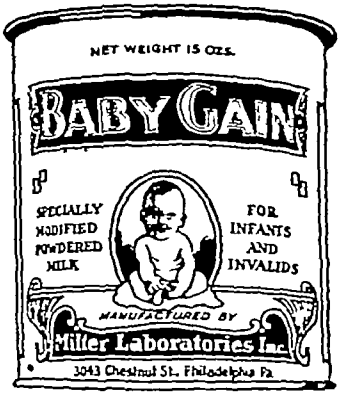
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Pure, fresh milk from healthy, Tuberculin-Tested cows, modified and powdered.

While BABY GAIN has proved an ideal infant food, containing all the elements in correct proportion as in human milk and as easily digested, it will equally benefit older children and invalids of all ages with impaired digestion

In such cases the physician may increase the proportion of powder and water, according to the individual case, to 5 or even 6 measures of powder in 8 ounces of water

This is a nourishing meal in itself and has the advantage of accurate balance and easy digestion It will be assimilated in most cases where whole fresh milk is not tolerated by the patient

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Doctor

Address

Should Invalids Be Imprisoned ?



Deprived of the family life, confined on a single floor—the fate of invalids unable or unfit to climb stairs Such imprisonment can be abolished quickly by installing a

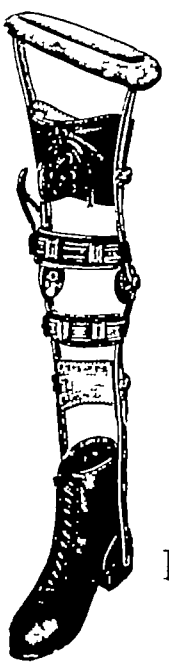
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(*Continued from page* 1164)

meeting—a social meeting with something to eat. It is curious how having a little something to eat will bring out a good attendance. You notice what a good attendance there is tonight. It gives the members a little period of relaxation and helps them meet their fellow practitioners, it brings about a better feeling There is a little of the old feeling that goes away back to the Arabs, that when you eat salt or break bread with a man you are friends So when we eat together often there is a lessening of prejudice, a frank discussion of various things that bring about a better understanding"

Dr Upham praised the wives of the doctors, but said

"In Ohio we do not have a Woman's Auxiliary We like to think it is because we are doing the work so well that it is not necessary, but I think it is because the women are so busy trying to clean up poor old Ohio politically that they have not gotten around to it But if they do take hold they will stir things up in a medical way because you cannot stop them"

Dr Frank I Ridge, President of the Missouri State Association, discussed programs as follows

"The program committees in many instances are carried away by the P T Barnum psychology of these days They want to see plumes and brass harness, and it has gotten to the point where no society thinks it can have a good, instructive medical program unless they have lantern slides, instead of good argument and debate upon real medical problems They can sit there and go to sleep while the slides are being shown, and then come around afterwards and say how they enjoyed your presentation of the subject, and they don't know any more than the dead what you did show But they have had a good magic lantern show They are fascinating to the eye, and we will have to admit that sometimes slides are very helpful"

Dr J M Singleton, Kansas City, continued the discussion of programs, and said

"Having open meetings where the public is invited is all right But the main thing is to arrange a program for the year and try in that time to cover the field of medicine pretty generally Another thing of importance is variety in any single program With the secretary of the Society and the chairman of the entertainment committee getting behind the program committee and the chairman of the entertainment committee and with the other members taking an interest in the preparation of papers and reviews of advancing medicine I think the field should be pretty well covered No man can read all the medical literature, and the medical society should have a place where new things are discussed The society should feel itself responsible

(*Continued on page* 1168—*adv xiv*)

(*Continued from page* 1168—*adv* xiv)

owner, had for its sole aim the handling of telephone calls for the physician who subscribed to the service while he was away from his home or office A certain number of people would even call this bureau for a physician and allow the owner to send any physician he wished to give the call Indeed, through the influence of the name, Physicians Service Bureau, many people even from outside Milwaukee County began to ask advice of this bureau as to the merit, standing, and ability of the various physicians and surgeons in the community"

A further complication was publicity of the purchase of a pulmotor by the Milwaukee Fire Department and the resulting calls on the fireman for its use in every sort of emergency The article continues

"With these facts before them, the directors of the Medical Society of Milwaukee County decided that the medical profession itself could remedy the existing situation in some degree by acquiring the full ownership, control and operation of the Physicians Service Bureau Such operation by the medical society itself, would then make it possible to offer to the public an instantaneous, efficient medical service to the public in time of emergency It would offer to the individual practitioner on the other hand, a sort of clearing house where he could be assured that his clientele would receive medical service during his absence or in an emergency by fellow-physicians whom he has selected beforehand

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(*Continued on page* 1170—*adv* xvi)

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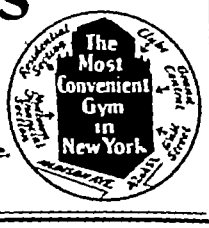
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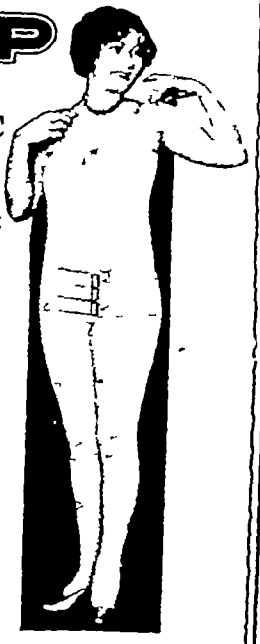
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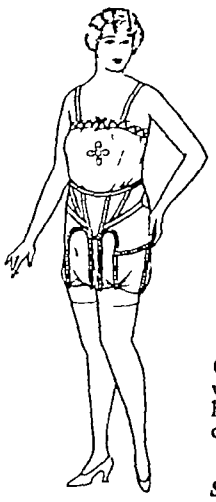
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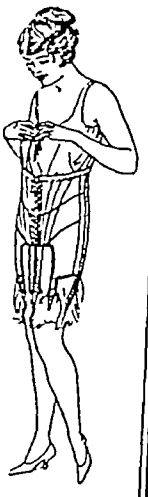


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(*Continued from page* 1166—*adv xii*)

over a period of years for the covering of new things in medicine in the form of bringing them before the society for discussion A symposium on any subject is not usually well attended The men interested in that one thing attend—the others pass it up In the cities the men can take advantage of libraries The American Medical Association provides any amount of articles, and you can get literature from libraries in St. Louis and in Jackson County—all the literature you want The society should take advantage of that in the preparation of programs and in the study and preparation of papers I think it would be wise to have clinical demonstrations We have a good many cases demonstrated before our county society and I think that could be developed in the smaller centers"

The meeting closed with a discussion of State Legislation

FULL-TIME COUNTY SECRETARY

The Milwaukee County Medical Society has recently adopted the plan of employing a full time Secretary Commenting on this plan the August issue of the *Wisconsin Medical Journal* says

"It has been well demonstrated in recent years that the problems of the individual doctor are increasingly giving way to problems of the entire profession As this is true today, so must it be evident to one who studies these problems, that their future solution will only be found in group action under a wise leadership

"It is with this in mind that we feel that the members will never have cause to regret this step and that the near future will bring them returns, both material and those not as easily demonstrable, that will more than justify their unanimous vote"

A news item in the same *Journal* describes the events which led up to the appointment of the full time Secretary A survey of the medical profession of the county led to conclusions described as follows

"The physicians of Milwaukee County were in great need of a central nurses' directory, to enable them to secure nurses within a short time with a minimum of effort

"It was also apparent that organized medicine in Milwaukee County needed aggressive rather than quiescent policies in protecting the legitimate fields of the profession

"This survey further disclosed that for a period of about five years there has been conducted in Milwaukee County a privately owned and privately managed enterprise known as the Physicians Service Bureau This business, although conducted in a perfectly ethical manner by its

(*Continued on page* 1169—*adv xv*)

(Continued from page 1168—adv xiv)

owner, had for its sole aim the handling of telephone calls for the physician who subscribed to the service while he was away from his home or office. A certain number of people would even call this bureau for a physician and allow the owner to send any physician he wished to give the call Indeed, through the influence of the name, Physicians Service Bureau, many people even from outside Milwaukee County began to ask advice of this bureau as to the merit, standing, and ability of the various physicians and surgeons in the community"

A further complication was publicity of the purchase of a pulmotor by the Milwaukee Fire Department and the resulting calls on the fireman for its use in every sort of emergency The article continues

"With these facts before them, the directors of the Medical Society of Milwaukee County decided that the medical profession itself could remedy the existing situation in some degree by acquiring the full ownership, control and operation of the Physicians Service Bureau Such operation by the medical society itself, would then make it possible to offer to the public an instantaneous, efficient medical service to the public in time of emergency It would offer to the individual practitioner on the other hand, a sort of clearing house where he could be assured that his clientele would receive medical service during his absence or in an emergency by fellow-physicians whom he has selected beforehand

"This result alone, however, in the opinion of the directors, was not sufficient. It was equally necessary that there be some active contact between the general public and the medical profession. To accomplish this, a full-time Executive Secretary was appointed, who, while conducting the Service Bureau, would also protect the legitimate interests of the profession in its relation to the public"

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(Continued on page 1170—adv xvi)

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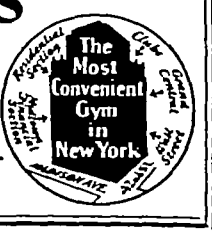
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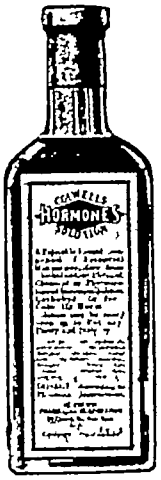
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Inspection invited
Information upon Request

(*Continued from page* 1169—*adv xv*)

and Celestine J Sullivan, director of information service

'Dr W B Coffey, chairman of the executive committee, aptly describes the Foundation as 'a philanthropic clearing house—the first non profit non-stock corporation organized for the health profit of the public'

"The corporate seal of Better Health Foundation crystallizes its mission in these words 'For the Commonwealth'

"The Foundation will take over Better Health Service, hospital betterment work and other activities of the League for the Conservation of Public Health, and expand the consructive program of health education Authoritative, well-directed educational publicity, such as the League has been conducting for the past eleven years, is one of the most effective weapons we have in curbing preventable diseases and reducing the patronage of quackery The practical value of scientific medicine and all allied sciences is equivalent to the amount that the public understand and will accept and practically apply

"The great advances of science can be applied in the most effective way for the promotion of health and the reduction of preventable disease by the cooperation of all factors—the agencies of scientific medicine, the public, and an efficient central information service such as is now established by Better Health Foundation The awakening of the public to the need of protecting their bodies and minds and to bring the messages of scientific medicine to the daily attention of the average newspaper reader is a service of great importance Health and disease conditions are not only matters of personal importance, but they exert far-reaching influence upon the collective social and economic life of the state. Unused knowledge is useless Continuous public health education is necessary so that practically everyone will learn what scientific medicine can do for them and how to apply its scientific lessons in making life healthier, happier and more efficient

"Eight different classes of membership are provided for Better Health Foundation, embracing persons whose education, good judgment and practical experience in various specialized fields of health conservation and scientific research work equip them to undertake impartial studies and fact-finding surveys for the Foundation, owners, executives and administrators of institutions, corporations interested in facts pertaining to disease and accident prevention in industry, hospitals interested in hospital betterment, etc All interested in any phase of this constructive health program will be given an opportunity to contribute small or large amounts to help carry on the beneficient work of the Foundation All of the money raised, whether from donations of

(*Continued on page* 1172—*adv xviii*)

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THE ORIGINAL
B. ACIDOPHILUS MILK



Accepted by the A.M.A. Council on Pharmacy and Chemistry

An Active Culture of B. Acidophilus of Proven Intestinal Habits

Prepared under the direct supervision of Dr H A Cheplin, the pioneer in Acidophilus therapy

Years of continued use of this product has definitely established its value in

CHRONIC CONSTIPATION **DYSENTERY and resultant**
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The freshness and potency of Cheplin's B Acidophilus Milk is assured through **Distributing Milk Companies** in all principal cities, making daily deliveries

If you will send us your name and address, we will mail free sample of our product copy of 28-page brochure on B Acidophilus therapy giving list of 31 important references together with name of dairy delivering Cheplin's B Acidophilus Milk in your vicinity

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IT is not enough to prescribe for the patient—the medicine must be taken to be resultful. That is why modern pharmaceutical art concerns itself so thoroughly with making the remedy not only purer, more efficient, but palatable and easy to take as well.

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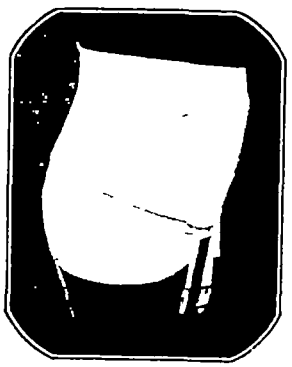
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(*Continued from page* 1170—*adv xvi*)

philanthropists or dues of members, will be devoted to constructive work as none of the directors as such receive any compensation, salary or profit in any form

'Philanthropists, in many striking instances, have given great sums of money for purposes, institutions and organizations that are no longer practical Having in mind many frozen funds and inoperative endowments that were established for transitory needs and that unwise bequests and endowments may create dangerous problems instead of conferring benefits on a community, the officers of Better Health Foundation will supply accurate information to philanthropists who desire to make endowments, bequests, donations or contributions to enterprises, institutions, agencies or special work of practical value in solving vital problems, so that the gift may be serviceable and not impractical, so that foresighted philanthropy may meet scientific and economic developments and keep step with ever-changing standards, customs, laws and living conditions The basic virtue of this plan is that it establishes a disinterested and competent body to whom men with money to give may turn for impartial information"

MEDICAL NEWS SERVICE IN WISCONSIN

The August issue of the *Wisconsin Medical Journal* has an editorial on the weekly news service of the *State Medical Journal,* which says

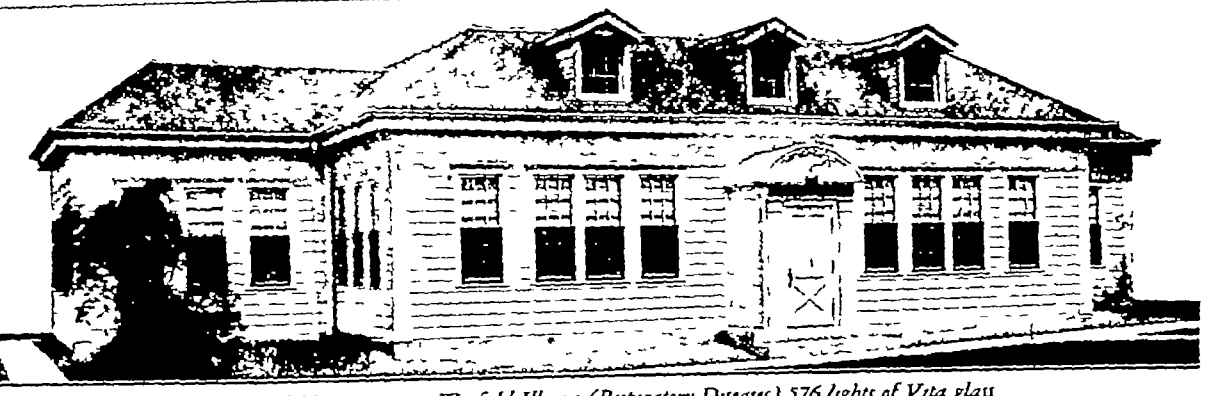
"The good which comes to earnest practitioners from a conference with men of their own profession is but a whisper unless their knowledge can be disseminated The weekly news service of the State Medical Society of Wisconsin is the vehicle by which the Wisconsin public learns what science can do for the suffering It is so highly regarded that other states copy its articles

"The good to be accomplished in disseminating knowledge through the channels of the press has a double purpose It gives the lie to the pretentions of the quack and *it affords an enlightened* hope to the suffering But the good can be increased many fold by the active cooperation of every physician"

This weekly news service is described by Dr H M Strang, in the annual report of the Committee on Health and Public Instruction as follows

"Three hundred and seventy-five daily and weekly newspapers of this state are now receiving the weekly news story issued under the auspices of this committee of your Society The clippings of this story in type from any one week make a newspaper column over 150 feet in length

(*Continued on page* 1174—*adv xx*)



Chicago-Winfield Sanitarium, Winfield Illinois (Respiratory Diseases) 576 lights of Vita glass

Open Your Windows *to* Health

*Glazed with Vita*glass, they welcome the sun's vital aid to your patients*

IN cloudy and clear weather, in snowtime and Maytime, an incessant but unheard tattoo beats upon the windows of your hospital. It is an assault of the ultra-violet rays—a friendly assault—that must not be repulsed by the blind and barricaded windows of the past.

Remove these antiquated barriers For now you may replace them with windows of Vita glass, and thus bring to weakened human bodies the energizing power of the sun, the mighty unseen factor in truly modern hospitalization

You have heard of Vita glass But do you know



of the graphic tests it has undergone, at the expert hands of the U S Army Medical Corps and the Council on Physical Therapy of the American Medical Association?

Did you know, for instance, that Vita glass has achieved definite results in the prevention and cure of rickets, and the hastening of convalescence And that 350 hospitals and sanitoria have already installed Vita glass in ward windows and solaria.

We should like to have you read the record as it has been made by Vita glass and reported by many of the world's leading scientists We believe it must impress upon you the importance of completing your hospital equipment with this new and invaluable contributor to sure and rapid convalescence

Will you, then, mail us the coupon below, that we may put this authentic information upon your desk at once?

Vita glass Transmission Constant After Few Weeks Exposure

The biological tests made with seasoned Vita glass indicate that it produces anti rachitic results and normal growth in rats and chickens

There are two ways to test the transmission of health window glass—the physical method and the biological method. The former measures the quantity, and the latter both the quantity and the quality of transmission.

Vita glass has been subjected to many accelerated weathering tests by the U S Bureau of Standards, by Professor Stockbarger of the Massachusetts Institute of Technology and many other physicists. These scientists confirm the fact that the solarization (weathering or seasoning) of Vita glass takes place very quickly, and that after a few weeks of actual use, its transmission of the health giving ultra violet light becomes constant.

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Its Practical Application

Toxin-Antitoxin (*Lederle*) has immunized many thousands of children against diphtheria which has lasted for nine years, and may continue throughout life

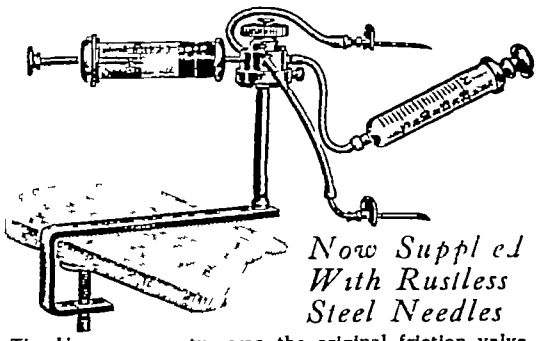
Toxin-Antitoxin (*Lederle*) is especially useful for immunization of the following groups, except immediate contacts

(1) All children from 6 months to 6 years of age
(2) School children.
(3) Adults whose daily work might expose them to diphtheria

Toxin Antitoxin (*Lederle*) and Schick Test (*Lederle*) are readily available through your druggist

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The Unger apparatus was the original friction valve machine Only such improvements have been made as would improve its usefulness without complicating it mechanically No ball valves to stick or permit blood to follow wrong channels

Apparatus alone	$25 00
Record syringe	4 50
Luer syringe	2 50
Rustless needle, donor	3 75
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Complete outfit	36 00

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107 East 28th St New York, N. Y
(Branch Store 573 West 168th St., N Y C)

(*Continued from page* 1172—*adv xviii*)

"While not every story deals with a major health problem, all are aimed to acquaint the people of the state with the services that are to be had at the hands of the family physician in the prevention and cure of disease. Each story is designed to give valuable information with which the non-medical public would not be acquainted in any other manner It is hard to estimate the numbers of readers, but it is apparent that they number hundreds of thousands each week

"While no address of the Society is given for questions or literature because the funds do not permit of this work, nevertheless the Society receives countless letters from readers asking for additional information and literature

"It will interest the members to know that this service is so well considered in other states that it has already been sold to Minnesota, for a very nominal sum and its extension to several other states seems possible

"We recommend the continuance of this public service and its extension for magazines in the state should additional funds become available."

DISCIPLINING PHYSICIANS IN CALIFORNIA

The August issue of *California and Western Medicine* contains an article on Disciplining Licensed Practitioners, given by Dr Percy T Phillips of Santa Cruz before the Annual Congress of Education held by the American Medical Association on February 20, 1929, in Chicago The part of special interest to physicians in New York State is that relating to California, which says

"During the last ten years the Board of Medical Examiners of California have issued 198 citations Of these forty-seven citations have been dismissed Eighty-five licenses have been revoked, eight have been suspended and fifty-one have been placed on probation During this time we have restored four licenses unconditionally and nine with probationary limitations The courts have restored seven licenses We have thus been reversed but seven times on writs of review Such statistics are local and uninteresting except that they indicate a definite policy on the part of the California board to apply discipline in its fairest and broadest sense Not only does discipline imply correction and punishment, but education, instruction, training and culture We hold that medical boards, not only from the standpoint of their licensing function but also because of their duty to maintain discipline, should take a lively interest in all matters of medical training and education"

AUGUST ANNIVERSARIES

Minnesota Medicine, the *Journal of the State Medical Association*, has a President's page. Dr J T Christison writing the President's page in the August issue says

'August is to be noted as a month fraught with much of interest and value to the profession of medicine In August, 1897 Sir Donald Ross first announced his far-reaching discovery of the fact that the dapple-winged mosquito was the carrier of malaria In August, 1904, General Gorgas began his epoch-making assault on the mosquitoes of the canal zone, making this area a safe place for the white man to live, basing his activities upon Sir Donald's researches and this other species of mosquito responsible for the spread of yellow fever was virtually exterminated and instead of a death rate of seventy-five per cent of the workers who labored in the canal zone for nine years under the French, the death rate was reduced to almost zero from this scourge In August, 1914, just seventeen years later, the canal zone was completed and opened for shipping It is interesting to note that in August 1774, Priestly a famous chemist of his time, discovered oxygen He called it pure air from the fact that when inhaled it produced a feeling of exhilaration and vastly increased the vigor and volume of a candle flame"

DOG'S SELF-DEFENSE

If you step on a dog's tail in Michigan the dog has no right to bite you This is what the August issue of the *Journal of the Michigan State Medical Society* states in the following article

'The Supreme Court in a recent decision held that a dog does not have a right to defend itself by biting even though stepped on by a person

This interesting case has direct bearing on the spread of rabies The facts were that a person accidentally stepped on a dog that was minding its own business, and the dog in turn bit the party who stepped on it The party who was bitten asked damages of the owner of the dog The dog owner claimed that the dog had been assaulted and had a right to defend itself in a truly canine way

"These two differences of opinion were taken to the Circuit Court and later to the Supreme Court The majority of opinion of the State Supreme Court was to the effect that the law of canine self-defense does not relieve the owner of the liability for injury to the person who inadvertantly steps on the dog

"Experience in many places is to the effect that the occurrence of rabies in dogs who receive the innoculation of canine antirabic virus is very small as compared to that in dogs that have not been so treated"

If you believe that

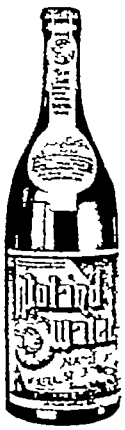
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direct mothers to dilute the milk with

Poland Water

always pure and obtainable everywhere

Literature Free on Request



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BASIC SCIENCE EXAMINATIONS IN WASHINGTON STATE

The August issue of *Northwest Medicine* contains the following note

"Results of Basic Science Examination At the Washington basic science examination, held last month at Seattle, sixty-three doctors of medicine were examined, of whom fifty-nine were successful and four failed Four osteopaths were examined, all of whom passed Seven chiropractors took the examinations of whom two were successful and five failed Four representatives of other drugless healer cults were examined but all failed In order that these successful applicants may be licensed to practice, each must pass an examination before his respective board of examiners"

This item is interesting on showing how the cultists compare with physicians in the branches which are preliminary to the actual practice of medicine

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PHYSIOTHERAPIST — Registered many years experience, skilled all modalities, desires part time connection with progressive physician or surgeon. Share basis. James Lindgren Tel Flushing 1556

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FOR SALE—St Albans L I Colonial House detached corner, 100 x 50, Garage Suitable for Doctor Large living room open fire place Sun Room Breakfast Room Dining Room Tiled Kitchen Frigidair Extra Lavatory Four Large Bed Rooms Tiled Bath with Shower Call 4977 Laurelton for appointment

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STERILIZATION INDICATIONS AND LIMITATIONS

BY S J APPELBAUM, M D, ROCHESTER, N Y

IT is my purpose to treat the question of sterilization from two widely different view-points first, as a therapeutic procedure exclusively for the well being and safety of the patient, and second, as a procedure carried out primarily for the welfare and safety of society

The first group falls into two general divisions those in whom sterilization is indicated during pregnancy, and those in whom it is indicated at or near full term

The indication in the first place is an incurable progressive disease, such as advanced tuberculosis, interstitial nephritis or a decompensated cardiac condition Such patients are not only entitled to an interruption of their pregnancies, but to sterilization as well The procedure here as advocated by Williams and others is to evacuate the contents of the uterus by hysterotomy followed by tubal sterilization The anesthetic preferably should be local The induction of abortion by the vaginal route followed at a later time by tubal sterilization is too much of a strain and risk for this type of patients In the second group, in whom sterilization may be indicated at or near full term, the operation is associated with cesarean section There is considerable difference of opinion among operators as to the practise of sterilization in this group

Green[1] of Boston in a paper delivered at the 1903 meeting of the American Gynecological Association states that "If a woman comes to cesarean section and recovers, she and her husband, if she has one, should be informed of her condition, and of the prognosis and treatment in the event of future pregnancy if subsequent pregnancy takes place, the responsibility of treatment rests upon the obstetrician and surgeon, but the responsibility for the condition rests elsewhere." He is apparently opposed to sterilization at any time in uncomplicated sections even if desired by both husband and wife. He also apparently believes that sociological considerations should not influence our decision as to sterilization

In the discussion which followed Green's paper, Williams stated that he did not believe we ought ever to sterilize the patient in the first pregnancy, or the first cesarean section, unless indicated by some distinct pathological condition On the other hand, he did not believe that the obstetrician was justified in performing cesarean section after cesarean section on pauper patients without suggesting sterilization He believed that such patients should be sterilized after the second section Davis of Philadelphia stated that from the standpoint of sociology, the woman and her husband had a right to request that she be rendered sterile Their wishes should not be opposed

Williams[2] in a later paper stated that after the third cesarean section sterilization is definitely indicated and that he does not hesitate to suggest it He does not advise delivery of more than three live babies by cesarean section Dr Richard C Norris in discussing Williams' paper stated that in all cases where some chronic ailment makes it desirable to terminate pregnancy, sterilization should be done He also suggests sterilization after the second cesarean section In the last edition of his text Williams[3] says, "The opinion of those authorities who consider that sterilization should form an integral part of every cesarean section is certainly open to question If the patient is intelligent the decision should be left to her and her family, but at the same time the undesirability of a one-child marriage should be strongly urged, whereas, with the ignorant it is strongly incumbent upon the physician to do what he thinks is best under the circumstances "Personally," he says, "I am unwilling to sterilize any patient at the first operation, unless operative complications necessitate the removal of the uterus, or unless the patient comes from a district where proper operative help might not be available in a future pregnancy On the other hand if she is weak minded or diseased or is liable to become a public charge, the operation is justifiable In general, with pauper patients it is my practise to effect sterilization at the third cesarean section."

DeLee[4] also states that "if the first section is done for eclampsia, placenta previa, abruptio pla-

* Read before the Rochester Pathological Society April 18 1928.

centa, prolapse of the cord, faulty mechanism of labor, pelvic tumors, in the absence of other indications the woman should not be sterilized If the woman has a large family, the question is discussable, but if there is only one child, and that one weak or deformed, it is better not to sterilize her

"If the cesarean operation is done for contracted pelvis, I earnestly dissuade the patient from such a procedure at the first section, pointing out the fact of the safety of subsequent operations, the possibility of death of the only child and the unhappiness of a one-child family At the second cesarean," he says, "I willingly sterilize, if requested, although lately since the mortality has been so much reduced, I often suggest a third operation"

Swift[6] of Boston published a paper in which he gave the results of thirty-eight replies to a questionnaire addressed to fifty members of the American Gynecological Association as to when sterilization is indicated following cesarean section There was unanimous agreement that a patient should be sterilized when a cesarean section is done if a future pregnancy would gravely imperil the life of that patient Some of the questions were

"Assuming that a patient with an absolute pelvic indication requests a sterilization at her first cesarean section, should this request be granted?" Twenty-three replied no, eleven replied yes, four were uncertain

"Should one refuse to sterilize a woman following a second, third or fourth cesarean section, if asked to do so by the patient?" Fifteen replied no, fourteen replied yes, nine were doubtful

"Should one advise a patient having a cesarean section for a definite pelvic indication to be sterilized at her first, second or third cesarean section?" Twelve replied no, twenty-two replied yes—divides as follows—two at first, five at second, seven at second or third, seven at third and one at fourth

"In your opinion do repeated cesarean sections increase the risk to the mother?" Twenty-two replied yes, fourteen replied no, two were doubtful

"Should the economic factor influence the decision as well as the purely problematical physical factor of increased danger to mother?" Sixteen replied no, fourteen replied yes, eight were doubtful

Swift is unwilling to sterilize at the first cesarean section unless there are definite indications other than the possibility of another section He believes that the maximum number of sections should be four Holmes of Chicago in discussing Swift's paper takes a clear-cut position When a chronic progressive disease complicates the indications for cesarean section, he insists that sterilization be part of the operation Pregnancy in such patients is a serious menace to life "For pelvic deformity alone, a difficult situation faces us It has been my rule," he said, "never to obtrude the thought of sterilization on the woman or her husband If the couple ask for it in the second section, I plead for delay with the argument that one or both of the children may die—a desire later for another child cannot be realized If they insist, I believe that any operator is justified in following their dictates" Is it not perfectly proper for any normal couple to control the number of their children for economic or other reasons? Is it not the prerogative of any woman to decide whether to run the risk of another cesarean section? Holmes' answer is that the patient has that right, and with that opinion I am very much in agreement

The second group, in whom the operation is considered solely from the point of view of the welfare and security of society, is a large one. It includes the mental defective, the habitual criminal, the degenerate, and others of like type.

Our national government recognized the present and potential danger of this group of individuals in framing our immigration laws The mental defective, the criminal, the epileptic, the insane and the degenerate are denied admission to our land, but the dweller *within* our land still presents a problem We either do not see the solution, or we shirk its application Sterilization of course is not a 100 per cent solution, but nevertheless it is an attempt to clean up the pollution at the head waters of the stream

The Council on Health and Public Instruction of the American Medical Association some years back issued a pamphlet opposing sterilization in this group and urging segregation as the proper measure Ochsner[9] in his presidential address befor the American Surgical Association in 1925, advocated sterilization of habitual criminals, imbeciles, perverts, paupers, morons, epileptics and degenerates Prof Jennings[7] of the Biological Department of Johns Hopkins University in an address last year before the National Tuberculosis Association suggested the desirability of checking reproduction, not only in the degenerate, but also in those physically unfit as a result of inherited tendencies These individuals have their diseased condition, he argues, because of genetic defects, and these have been passed on to their descendants These defects, inherited in the germ cells are largely responsible for cancer, tuberculosis, diabetes and diseases associated with glandular deficiencies Prof Jennings believes that some method of detecting genetic defects will eventually be found, and that race progress will be assured, if such persons can have no descendants to inherit their defects I question whether the human race will ever accept such biological standards However the idea is not new Socrates[8] was a strong advocate of eugenics as set forth in Plato's Republic

In 1865 Gregore Mendel, an Austrian monk,

read a paper on his experiments with peas of various types, tall, dwarf, smooth, wrinkled, yellow and green This work laid the foundation for our laws of heredity His experiments were repeated with animals and have found confirmation Morgan of Columbia, Jennings of Johns Hopkins, Wilson of Columbia, Castle of Harvard and their respective groups of associated students have done notable work in this field

The records of several well-known families are always referred to in any study of eugenics Dr Henry H Goddard, a former Superintendent of the School for Feeble-minded at Vineland, New Jersey, made a study of the Kallikak family Martin Kallikak, a young Revolutionary soldier of good family, mated illegitimately with a feeble-minded girl Among four hundred and eighty descendants from this union are one hundred and forty-three known feeble-minded, thirty-six illegitimates, thirty-three sexually immoral, eight keepers of brothals and eighty-three so feeble that they died in infancy About one hundred and fifty years later, one of the descendants was still an inmate of Vineland Later in life, Kallikak married a young Quaker girl of good talents and ancestry Their four hundred and ninety-six descendants are a line of fine people, soldiers, doctors, lawyers, judges, educators, men of big business—a group which has been a credit to itself and to the communities wherein they lived

The Juke family was last studied, I believe, by Dr Arthur Estabrook of the Carnegie Institute who brought the record down to 1915 Max Juke was a lazy, shiftless New England vagabond, born about two hundred years ago He finally settled in New York State His two sons married two sisters both mentally defective About twelve hundred and twenty descendants have been reported, three hundred of whom died in infancy, three hundred and ten were professional paupers, four hundred and forty were wrecked by disease, fifty were prostitutes, sixty were thieves, seven were murderers and fifty-three criminals of other kinds

Prof A E Winship of Boston, and Dr Davenport, have given us the history of the Edwards family Richard Edwards, a great lawyer, in 1677 married Elizabeth Tuthill, a remarkable young woman Among thirteen hundred and ninety-four descendants there are twelve college presidents, two hundred and sixty-five college graduates, sixty-five college professors, sixty physicians, one hundred clergymen, seventy-five army officers, sixty prominent authors one hundred lawyers, thirty judges, eighty public officials—state governors, city mayors and state officials—three congressmen, two United States Senators and one Vice-president of the United States In 1691 Edwards divorced his brilliant wife on account of immorality Later in life he married Mary Talcott, an ordinary, commonplace woman The descendants of this woman did not distinguish themselves in any way

Many similar studies have been made by Dr Davenport of Carnegie Institute and by Prof Anderson of Lexington Again and again in the literature the conclusion is drawn that no normal offspring results from the union of two mental defectives In the County Hospital you will usually find from one to three mentally defective babies delivered from one defective parent Dr R. A Gibbons[9] in the *British Medical Journal* suggests that, before a marriage certificate is granted to mental defectives, either or both be sterilized

Society can protect itself from this increasing menace to defectives either by segregation or sterilization Anticipating his annual report Comptroller Tremaine[10] of New York State makes the following statement "The number of inmates in State Institutions on June 30th last (1927) was 64,114 compared with 61,880 on June 30, 1926 an increase for the year of 2,234 The comparison for the five years shows an increase in that period of 7,920 inmates, a yearly average of 1,980

"It is clear, therefore, that the yearly increase in the number of wards of the State of New York is so great that, theoretically at least, the building of the hospital the size of the Rochester State Hospital, or the building of a penal institution of the size of Sing Sing every twelve months will probably be necessary to accommodate the additions to the population of state institutions"

Ochsner[6] makes the statement that in 1922 $162,459,000 was spent in the maintenance of state wards throughout the country—by far a larger amount than is spent for all the universities of the country This shows some of the implications of segregation as a solution of the problem

To January 1, 1926, twenty-three states[11] of the Union have passed laws authorizing sterilization for certain conditions under definite regulations In seven the statutes have been declared unconstitutional and in two of these new statutes have been passed In 1907 Indiana was the first state to enact such a law In 1912 New York State passed a law providing that under certain conditions procreation by feeble-minded, epileptic, criminal and other defective inmates of state institutions should be prevented, if the judgment was that their children would inherit a tendency to crime, insanity, feeble-mindedness, idiocy or imbecility, but in 1918 it was declared unconstitutional The criticism was that the statute had reference only to inmates of state institutions, and did no apply equally to all citizens of the state As a result of this court decision the state legislature in 1920 repealed the statute.

Ignorant of these legal technicalities and limitations, in 1924 and 1925 I performed three ster-

ilizations at the Rochester State Hospital in conjunction with cesarean sections In two of these cases there were definite obstetrical indications for the cesarean In the first case, seen in consultation with Dr C W Hennington, the indication was a placenta previa centralis in a primipara with a long, tight cervix She was feeble-minded, a dementia precox characterized by delusions of a paranoid type, mostly sexual She was operated upon on August 27, 1924 The indication in the second case was a generally contracted pelvis in a primipara, age 17 She had a history of an abortion at thirteen, two months in term Her sexual relations were very promiscuous Her hospital diagnosis was mental deficiency with psychosis Her mother was also definitely deficient She was operated on July 22, 1925 In the third case there was no obstetrical indication for the section She was a para three with a history of a normal first pregnancy and a mentally disturbed second pregnancy necessitating confinement in a state institution This was in 1921 Following delivery she improved and was discharged although she never entirely recovered mentally In 1925 she was admitted to the Rochester State Hospital again pregnant and after study she was diagnosed as a dementia precox She was operated upon June 12, 1925 All three patients made uneventful recoveries In each case the operation was approved by the staff of the State Hospital and written consent for the operation was obtained from the responsible relatives I am indebted to Dr Pierson of the State Hospital for abstracts of these cases There were several other patients in the hospital upon whom we were planning to operate These were mentally deficient and had been repeatedly admitted to the hospital because of pregnancy, usually illegitimate

Here let us briefly consider the several methods for effecting sterilization Sterility in the female may be produced by operations either on the uterus, tubes or ovaries, or by the employment of *x*-ray or radium In the male it may be produced by operations either on the testicle or vasa deferentia, or by the employment of *x*-ray or radium

The removal of the uterus should not be considered unless there is a definite lesion indicating its removal, apart from the question of sterilization

The first procedure to effect sterilization probably was ovarectomy, but with our present knowledge of the internal secretions of the ovary and the serious symptoms frequently associated with an artificial menopause, the operation should be performed only for seriously diseased organs The use of *x*-ray or radium is objectionable for the same reasons, as here again the functions of the ovary must be destroyed if sterility is to be produced, although with fewer distressing results than after removal

Operation on the Fallopian tubes is now the most usual method Lungren[12] of Toledo, Ohio, in 1880 was the first to attempt sterilization by tying both tubes with ligatures one inch from their uterine ends Following this, various operations on the tubes were devised, double ligation, double ligation with section, double ligation with excision of a small portion between the ligatures and crushing with ligation Nürnburger collected forty-two cases operated upon prior to 1897 In a paper on "The problem of effecting sterilization in association with the various obstetrical procedures" Williams[2] of Baltimore states that "In the forty-two cases two failures were noted The first being reported by Falaschi, who had ligated both tubes following a cesarean section without result, and as the patient soon afterwards became pregnant he was obliged to resort to a second section within a year Zweifel's failure was even more remarkable, as, in order to effect sterilization after a cesarean section, he doubly ligated both tubes and severed them between the ligatures The patient shortly afterwards became pregnant, and when he did a second section in 1894 he found that the cut ends of either tube had become reunited and that the ligatures had disappeared" Similar experiences had been reported elsewhere As a result of these failures operators resorted to salpingectomy and more recently to the wedge-shaped excision of the uterine end of the tube. Irving[13] of Boston has presented (whether or not it is original with him, I do not know) what I believe to be an improved method of tubal operation for the purpose of producing sterility He doubly ligates the tube about one and one-half inches from the uterine cornu and divides between the ligatures A small incision is then made on the anterior surface of the uterus just above the insertion of the round ligament merely going through the serosa. The proximal end of the tube is then buried in this pocket and sutured over and the distal end is buried between the leaves of the broad ligament I have used this method on three occasions and found it quite satisfactory

Sterilization of the male is comparatively simple Castration and the use of *x*-ray or radium have the same objection as ovarectomy or the use of rays has in the female Ligation and section of the vasa deferentia has been found entirely satisfactory

In June, 1925, the legality of my operations was questioned, and it was thought advisable to learn the exact legal status of the work we were doing I wrote to Dr C Haviland, Chairman of the State Hospital Commission, who passed the question on to the Attorney-General for an opinion This proved to be adverse, which of course made it impossible to continue the work

In May, 1927, the United States Supreme Court handed down a decision on the Virginia

sterilization statute which gave an entirely new aspect to the situation, however Justice Holmes in delivering his opinion said "In view of the general declarations of the legislature and specific findings of the Court obviously we cannot say as a matter of law that the grounds do not exist, and if they exist they justify the result We have seen more than once that the public welfare may call upon the best citizens for their lives It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices often not felt to be such by those concerned, in order to prevent our being swamped with incompetents It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind

"But, it is said, however it might be if this reasoning were applied generally, it fails when it is confined to the small number who are in the institutions named and is not applied to the multitudes outside. It is the usual resort of constitutional arguments to point out shortcomings of this sort But the answer is that the law does all that is needed when it does all that it can, indicates a policy, applies it to all within the lines, and seeks to bring within the lines all similarly situated so far and so fast as its means allow Of course so far as the operations enable those who otherwise must be kept confined to be returned to the world, and thus open the asylum to others, the equality aimed at will be more nearly reached"

In this decision handed down by the Supreme Court of the United States, sterilization is held to be valid after taking into consideration the very same arguments upon which the highest court of New York State declared its statute to be unconstitutional The way is now open for the reenactment of the statute which the legislature repealed in 1920

We are living in an age of preventive medicine The impetus to other activities in this field—tuberculosis, diphtheria, cardiac disease—has come chiefly from the laity The medical profession, to its discredit, failed to take the initiative in these medical activities, and then found fault that they were being conducted by lay organizations without their cooperation or advice The medical profession, because of its technical knowledge of this medical-social problem, owes it to society at large to take the initiative, perhaps through its state society, in the solution of his problem

Conclusions

1 Sterilization during pregnancy is indicated in the presence of an incurable progressive disease, if the judgment is that the pregnancy should be interrupted

2 Sterilization is indicated at the first cesarean section, if a chronic progressive disease, such as would make future pregnancies dangerous, complicates the indication for the cesarean section

3 Sterilization is indicated possibly after the third and more certainly after the fourth cesarean section even if the indication for the section is not complicated by the presence of pathological conditions

4. Sterilization is indicated to prevent procreation by such as potentially would bring forth children with an inherited tendency to crime, insanity, feeble-mindedness, idiocy or imbecility

5 Sterilization in the female is best performed by double ligation, section and burial of the ends of the Fallopian tubes

6 Sterilization of the male is best performed by ligation and section of the vasa deferentia.

7 The question of sterilization with reference to the above group should be viewed as a problem in preventive medicine

8 Although New York State courts have declared its sterilization statute unconstitutional, the United States Supreme Court has declared a similar statute of Virginia to be constitutional

9 Sterilization as applied to defectives is a medical-social problem The medical profession through its State Society should take the leadership in the solution of this medical-social problem

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N Y State J M
October 1, 1929

SPINAL ANESTHESIA FOR ABDOMINAL OPERATIONS*

BY L F SISE, M D, BOSTON, MASS

From the Lahey Clinic, Boston, Mass

EACH year we have given at the Lahey Clinic a small number of spinal anesthesias Although we felt this anesthesia gave the very best possible operating conditions for abdominal surgery, yet, because of our fear of the vascular depression which accompanies it, for many years we used it only where other anesthetics seemed unsuitable Recently, however, improved methods and our greater familiarity with it have caused a gradual change in this attitude, and for the last year or more we have been using it as our anesthetic of choice with great satisfaction and increasing confidence

Advantages

One of the most striking advantages of spinal anesthesia is the intense muscular relaxation which it induces While this is of advantage in many operations, it is particularly useful in abdominal operations It is beyond anything obtainable in any other way Not even a deep ether anesthesia can equal it—and deep ether introduces toxic disturbances

The stomach and small intestine are in a state of tonic contraction Indeed, the pylorus may appear as if hypertrophied and might deceive a surgeon unprepared for this phenomenon The effect on the large intestine is variable Frequently is it contracted, though usually not as much as the small intestine

Respiration is shallow and quiet

This combination of extreme relaxation, contracted intestines, and quiet respiration makes exposure and manipulation easy Strong retraction and large tight packs become unnecessary The surgeon can work to a large extent unhampered, can work with accuracy, certainty, and speed, and is thus in a position to produce the very best surgery of which he is capable

Disadvantages

The disadvantages of spinal anesthesia are numerous, but for the most part they are unimportant or may be greatly lessened, and on the whole appear to be more than counterbalanced by its advantages

Vascular depression will be considered later, by itself

The fact that the patient is conscious, the effect of this on his mind, the necessity for a close operating room morale with the avoidance of careless remarks—all these are the same as with any other local or regional anesthesia The situation can be largely mitigated especially by preliminary medication If this fails, the patient may be definitely relieved by a light general anesthesia with gas This does little harm

The length of the anesthesia cannot be extended or shortened to fit unforeseen changes in the operation, and, in fact, is of limited extent in any event It is sufficient, however, to cover almost all operations Even where it does not cover the whole length of the operation, it will cover the more difficult and shocking part of it, and the balance can be pieced out with some other anesthetic

Failure to get anesthesia of sufficient height for the contemplated operation occasionally occurs With increasing experience and skill, failures decrease almost to the vanishing point. After a moderate amount of experience they should not run over one per cent or two per cent

Nausea and vomiting not infrequently occur during the operation This is unpleasant for the patient and interferes with the surgeon's work On account of the great relaxation of the abdominal walls, however, this interference is not as great as it is under other, less relaxing, forms of anesthesia If it persists it may be stopped by a light gas anesthesia

Morbidity

The morbidity of spinal anesthesia has lessened greatly as experience has been gained and as improvements in material and technic have been introduced

Headache has always been reputed to be the most common sequel Many of these are ordinary headaches due to the general nervous upset, especially in susceptible individuals Some, however, are directly attributable to the anesthesia. Of these there are said to be two types, the first due to leakage of fluid from the puncture hole, and characterized by low spinal fluid pressure and the fact that it is relieved by the Trendelenburg position, and the second due to irritation or infection, and characterized by high spinal fluid pressure and failure to get relief from the Trendelenburg position On the whole, headaches are no more disturbing than after general anesthesia

Paralyses may be due to trauma at the time of puncture or to irritation or infection from the anesthetic solution With proper technic these should be extremely rare They are practically always temporary

Much the same may be said of trophic disturbances and parathesias

Mortality

The most recent study of mortality is that by Rygh and Bessesen [1] These observers collected

*Read before the Section of Surgery, New York Academy of Medicine, February 7, 1929

[1] Rygh E A and Bessesen D H —Minn. Med. 11 744 747 (Nov 1928)

statistics on 250,895 spinal anesthesias, and found that the actual mortality in this series was 1 in 3,345 They then analyzed the deaths and found that a large proportion of them were due to manifest errors of judgment or technic. On eliminating such deaths they found the remaining mortality was 1 in 11,060

For the present, however, this figure of 1 in 11,000 is ideal, rather than actual or practical It must be borne in mind and emphasized that spinal anesthesia is surrounded by dangers and pitfalls, and that while there are efficient means for avoiding them, yet men who are ignorant of these means or who are inept in using them will probably record a high mortality

It is evident, therefore, that the mortality will vary very greatly with different men, that it will be very high with some and fairly low with others, and that the general average of reasonably good men will probably be somewhere around 1 in 3,000

Placing the Anesthesia

It is important in using spinal anesthesia that the anesthesia be placed at the desired height. It is important, also, that it be kept there during the operation, neither receding to cause the patient pain, nor progressing upward to cause annoying or dangerous symptoms

There are many different ways of placing the anesthesia at the desired height, and each way has merits of its own We have tried several of them, and have finally come to using gravity, because it appeared to us most logical and certain In addition, and of considerable importance is the fact that this method has inherent in itself the ability to increase the height of the anesthesia if the result of the first attempt at placement is not sufficiently high It does not appear that any other method contains this ability to change the height of the anesthesia after the injection of the anesthetic drug has been completed

To prevent the anesthesia from receding during the operation, a dose of the drug must be used which is sufficient to last out the operation It is impractical, however, to increase the dose and time beyond certain limits

To prevent the anesthesia from progressing upward during the operation, any excess of the solution remaining after anesthesia has been produced should be drained down into the lumbar region The use of a solution which is not readily diffusible also appears to be of advantage

The difference in the specific gravity of the anesthetic solution from that of the spinal fluid may be attained in two different ways The solution may be heavier than the spinal fluid, or it may be lighter than the spinal fluid

The heavy solution is much the easier to use. In my experience the anesthesia may be placed by means of a heavy solution with far more certainty and accuracy than by any other method This solution, however, has the rather serious drawback that, after its use, the patient cannot be put in more than slight Trendelenburg position without danger of its gravitating dangerously high (cephalad) in the spine This at once makes it unsuitable for all lower abdominal operations In addition it increases somewhat the danger of its use in upper abdominal work, since, in the event of marked vascular depression, a very useful treatment for that condition, namely, the assumption of the Trendelenburg position, becomes fraught with some danger It is because of this last fact that we have abandoned the use of heavy solutions in upper abdominal operations

A solution lighter than the spinal fluid is the one most generally useful in abdominal surgery A very good solution has been devised by Pitkin, is marketed under the name of "Spinocain," and is the one which we are now using for almost all of our anesthesias

The desired height of anesthesia may be secured with the solution in different ways Pitkin uses dilution with injection and re-injection several times Personally, we have relied on the lightness of the solution to float up in the spinal canal Either method may be used The important point is to be exact and painstaking

Vascular Depression

The greatest drawback to spinal anesthesia has always been the vascular depression which is so apt to occur with it The essential feature of this is a fall in blood pressure The pulse becomes small, the respiration depressed, the color pale and often a little cyanotic There may be thirst, air hunger, nausea, sweating, and prostrating weakness If the fall goes too far, unconsciousness and finally death may result. These are the phenomena of spinal anesthesia which in the past have made most men extremely cautious about using it

The chief cause of this vascular depression appears to be a vasomotor paralysis due to blocking of vasomotor fibres by the anesthesia In a very high anesthesia, slowing of the heart becomes a factor The respiratory depression which is usually in evidence probably tends to form a vicious circle with the vascular depression, each reacting unfavorably upon the other Lack of epinephrine caused by blocking of the splanchnics also may do its share in assisting the fall of pressure

In considering the treatment of the depression of spinal anesthesia, it is necessary to remember that this depression reverses itself as the anesthesia wears off and conductivity of the vasomotor fibres is re-established If the depression is not allowed to go too far, recovery is rapid and complete The fact that the cause of the depression is but temporary makes its treatment much more easy and effective than it would otherwise be All that is necessary, then, is to support the

patient for a comparatively short time, an hour or two, and he will be all right

The treatment of depression may be divided into three parts first, the prophylactic treatment, second, the treatment of slight or moderate depression, and third, the treatment of severe depression or collapse

Prophylactic treatment begins with the selection of the patient Very poor risks from any cause, such as old age, long illness, shock, hemorrhage, sepsis, etc, are poor subjects for spinal anesthesia Fortunately these weakened patients usually make good subjects for other, less relaxing, forms of anesthesia, such as abdominal field block and gas

It is important that the patient be well supplied with fluids Dehydrated patients are poor risks for spinal anesthesia All dehydrated patients and any others about whom there is the least doubt should be well supplied with fluids before attempting spinal anesthesia In most such cases, in order to be sure that they actually receive the fluid, it is well to give it intravenously or by hypodermoclysis The addition of glucose to the fluid is helpful It is also advantageous to time the last administration to come just before starting the spinal anesthesia, so that the vascular system will then be well filled with fluid At this time, for instance, there may be given 1500 c c of salt solution with 50 grams of glucose by hypodermoclysis A patient well filled with fluids will be much more resistant to a drop in pressure than one not so treated I should like to stress that, judging from our clinical experience, this appears to be quite an effective procedure.

The use of ephedrine just before starting the spinal anesthesia is a very efficient prophylactic measure Its use in this way has changed the whole aspect of spinal anesthesia Indeed, the recent introduction of ephedrine into spinal anesthesia is probably one of the important reasons for the present wave of popularity

This drug closely resembles epinephrine in its action It stimulates the sympathetic nervous system peripherally and thus brings back into play the very parts of the nervous regulating mechanism which are blocked out by the anesthesia It is thus a physiologic antidote It differs from epinephrine in that it stimulates the heart more, it is more effective when given subcutaneously, and its effect lasts very much longer A dose of 50 mgm will last one to two hours

While the primary action of ephedrine is to stimulate the heart, with increasing doses this effect is lessened and finally reversed. Large doses depress the heart and cause irregularities The dose of 50 mgm appears perfectly safe for all cases except possibly some of angina With care 100 mgm might be given in most cases It does not seem wise or necessary to exceed this amount.

Patients who have been selected with good judgment, who have ample fluid, and who have had a preliminary dose of ephedrine resist the tendency to a fall in blood pressure much better than those not so prepared, and respond more readily to treatment

If in spite of this preparation a drop in pressure takes place, it should be treated before it has gone very far When a drop in pressure starts, it is impossible to be sure whether it is to be a slight or a severe one If it is to be a severe one, the sooner treatment is started the better A severe drop in pressure so slows the circulation in the tissues that intravenous medication may be necessary for prompt results Early treatment of a slight drop in pressure becomes a prophylaxis against a greater one. It is thus a distinct factor of safety This I should like to emphasize, because it seems to me important, that the early institution of treatment, well before urgent symptoms arise, is a great measure of safety

Just the amount of drop in pressure which calls for treatment is debatable Personally I prefer to have the pressure a little below normal rather than above it because less energy is required of the patient On the other hand, patients appear to do better and there is less potential danger if an attempt is made to keep the pressure from dropping greatly We have taken two-thirds of the normal level, roughly, as the point above which we will try to keep the pressure

If there is a slight or moderate drop in blood pressure, a remedy which can usually be given more quickly than any other, and one which is at the same time quite effective, is to place the patient in Trendelenburg position This procedure has been thoroughly tried and tested by many different men and should be effective if resorted to quickly enough It gravitates blood to the vital nerve centers even though the vascular system is much relaxed Patients undergoing operations in this position are thus relatively safe, though great care must be used in levelling them after the operation. In upper abdominal operations this position is apt to be so inconvenient for the surgeon that we do not resort to it unless the condition is urgent

If it is not desired to use the Trendelenburg position, or if something more is needed, very good results are obtainable from the use of epinephrine This drug, like ephedrine, stimulates the sympathetic nervous system and thus brings back into play the very nerve forces whose blocking out by the anesthesia has caused the drop in pressure, and is thus also a physiologic antidote

The greatest difficulty in its use comes in getting just the right amount of effect. If too much is given too rapidly a violent rise of pressure will result, which will be quite distressing to the patient, which may put a considerable

strain on the vascular system and which may, if he is susceptible, throw him into auricular fibrillation. It is therefore well, except in emergency, to use small doses and proceed slowly It is better to use repeated doses than to get too great an effect from one.

Ephinephrine may be given intravenously, intramuscularly, or subcutaneously, the effect becoming slower and less marked with each procedure Its intravenous use is rarely necessary and would be only in collapse Unless the circulation has already become greatly slowed, an intramuscular injection will show its effect almost immediately Similarly the subcutaneous injection will take 2 to 10 minutes Both these times may be cut down and the effect increased by massage at the point of injection After the primary effect of the injection has subsided the effect may be repeated in a lesser degree simply by massage at the point of injection, and this effect may again be repeated similarly several times

Not over 0 5 c.c of the 1 to 1,000 solution should be used at one time for fear of an overaction. Half this amount is often enough A useful procedure is to give part of the dose subcutaneously and part intramuscularly The intramuscular part gives a quick reaction, and this is sustained and carried on by the less marked and slower action of the subcutaneous portion

If the patient is prepared for his anesthesia as described, and if moderate vascular depression is treated promptly, there is little reason to fear severe depression or collapse Collapse would be most apt to occur when the vascular depression of the anesthesia was complicated by marked loss of blood from the operation

If for any reason collapse does occur, the circulation in the tissues will then be too slow to take up the epinephrine with sufficient rapidity, and it must therefore be given intravenously A very useful procedure is to give a saline infusion and add epinephrine to it as needed to support the pressure In this way benefit is derived from the fluid added to the circulation as well as from the epinephrine. The infusion may be made by tapping a vein with a needle through the skin, but if the tap is unsuccessful, time must not be wasted in repeated trials, but the vein should be cut down on and definitely entered It the collapse is severe, speed is of paramount importance

Our Results

Up to January 1 of this year we have done 700 spinal anesthesias of all sorts with one death This patient was a man 73 years old, who had a high anesthesia for a stomach operation His death was due mainly to the fact that his serious condition was not appreciated sufficiently quickly Secondly, it was due to too slow efforts at resuscitation He was finally resuscitated, but not before cerebral degeneration had taken place, which caused his death two days later He therefore well illustrates the prime necessity of speed in such resuscitation. Thirdly, his death may have been due in part to the use of a heavy anesthetic solution and failure to use steep Trendelenburg position We feel that this death was distinctly avoidable, should not have occurred, and with our present experience would not now occur

During the year 1928, the first year in which we used any considerable number of spinal anesthesias, we performed under it 339 abdominal operations Of these, 137 were classed as upper abdominal, mainly gall bladder and stomach operations, and 202 were classed as lower There was one death, the one just mentioned. There was one case of respiratory difficulty sufficient to call for help from artificial respiration This patient at no time actually stopped breathing nor was he otherwise in a condition to cause any alarm In six cases the anesthesia was too low, in six cases it seemed unreasonably short, and in one case puncture was impossible Anesthesia was classed as unreasonably short if it failed to last an hour for an upper abdominal operation or an hour and a quarter for a lower These 13 cases may be classed as failures and amount to 3 8 per cent of these cases In contemplating this large percentage of failures, it must be remembered that we made several considerable changes in technic during the year Our percentage of error is considerably less at the present time In eleven cases, nitrous oxid was added to the spinal anesthesia solely because of the mental condition of the patient. In two cases it was added to control too frequent vomiting In four cases there was temporary mental disturbance for a few days after operation. These were all patients in serious condition either from old age or the nature of the operation In two cases there was severe postoperative headache. One of these patients moved decidedly while the needle was in the spine, probably tearing the dura The other was a neurotic individual whose headache did not appear till some time after she had left the hospital

Place in Anesthesia

Having taken this survey of the subject of spinal anesthesia, what may we conclude as to the place which it should occupy in the general field of anesthesia for abdominal operations?

That it greatly facilitates surgery there can be no doubt It gives the surgeon much better operative conditions than he can obtain in any other way While it facilitates all abdominal surgery, it does this especially in difficult cases, whether they are difficult because of the operation itself or because the patient is an unfavorable subject The quality of the surgery, therefore, should be better when done under spinal anesthesia than under any other anesthesia

In general, it may be said that anesthetics which give good relaxation, such as ether or chloroform, have much more toxic action on the body than those which give poor relaxation, such as gas or regional Spinal anesthesia is a striking exception to this general rule While it gives better relaxation than any other known anesthetic, it has little or no toxic action As a matter of fact, spinal anesthesia is simply a special form of regional anesthesia, and employs less of the anesthetic drug and shows less general toxic effect in proportion to the area of anesthesia than does any other form of regional anesthesia

There is only one aspect of spinal anesthesia which may keep it from leading all others as an anesthetic for abdominal operations This aspect is that of its safety Safety in an anesthetic is of paramount importance If an anesthetic is too dangerous it must be discarded, no matter how good it is in other ways

Let us, to simplify the matter, compare the danger of spinal anesthesia with that of ether Ether is selected for comparison because it has for years been the standard anesthetic, so to speak, and because it is the only other anesthetic, omitting chloroform as too dangerous, which gives relaxation and operating conditions which can compare with those under spinal anesthesia

The published statistics unquestionably show a higher mortality from spinal anesthesia than from ether Spinal anesthesia is surrounded by dangers and pitfalls, which, even though they can be avoided by the careful, will certainly trap the unwary, while ether, as far as immediate and direct mortality is concerned, is inherently safe and, to a considerable degree, "fool proof"

It is a question, however, whether the statistics as published give a fair comparison between the two anesthetics The deaths from spinal anesthesia are for the most part sudden, dramatic, and directly attributable to the anesthetic, and are therefore all credited to it It seems very probable that the deaths from ether are for the most part delayed, concealed, and attributed to something else Such deaths might be recorded as due to sepsis, obstruction, shock, pneumonia, uremia, etc It is impossible to go into this subject in detail here One illustration will suffice. From the Mayo Clinic, McGrath has reported 49,057 ether administrations with "no death ascribable to the anesthetic alone,"* and this has been taken to mean "no death in 49,000 cases"** From the same clinic, though not covering the same period of time, comes an extremely careful and convincing report by Lundy,*** showing delayed morbidity and mortality almost undoubtedly due to ether Six hundred ether administrations were followed by 21 deaths, for six of which Lundy felt ether was at least partly responsible. The incidence of pneumonia was more than twice as great under ether as under ethylene-ether and the mortality from pneumonia was over 60 per cent greater under ether Of course these exact figures cannot be applied to the whole 49,000 cases Yet these figures do suggest quite clearly that ether has a delayed and often concealed mortality which is not generally credited to it in compiling mortality statistics, but which in the ultimate analysis really does belong to it

In this connection it is pertinent to remember two facts In the first place, spinal anesthesia greatly facilitates abdominal surgery In the second place, the surgical mortality is always so much higher than the anesthetic mortality that a slight reduction in the surgical mortality will greatly outweigh anything but a marked increase in the anesthetic mortality

On the whole, it seems fair to conclude that spinal anesthesia is an anesthesia of such great potential danger that it is unsuitable for miscellaneous use, but that it so greatly facilitates surgery and it may be so effectively safeguarded that in the hands of careful and experienced men it becomes the anesthesia of choice for abdominal operations

* McGrath B F *J Am Med Ass* 61 1516-1520 (1913)
** Goodman, H I *Med J & Record* 128 324-328 (1928)
*** Lundy J S *Med J & Record* 124 87 93 (1926)

SPONTANEOUS HEMATOMA OF ABDOMINAL WALL—CASE REPORT

BY HENRY N KENWELL, M D, BUFFALO, N Y

SINCE Culbertson[1] summarized the literature on forty-one case reports of spontaneous hematoma of the abdominal wall before the American Gynecological Society in 1925, the clinical observations in this condition have become more accurate and the condition recognized so that fourteen additional cases have been reported in the last three years This condition is hardly mentioned in our best text books, although it appears to be a definite clinical entity as pointed out by Weitz[2] and others Therefore, I am relating this case and adding it to the small group of twelve cases of spontaneous hematoma of the abdominal wall occurring in the pregnant state or in the puerperium

Definition—Spontaneous hematoma of the abdominal wall is the condition in which a more or less sudden painful swelling develops in the abdominal wall in one or more quandrants from a rupture of the internal mammary or deep epigastric vessels, generally in a woman past forty who gives a history of some previous infection or a pregnancy The more

common rupture of healthy abdominal muscles from external trauma with resulting small collections of blood is not considered in the group of so-called spontaneous hematoma of the abdominal wall

Etiology—Concerning the etiology, there is no universal agreement. Block[3] says hematoma is a misnomer inasmuch as it is only a symptom and not a disease, but that we must stick to it as long as the real cause is unknown and perhaps there are many causes for it Giuliani[4] discusses very completely the theories on the etiology of hematoma from rupture of the recti abdominal muscle fibers and cites several cases in which there seems no doubt that it was not from a ruptured large vessel He also reports cases where deep epigastric vessels were ruptured causing the hematoma.

Emerson[5] operating for a hernia found the deep epigastric artery and vein ruptured and could easily demonstrate the artery lying on the peritoneum It was severed about midway between Pouparts ligament and its entrance into the lower portion of the rectus sheath Active bleeding had stopped but he tied both ends

Weitz reports two cases of spontaneous hematoma of the abdominal wall and concludes in both cases that he was dealing with a spontaneous rupture of the superior as well as the inferior epigastric artery without participation of the rectus muscle itself in the causation of the hematoma After reading the cases reported of spontaneous hematoma of the abdominal wall, I do not doubt that they occur as the result of a rupture of the deep epigastric vessels and also from a rupture of the recti abdominal muscle fibers, but not as frequently as from the rupture of the vessels At least the clinical picture is different.

Concerning some of the predisposing causes, age seems to be a factor in that it occurs generally after forty

A varix from the deep epigastric vein would be much more liable to spontaneous rupture than the thicker walled artery would be, especially in the pregnant state when the circulation is increased Previous infections such as bronchitis or influenza have been noted in many of the reported cases Constant prolonged coughing causing repeated strain on the abdominal wall, also has been noted in several cases In Stoeckels[6], two cases of hemorrhage were occasioned by coughing but were not yet delivered

Vogts'[7] patient developed a bilateral hematoma following a precipitate delivery and was ascribed to the labor Arteriosclerosis was present in one case but is not an outstanding factor in the rest of the reported cases

Excessive, prolonged or sudden muscular strain of the abdominal muscle plays an important part in the production of these spontaneous hematomas

Symptomatology—These patients complain of a development of a painful mass in the abdomen which appears rather suddenly The mass is hard and upon palpation seems to be in the abdominal wall Echymosis may occur in the skin, especially around the umbilicus The patient ordinarily has an upper respiratory infection or bronchitis or influenza associated with a cough Pain due to peritonal irritation is commonly present Vomiting may occur

Diagnosis—The appearance of a mass in the abdominal wall conforming to the distribution of the deep epigastric or the internal mammary vessels, which is of rather sudden onset in a woman, who gives history of previous infection with a cough or in a woman recently delivered, is pathognomic of spontaneous hematoma of the abdominal wall

Differential Diagnosis—The history of sudden pain and a mass in the abdominal wall especially when accompanied by vomiting has caused many different intra-abdominal lesions to be diagnosed, generally depending upon the site of the mass

Some of the diagnoses made were

(1) Intestinal obstruction
(2) Ectopic pregnancy
(3) Acute appendicitis
(4) Pelvic tumor with twisted pedicle
(5) Ovarian tumor
(6) Incarcerated hernia
(7) Cholecystitis
(8) Strangulated Para-Umbilical Hernia
(9) Mesenteric Embolus

If the hematoma is very large aspiration may be done for diagnostic purpose Many of these hematomas become infected and later have fascial involvement in the suppurative process

Prognosis—The prognosis is good and there are relatively few complications Hernia is a possible sequel

Treatment—Small hematomas, no doubt, are best treated non-surgically, but large hematomas, it would appear, are better evacuated and drained before they become infected as suggested by Fothergill[8]

The case I wish to report is that of a woman age 37, who was admitted to the Gynecological Service of the Buffalo City Hospital on February 14th, 1928, complaining of a painful mass in the left side of her abdomen She had a precipitate labor with birth of a full term baby in her home on February 3, 1928, without the attention of a physician For three weeks previous to the delivery she had a persistent cough with chills, fever and generalized aches all over her body She said her abdomen was sore from constant coughing Her pains

were severe and close together, being present only for one hour before delivery It was her tenth pregnancy Seven of her children, including the above mentioned baby, are alive and well and two are dead All her labors and puerperiums were normal except for a phlebitis in her right leg after her second confinement She had one miscarriage three years ago

On her fourth post-partum day she felt a dull constant pain in the left upper abdomen Simultaneous with the pain was the appearance of a mass in the left side of the abdominal wall, which increased in size quite rapidly and did not subside

Her functional and past history did not reveal anything of importance except that during her pregnancies she has had varicosities in her right leg

Physical Examination—Examination showed the patient to be a rather thin, white woman who appeared exhausted She had a temperature of 100° F, a pulse of 110 and normal respirations Her tongue was coated There were slight dental caries Her tonsils were moderate in size and showed no evidence of infection She had a deviated nasal septum with some post-nasal drainage Ears and sinuses were normal Neck was normal Heart and lungs showed nothing abnormal Breasts normal

On inspection of the abdomen, a large mass could be seen in the left abdominal quadrant On palpation it seemed to be in the abdominal wall and extended from the left costal margin to the pubis and from the midline to the lateral abdominal wall It felt firm and was not especially tender Although the mass was close to the palpating hand, it gave the impression of being fixed to the layers below Around the umbilicus was an area of ecchymosis

Pelvic examination showed a normal amount of post-partum flow with concomittant associated involution of the uterus, which was pushed to the right and somewhat retro-displaced Rectal examination showed first degree internal hemorrhoids The veins of the right leg especially showed moderate varicosities

Laboratory Findings—Catherized specimens of urine showed many pus cells and a trace of albumen on several tests Her blood urea was 13 3 mg and blood sugar 133 mg per 100 cc blood Her blood pressure was 106 systolic and 50 diastolic Hemoglobin was 60% Sahli, Reds 3,350,000, Whites 11,550 Blood smear showed normal red cells and differential white count of 71%, polys, 3% L Monos, 2% L Lmy, 22% S Lym, and 2% Trans Wassermann and Kahn were negative Four Sputa negative for T B Bleeding time 2 minutes Clotting time 5½ minutes

Upon cystoscopy there was a bulging into the fundus portion of the bladder wall evidently caused by a mass pressing on the outside of the bladder in this region The ureteral orifices were displaced laterally more than normal There was no evidence of any marked cystitis and nothing otherwise unusual There was no ureteral obstruction Bladder specimen showed 100-200 leucocytes per h p f and 3-5 red cells per h p f Slight trace albumen. Spec Grav 1 014 Staining—neg T B—gram stain showed many gram negative bacilli Cultures showed many colonies of B Coli communis, scattered colonies of diphtheroids, a few colonies of staphylococcus aures and scattered colonies of B lactic aerogenes

Staining and cultures from both the right and left kidney showed the same organisms intravenous (30 min) P S P test showed right kidney—10 cc—18½%, left kidney—30 cc—45%, Transvesicle leakage 640 cc 20% Plain X-ray, pyelograms nad uretergrams were negative X-ray of Thorax was negative except for a moderate bilateral fibrosis No evidence of tuberculosis

The case was considered to be one of spontaneous hematoma of the abdominal wall from the rupture of the deep epigastric or internal mammary vessels

The abdomen was shaved over the mass and under aseptic precautions an aspiration was done About 50 cc of hemorrhagic fluid was removed Upon examination this showed in addition to the red cells, also pus cells with hemolysis of many of the red cells Direct smears showed many staphylococcus Fresh smears showed many hematoidin crystals and red blood cells Negative for T B Cultures showed many colonies of staphylococcus aureas hemolyticus

Thus we felt that inasmuch as the hematoma had become infected it was best to open and drain Under nitrous oxide-oxygen anaesthesia an incision was made over the left rectus muscle in its upper portion Upon opening through the skin and the anterior sheath of the rectus a large fluctuant mass was found, which was opened and about 750 cc of blood clot and hemorrhagic purulent material evacuated Upon exploration of the cavity it was found to extend from the costal margin to the pubis and from the midline to the lateral abdominal wall The wall was very pliable and the only thing that separated the intestine from this cavity was a somewhat thickened layer of peritoneum The hand could easily palpate the loops of intestine. The hematoma was apparently from a rupture of the branches of the internal mammary or deep epigastric

vessels and was in between the peritoneum and the posterior part of the left rectus muscle It had become secondarily infected Their was considerable bleeding which was controlled by pressure The cavity was drained with oil silk and closed loosely with silk worn sutures

It drained for about fifteen days and the patient went home on her twenty-third post operative day with a fairly strong abdominal wall and with no evidence of any hernia

Comments—The following points were considered of enough interest to report this case and add it to the small group of cases of spontaneous hematomas of the abdominal wall occurring in the pregnant state or in the puerperium

(1) It is evident that we were dealing with a spontaneous hematoma of the abdominal wall similar in many details to previously reported cases

(2) This case was diagnosed by several clinicians as a spontaneous hematoma of the abdominal wall most probably from rupture of a deep epigastric vessel

(3) It is also logical to assume that the previous violent coughing and infection, influenza, bronchitis and pylenoephritis and the precipitate labor with its trauma on the deep epigastric vessels played an important part in the etiology of this case I also wish to call attention to the anatomical relation of the deep epigastric vessels to the round ligament of the uterus which in a spontaneous delivery could well add to the trauma of these vessels It is of interest to note that her veins showed varicosities in her legs

(4) One of the helpful diagnostic signs was an ecchymosis around the umbilicus

(5) This condition was not an abscess with secondary hemorrhage because of the sudden appearance of the mass which gradually increased in size and conformed to the distribution of the deep epigastric vessels Also, it is well known that hematomas become secondarily infected

(6) Early drainage of this large hematoma before infection had taken place would have prevented the extensive destruction of the muscle and fascia and would remove the possibility of peritonitis from rupture of the infected material into the peritoneal cavity

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EFFECT OF ADMINISTRATION OF LUGOL'S SOLUTION ON TWELVE CONSECUTIVE CASES OF EXOPHTHALMIC GOITER

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A GRAPHIC illustration of the effects of Lugol's solution on the metabolic rate of twelve consecutive cases of exophthalmic goiter is given in the accompanying chart H S Plummer[1] began the use of Lugol's solution in exophthalmic goiter in 1922 and soon became impressed with the beneficial effect of this therapy He developed a routine involving the administration of ten minims of Lugol's solution three times a day for about ten days by which time there was marked improvement in symptoms and reduction in basal metabolic rate Resection of the gland was then performed and Lugol's solution continued in the same dosage throughout the period of postoperative reaction After this ten minims were given daily to the patient for eight weeks This routine resulted in a decrease in the severity of operative reactions and in a reduction of the operative mortality from 3 5 to approximately 1%

The manner in which iodine produces an amelioration in the symptoms of cases of hyperthyroidism is a matter of hypothesis Starting with the premise that there is a clinical difference in the toxaemia caused by a hyperplastic and that caused by an adenomatous goiter Plummer suggested that in adenomatous goiter the toxaemia was due to an excess of normal product while that of the hyperplastic goiter was due to an excess of abnormal product Many investigators have gained the impression that the symptoms of the toxaemia of the adenomatous goiter were milder and the reaction to operation less severe than in the toxaemia of the hyperplastic goiter Accord-

ing to the two-product theory the toxaemia of the adenomatous goiter is due to an excess of normal secretion, the toxaemia of the hyperplastic goiter is due to an excess of abnormal product This product is abnormal in that it lacks iodine, and, when iodine is administered to these cases the product becomes normal Under the latter circumstances the symptoms become milder and resemble those of the case of toxic adenomatous goiter The two-product theory has not met with general acceptance In fact there are many who refuse to make either a pathological or clinical distinction between adenomatous and hyperplastic types The role of iodine in the body chemistry is still obscure and it is quite possible that the thyroid is only one of the tissues or organs whose function and structure are influenced by faulty iodine metabolism The sedative effect of iodine upon the nervous factor as well as the metabolic factor of the exophthalmic syndrome may indicate that it affects the nervous tissues directly and not indirectly through the agency of the thyroid

The administration of iodine in Lugol's solution has been generally adopted in the treatment of thyroid toxaemia There has been expressed in the literature a great deal of difference of opinion as to the wisdom of using iodine except in the preparation of cases for operation The preponderance of opinion seems opposed to its use except in those cases in which operation is contemplated and in cases which have been operated to prevent regeneration of the thyroid Our own experience has been limited chiefly to the preparation of cases for operation and the treatment of recurrence of symptoms afterwards altho a few cases have come under our observation treated with Lugol's solution continuously over a long period without operation In these we have not seen the eventual exaggeration of symptoms described by others

Graphs of the metabolic rate in twelve cases of exophthalmic goiter coming under observation consecutively are given here because they show strikingly the effects of Lugol's solution All of these cases were of the exophthalmic or hyperplastic type of goiter and the hyperplasia was demonstrated microscopically after operation in all cases except No 12 which did not come to operation None of the cases were pathologically of the adenomatous type.

In all of the cases the observations were made while the patients were resident in the hospital and at rest in bed In ten of the cases the metabolic rate was estimated upon admission and again after a period of bed rest without Lugol's solution, they were then given ten minims of Lugol's solution three times a day for a period and their basal metabolic rate estimated again In the graphs the period of rest in bed without Lugol's is represented by a continuous line while the period during which Lugol's was given is represented by the broken line

In cases 1 to 7 the metabolic rate was estimated after a ten day period of rest and again after ten days of Lugol's solution with the following results

Case	Admission	After 10 days of rest alone	After 10 days with Lugol's
1	+56	+56	+42
2	+43	+47	+27
3	+65	+67	+41
4	+62	+56	+31
5	+82	+88	+45
6	+53	+43	+31
7	+56	+45	+42

The graphs of the first five cases distinguish very clearly the difference in the effects of the rest alone and of rest and Lugol's solution on the metabolic rate In case 6, the descent in the rate was about the same in each period In case 7, greater reduction occurred in the first period than in the second altho further reduction occurred when Lugol's was continued for ten days longer

In order to establish whether the metabolic rate might not drop in the second ten day period even if Lugol's was withheld cases 8 and 10 were given twenty days of bed rest and then the ten days of Lugol's solution In case 8 the rate was unchanged after twenty days (+51) but after ten days of Lugol's dropped to +30 In case 10 the rate dropped after the first ten days from 63 to 49 and then rose after the second ten days to 126 The last result was surprising for while the patient seemed more nervous and uncomfortable than she had been the increase in rate seemed out of proportion to the increase in symptoms The rate was estimated again therefore the following day when the same rate was obtained Lugol's was then started and in ten days the rate had fallen to +13 Case 12 was treated with rest without Lugol's for 51 days During this time there was little change in her symptomatology and the metabolic rate remained above +40 Ten days after Lugol's was started the rate had fallen to +30

Case 9 was given Lugol's without a previous period of bed rest and the rate had fallen in ten days from +40 to +20 This would indicate that the previous period of rest in the preceding cases had no influence on the effect of the administration of iodine

In case 11 estimations of basal metabolic rate were made at frequent intervals Plummer has stated that the basal metabolic rate is apt to fall precipitously on the sixth or seventh day following the beginning of iodine therapy Unfortunately we were unable to obtain the rate in this case on these days She was placed on Lugol's solution immediately on admission and the rate which was +96 on the first day had fallen to +50 by the seventh day By the sixteenth day the metabolism had fallen to +38 and remained at this level on the 18th and 20th day By the 30th day it had risen to +49 The Lugol's was then stopped and in seven days the rate rose to +70

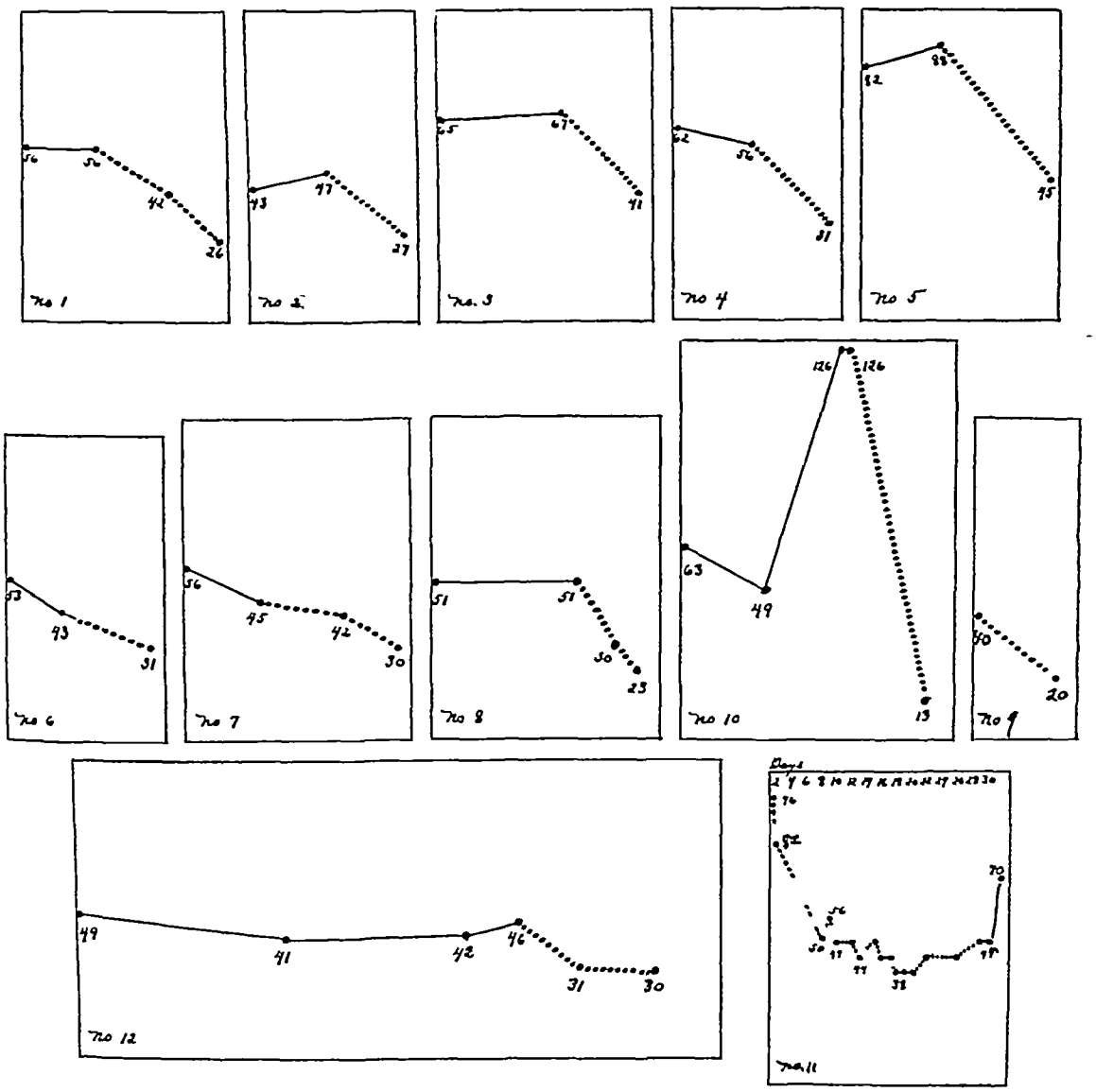


Chart Showing Effect of Administration of Lugol's Solution

Lugol's was then given for seven days and the rate fell again to +49

Conclusion

The effects of the administration of Lugol's solution (compound solution of iodine) upon the metabolic rate in twelve cases of exophthalmic goiter is convincingly demonstrated in this report These cases had never previously taken iodine The cases are not sufficient in number to draw conclusions as to whether the metabolic rate is so affected in all cases

[1] Mayo Chas. H and Plummer H S The Thyroid Gland.

N Y State J M
October 1 1929

THE REDUCING DIET*

By ARTHUR H TERRY, JR, M D, NEW YORK, N Y

IN order to lose weight it is necessary to eat less than is burned in the body Therefore, if it is known how much the body burns, it is not difficult to know what to do about it Either eat less or burn more How much to eat to maintain body equilibrium has already been determined for us

The ordinary man or woman at rest, weighing 150 pounds burns about 10 calories per pound or 1500 calories At work more is required in proportion to the amount of work done A diet containing 1500 calories for the active person is consequently a reducing diet and a diet of less than 1500 calories is more reducing

Some people burn more than others according to their activity and their metabolism and also from the nature of the individual Why one person stays fat and another lean is a question, but there is no doubt about the fact that an undernutrition diet will cause a loss of weight, words from the stout fellows to the contrary not withstanding And so if the calories are down, down goes the weight If a person weighs under 150 pounds he may be given proportionately less food, but by and large the same diet seems to fill the bill for the average person The amount being determined, the kind of food may be noted

Kinds of Food—Foods consist of three sorts Fats, carbohydrates and proteins but the greatest of these is proteins They are the essential muscle restorers and are not replaced except in part by the carbohydrates or fats A reducing diet, therefore, needs an adequate amount of proteins How much it is easy to calculate The 150 pound man weighs 70 kilos and a gram of protein is required for each kilo, more in children, but little less ever A reducing diet should contain 70 grams of protein at least and as a margin of safety half as much again, or about 100 grams These are found in fish, flesh and fowl and the milk or eggs therefrom

Carbohydrates—The second kind of food is the carbohydrate This constitutes the bulk of our normal diet, about four times the amount of protein or fat It is a good food and tasty and friendly to the burning of fat and so should be employed in dieting, especially as it provides much bulk, often with few calories A gram of carbohydrates has the same caloric value as the gram of protein, 4 calories, but the types of carbohydrates vary so in concentration that only the least concentrated should be used These, of course, are the 5 and 10 per cent vegetables and fruits They fill and tend to satisfy and so should be used as much or more than the proteins

Fats—Last but not least—the fats, a certain amount of which it is impossible to avoid as an egg contains as much fat as protein, meat nearly half as much, and cheese two-thirds as much. Fats sneak in every which way, mostly with their close allies the proteins, but frequently as plain butter, cream or olive oil The cook fires a tablespoonful at the string beans, and in the lettuce there is rarely a blade or leaf too mean to refuse the limpid 9 calories per gram of olive oil Whither we look or whither we listen, we find the olive oil *or see it glisten* Also, *be it remembered* that a 15 gram butter ball containing 135 calories slips down far more readily and with less gustatory satisfaction than its caloric equivalent such as one dish of oatmeal or 20 ounces of string beans Fat then has no proper place in the reducing diet except as a stowaway or unavoidable companion to better food It should be reduced to the minimum—in salad dressing replaced by mineral oil and as butter omitted entirely

Proper Diet—A proper reducing diet would, therefore, contain 70 to 100 grams of protein and 100 grams of carbohydrate, also it would have to contain about 50 grams of fat

How to offer this to the sufferer becomes the next problem Most people who diet do not choose to weigh their food and indeed it is not necessary, but a little knowledge is necessary so a brief resume of the foregoing should teach them to avoid especially butter and all other fats, eat proteins three times a day and take carbohydrates in diluted form as outlined in the diet A list of 5-10-15-20 per cent fruits and vegetables is provided, similar in form to that given on one of Dr Joslin's diabetic cards (See Table 2)

The Diet Detailed—A basic diet is outlined as follows to be modified to suit the situation

Breakfast Raw fruit 3%-10% list (average portion) Tea or coffee with 1 ounce of cream and 1 lump of sugar 2 boiled eggs

Lunch 3 ounces of meat fish fowl cheese or 1 glass of milk One 5% or 10% vegetable One 3%-10% fruit.

Dinner Clear soup Oysters or clams, if desired 3 ounces of meat, fish, fowl, cheese or 1 glass of milk. One 5% or 10% vegetable. One 15% or 20% vegetable. One 3-10% raw fruit.

This diet contains about carbohydrates 100, proteins 80, fats 50 calories 1200

Diet Discussion—This diet of 1200 calories allows for a margin of error—like two of the cook's butter balls, but it serves as a starting pattern so that one may add or subtract or substitute, but always in kind When the ideal weight is achieved, then enough is added to just maintain it Where eggs are disliked for breakfast, a slice of toast may be taken instead, but it is *not so* ideal in that it does not stay by a person *Better to give foods* that stick and even cause a *little indigestion* No same diet fits any two victims *but there are a few* general rules, and one of these is that proteins three times a day are essential

*Read before the Hospital Graduates Club October 25, 1928

TABLE I ANALYSIS OF 15 CASES, *SHOWING PROMINENT SYMPTOMS AND THE RESULTS OF TREATMENT*

Patient's number	Age	First weight	Second weight	First blood pressure	Second blood pressure	Interval	Loss of weight	Loss of blood pressure	Diagnosis	Result of treatment
58	65	182	170	220/125	210/120	18 months	12	10/5	Hypertension, apoplexy (old), nephritis, carious teeth	Patient improved
177	79	178	137	200/80	165/65	18 months	41	35/15	Albuminuric retinitis, hypertension	Patient improved Acute retinitis disappeared
195	55	126	119	175/100	175/100	7 months	7	0	Hypertrophied tonsils, hypertension	Unimproved
221	46	136	117	210/100	170/90	12 months	19	40/10	Paroxysmal tachycardia, hypertension	Improved Less frequent attacks
318	63	153	140	198/105	195/95	38 months	13	3/10	Hypertension, nephritis, hypertrophied tonsils	Improved
355	51	163	152	240/100	172/95	12 months	11	68/5	Hypertension, nephritis, albuminuric retinitis	Improved Acute retinitis disappeared
378	49	190	176	160/105	155/90	39 months	14	5/15	Obesity, hypertension	Improved
424	72	183	168	170/70	158/70	50 months	25	12/0	Obesity, hypertension, myocarditis	Improved
439	57	148	135	178/100	155/100	6 months	13	23/0	Hypertension, mitral stenosis, auricular fibrillation	Improved
630	70	170	155	190/60	165/70	36 months	15	25/+10	Hypertension, myocarditis	Improved
639	57	161	127	195/130	208/115	66 months	34	+13/15	Obesity, hypertension	Improved
645	71	198	190	186/100	190/90	26 months	8	+4/10	Hypertension	Improved
908	41	194	173	200/110	170/92	7 months	21	30/18	Hypertension	Much improved
801	70	135	130	190/95	160/85	1 month	5	30/10	Hypertension	Improved
796	57	155	144	190/100	165/90	5 months	14	25/10	Obesity, hypertension	Improved
Total	903	2472	2220	2902/1480	2613/1367	341 months	252	289/113		
Average	60	165	148	193/99	174/91	23 months	17	19/8½		

Special Diets—For the fat person who is reducing merely for his figure, the above diet is satisfactory but frequently associated with obesity are hypertension and nephritis In these two allied conditions, it is my impression that a glass of milk at noon associated with a salad and a few crackers, is preferable to meat, also where the nephritis is severe, milk or cheese at night may likewise be substituted for meat Meat has long had a bad name, and red meat especially, but of recent years it has found such favor that the roast beef of old England is flashed in the face of a nephritic with less modesty than mother's milk Tradition has its place in medicine and so I believe that meats of all kinds should bow to the simpler forms of dairy products A chicken's wing may be as poisonous as a steer's rump, but at least there is less on it and so it may be offered from time to time without much insult to a sclerotic pair of kidneys I have seen a person's countenance fairly radiate when told he might struggle with a chicken's wing Tuesdays and Thursdays instead of devoting his entire meal to milk and cheese and vegetables with a little fat to replace the diminished protein

Dangers of Dieting—The reducing diet, like any form of treatment, has its dangers—and they are not imaginery Some diets are worse than others, but all reducing diets are under-nutritional and unnatural It is true that a man can live on his belly for some time, and it may be true that, as is a lean mixture to a gas engine, so also is a slightly sustaining diet to a human being, but one of my patients developed tuberculosis while going along for two or three years keeping her weigh and blood pressure down Her pressure went down but her temperature went up and she died Another former patient developed tuberculosis while on quite a ridiculous diet A third came to me with an acute hyperthyroidism beginning shortly after the onset of dieting Such, then, are some of the disadvantages due to undernutrition Other pros and cons may be seen from a little study of fifteen patients who were placed on the reducing diet, all having high blood pressure, and kindred diseases Selection was made on the basis of having lost weight and having returned for observation The diet was varied to suit the individual, but no drugs employed (See Table 1)

TABLE 2—LIST OF 5, 10, 15, AND 20 PER CENT FRUITS AND VEGETABLES

5%	10%	15%	20%
lettuce	string beans (older)	green peas (older)	potatoes
cucumbers	pumpkin	parsnips	shell beans
spinach	turnip	lima beans (young)	baked beans
asparagus	squash	———	green corn
rhubarb	beets	raspberries	boiled rice
endive	carrots	currants	macaroni
sauerkraut	onions	apricots	———
dandelions	green peas (young)	pears	plums
beet greens	———	apples	bananas
celery	strawberries	blueberries	prunes
mushrooms	lemons	cherries	
tomatoes	cranberries		
sprouts	peaches		
cress	pineapple		
cauliflower	blackberries		
cabbage	oranges		
radishes			
string beans (young)			
broccoli			
———			
grapefruit			

GROUP RESULTS IN 15 CASES LISTED IN TABLE 1, ALL SHOWING HYPERTENSION

Average weight when first seen	165 pounds
Average weight when last seen	148 pounds
Average loss of weight	17 pounds
Average first systolic blood pressure	193
Average final systolic blood pressure	174
Average drop of systolic blood pressure	19
Average first diastolic blood pressure	99
Average final diastolic blood pressure	91
Average loss of diastolic blood pressure	8
Average time observed	23 months or 2 years
Average age	60 years

SUMMARY

A diet of 1500 calories is a reducing diet.

In this diet 50 grams of fat are unavoidable, 100 grams of carbohydrate advisable, 70-100 grams of protein essential

Special variations of diet are required to suit the individual case

Any undernutrition diet is dangerous

The reducing diet in hypertensive cases who are overweight will reduce the systolic pressure appreciably and the diastolic pressure slightly

SINO-AURICULAR BLOCK DUE TO DIGITALIS

By LOUIS FAUGERES BISHOP, M D, AND LOUIS FAUGERES BISHOP, JR, M D,
NEW YORK, N Y

THE true nature of sino-auricular block is as yet unknown, or at least there is no real agreement in regard to what the underlying mechanism is McKenzie was the first to call attention to this phenomenon as an accompaniment of influenza in 1902 Since then many cases have been reported in the literature Levine has called attention to the frequency of sino-auricular block after taking digitalis, and the following case report illustrates this

REPORT OF A CASE

E O, a physician, age 59, when first seen complained of weakness He had had all the minor diseases of childhood, including scarlet fever Several attacks of tonsillitis and occasional twinges of rheumatism Family history was irrelevant Six months previous to being seen he had had a severe throat infection and had not been well He complained of feeling

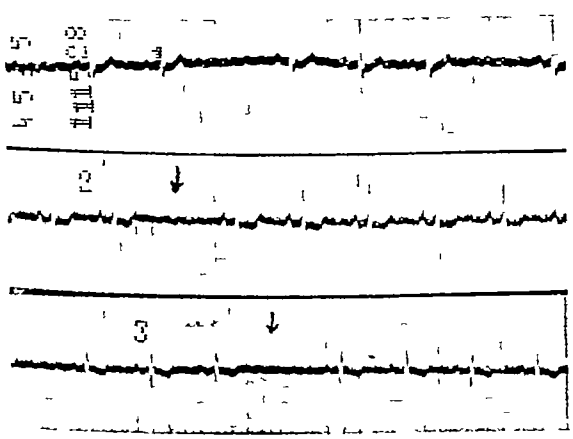


FIGURE 1

Electrocardiogram taken November 15 1928 leads 1 2 and 3 rate 70 illustrating the condition termed 'sino-auricular block' long cycle being approximately double the length of rhythmic cycles T wave inverted in leads 2 and 3 (Scale on abscissa is 0.2 second and on the ordinate is 10-4 volt)

extremely tired and had noticed slight dyspnœa on exertion He had been taking a grain of digitex every three hours for three days before being seen and previous to that had taken this three times a day for a month

Physical examination revealed a well developed and nourished man of middle age His tonsils were large and hypertrophied There was sclerosis of the retinal blood vessels No apparent enlargement of the heart and the apex beat was not seen or felt The heart rate was 70 and the rhythm was interrupted apparently by extrasystoles. Exercise did not affect or eliminate the arrhythmia except to increase slightly the rate There were no murmurs Systolic blood pressure was 110 and the diastolic 60 The remainder of his physical examination was entirely negative

Laboratory data revealed hæmoglobin of 82% Red blood cells 4,700,000, and white blood cells, 7 200 Differential blood count—

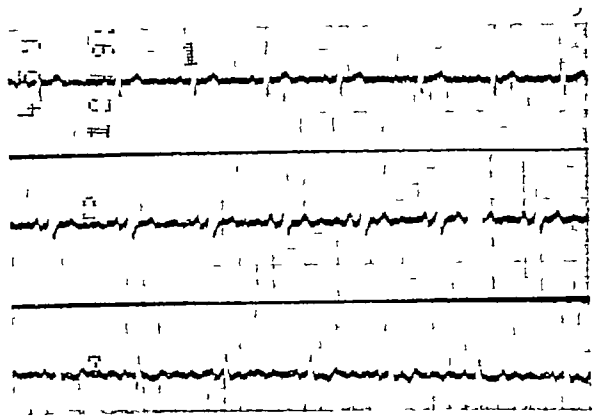


FIGURE 2

Electrocardiogram taken December 19, 1928, leads 1, 2 and 3 normal sinus rhythm rate 70 T wave upright in leads 2 and 3 (Scale on the abscissa is 0.2 second and on the ordinate is 10-4 volt)

lymphocytes 33 polynuclears 65 and eosinophiles 2 Urinalysis negative Wassermann negative

Roentgenogram of the heart showed moderate cardiac enlargement with slight tortuosity of the aorta The electrocardiogram was characteristic of sino-auricular block The pauses corresponded approximately to the length of two normal cardiac cycles An inverted T wave in leads II and III was also present

Treatment consisted in the withdrawal of digitalis and tonsillectomy One week later the sino-auricular block had entirely disappeared and was not obtainable on the electrocardiogram A month later the T wave had become upright and the rhythm apparently restored to normal

COMMENT

Although there is no great clinical importance to this phenomenon per se, the marked improvement following the withdrawal of digitalis both clinically and electrocardiographically is of unusual interest

N Y State J M
October 1 1928

PERSONALITY CHANGES IN DISEASE, WITH SPECIAL REFERENCE TO TUBERCULOSIS*

By LOUIS J BRAGMAN, M D, SYRACUSE, N Y

IT is a truism in medicine that the maximum service can be rendered a patient only when he is considered in the light of a sick individual rather than simply as a case George Eliot recognized this when she visualized the ideal physician as one who cared not only for cases, but for John and Elizabeth, too Admittedly a truism, how little is this element regarded in the everyday diagnosis and treatment of patients! The personality factor is generally neglected in favor of the more tangible and hence more interesting physical phase of the illness The mind which lies back of the disease is thus passed over, to receive consideration only when it overbalances and behaves in such an outspokingly peculiar fashion as to require the immediate services of a psychiatrist

Since everybody has a mind, so must there be found in almost every physical disease a mental component, an associative change which can be discerned chiefly in the field of the personality As stated by Casamajor, in an article called the Personality of the Patient, a Neglected Factor in Treatment, "there is an individual psychologic reaction to disease which plays an important part in the symptomatology, prognosis, and treatment of all diseases" This personality, as such, depends on many things, being determined largely by instinct, early experience and training, and the acquisition of certain mental habits, interests and attitudes

Paton says that the personality expresses the individual's biological capacity for adaptation, and in a certain sense measures the degree of adaptation of which he is capable at all the different levels of living, reflex, autonomic, and voluntary Just as individual personalities may vary, so may individual reactions to disease vary Considering, then, illness as a type of condition demanding adaptation, in what fashion does the mental state alter in response to disease?

At the start one must recognize a normal periodic ebb and flow in personality in states of health We are obviously not the same as far as mood, emotional reaction, attitude towards self and reality, sociability, and energy output are concerned, from one hour to another, from one day to the next, depending on varying prospects by way of altering environment or fluctuating fortune Such reactions are normal in the broadest sense, and are direct responses to normal shifting demands of everyday life

A somewhat similar normal response is to be found in the field of personality in disease One naturally expects with every ailment, and depending on the degree of nervous stability of the patient, a certain amount of apprehension, anxiety, and fear A sick person always represents a changed personality no less than a changed physique

More particularly there are alterations in the personality of a more specific nature, depending on the type of disease encountered That involvements of the nervous system should be accompanied by gross aberrations in the personality is to be presumed a priori The psychoses are the outstandingly great personality-provoking diseases, representing as they do pronounced physical and functional disturbances in that chief personality-controlling organ, the brain Without attempting to detail the wide range of symptoms met with in mental ailments, from the mildest sort of depression, for example, to advanced intellectual deterioration, it may be of value to mention one condition, namely, general paresis, in which early personality changes are practically pathognomonic An unprecedented shift in character and conduct from extreme orderliness in affairs to neglect and carelessness is in this instance invariably the first auspicious indication of an inevitable mental breakdown Somewhat similarly, one may discern that the arteriosclerotic brain case becomes irritable, irrascible, and explosive, that the frontal lobe tumor case becomes unduly dull and over-facetious, that the senile dement becomes forgetful of the immediate present but is accurately retrospective, that the alcoholic fabricates, the opium addict develops a moral turpitude, the epileptic becomes asocial and egotistical, and the brain trauma case becomes hypochondriacal The pathological personalities thus discovered in these psychotic states are the direct outcome of primary brain disturbance

And again, with such organic nervous diseases as brain syphilis, paralysis agitans, Huntington's chorea, and multiple sclerosis, to mention a few similar personality changes are to be noted But there is still another type of personality change in which as part of the picture of some physical disease not attacking the central nervous system directly or even indirectly, a mental change of some significance occurs Men like Draper, Wertheimer, and Kretschmer, working on the relationship of physical constitution to disease, are asking whether there might not be something in the physical makeup of a patient which renders him unusually susceptible to certain types of illness They aim to diagnosticate ulcer types, lung types, schizophrenia types, on the basis of stature, weight, and other anthropological features As a corollary, could it not be asked whether patients suffering from certain definite physical ailments

*Read before the Syracuse Academy of Medicine December 18, 1928

do not have as accompaniments specific mental or personality changes?

Before proceeding to some definite examples, two pre-eminent conditions that disturb personality should be considered. The first, the endocrine disorders, is mentioned merely to refer to the enormous literature that has been built up on the theme of the glands-regulating-personality, as one author labels his book. The second includes that pathetic experiment of Nature, which produced lesions in the basal ganglia of the brain as an expression of that protean disease, epidemic encephalitis. After several years of clinico-pathological investigation throughout the world, it would seem as though one more silent area of the brain has been heard from and that quite conclusively one can assert that emotional states are contigent in a great measure on the action of the nuclear masses lying below the pallium. The wide range of personality changes, from simple behavior disorders to gross malicious, and pathological conduct, as an aftermath of attacks of encephalitis, would seem to bear this out.

An analysis of almost any disease commonly encountered will disclose certain mental components. A few will be considered in brief, and then by way of further elucidation the numerous changes in personality provoked by tuberculosis will be outlined in greater detail.

John Hunter made the historical remark that he was at the mercy of any rascal who would provoke him. A victim of spells of angina pectoris, the ensuing excitement would promptly evoke a seizure. I wish to mention a sad experience in bringing on unwittingly an anginal spell in a patient by persisting, against his wishes, in taking some blood for a Wasserman test. In addition to this undue susceptibility to excitement, the anginal patient shows a peculiar feeling of anguish, the so called angor animi, and a premonition of immediate death, so much so that Seneca said that "to have any other malady is only to be sick, to have this is to be dying." As previously mentioned, patients with high blood pressure also show at times a tendency to be over-excitable. In cardiac disease in general, depressive mental states are often outstanding. Foster says that the mental state caused by cardiovascular disorders may be a pronounced psychosis or merely a change in the personality evidenced by diffidence and lack of initiative. Diabetes mellitus may be accompanied by a feeling of moroseness and a tendency towards hypochrondria, while some patients display an extraordinary degree of irritability, restlessness, and anxiety. Constipation dulls the mentality to a degree ranging from debility, torpitude, and lassitude, down to depression. I remember a case of Hirschsprung's disease with no bowel movements for over two months whose mentality, bordering on that of a low grade moron, cleared up phenomenally after a colon resection. In enteroptosis Osler says the first indication is to treat the existing neurasthenia. Also, in nephroptosis the nervous symptoms may run the various grades of hypochrondriasis, and even forms of insanity have been attributed to it. Why is it, again according to Osler, that a large proportion of cases of mucous colitis are nervous to some degree, that many of them have hysterical outbreaks, or are hypochondriacal and melancholic? Such patients, he adds, are self-centered individuals of a most distressing type. Hay fever patients become low-spirited. Bronchial asthma is often found in families particularly with irritable or unstable nervous systems. Depression and delusions may be present in pernicious anemia, noticeably as the disease advances. According to a recent article by Weil and Cahen in the *Paris Medical Press*, mental disturbances may make their appearance at any stage of the disease, varying from simple character modifications to dementia, with depressive or maniacal states. These symptoms subside on improvement of the blood picture. Fear and apprehension constitute the prevailing mental tone in exophthalmic goitre. Associated with the physical signs of pellagra there may be a simple mental retardation. Godard, in a recent number of *Clinical Ophthalmology*, discusses the influence of myopia of the personality. Carcinomas, occurring more often in late life, show a hopeless depression as a symptom of the age of the patient. Cassity, in an analysis of reaction types in cancer, summarizes as follows his observations. "In spite of the fact that these studies fail to establish conclusively a psychic foundation for somatic change, they at least validate the contention that the solution of the cancer problem will lack completeness so long as the psychic component be regarded as a negligible one." Neilson says that among the emotional disturbances in chronic infections of the nose and accessory sinuses are nervous irritability, exhilaration followed by depression, and phobias.

That toxic conditions, especially of a prolonged or chronic nature, exert as secondary manifestations certain changes in the personality is no more vividly substantiated than in tuberculosis. Apart from the mental attitude a patient may justifiably assume on realizing he has been seized with an invidious and well-nigh destructive ailment, an attitude such as depression or pessimism or forced indifference or buoyancy, there is undoubtedly something of a peculiar nature inherent in the tuberculosis itself that seems to predispose towards definite types of altered personalities.

The feeling of hopefulness so well known by the phrase *spes phthisica* which many patients manifest, has frequently been remarked upon. Osler says that victims with extensive cavities, high fever, and an inability to stir out of their beds will often make plans for the future in their confident expectation of recovery. Heinzelman,

in Nothnagel's Encyclopedia of Practical Therapeutics, speaks of a mental degeneration with optimism on the subject of health, encouraged, it is true, by the attending physician

Eugene O'Neill, with the astute observing powers of a great dramatist, has recognized this feeling of optimism In his play *The Straw*, which deals with the theme of tuberculosis, of which he himself was a victim, one of the characters, speaking of pulmonic patients, says that none of them really feel sick, adding that this state of mind is a pipe dream that keeps them all going

At the onset of the ailment there may be a tendency towards depression, or melancholy, or hypochondria In fact it is often the experience that extreme difficulty is encountered in differentiating between incipient tuberculosis and neurasthenic states However as the disease advances, the *spes phthisicorum* is predominant, and is in such marked contrast to the physical condition of the invalid that it often leads him to excesses

Heinzelman believes that there is something characteristic about the misunderstanding of the gravity of the illness, and tells of a colleague who pithily remarked that he never knew a consumptive who did not order new clothes shortly before his death Even physicians, he declares, when attacked by the disease, are not free from these self-delusions, he relates the incident of one who, despite his persistent fever, his uncontrollable delirium, and hemoptysis, continued to speak in hopeful terms of his bronchitis until within ten days of his death This hopeful attitude, in the opinion of Casamajor, especially in those tubercular patients in early adult life, is proverbial, and most likely depends more on the age of the patient than on anything in the disease itself

It often happens that the mood may vacillate very rapidly—the patient at one time being exalted to the heavens and shortly thereafter depressed to death Although intense worries follow every red streak in the sputum, correspondingly and naturally enough, there is a longing for contradiction and inspiration

Another manifestation of the effect of the disease on the mind is cited by R C Holliday in his Broome Street Straws The author refers to Camille Mauclair, who in his study of Watteau the painter, 'draws attention to the especially intellectual character of consumption, traces the action of this malady on the imagination, and the effect of this illness on the artistic organism sensibility, character and work' Extremes are noticeable, as there may be a diminution of the critical faculty, with deficient or abnormal energy for work, with impulsiveness, hesitancy, or obstinacy

In some patients it may follow that the intellect remains normal to the end, or at the most there is a diminished endurance with sluggishness in forming thoughts Again, in others, an emotional weakness is noted, accompanied by a lack of self-control, an instability leading at times towards ecstasy, general irritability, and a low-grade excitability

It is traditionally believed that consumptives are inclined to an excessive degree of sexuality Various explanations are offered lack of occupation to absorb the mind as a concomitant of the prolonged rest cure, the high nervous tension, and the consciousness of an apparently incurable disease with the desire to drain life to the dregs However this may be, it is the belief of some observers that this characteristic is overdrawn

A more extreme type of personality change is that which crosses the border to a psychosis or near-psychosis Church and Peterson conclude that the disturbance of nutrition and the mental depression may lead to an exhaustion or inanition delirium, followed subsequently by a melancholia or hallucinatory excitement There may be a real mental breakdown lasting months, or an acute mania may supervene

In DeFursan's Manual of Psychiatry it is noted that symptomatically, tuberculosis manifests itself most frequently by states of depression and abnormal sadness According to Chartier's classification there may originate four types of psychoses in connection with the disease the psychosis may arise during the course of the consumption, it may alternate with exacerbations of tuberculosis as a sort of tubercular equivalent, it may appear after an apparent cure, or it may show itself in a patient having latent tuberculosis

In England a special clinical form has been described under the name of tubercular insanity This is supposed to develop in three stages first there is an entire change of character, with unsociability, irrascibility, and a dulling of the proper enjoyment of life, after this comes the acute stage with ideas of persecution and mania, and finally a semi-stupor dominates the picture Whether it is admissible or not to consider these features specific for tuberculosis, it is indisputable that in no other disease does one see such a variety of definite personality changes as those accompanying the invasion of the bacillus of Koch

In conclusion, an endeavor has been made to point out the importance of studying the personality of the patient, for the aid that such an understanding may give towards a more accurate diagnosis and a more sympathetic and thorough treatment

ADRENALIN PROBE TEST IN NEUROSYPHILIS

By I J ARNSSON, M D, L M SACHS, M D, AND N E STEIN, M D, BUFFALO, N Y

IN 1924 Dr Muck of Essen, Germany[1], reported the following hitherto undescribed reflex phenomenon of the mucous membrane of the inferior turbinate, sprayed by adrenalin solution

If the anterior portion of the interior turbinate of a normal individual is made ischaemic by means of a spray of an adrenalin solution of 1 to 1,000 and a line is drawn upon it parallel with the floor of the nose with a probe, under moderate pressure, three or four times in the same manner as the well known dermographic test on the skin—the ischaemic mucous membrane immediately or shortly after the probing turns hyperaemic This hyperaemia after one to two minutes recedes and remains limited to the probed line only, being markedly visible on the adrenalin ischaemic background In from two to fifteen minutes the phenomenon disappears and the normal condition of the mucous membrane is restored.

In certain pathological conditions of the brain however, this test shows a different picture from that described In such cases the line produced by probing, instead of being hyperaemic, becomes white, and after the adrenalin ischaemia recedes, it stands up clearly on a pink background (Inasmuch as any instrumental cleansing or swabbing will irritate the delicate mucosa of the inferior turbinate, thereby interfering with the test—the patient is requested whenever necessary to blow the nose in order to free the mucous membrane of any secretions present)

The author referred to this as dermographia alba, but inasmuch as this term is already used in dermatology for a different phenomenon, and the test is made on the mucous membrane—the term of mucographia alba would seem to us more appropriate The mechanisms of this pathologic reflex phenomenon the author explains as follows [2] The nerve endings of the sympathetic system are irritated by adrenalin This results in a peripheral angiospasm The mechanical irritation of the same region excites in pathological cases an additional angiospasm, which is of longer duration than the one produced by the adrenalin spray Both irritations, the pharmacodynamic and the mechanical, re-inforce each other in the vasoconstrictor action Inasmuch, as in normal conditions the probed line is red, the white line must indicate an over-irritability of the vasoconstrictors i e an increased local sympathicotonus

For a better understanding the author quotes L R Miller's treatise on the "Anatomy of the Sympathetic Nervous System" The nerves of the cerebral blood vessels originate partly in the carotid and vertebral plexuses, also in the 3, 6, 9 10, 11, and 12th cranial nerves, which combined constitute the sympathetic and parasympathetic systems Nerve fibres from the upper sympathetic ganglion (ganglion cervicale supremum) build rete around the internal carotid artery and enter with it into the cranial cavities In the circle of Willis the carotid plexuses of both sides communicate with each other so that in case of a unilateral irritation of the sympathetic nerves of the neck region the innervation of the blood vessels responds equally in both brain hemispheres

That exceptions do take place is shown in cases of migraine which rightly is explained as a unilateral angiospastic irritation of the cerebral arteries

Muck was able to produce a mucographia alba in a normal individual by mechanical irritation of ganglion cervicale supremum in the naso-pharyngeal space pressing upon the ganglion by means of a probe So it follows that the mucographia alba is an expression of a state of over-irritability in the said ganglion

In a number of reports by Muck and J Barnewitz[3] the pathological reflex was found to be present in hemicrania sympatico-tonica, in epilepsy (however, it may be absent in intervals between attacks of either), in cases of a brain tumor, in all traumas of the skull with involvement of the blood vessels of the pia, and in cases of late, latent syphilis and neurosyphilis As for the last group the mucographia alba was found in accordance with the spinal fluid Wassermann in 86% of cases and in negative serology in 82% The authors have never found the pathological reflex in normal individuals, or in patients without involvement of the brain, or in arteriosclerotics

The fact of the presence of a pathological reflex phenomenon in late, latent syphilitics, which would give the possibility of a quick orientation in the office seemed extremely tempting to us First of all we wanted to make sure that this test is present in definite pathological conditions of syphilitics, and therefore, have chosen the neurosyphilitics and paretics with a well established clinical and serological diagnosis As a control we made tests on an equal number of patients with Dementia Praecox

The results of the tests in 100 cases are shown in the tables beginning on the next page

Read before the Hospital Graduates Club October 29 1928

Case No	Clinical Diagnosis	Serology	Adrenalin Test
1	G P	B S Neg. Glob ++ Alb ++ S F ++++ C G 5555555511 C C	Mucograph. alba
2		B S ++++ Glob ++ Alb ++ S F ++++ C G 5555543211	
3		B S ++ Alb ++ Glob ++ S F ++++ C G 5555553211	
4		B S — Glob + Alb + S F ++ C G 222211100 C C 6	
5		B S ++++ Glob + Alb + S F ++++ C G 5543210000	
6		B.S.Alc.-Chol.++++ Glob.++ Alb ++ S F ++++ C G 5555551100 C C 11	
7		B S ++++ Glob ++ Alb — S F ++++ C G 5555532100	
8		B S ++++ Alb ++ Glob ++ S F ++++ C G 5543455321	
9	Tabo-paresis	B S ++++ Alb.— Glob — S F Alc.—Chol ++ C G 1112210000	
10	G P	B S ++ Alb ++ Glob ++ S F ++++ C G 555551100 C C 4	
11	"	B S ++++ Alb + Glob + S F ++++ C G 5555554421 C C 117	
12		B S ++++ Alb ++ Glob ++ S F ++++ C G 5555511000 C C 10	
13		B S ++++ Alb ++ Glob ++ S F ++++ C G 5555555511 C C 5	
14		B S — Alb + Glob + S F ++++ C G 5555543311 C C 2	
15		B S Alc.—Chol. ++ Alb ++ Glob ++ S F Alc ++ Chol. ++++ C G 5555110000 CC7	
16		B S ++++ Alb + Glob + S F ++++ C G 5555543311 C C 13	
17	Cerebral Syphilis	B S ++++ Alb + Glob +	
18		S F ++++ C G 1123210000 C C 52 B S ++++ Glob + Alb + S F — C G 1123210000 C 3	
19	G P	B S — Alb ++ Glob ++ S F ++++ C G 5555555555 C C 125	"
20		B S Alc. ++++ Chol ++++ Glob ++ Alb ++ S F ++++ C G 5555551100 C C 9	
21		B S ++++ Glob ++ Alb ++ S F ++++ C G 5555532100 C C	
22		B S ++++ Glob ++ Alb ++ S F ++++ C G 5555555110 C C 25	"
23		B S ++++ Glob ++ Alb ++ S F ++++ C G 5555555551100	
24	Cerebral Syphilis	B S ++++ Glob.++ Alb.++ C C 10 S F Alc.—Chol.++++ C G 1123210005	
25		B S ++++ Glob O Alb 1 S F ++++ C G 1111211000	
26	G P	B S ++++ Glob ++ Alb ++ S F ++++ C G 5555555511 C C 35	
27	Cerebral Syphilis	B.S Alc.++++ Chol.++++ Glob ++ Alb ++ S F ++++ Chol ++++ C G 2223444321	
28	G P	B S ++++ Glob. ++ Alb ++ S F ++++ C G 5555555110 C C 53	
29		B S Neg. Glob + Alb ++ S F ++++ C G 5555554222 C C 19	
30		B S Neg. Glob ++ Alb ++ S F ++++ C G 5555551100	
31		B S ++++ Glob ++ Alb ++ S F ++++ C G 5555551100 C C 12	
32		B S ++++ Glob ++ Alb ++ S F ++++ C G 5555555110	
33		B S ++++ Glob ++ Alb. ++ S F ++++ C G 5555555110 C C 49	
34	Cerebral Syphilis	B S ++++ Glob — Alb + C G 1123321000 C C 5 S F Chol.++++	
35	G P	B S Alc. + Chol. ++++ Glob +++ Alb ++ S F ++++ C G 5555551100 C C 18	
36		B S ++++ Glob ++ Alb ++ S F ++++ C G 5555555100 C C 45	
37		B S ++++ Glob ++ Alb ++ S F ++++ C G 5555554210 C C 64	"
38		B S ++++ Glob ++ Alb.++ S F ++++ C G 55555542222	
39		B S.Alc.++ Chol.++++ Glob ++ Alb ++ S F ++++ C G 5555441000 C C 18.	
40		B S -Alc.Chol.++++ Glob.++ Alb ++ S.F ++++ C G 5555551100 C C 15	
41	"	B.S.++++ Glob ++ Alb ++ S F ++++ C G 5555555555 C C 68	
42	Cerebral Syphilis	B S ++++ Glob + Alb + S F Alc -Chol + C G 111232100 C C 2	
43	G P	B S ++++ Glob ++ Alb ++ S F ++++ C G 55555554321	
44	Cerebral Syphilis	B.S.++++ Glob + Alb + S F ++++ C G 1233210000 C C 4	
45	G P	B S ++++ Glob.++ Alb ++ S.F ++ C G 555555555211	
46	Cerebral Syphilis	B.S.Alc.-Chol.++ Glob.+ Alb.— C C 21 S F Alc.+ Chol.++ C G 1122100000	
47	G P	B.S.Alc.++ Chol.++++ Glob.++ Alb ++ S.F ++++ C.G 5555555555 C C 13	Mucograph. alba
48		B S. Alc.Chol.+ Glob.++ Alb.++ S F ++++ C G 5555551100 C C 101	
49		B S.—Glob ++ Alb.++ S.F —C G 5555511000 C C 9	
50	"	B.S ++++ Glob.++ Alb ++ S.F ++++ C G 5555522000	
51		B S.Alc.++ Chol.++++ Glob ++ Alb.++ S F ++++ C G 5555110000 C C 184	
52		B.S.++++ Glob.++ Alb.++ S F ++++ C G 5555511000 C C 46	
53		B S Alc.++ Chol.++++ Glob ++ Alb.++ S.F +++ C G 5555555522 C C 7	
54		B.S.++ Glob.++ Alb.++ S F ++ C G 5555333211	
55		B.S.Alc.-Chol.+ Glob ++ Alb ++ S.F +++ C G 5555551100 C C 15	
56		B S.Alc.-Chol.++ Glob.++ Alb.++ S F ++++ C G 555321000	
57		B S.Alc ++++ Chol.++++ Glob ++ Alb ++ S.F +++ C G 5555511000 C C 13	
58	"	B S.Alc.-Chol.++++ Alb ++ Glob.++ S.F ++++ C G 5555432210	
59	Cerebral Syphilis	B S.++++ Glob.O Alb + S.F ++++ C G 1122110000	
60	G P	B.S.Alc + Chol ++++ Glob ++ Alb.++ S F Alc.+ Chol.++++ C G 5555551100 C C 5	
61		B S.++++ Glob.++ Alb.++ S F ++++ C G 5555321000	
62		B S.—Glob.+ Alb + S.F.Alc.—Chol.+ C G 3332211000 C C 1.	
63		B.S Alc.-Chol.++++ Glob.++ Alb ++ S.F Alc.++++ Chol.++++ C G 5555210000	
64		B S.Alc.+ Chol.++++ Alb ++ Glob.++ S.F ++++ C G 5555511000 C C 12	
65		B S.++++ Glob.++ Alb ++ S F ++++ C G 5555555311 C C 4	
66		B S.++++ Glob.++ Alb ++ S F ++++ C G 4321100000	
67		B S.++++ Alb.++ Glob ++ S.F ++++ C G 5555522100	
68		B S.—Glob ++ Alb.++ C C 1 S F.Alc.+++ Chol ++++ C G 5555551100	
69		B S.Alc.—Chol.+ Alb.++ Glob ++ S F ++++ C G 5555555511 C C 75	
70	Cerebral Syphilis	B S.—Alb + Glob + C C 2 S.F Alc.—Chol.++++ C G 1123321000	
71	G P	B S ++++ Glob ++ Alb.++ S F ++++ C G 5555432100 C C 0	
72	"	B.S —Glob ++ Alb ++ S F ++++ C G 5555110000 C C 8	
73		B S.Alc.—Chol.++ Glob.++ Alb.++ C C 0 S F Alc.+—Chol.++++ C G.5555551100	
74		B S.—Glob.++ Alb.++ S F ++++ C.G 5555555110 C C 71	
75		B S.Chol.+ Alc.— Alb + Glob + S.F Chol.+ Alc.+— C G 5532100000	
76		B S.++++ Glob ++ Alb.++ S.F ++++ C G 5555511000 C C 117	
77		B S ++++ Alb ++ Glob ++ S.F ++++ C G 5555521000 C C 4	
78		B.S.Alc —Chol.++ Glob ++ Alb.++ C C 42 S.F Alc.+++ Chol.++++ C G 5555555511	
79		B S Alc.+ Chol.++ Alb.+ Glob.+ S F ++++ C G 5555432100 C C.	
80		B S ++++ Glob.++ Alb ++ S.F ++++ C G 444321000	
81		B S.++++ Glob.++ Alb ++ S.F ++++ C G 5555555522	
82		B S ++++ Glob.++ Alb.++ S.F ++++ C G 5555553210	
83	Cerebral Syphilis	B.S Alc.—Chol.++++ Glob ++ Alb.++ S.F Alc.+ Chol.++++ C G 1233210000 C C 2	
84	G P	B.S.Alc.—Chol.++ Glob.++ Alb.++ S.F ++++ Chol.++++ C.G 5555553210	Mucograph. rubra. Mucograph. alba
85		B S.Alc.—Chol.++ Glob + Alb.+ S.F.Alc —Chol.+ C G 5544210000 C C 8	
86		B S.++++ Glob.++ Alb.++ S.F ++ C.G 5554410000	
87		B S ++++ Glob ++ Alb.++ S.F ++++ C.G 5555555110 C C. 3	
88		B.S ++++ Glob.++ Alb.++	

Case No	Clinical Diagnosis	Serology	Adrenalin Test
88	G P	S F ++++ C G 4455554321 C C 69	Mucograph. alba
89	"	B.S.++++ Glob.++ Alb.++	
	"	S.F ++++ C G 5554432100 C C 155	"
90	"	B.S.++++ Alb.++ Glob.++	
	"	S.F ++++ C.G 5555555321	
91		B.S.++++ Glob.+ Alb.+	
	"	S F ++++ C G 4444110000 C C	
92		B.S.++++ Glob.++ Alb.++ C.C 43	
		S F ++++ C G 5555555110	"
93		B.S.Alc.—Chol.+ Glob ++ Alb ++	"
	"	S.F ++++ C G 5555555511 C C 129	"
94		B S ++ Glob.O Alb ++	"
94	G P	S F ++++ C G 1111000000	Mucograph. alba
95	"	B.S.++++ Glob.++ Alb ++	
		S F ++++ C G 5555511000 C C 10	"
96		B S.++++ Glob ++ Alb ++	
		S.F ++++ C G 5555511000 C C 16	
97		B S.++++ Glob.++ Alb ++	
		S F ++++ C G 5555511100	
98		B.S + Glob.++ Alb.++	"
	"	S F ++++ C G 5555555511	
99		B S Alc.—Chol.++++ Glob —Alb +	"
		S.F Alc.—Chol.++ C G 0-0 C C 5	
100		B S Alc.—Chol.+ Alb ++ Glob ++	
		S.F.Alc.+ Chol.++++ C G 5-5 C C 3	"

In this work we had splendid cooperation from the Superintendent and Clinical Director, Drs I J Furman and H L Levin respectively, of the Buffalo State Hospital, for which we are extremely grateful

The results of the first step of the work are shown in the table

B S = Blood Serum
S F = Spinal Fluid
Glob = Globulin
C G = Colloidal Gel
Chol = Cholestrine
C N S = Central Nervous System

Summary

1 Of 100 patients with neurosyphilis or paresis with definite clinical and serological characteristics, 99 showed in the adrenalin probe test the phenomenon of mucographia alba

2 Of 105 patients with Dementia Praecox, 4 showed mucographia alba limited to one side of the nose In all 4 patients the history revealed severe traumata of the skull, and in 3 of them A G, R M, and W Le M, scars with periosteal swellings were evident

3 The adrenalin probe test proved to be most satisfactory and valuable as a means of rapid orientation before the spinal puncture is performed

4 The presence of mucographia alba in paretics and neurosyphilitics make us believe that also the sympathetic system must be a seat of a certain pathology Whether the process is a specific one with the presence of spirochetal pallida in the main ganglia (cervicale supremum and sphenopalatinum) or the sympathetic rete accompanying the blood vessels, histological research will determine

It would be also of value to follow up the positive adrenalin test cases of latent syphilis with a negative serology, both in blood and spinal fluid, as reported by Muck, as to the later fate of such patients

An extensive examination in a clinic or dispensary with a large number of syphilitics of all stages would be necessary, as the invasion of the central nervous system may occur at a very early stage of the disease The prognosis of syphilis as to the later involvement of the C N S is of such importance as to warrant the use of every method which may help us solve this problem, and it seems to us that in the adrenalin probe test of Muck, we have a very fine adjunct in the diagnoses of pathological conditions in the cranial portion of the C N S

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For list of officers of County Medical Societies, see this issue, advertising page XXVIII

READ THE NEWS DEPARTMENT

The special reason for publishing the New York State Journal of Medicine is to inform physicians what the medical societies of the state and the counties are doing,—their accomplishments, plans, aspirations and ideals. These records are found in the department of "News Notes" which in this Journal begin on page 1212. They are not merely official minutes to be filed away and forgotten. They describe, explain and interpret the discussions that take place in the meetings and committee-rooms of the societies of the state, the districts and the counties. They are designed especially to inform and instruct those who hold office in regard to their duties and opportunities.

Get the habit of turning to the News Department of your Journal.

COMMITTEE ON PHYSICAL THERAPY

It is the opinion of the newly appointed Committee on Physical Therapy that the somewhat unsettled status of physical therapy will be best solved by the proper evaluation and practical application of physical measures by physicians themselves Attention is called to the short lecture course in Physical Therapy which the Committee on Public Health and Medical Education is ready to arrange free of charge for any County Society, and also to the more extended courses in postgraduate institutions The Committee disapproves of courses held by manufacturers of apparatus

Every general hospital should possess an adequately equipped department of physical therapy, under the direction of a competent physician Technicians are to be employed only to carry out some of the treatments prescribed by the physician and must work under his constant supervision As to technicians licensed to practice" physiotherapy under the troublesome physiotherapy clause of the Medical Practice Act they must be controlled by a strict code and be made subject to action of the Grievance Committee, while those of good standing and training should be given opportunities for institutional work The number of these registered physiotherapists is already four times as large as originally estimated, and it is urgently desirable that the legal requirement of a four year study be enforced, and licensure be based on this and a real examination

RICHARD KOVACS *Chairman*

THE SECRETARIES' CONFERENCES

IT is an accepted fact that the secretary of a county society is the member on whom the reputation and efficiency of the society depends If he attends to his work and is interested and active, then the society will have an influence in all medical affairs He, more than the President or any other member, IS the society

It is also an accepted fact that the office of secretary is best filled when the one who holds it is retained year after year The discharge of the duties of secretary require knowledge and experience which become more and more valuable as the secretary continues in office

The recent conference of the county secretaries of New York State reported on page 1212 of this Journal, discloses the fact that a large proportion of the secretaries conform to the two ideals Many secretaries have held office for several years, and have been regular attendants at the meetings of the State Society, and at the Conference of the Secretaries of the County Societies The secretaries are the leaders in the conferences, and what they say carries the weight of their experiences The practical value of the discussions in the State Conference has inspired an editorial review of what makes a conference worth while

The idea of the Secretaries' meeting arose spontaneously some twenty years ago by the secretaries voluntarily dining together once during the annual meeting The identity of the originators of the dinner seems to have been forgotten but the memory of the meetings of the first few years is still vivid in the minds of those who attended them The striking fact whose significance was not appreciated at the time, was that health officers constituted a considerable proportion of the original group who came together at the dinners The duty of doctors toward public health problems was frequently mentioned, but one prominent State Society officer two decades ago made an impassioned address in which he declared that the State Medical Society had nothing to do with the State Department of Health But the editorials of the New York State Journal of Medicine in those days often referred to public health problems although they seldom offered plans for their solution How different are conditions today when the State Society takes an active part in directing public health affairs!

County secretaries assembled in conference wish to hear of the new projects which are being introduced into county society work The old topics of scientific programs, economics and sociability are projects well standardized, and no longer hold the attention of the secretaries at their conferences The secretaries come together in order to learn how to introduce and carry out plans along the newer lines of medical progress The dominant topic that is now discussed in the medical societies of the State and of the counties, is that of civic medicine, or the practice of medicine by the County medical societies This newer form of the practice of medicine was evolved by a natural extension of the old custom that practice was confined to curative medicine given by an individual doctor to an individual patient for pay This was almost the only form of practice in existence twenty years ago when the meetings of the secretaries were started and when even the officers of the State Society opposed the entrance of the State Department of Health into any corner of the field of the practice of medicine and at the same time deeply resented the

health activities of lay organizations But the experiences of recent years have disclosed the fact that doctors must act as a group collectively and impersonally, if they would bring all forms of medical service to all classes of people, and hence there came to pass the practice of medicine by county medical societies A county medical society practices a very real form of medicine when it plans to bring diphtheria toxin anti-toxin within the reach of all people, it engages in medical practice when it plans measures to insure purity of milk, and the wholesomeness of water, it also practices medicine when it plans to detect and correct the defects of school children These and other forms of the practice of medicine by county medical societies are rapidly becoming standardized and accepted by physicians generally

The practice of medicine by county medical societies is an alluring subject in which not only secretaries, but also other physicians are interested Its promotion is the major object of two standing committees of the State Medical Society those on Public Health and on Public Relations, and it is mentioned in most addresses by State Society officers It will be a major activity of the county societies of the future for physicians must support its practice if for no other reason than as self-defense against the assumption of the great field of the practice of preventive medicine by the State

The topics,—how to make a scientific program, how to put on a social dinner, and how to collect bills—are no longer subjects for discussion, for the methods of doing them have been developed for years, but the practice of medicine by the medical societies of the state and counties is an exceedingly live topic whose discussion will interest secretaries of every county society

A careful reading of the reports of the Conferences of Secretaries of other states in the State Journals discloses two methods of conducting them

1 Addresses by prominent authorities

2 An experience meeting in which the secretaries tell what their societies have done

The experience meeting is by far the better of the two Practically every form of activity has been carried out by some county in New York State While the experiences of the counties have been varied, they may be used both for warning and for inspiration It is most interesting, for example, to hear one secretary tell of the failure of his county society to draw more than half a dozen members to a meeting, while the secretary of a similar county reports that the number attending his society is greater than the number of its members, because of their interest in the graduate courses conducted by the State Society

The most interesting experiences of all those told by secretaries are those in relation to the practice of medicine by the county medical societies When a secretary is interested in any subject, the other members of the society will be sure to follow his lead

The following conferences of the secretaries of medical societies have been described in this Journal in recent years

1 Luncheon meeting of County Societies, Journal of April 15, 1926 page 342

2 Formal Conference of County Secretaries, Journal of September 15, 1926, page 798

3 A M A Conferences of State Secretaries and Editors, Journal of December 1, 1926, page 998, and December 1, 1927, page 1326, and December 1 1928, page 1435

4 Michigan Conference of County Secretaries, Journal of July 15 1927, page 816, and July 1, 1928, page 824

5 Conference of County Secretaries of New York State, Journal of October 1, 1927, page 1094

6 New Jersey Secretaries' Conference, Journal of May 1, 1929, page 566

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Treatment of Typhoid Fever —The treatment of typhoid fever is discussed in two articles in this JOURNAL of October, 1904 One author lauds acetozone, which had a meteoric vogue and a fall equally rapid Its effect was ascribed to alleged antiseptic properties, and in a sturdy defense of the antiseptic form of treatment, the author wrote

"Osler has no confidence in antiseptics Yet, he says, he can vouch for the efficacy of several, 'Beta-Naphthol,' 'carbolic acid,' and 'iodine' This simply shows prejudice upon his part He swears by the Brandt method with results no better, if as good as Flint reported in the cases of lumbermen in the woods who had no treatment Thirsth and many others have advocated a combined eliminative and antiseptic treatment Its results were remarkable The serum treatment, both curative and for immunization, points to the proper method, or at least, to the principles of treatment, as does the antitoxin for diphtheria It simply deals with the toxins and in no wise, does it abort or cut short the disease itself That hygiene and sanitation has lessened the prevalence and virulence of typhoid is another proof of the value of antiseptic treatment That several thousand cases have been treated by antiseptic measures with mortality rate of less than 2 per cent should convince the most skeptical mind, even an Osler"

MEDICAL PROGRESS

Liver Extract in Pernicious Anemia—Prof H Schottmüller checks up on the progress of his anemia cases under liver extract treatment, and while he finds that deaths are increasing in frequency despite the latter he is not pessimistic He claims to have been the first man in Europe to test the American plan of treatment, in 1926, in an apparently hopeless case, the patient is living and well although he has had relapses This type of case is now well known—the patient who despite relapses manages to keep in good health with the use of liver extract The total material treated amounts to more than fifty patients in which the result with his treatment carried out alone was brilliant To this may be added 14 more patients who have had relapses and are still under observation So far as his own practice is concerned, no fatalities are mentioned, so that in speaking of mounting death rates he must refer to the experience of others or to mere vital statistics, according to which deaths from pernicious anemia still occur

Hans Schulten, an associate of Schottmüller restricts his paper to a study of the follow-up of 25 patients This shows that the treatment must be instituted as soon as possible and the patients should be under constant control during remission periods It should be our object, of course, to prevent relapses and to this end frequent blood examinations must be made A factor of importance in prognosis is the state of the nervous system The author is not explicit as to the nature of this mischief but in the case of three patients in whom death was not attributable to anemia outright, two fatalities were due to funicular myelitis with paralysis of the bladder and ascending urinary infection A third patient's death could not be explained as the patient dropped out of touch, but at last accounts he was having a remission from his anemia—*Münchener medizinische Wochenschrift*, August 2, 1929

Early Diagnosis of Pulmonary Tuberculosis—The entire number of the *Schweizerische medizinische Wochenschrift* for August 3, 1929, is given over to articles on this subject, the papers having been read before the Swiss Antituberculosis Union, session of March 17 last E von Romberg calls attention to the fact that apical infection may be found at autopsy which could not be disclosed in the clinic For that matter some apical changes are found in the majority of adults at autopsy While in many cases apical foci are latent, in others their presence is attended by general symptoms, although this coincidence is rare When foci are discovered and the cases are followed up for years, it is only in a small minority that the process is disseminated, so that even when the röntgen ray and other resources show evidences of apex infection this is not in reality a precocious diagnosis of consumption if nothing ever develops In certain cases the infiltration develops rapidly, cavities likewise form rapidly, and it is here that an early recognition does the most service In the paper by H Alexander the author discusses the technique, the causes of wrong diagnosis, etc He quotes Sahli's statement that in examining for early pulmonary foci not merely the lungs but the entire organism should be investigated Especially in patients who appear to suffer with neurasthenia, chlorosis, gastric disorders, etc, should we examine the apices of the lungs Auscultation and percussion have fallen somewhat into disuse of late years, owing to the advances in bacteriology and röntgenology, but this is a great mistake To rely purely on the r-ray is not justifiable The author depends to a large extent on the proper use of the tuberculin reaction and lays stress on the possibility of confusing tubercle with certain other diseases

Reinfection from an Old Apical Tuberculosis—Prof Ch Bäumler reports 4 cases which show how an old apical focus of latent tuberculosis can become activated Examiners for life insurance or military service sometimes find evidences of these foci, occasionally of an old cavity which communicates with the bronchial tree. Although the subject may seem in excellent health a small blood vessel in the lining of this cavity may rupture and cause hemoptysis We do not know just how this local infection originally develops, but it could take place in childhood or adolescence A complete clinical history of such a patient would probably disclose that at some period there has been a short febrile attack with physical signs implicating an apex This focus, become relatively harmless, may be activated by strenuous exercise involving deep breathing, the chief symptom being hemoptysis or the appearance of bloody sputum Of four cases cited the first occurred in a young man in apparent good health who in running to catch a train brought on hemoptysis He was put to bed at once but a tuberculous bronchopneumonia developed from aspiration and carried him off in a few weeks The second patient, unusually robust was sent to Davos after an attack of hemoptysis, and subsequently a focus of tuberculosis until then latent, was discovered He kept well until on one occasion after dancing, he again spat up blood and had an elevation of temperature He was at once ordered to bed, and died two days later The

autopsy showed a large cavity in one apex with foci of pneumonia The author had evidently expected to find acute miliary tuberculosis, but this was absent The third patient appeared in perfect condition on one June 22, but in a week was dead, an attack of hemoptysis having led to the discovery of a lobular pneumonia and acute miliary tuberculosis The fourth case was a duplicate of the third The author holds that any person having one of these old and apparently latent apical foci should never take violent exercise, and students who enter college should be examined for such foci—*Klinische Wochenschrift,* August 6, 1929

A Case of Complete Auriculo-Ventricular Dissociation with Fibrillo-flutter—B Solomjany and M Boukspan of Odessa give a very short report of a case of this nature with tracings After Fredericq had shown in experiments in 1905 that complete blocking could occur with auricular fibrillation clinicians were able to show that the same phenomenon occurred in human pathology and authors began to speak of the "Fredericq phenomenon" in man Cases thus far reported have been relatively few so that the authors feel at liberty to add another A man of 65, robust up to 3 years before, noticed then that he suffered from effort dyspnea and vertigo He neither smoked nor drank and had never had syphilis Physical examination revealed little There was a slight murmur after the first sound, both sounds were slightly muffled, and there were some premature contractions off and on without compensatory pause The left ventricle was somewhat enlarged The radials were hard and rigid and there was a bradycardia of 30-32, not augmented on exertion Numerous electrocardiograms were taken and showed typical complete dissociation The rhythm could not be modified by amyl nitrite nor atropine Continuous study of new tracings brought out the existence of fibrillo-flutter, sometimes termed impure flutter The usual causal factors of this condition are arteriosclerosis and syphilis and in this case the former was accused, along with sclerosis of the myocardium Without doubt the vessels in His's bundle were altered and the bundle itself suffered secondarily Lesions of the vessels irrigating the myocardium of the auricles were followed in turn by lesions of the myocardium itself Study of the tracings shows the coexistence of a lesion of the right branch of the bundle—*Archives des maladies du cœur,* May, 1929

Role of Masticaton in the Pathogeny of Alveolodental Pyorrhea—G Pitsch refers to a case which led to a series of researches on his part A man of 62 of robust health and with normal mastication was obliged to chew on one side of his mouth for a time and during the ensuing two months retraction of the gum of the first upper premolar occurred, with suppuration and final loss of the tooth which was easily pulled because no alveolus remained After this it was noted that all three of the lower molars were also affected with pyorrhea, loosening being one of the first symptoms The author has seen a number of cases in which the patients were able to trace the process There is no such affection as dry pyorrhea although there is a prepyorrheic stage which is proof enough that the microorganisms appear only after the disease is established and cannot possibly give rise to the disease itself To return to the case history, the three molars mentioned above were not affected in the same manner for there was no cul-de-sac in connection with the third molar and no suppuration, although with each of the first two molars there was a deep cul-de-sac with abundant suppuration All three teeth, however, were loose The author was able to combat the suppuration in the purulent teeth yet this did not arrest the progress of the disease directly It became possible, however, to obliterate the cul-de-sac when the tooth again became firm The author, therefore, adopts the belief that the disease is due to defective mastication Study of the teeth of primitive mankind shows teeth worn by mastication Calculus is often seen but evidently was insufficient to lead to pyorrhea. In the case narrated there was absence of calculus Teeth of primitive women who chew seal leather to soften it are quite free from pyorrhea while among primitives who live on soft food pyorrhea is common and severe—*Bulletin de l'Académie de Medecine,* June 25, 1929

Blue Sclerotics—H Paal has recently come upon a family in which blue sclerotics have been handed down for generations Before this episode he had also studied this condition with Wiechmann from the clinical angle Usually it is associated with otosclerosis and brittle bones The scleral anomaly might also be known as thinning, for it is the defective development of the membrane which causes the uveal pigment to show through it The otosclerosis has been attributed to two factors—structural alteration of the petrous bone and labyrinthine calcifications, both of which are readily made out in Rontgen plates Bone brittleness is ascribed to a disturbance of the calcium metabolism Nearly all the bones show evidence of atrophy which is largely restricted to the shafts of the long bones and affects the cortical lamina Other anomalies found have been calcium deposits in the lungs

which were not connected with tuberculous foci The anomalies transmitted by heredity are especially the blue sclerotics and the brittleness of the bones In the family under discussion blue sclerotics could readily be traced through four generations The author examined personally 36 direct members of this family and found the anomaly in 17 while 19 were exempt All 17 showed the blue sclera while 3 had had fractures and 15 showed anomalies of bone in röntgenograms All of the cases traced back to one stem-father who had the blue scleras and brittle bones but was not deaf The heredity seems to be dominant without any preference as to sex Further research into the medical histories of members of this family showed frequent occurrence of nose bleed of obstinate character during childhood One female also had poorly calcified teeth, and serum calcium determination showed this to be near the lower level of the normal in one patient and above normal in one—*Klinische Wochenschrift*, July 9, 1929

Epidemic Hiccup—A Salusbury MacNalty calls attention to the occurrence of a number of cases of epidemic hiccup in England during the first two months of the present year and previously, more particularly in 1919 1920, and 1924 In a fairly typical case the illness begins with a mild feverish attack of nasopharyngeal catarrh which may simulate influenza or a "cold in the head" The pulse rate is slowed From 25 to 48 hours after the onset the patient is suddenly seized with a persistent rhythmic hiccup which continues incessantly all day, interferes with eating and talking, occasionally causes vomiting, and ceases only when the patient succeeds in obtaining sleep The duration is usually from twenty-four hours to two or three days but may last as long as a week As a rule there is complete recovery from the attack and an absence of complications or sequelæ The conception of this affection, epidemiologically, is similar to that of various epidemic diseases of the nervous system Clinical experience and published reports lead one to believe that males over forty years of age are usually the subjects of the malady In an outbreak in Rheims it was definitely stated that children were not affected The degree of infectivity is not high Economo recorded hiccup as a complication of encephalitis lethargica in 1917, and MacNalty noted it in five of his series of cases in 1918 In the widespread epidemic of encephalitis lethargica in England and Wales in 1924 epidemic hiccup was also widely prevalent, and was seen in definite association, for instance in the same household, with encephalitis lethargica In practice it has been found that epidemic hiccup must run its course In the severe cases the patient should be confined to bed Sedatives such as bromides may be given and occasionally relief is experienced when belladonna or cajuput oil is administered If the paroxysms greatly distress the patient and prevent him from sleeping, morphine combined with atropine may be of help—*The Lancet* July 13, 1929, ccxvii 5524

Contribution to the Study of Hereditary Tuberculosis—Brindeau and P Cartier believe that this affection, even if rare, is more common than has been thought The work of a number of investigators has shown that a tuberculous mother not so rarely infects the product of conception, the bacillus passing through the placenta This, in the experience of the authors, may happen without the slightest lesion of the latter, even microscopic This fact need not astonish us for it has been shown that even a leucocyte may pass through a placenta absolutely sound The bacillus might therefore pass through in the free state or within a leucocyte It is also possible to find the bacillus in the blood of the cord, in the ganglia and viscera of the fetus, etc There are two methods available to demonstrate such facts, the first being inoscopy, which is simple and certain It may be applied to the maternal or fetal blood and, after centrifuging, the bacilli will be found in the clot The process may be tedious and time consuming in some cases when many slides must be made from the clot The other and indirect method is that of inoculation of the guinea pig This test may result negatively, even if the tissues are infected, when the bacilli are very few in number Again the resistance of the animals varies extremely, for while some succumb readily to the infection others live for many months The authors began their investigation in April, 1927 and studied 34 tuberculous women who were confined in the Tarnier Clinic In 29 of these the blood of the cord was studied by inoscopy and 30 inoculations were made In 26 women both tests were made One or the other test was positive in 13 women and in four of these both were positive Both tests were surely negative in but one case Other tests were vitiated in some way and could not be used in the statistics—*Bulletin de l'Academie de Medecine*, June 18 1929

Lymphogranuloma Inguinale in Relation to Anorectal Syphiloma—Some years ago Frei and others succeeded in separating an undescribed affection of the groins from chancroidal bubo Various names have been bestowed on it but Frei's lymphogranuloma inguinale seems to have been generally adopted Dr Alice Koppel, an assistant of Frei, seeks

to show that what has been known in the past as anorectal syphiloma may be affiliated with the inguinal affection, and in the latter part of 1928 she with Frei reported five cases, four of them in women Both the syphilitic and tuberculous tests were positive while chancroid and gonorrhea could be excluded It was thought at the time that lues and tuberculosis could so modify the soil that the new disease, the nature of which is as yet unknown could assert itself Since the publication of this report every patient with lymphogranuloma has undergone a careful rectal examination A woman of 35 with lymphogranuloma was found to present papillomatous growths about the anus with a stricture of the rectum 8 cm up, which admitted but two fingers This patient had had both gonorrhea and syphilis while chancroid and tuberculosis could be excluded Quite recently a woman of 24 presented herself with apparent hemorrhoids with rectal ulcers and passage of pus The genitals were normal but in the right groin were scars with a history of suppuration Frei's test for lymphogranuloma was positive The Wessermann and tuberculin tests were negative The last patient seen to date was a woman of 45, free from syphilis and tubercle There was an ulcer of the posterior commissure and bilateral enlargement of the inguinal glands with Frei's skin test positive for lymphogranuloma A secondary swelling of the right labium majus developed The author does not discuss the relationship of this affection to esthiomenus of the vulva, although a connection is often evident—*Klinische Wochenschrift,* July 8, 1929

The Early Diagnosis of Pernicious Anemia by the Halometer—Frank C Eve, writing in the *British Medical Journal,* July 13 1929, ii, 3575, states that the position of patients suffering from pernicious anemia has been revolutionized by two discoveries (1) the curative effect of liver and hydrochloric acid, (2) the diagnosis of pernicious anemia by finding enlargement of the red cells—a feature which is always present, and which, apparently, is the first to appear and the last to go By the halometer, a clinical instrument which instantly measures the size of the red cells, this latter information becomes available to the general practitioner, and the liver cure can be instituted at a far earlier stage These remarks apply also to subacute combined degeneration of the spinal cord, but not so absolutely, because occasionally the neurotoxic factor in pernicious anemia is at first unaccompanied by the hemolytic factor The course of action in these diseases is quite clear In all suspicious cases ascertain if the red cells are enlarged If so, confirm this by the color index, or prove achlorhydria by a fractional test meal Give a half a pound of liver daily, or the corresponding amount of extract, and if this causes the red cells to become normal in about two months the diagnosis of pernicious anemia is established Extract suspicious teeth, and remove septic tonsils, or keep them clean by the suction method Give 6 drachms of hydrochloric acid daily, this must be taken for life to prevent streptococci from again obtaining a foothold in the upper bowel The author describes the halometer, a small instrument, which packs in a doctor's bag, and measures the diffraction halo of the red blood cell The large red cells characteristic of pernicious anemia produce halos which are smaller than normal Normal halos are 4·6 to 4·9 degrees, while those of pernicious anemia or subacute combined degeneration are 4·4 degrees or less Blood halos, around and about 4·5 degrees in width are suspicious Very small colorless halos indicate pernicious anemia in an advanced stage Hazy colorless halos of normal size are characteristic of secondary anemia

A New Conception of Beriberi—According to Alfred Gigon of Basle, several Japanese authors mentioned by him have introduced a new line of investigating beriberi of fowls, the results of which appear to antagonize the belief that the disease of fowls is an avitaminosis, whatever it may be in mankind The author had reached the same conclusion 6 or 7 years ago, to wit, that although a deficiency factor might be present, such alone is insufficient to explain the disease To produce the latter we give the birds a diet of pure carbohydrate Vitamins are of course lacking, but the mere fact af feeding exclusive carbohydrate does something to the organism, to wit, deranges completely the entire carbohydrate metabolism Vitamin addition does not correct the condition and the animals die, and at death they are found to have no glycogen in either liver or muscles Moreover an acidosis develops in such animals, especially when on a diet of grape sugar To what extent is this acidosis responsible for the fatal outcome? The author with two colleagues sought to set up a mineral acidosis by feeding the birds with various acids and ammonia compounds Mineral acids do not lead to increase of ammonia bodies in the blood, but this result follows feeding with urea, ammonium chloride, or ammonium carbonate The glucose and ammonia-formers in the blood appear to be necessary to each other for the proper functioning of the economy Incidentally the author thinks that we may have to abandon our conception of diabetic acidosis He points out that in diabetes we also have a tendency to polyneuritis which may be akin to the fowl disease—since both are characterized by a complete breakdown of carbohydrate metabolism—*Schweizerische medizinische Wochenschrift,* June 22, 1929

LEGAL

THE ADMINISTRATION OF JUSTICE IN ENGLAND

No one who has studied or observed the manner in which justice is administered by the English courts can fail to compare it with the administration of justice in America, to the great disadvantage of our own country The sensational, mawkishly sentimental and theatrical manner which has characterized a number of criminal trials here has served to accentuate and bring into bold relief the calm, quiet and peaceful dignity of a trial in England In civil litigation too, we lag far behind our English cousins Justice delayed is justice denied, is the plea of Bench and Bar In England cases are disposed of with a celerity that is amazing to one accustomed to our methods

England, of course, has the advantage of centuries of precedent and tradition Respect for the law is ingrained in an Englishman The English courts are administered in a manner calculated to impress its people with the solemnity and majesty of the law, with the result that the disgraceful perjury which is rampant in our courts, is almost wholly unknown in England

The English are not a litigious people We are The difference between us in that respect in large measure is due to the difference between the character and standing of the English Bar and our own In England before a man is admitted to the Bar he must demonstrate that he possesses the intellectual, cultural and moral qualifications entitling him to belong to a learned and honorable profession The American Bar has good reason to be proud of the thousands of splendid men included in its roster, but unfortunately, in increasing numbers, there are lawyers who yearly come to the Bar in every state in the Union without the intellectual and cultural qualifications which a lawyer should possess, and most unfortunate of all, without any real conception of the obligations which attach to membership in the legal profession

It is not possible to point out in an editorial of this character all of the differences in court procedure here and in England, but we shall comment on a few of them In the trial of a criminal case in England, the judge is permitted to comment upon the evidence, that is to say the law permits him to give to the jury the benefit of his opinion on the probability or improbability of the testimony of any witness, although instructing the jury that they are not bound by his opinion and that they are the sole judges of the facts In our state courts this privilege is denied the presiding judge When a criminal is convicted in the trial court here, it is generally only the beginning of a long legal battle With appeals, new trials and resort to all the legal advantages which our law gives to a criminal, it is often years before punishment is meted out to him for the crime for which he has been convicted, and unfortunately, in many instances he escapes punishment entirely In England the reversal of a conviction by the Appellate Courts is rare Punishment follows swiftly upon conviction

In civil litigation an incident narrated by Mr Justice Joseph M Proskauer of the Appellate Division of New York City, during the trial of a case in England, is interesting, explanatory and significant He says

"I recall the trial of an accident case I heard in England A witness was asked to describe the accident and then was asked, To what do you attribute the accident? The answer was succinctly given that the chauffeur had not been looking where he was going

'I should like to parallel the incident in an American court The witness would be asked what he saw, he would probably endeavor to say that he saw the chauffeur was not looking where he was going A motion to strike this out as a conclusion would be promptly made and promptly granted The question would be repeated The bewildered witness would again approximate to a statement of what he really thought he saw, namely, that the chauffeur had not been looking, a new motion to strike out made and granted would be followed by an admonition of the trial Court to the witness to be careful not to give his conclusion, but only what he saw, and the situation would end with the collapse of a witness, now no longer bewildered but utterly stupefied by the absurdity of a system of law which would not permit him to tell the story of the accident exactly as he would relate it to any human being in the world"

And comparing our judicial system with that of England, Judge Proskauer draws the following conclusion with respect to our methods

Most of the time in our courts of law is not consumed with the adducing of evidence it is largely occupied with controversy and discussion as to the manner in which the evidence shall be adduced In this practical country, immeasurably more than in any other civilized country in the world, there are consumed in the courts vast quantities of priceless time with wholly impractical contention regarding forms of questions the attempts to draw a sharp dividing line between fact and opinion, the unending chatter as to whether the question calls for a conclusion, the

meaningless formulation of and assault upon interminable hypothetical questions The law of evidence is not an end in itself and we should cease making it our objective It is purely adjective law, simply a method by which to ascertain facts

In England in a civil litigation all of the proceedings prior to trial are referred to a Master The salutary effect of this system is very well stated in a scholarly paper by Edson S Sunderland, Professor of Law of the University of Michigan, entitled "Appraisal of English Procedure" Professor Sunderland says in part

"It is, of course, impossible to determine how much time is saved by these preliminary admissions, answers to interrogatories, and disclosures of documents, but an observer who compares the time used in an English trial with that ordinarily consumed by a similar trial in the United States, and notes the points at which speed is secured by reason of prior discovery, might perhaps estimate a fifty per cent saving With the facts on each side mutually understood by both parties when the trial opens, leading questions no longer become objectionable on many features of the case, and the witness is brought at once to the point in controversy with no waste of time over formal preliminaries, the necessity for cross-examination is greatly reduced, and it is frequently omitted altogether the formal introduction of evidence is largely dispensed with, for complete typewritten sets of copies of the documents previously inspected are already in the hands of the judge and of counsel on each side when the trial begins, and they are usually introduced by consent, formal admissions of facts and answers to interrogatories, eliminate entirely many features of the case which with us would call for extensive proof With the element of surprise largely out of the case at the opening of the trial, there is no occasion for that manœuvering for advantage, that vigilant and tireless eagerness to insist upon every objection, with which we are so familiar, and which not only prolongs and complicates the trial but helps to make the outcome of an American law-suit turn as much upon the skill of counsel as upon the merits of the case

"Our bar has always been inclined to fear and distrust disclosure before trial They have thought it would tend to produce framed-up cases and perjured testimony But it must not be forgotten that want of disclosure causes great delay, inconvenience and expense in the preparation for trial, seriously prolongs the trial itself to the prejudice of the parties, the witnesses, the jurors and the court, and results in a defective and inadequate presentation of the real merits of the case, thereby diminishing public confidence in the ability of the courts to find the truth In the development of the law of evidence, every reform has been opposed on the same ground—that it would tend to encourage perjury It is hard to realize that no longer ago than 1851, Lord Brougham's Act for the first time made parties competent witnesses in civil proceedings in the superior courts There was great dread of the act, lest the interest of parties should encourage false swearing But the fear felt by the legal profession was groundless, as events have proved The history of reforms both in pleading and in evidence has shown continuous tendency to remove more and more restrictions on the disclosure of the truth The spirit of the times calls for disclosure, not concealment, in every field—in business dealings, in governmental activities, in international relations, and the experience of England makes it clear that the courts need no longer permit litigating parties to raid one another from ambush"

In recent years there are hopeful signs pointing the way to a reorganization of our judicial system Your counsel is of the opinion that we would do well to take the English system as a pattern for the suggested reform in our own administration of justice

SYPHILITIC DEPRESSION OF THE NASAL BRIDGE—CLAIMED NEGLIGENCE IN OPERATION AND TREATMENT

The complaint in this case alleged that the plaintiff had been suffering from an obstruction in his nose which impeded and interfered with his breathing, that he engaged the defendant, as a physician, to treat him for his ailment and that the defendant advised him that an operation on his nose was neccessary and desirable, that in consequence of the advice so rendered the plaintiff submitted to an operation in which it was claimed that the defendant did attempt to graft a piece of bone from the plaintiff's rib on the septum or one of the interior bones of plaintiff's nose, at which time the plaintiff claimed the defendant stated that the grafting process employed would raise the bridge of the plaintiff's nose and cure the plaintiff of his ailment

The complaint further charged that the plaintiff was treated for several months thereafter by the defendant, at which time the defendant advised the plaintiff that another operation was necessary It was claimed in the complaint that the defendant again operated upon the plaintiff, and while the plaintiff was under an anesthetic and without his knowledge or consent, the defendant removed a large flap or portion of the skin from the bridge of the plaintiff's nose and removed the dead or necrosed bone from the interior of the plaintiff's nose

The complaint further charged that the defendant cut a large flap of skin from the forehead of the plaintiff, and attempted to graft the same across the bridge of plaintiff's nose where he had removed a large portion of tissue and skin and thereafter took large pieces of skin from the plaintiff's neck and attempted to graft the same upon the plaintiff's forehead where he had removed healthy skin and tissue over an area of approximately four by two inches The plaintiff claimed that the defendant in the said operations and treatment was negligent and careless

The plaintiff was a man about fifty years of age On the first occasion when the doctor examined him he found a syphilitic destruction of the membrane of the nose and empyema of the left antrum, with necrosis of the bony walls A notation on the hospital record at that time showed that the plaintiff's nose had always been depressed The patient consented to an operation

After the patient's consent had been obtained, the defendant operated upon him This operation consisted of an incision through columella skin undermined, nasal process of maxillae chiseled through, graft taken from right costal cartilages one cut to fit and put in place the other buried in chest wound, wounds closed—nasal with horse hair, chest with silk worm The day after the operation the patient's temperature rose from 102 to 105 and for the next three or four days it varied between 105 and 101 Infection was present as indicated by the bacteriological examination of the septum which showed staphylococcus, streptococcus hemolytic, pneumococcus The blood report for syphilis taken at that time showed negative The blood report showed leukocytes, 11,200

Because of the infection, the defendant removed the cartilage under a local anesthetic about four days after the operation The plaintiff remained in the hospital for two weeks The infection cleared up, the nose healed and he was able to go home The operation was in all respects successful

After the first operation for some period of time the doctor continued to treat the plaintiff's nose inside and outside and then the plaintiff consented to a second operation known as a rhino-plastic lining At this operation the defendant scaled off a piece of skin from the plaintiff's forehead and without removing the skin entirely, pushed the upper end of it down through his nose so as to make a lining for the inside of his nose This was left in place until about a month later when the defendant did a Wolf graft, which the defendant describes as follows Incision through Wolf graft from forehead to nose relieving attachment to nose Graft scar tissue removed and prepared for replacement in forehead Proud flesh from old scar of forehead removed and flap replaced sutured with horse hair Small triangular area devoid of skin part of graft left on nose Small triangular area removed from right side of neck to replace nasal piece of graft Fibrous c t in nose and sutured skin to complete contour of face and nose Bone graft transplant contemplated at a later date

For about four months thereafter, the defendant at various times saw the plaintiff and gave him treatment consisting of irrigating the inside of his nose with magnesium of sulphate 5 per cent, and the defendant also gave him injections of iodine and mercury salicylate to guard against a recurrence of the syphilis When the defendant last saw the patient, the grafting was a complete success, the outside of the nose was healed and he had no infection

The doctor requested the patient to return, and told him that he would take some skin from his leg and insert it on his forehead where he had a scar but the patient never returned

The case came on to be tried, and the plaintiff wholly failed to prove any negligence on the part of the defendant or any lack of consent as to the operations performed The court, on its own motion without submitting the case to the jury dismissed the complaint, holding that there was not the slightest evidence of any negligence on the part of the defendant

NEWS NOTES

THE CONFERENCE OF COUNTY SECRETARIES

The Third Annual Conference of the secretaries of the county medical societies of New York State was held in the De Witt Clinton Hotel Albany, on Tuesday, September 10, 1929, with Dr D S Dougherty, Secretary of the State Society, presiding

These conferences were evolved from an annual luncheon which the secretaries held during the annual meetings of the Medical Society of the State of New York, the last one of which was held in Syracuse on May 13, 1925, and was reported in the Journal of June 1925, page 762 The seventeen secretaries who were present at that time voted to request the Council of the State Society to authorize the formal conferences annually

The first conference under the auspices of the State Society was held in Albany on September 2, 1926, with forty secretaries present, as was reported in this Jounral of September 15, 1926, page 798

The second conference was held in Albany on September 15 1927 with thirty-eight counties represented, and was described in this Journal of October 1, 1927, page 1094

No conference was held in 1928

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Cayuga	W B Wilson
Chautauqua	E Bieber
Clinton	L F Schiff
Columbia	L Van Hoesen
Dutchess-Putman	H P Carpenter
Erie	L W Beamis
Essex	L H Gaus
Fulton	A R Wilsey
Greene	W M Rapp
Herkimer	W B Brooks
Kings	J Steele
Livingston	LeG A Damon
Monroe	J P Henry
Montgomery	W R Pierce
Nassau	Mr Louis Neff lay-secretary
New York	D S Dougherty
Niagara	G L Miller
Oneida	W Hale, Jr
Onondaga	L W Ehegartner
Otsego	A H Brownell
Queens	E E Smith
Rensselaer	W B D Van Auken
Schoharie	H L Odell
Steuben	R J Shafer
Suffolk	E P Kolb
Sullivan	L C Payne
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Tioga	W A Moulton
Tompkins	W G Fish
Ulster	F H Voss
Washington	S J Banker
Wyoming	G S Skiff, (President)

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County Society should hold only business meetings, but keep an office in order to be in touch with the State Society

Dr L C Payne, of Sullivan County, reported that similar conditions had existed in Sullivan County up to five years ago, but that now the County Society was very much alive The attendance at its meetings it now about thirty-five while there are only about thirty members, Dr Payne ascribed the renewal of interest to the post-graduate courses which were held under the auspices of the State Committee of Public Health and Medical Education The members of the County Society are also active on the boards of voluntary organizations and direct their activities Dr Payne considered that a dinner, which is also held in connection with the county society meeting, was a great attraction

Dr L C Lewis of Allegany County said that his society meets for a luncheon and then an afternoon meeting with one local speaker and one from outside the county The attendance is very good, but the Secretary stimulates the members by a personal letter to each one When he does not send a personal reminder the attendance immediately falls off

Dr G S Skiff, of Wyoming County said that his county society showed interest in economic topics, but that scientific subjects came first His society was actively interested in civic affairs to such an extent that the Board of Supervisors asks a representative of the county society to come before it each year and explain the medical needs of the county with a special reference to appropriations for the County Hospital and the Laboratory

Dr A H Brownell, of Otsego County spoke of the staff meetings of the three hospitals of the county, but he said that the physicians also keep up their interest in the County Society, an average of seventeen members attending each of the four meetings held each year Post-graduate courses have increased the interest of the members of the society

Dr W B Brooks of Herkimer County spoke of seven faithful men who have kept up the County Society, while many of the other members were saying that they did not care who runs the Society or how it is run

Dr J N Vander Veer, President of the State Society speaking for Albany County, described the efforts of the County Society to arouse interest by holding meetings in Cohoes, and Watervliet, as well as in Albany, but the result was that the meetings were attended mainly by the doctors of the place in which the meeting was held He also said that rural doctors wanted programs on how to do things, rather than on ultra-scientific subjects

Mr Louis Neff lay-secretary of Nassau County described the renewed interest which came when the society began to meet in a Country Club and to start the meeting with a supper Nassau County had conducted over twenty postgraduate lectures held in the Nassau Hospital The biggest meeting of the Society was on the subject of establishing an agency for the collection of doctors' bills, when the attendance was 110 out of 170 members The agency is now in successful operation with Mr Neff in charge The Society has recently established a Monthly Bulletin which emphasizes the work of the committees, especially those having relations to voluntary health organizations of the county

Dr Dougherty commented on the fact that Nassau was the only County employing a lay-secretary, but he urged every Society to make liberal provision for clerical assistance for its secretaries and president

Dr W G Fish, of Tompkins County said that his society was holdings ten meetings a year, but he thought that four would be better The Society was taking an active interest in civic affairs

Dr G L Miller, of Niagara County, said that Lockport and Niagara Falls each had an Academy of Medicine which held the interest of the doctors, but the County Society sometimes held its meetings in connection with the Academy The County Society holds its meetings in different places in rotation, but the attendance is always largely from the city in which it is held

Dr L W Beamis, of Erie County the only woman Secretary in the State spoke of the success of the programs on economic topics, and deplored the ultra-scientific subjects that were sometimes put on the programs

Dr W B D Van Auken, of Rensselaer County, brought up the subject of uniform cards on which data of the members could be kept and asked that the State Society supply them There was considerable discussion on the form of the cards, but it was finally decided that all the objects to be attained by the cards were already provided by the four-page folder which was supplied by the State Society for the purpose of recording the data of new members

Dr W Hale, Jr, of Oneida County, said that his Society increased the number of its meetings from four to six a year with a loss of interest which was regained when the number was restored to four One meeting is held in Rome, two in Ithaca, and a meeting, the summer meeting, is a social picnic held in a country resort

Dr Hale said that at the last Secretaries' Conference, two years ago, he had reported that there was a division of opinion among the doctors regarding the site for the County Tuberculosis Hospital, and that there was also a conflict between the doctors and the Board of Supervisors, in which the Board had won but now the doctors are taking an interest in civic affairs to such

NEWS NOTES

THE CONFERENCE OF COUNTY SECRETARIES

The Third Annual Conference of the secretaries of the county medical societies of New York State was held in the De Witt Clinton Hotel Albany, on Tuesday, September 10, 1929, with Dr D S Dougherty, Secretary of the State Society, presiding

These conferences were evolved from an annual luncheon which the secretaries held during the annual meetings of the Medical Society of the State of New York, the last one of which was held in Syracuse on May 13, 1925, and was reported in the Journal of June 1925, page 762 The seventeen secretaries who were present at that time voted to request the Council of the State Society to authorize the formal conferences annually

The first conference under the auspices of the State Society was held in Albany on September 2, 1926, with forty secretaries present, as was reported in this Jounral of September 15, 1926, page 798

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Dr Farmer also argued that the State Medical Society should give wider publicity to news of its activities, and that the County Societies should report their meetings and lectures and the support which they are giving to the work of lay organizations

The Secretaries dined together at noon, and adjourned at four o clock

THE FOURTH DISTRICT BRANCH

The first District Branch to hold a meeting this fall was the Fourth, which met in Saratoga Springs on Thursday and Friday, September 19-20 The program began in the Auditorium of the Y M C A with a general meeting addressed by the Hon Bernard M Baruch, who described the objectives of the Saratoga Springs Commission of the State of New York as follows according to a news release in the New York *Times*

It is estimated that over 100 000 Americans go abroad annually to the cures Their expenditures is estimated at not less than $100 - 000,000 All these do not represent the people who go abroad to take the cures similar to Saratoga's but a large percentage of them are This is not important by itself but only as being indicative of the fact that there must be many more hundreds of thousands of Americans who are unable to go abroad and it is this larger number who have not the means to seek relief in Europe that the State should have particularly in mind

'I shall recommend to my commission the establishment here of not alone the proper bathing facilities, but of the famous mud baths If we cannot find the proper mud we can easily import it, because keeping the mud for the time of transportation would improve it

'I think further we should have the 'Gradeur' bath which is being used abroad for bronchial troubles And as we are able to develop under scientific assistance, we should have a complete Zander institute, heliotherapy generally known as sun baths and all of the forms of physiotherapy used under the most careful medical and scientific supervision

'I feel that the State should maintain here a research laboratory to which could be gathered information not alone from our own clinical studies but data gathered in cooperation with European institutions I have already made arrangements for a gathering of the recorded knowledge that is being obtained there as a result of their experience and study

'It is my hope that we will be able to bring to America the latest views and the best equipped individuals to help us carry out to the fullest extent the development of the bath

Mr J G Jones Superintendent of the Saratoga Springs Reservation showed moving pictures of the therapeutic application of the waters A special trip through the Reservation was then made in automobiles loaned by citizens, ending with an inspection of the new Lincoln Baths erected at a cost of $775,000 Most of the visiting doctors were surprised at the area of the Reservation, and the extent to which the baths were used

In the evening Dr James E Sadlier Chairman of the Committee on Public Relations, held a conference with the chairmen of the Public Relations Committees of the several counties of the District, and explained to them the objects of the committees and their methods of work He especially called attention to the extensive reports of the work of the committees appearing in the State Journal, and urged all county chairmen to look in the news section of each issue of the Journal for official reports of not only his committee but of all the other committees and officers of the State Society

A supper was served in the Masonic Building in the evening after which the officers of the State Society were introduced

President J N Vander Veer spoke on the current work of the State Medical Society, dwelling especially on the following activities

1 Nursing Service, and the need of practical attendants to care for patients in the sick rooms at home

2 The cost of medical attendance, bringing out the fact that doctors fees constitute only a small proportion of the entire expense of sickness and that luxuries constitute the greater part of the expense

3 Post-Graduate courses, explaining that the instructors sent out by the State Medical Society get little remuneration for their services, and that each one loses a day's work, it was therefore the duty of the members to patronize these lectures

4 The relations of physicians to the State Departments of Health These are now satisfactory and it is the aim of the State officers to establish equally satisfactory relations with the lay health organizations

5 Publicity of County Society work A county can advertise itself in the newspapers, while individual doctors can not The Journal is open for reports of the county society meetings and activities These should be reported for the encouragement of other county societies

6 A plea that the members will read the news department of the Journal for there they will find records of the activities of the officers

an extent that the Board of Supervisors asks for the opinion of the medical society in health matters The doctors are no longer being led, but they are leading in civic health affairs They are working in harmony with lay health organizations, and the County Council on Social Organizations has asked the medical society what health program would be practical in the county "Periodic Health Examination" was chosen and plans have been made to put on a campaign in which the Mayor of Utica and the members of the Board of Supervisors will be examined first The County Medical Society was also joining the lay organizations in an extensive series of advertisements of the examinations

Dr Dougherty called attention to the full-page advertisement in the New York *Times* of Sunday, August 18th, which was inserted under the joint auspices of the five county societies of Greater New York, and four of the leading voluntary health organizations of the state This advertisement called attention to the value of periodic health examination (See an editorial in this Journal of September 1, 1929, page 1079)

Dr Matthias Nicoll, Jr, State Commissioner of Health addressed the Conference on the plans of the Committee on the Cost of Medical Care, as sponsored by the American Medical Association, and other organizations, both medical and lay He said that the State Department of Health has been asked to cooperate in securing data from three thousand families in villages of five thousand inhabitants or less The investigation will include the amount spent for physicians, for medicine, for patent medicines for chiropractors, and for hospitals and other expenses The method suggested would be that the public health nurses should do the work, visiting families about every two months

Dr Nicoll said that he would present the subject at a conference of the District Health Officers to be called soon, and asked that a representative of the State Medical Society be present to give advice from the standpoint of practicing physicians He called attention to the survey of morbidity made by one hundred doctors who sent weekly reports of the cases of sickness to which they were called This was the first extensive survey of the practice of average physicians

Dr Nicoll praised the doctors for their response to the questions on maternal deaths that had occurred as a result of childbirth, a questionnaire having been sent to every doctor having such a death

The sentiment of the Secretaries was in favor of Dr Nicoll's plans

Dr J N Vander Veer gave a practical talk on the activities of the State Society and mentioned the number of inquiries which County Secretaries make to the State Society, many of which the Secretaries could answer for themselves by reference to the Directory, the Journal, or other publications that are sent out by the State Society He called especial attention to the publications, copies of which were distributed to each person present including the Constitution and By-laws of the State Society, its Principles of Professional Conduct, the Workmen's Compensation Law, The Medical Practice Act, and the law relating to the Care of Crippled Children He suggested that every secretary have copies of these and of other laws on file for reference

Dr Vander Veer called special attention to the Workmen's Compensation Law, and said that if doctors would follow its provisions, they would receive their money promptly (See Dr Vander Veer's article in this Journal of April 1, 1929, page 395)

Dr Vander Veer also mentioned Fee bill prepared by the Committee on Public Relations for the Medical Care of Physically Handicapped Children (See this Journal of February 1, 1929, page 171) He said that another fee list had just been published by the Adjutant General of New York State to cover the medical treatment of National Guardsmen when on duty Physicians must expect fee lists to be prepared for the use of officials who deal with the bills of doctors in private practice

Dr Vander Veer called attention to the Special Committee on Periodic Examination, of which Dr C Ward Crampton of New York, is Chairman Albany County will put on a Health Week during the third week of November, and he urged other county societies to form active committees on Public Relations in order to lead and direct such movements as these

Dr W H Ross, President-elect of the State Society, read some reflections which had occurred to him while he listened to the addresses at the Conference The majority of the doctors, he said practice curative medicine as their major work and preventive medicine as a minor activity The first duty of a doctor is to support himself and his family, and lay up a competence for old age This he must do principally by the practice of curative medicine County Medical Societies will be interesting when they teach doctors to practice better medicine The people are making demands on the doctors for new forms of service We will strengthen our position by heeding the demands of the people and by recognizing the good which the voluntary health organizations are seeking to do, and correcting their forms of doing it Don't criticize their whole program, but attack only their errors

Dr T P Farmer, Chairman of the Committee on Public Health and Medical Education, said that preventive medicine depends on adequate medical care and on procedures, such as the administration of anti-toxin which can be done only by doctors The Committee is seeking to give the doctors courses of a practical nature which will enable them to do better practice

The meeting was characterized by a deep interest in the proceedings and by a cordiality among the doctors present The program was brief and pointed The assembly room was large, comfortable, warm, and well-lighted, and a dinner was served in the same room by waiters who prepared the tables quietly while the regular program was going on The coziness of the room and the perfection of the arrangements contributed much to the success of the gathering

The meeting began with a conference which was not listed on the program Dr J E Sadler, Chairman of the State Committee on Public Relations, had planned to call together the Chairmen of the Committees of the several counties at each District Branch Every chairman of the Third District Branch had responded The conference was held in one corner of the general meeting room and other physicians dropped in joined it and listened interestedly to the reports from the counties thereby gaining a new insight into the problems which exist in every county society in regard to the relation of physicians to other agents practicing some form of medicine in the county

The Chairman of Rensselaer County presented a detailed survey of the medical service in his county This will be printed in an early issue of the Journal

The first number of the formal program was a paper entitled "The Medical ProfessionEconomically Speaking," by Dr Shirley W Wynne, Commissioner of Health of New York City Dr Wynne brought a formal paper, but seeing the friendliness of the members present, he gave an informal talk which was much more effective than a formal paper would have been Dr Wynne gave an intimate talk, which was almost confidential, on the relations of the New York City Department of Health to practicing physicians While the Department of Health he said, was well organized to carry on the various activities which belong to a Health Department the five county societies were not well organized for the purpose of carrying on the activities of preventive medicine which properly belong to physicians whether individually, or as groups, in their own county societies As examples of fields of preventive medicine long neglected by physicians Dr Wynne mentioned diphtheria antitoxin known for thirty years, but not universally used by doctors in a preventive way school children present an immense number of defects, but only a comparatively small proportion of them are corrected by family physicians nearly every doctor has tuberculous cases on his calling list but it too frequently happens that the doctor treats his cases for a year or more simply by giving medicines by mouth Doctors are prone to leave preventive medicine work to official health departments and to lay health agencies The pedtricians form a group which is an exception to the general rule, for the greater part of their work is to keep well babies well

The City Department of Health is almost compelled to conduct clinics for treating cases, but its policy is to send cases to family doctors for treatment, and to conduct clinics for the purposes of diagnosis and education only The City Department of Health will continue to conduct diagnostic clinics in order to provide free laboratory tests for the benefit of the doctors, but the Department will close its treatment clinic as fast as the doctors will give the treatments, and the Department of Health will send its nurses to assist the doctor in the treatment of his private cases which were formerly treated in the clinics

Consider the unpreparedness of the physicians at the present time If Johnny Smith comes home from school bringing a letter from his teacher that he should have toxin antitoxin, what does the family physician do? He may have no toxin antitoxin on hand, or his hypodermic syringe is out of order, or he has no needle for it, and so he says— Go to the Health Department Clinic where you can get the tretament free" If the doctors would take a lesson from business men they would devise a plan by which each doctor can organize his office so as to give the treatments He will arrange, for example, to give toxin antitoxin on Saturday mornings, and will have his nurse or helper in attendance and will give say twenty treatments in a morning But no county society has put forth such a plan

The public wants the benefit of real preventive medicine, and will get it from some source, preferably from the doctors, but from other agencies, if the doctors do not give it The trouble and interference which the doctors anticipate are not actually from the outside but are in themselves Let them face their own defects, and organize to distribute their services, join with the Health Departments and cooperate with the Department's plan that the family doctors shall give treatments for conditions which are diagnosed by the Health Department If the doctors and the Health Departments get together there will be an end of State Medicine

Dr Arthur D Benson, President of the Rensselaer County Medical Society continued a discussion of the points brought out by Dr Wynne and introduced the following resolution

Resolved That the Third District Branch of the New York State Medical Society recommend the innoculation of pre-school and school children for the prevention of diphtheria,

That health organizations and departments more actively educate the adult population of communities as to the need, method and results (including limitations) of diphtheria immunization,

That these organizations and departments sincerely recommend the family physician to

and committeemen of the Society, and recommendations to the county societies

The President-elect, Dr W H Ross spoke on "Definiteness of Purpose of County Societies" The doctors should know the peculiar field of the work of the medical profession, of the official State Departments of Health, and of lay organizations, for each group has its own necessary work Let the doctors stop obstructing the work of lay organizations, but learn what their peculiar field is, and help them in the discharges of these duties

Dr J E Sadlier, a Past-President, and now Chairman of the Public Relations Committee, followed up the thought of Dr Ross and called attention to the great progress made by some counties in the relations of their doctors to other health groups, and said that what a few counties have done the rest could do

Dr John A Card, Chairman of the Special Committee on Group Insurance, explained the system of indemnity insurance adopted by the Medical Society of the State of New York, and said that this insurance was cheaper than that offered by any other company, and far to be preferred to that of companies which had no right to do business in New York State He said that three hundred suits against doctors had been instituted in New York State during the last year, and he warned the doctors that anyone present may be the next one to be sued

The principal speaker of the evening was Dr Francis R Packard of Philadelphia, who gave a description of the work of Ambrose Pare the famous French surgeon, who was born in 1510 and died in 1590, and was honored as the physician to the Kings of France He was of lowly origin and had no education in Latin In his time physicians were divided into three groups, the first group those licensed by the College of Physicians where the instruction was in Latin It was beneath the dignity of these men to do operations of any kind The second group was composed of surgeons of the "long robe" alluding to the long cloak which they wore These were licensed by the physicians, but they knew little and were the assistants to the physicians The third group were the barber surgeons, who did all the practical surgery These were licensed to do operations only, the principal ones of which were amputations and lithotomies When Pare began his career in Paris in 1532, he was not even a barber surgeon but simply an assistant or interne in the Hotel Dieu But he learned from everybody Beginning in 1536 he spent two years with a regiment in an Italian Campaign, and there came in contact with all sorts of wounds of soldiers His experience and skill as a military surgeon gained for him a license to practice as a Barber Surgeon His skill came to the notice of the King, and he was made a surgeon of the "Long Robe" by direct order of the King Pare was noted for introducing six items of progress in surgery

1 Ligation of arteries after amputations in place of cautery
2 The use of ointments and soothing applications for gun-shot wounds in place of filling them with boiling oil
3 The invention of the artery clamp
4 Podallic version in child-birth
5 The recognition of metastatic abscess following purulent wounds
6 Writing medical books in French which would be comprehensible to the barber surgeons of his day

The address of Dr Packard was of thrilling interest and was illustrated with lantern slides

The District Branch held a morning session on Friday, September 20, at ten o'clock The first number on the program was "Child Welfare Survey of Saratoga County," by Dr J R McElroy of Jonesville This paper is an amplification of a report which appeared on page 104 of this Journal of January 15 1929, and will be published in an early issue of this Journal

Dr Leo F Schift of Plattsburg, gave a paper on "The Diabetic in General Practice"

Periodic Health Examinations were described by Dr C Ward Crampton, Chairman of the Special Committee on Periodic Health Examinations of the Medical Society of the State of New York Dr Crampton described the salient features of the work which his committee expected to accomplish at its organization meeting in the afternoon A report of this committee will appear in an early issue of the Journal

The guest of the meeting was Dr Frank H Lahey, of Boston Mass whose subject was "Gastric and Duodenal Ulcer" Dr Lahey spoke for an hour in a simple, clear way which thrilled the audience He ended with a series of lantern slides illustrating the various conditions of the ulcer and methods of treatment

THIRD DISTRICT BRANCH

The second meeting of District Branches to be held this fall was that of the Third District Branch, comprising the seven counties of Albany, Rensselaer, Schoharie, Greene, Columbia, Ulster and Sullivan About seventy-five doctors were present

mittee by the Executive Committee of the Council were formulated, and will be reported upon at the next meeting Members should watch for this report

A meeting of the chairman of the Public Relations Committees of the county societies was discussed It was decided that conferences of the committees should be called in connection with the meetings of the District Branches The object of the District Conferences is to discuss the relations in each county between the medical profession and other organizations, both lay and official, whose activities have a bearing on health A further object is to explain the plans and standards of the State Committee on Public Relations The State Committee anticipates an expansion of interest, an increase in publicity, and a forward step in mutual cooperation as the result of this economical plan of conference

The chief present activity of the Public Relations Committee of each County is to take the fundamental step of making a survey of existing health organizations and their functional activity in preventive medicine, and of the hospital and welfare facilities in the County, and following this, a study of the present relationship of medicine to all these organizations

Plans were advanced, but not fully matured, regarding methods of cooperation with lay health organizations, and with fraternal, welfare, educational and commercial societies in their health programs

The State Public Relations Committee offered to the Committee on Economics the services of the County Society Public Relations Committees in County Societies not having a Committee on Economics, for the purpose of assisting the Committee on Economics in gathering information in its studies on the compensation law

The Public Relations Committee will attempt this year to find the basic principles of relationship which exist between the medical profession and other health agencies, and will also attempt to advance the study of basic problems of medicine, with no illusions as to the difficulty or seriousness of the task

This report is made as complete in detail as space in the Journal permits and as concise as the Committee thinks it should be in order to be read digested, and put to use by the profession It illustrates the work that the officers of the State Society are doing in the interest of the entire profession of medicine—and it hopes that the members may comment upon it either to the Chairman, Dr Sadler in Poughkeepsie, or the Secretary, Dr Ross in Brentwood

W H Ross, *Secretary*

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give these injections, while providing the necessary facilities when a family cannot afford a private physician,

That physicians and clinics, etc, be required to report to the Health Board all cases innoculated

That a record be kept by the Health Board of all cases innoculated

That a suitable certificate of injection be sent to parents by the Health Board

The second number on the program was a paper by Dr George F Chandler, of Kingston, on the topic "America Practices Medicine" Dr Chandler contrasted the European, or mass, method of the practice of medicine with the American, or individual plan The European plan could never be transported to American soil, for American citizens demand individual treatment

The third number on the program was an address on "Periodic Health Examinations," by Dr C Ward Crampton of New York, Chairman of the State Committee on Periodic Health Examinations Dr Crampton explained that doctors face a new epoch, whereas they had been seeing pathology in its X Y Z, or end results, they will see its A B C, or begining, in the future Recognize and correct the pathological in its early, or pre-clinical stage, and the physician will increase the efficiency of the citizens, and the race Dr Crampton said he had no illusions regarding the immediate application of the plans of the committee on Periodic Health Examinations, but that five years from now he expected physicians generally to take a deep interest in making examinations of well people and advising them how to keep well Pediatricians have set the example by their advice to children There is no reason why the same system cannot be extended to grown people with almost equally good results

Addresses by the officers of the Medical Society of the State of New York were scheduled on an "after-dinner program

Dr James N Vander Veer, President of the State Society, explained some of the major activities which the Society is now carrying on, and stressed the value of the New York State Journal of Medicine in recording those activities The Journal, he said, is the official organ of the Society and contains news of what the County Societies are doing, and it is the duty of every physician, especially those holding office in the State and County Societies, to read the news department of the Journal in order to learn what the organized profession is doing

Dr W H Ross, President-elect, called attention to the very great progress which has taken place in the practice of medicine by medical societies in New York State during the last five years He said that the activities of the Committees, such as that on Medical Economics, had started when the Society got money to pay the expenses of the Committees The Trustees of the State Society decide if an activity is of real value, and appropriates money to carry on

Dr John Card, Speaker of the House of Delegates, described the method of defense in malpractice suits, and warned general practitioners and specialists that they need protection as well as the surgeons (See page 1216)

Dr D S Dougherty, Secretary of the Medical Society of the State of New York, emphasized some of the points which had been brought out by Dr Wynne He spoke of the increasing relations of cordiality developing between the Health Departments and the physicians, and said that evidence of the increasing cooperation by the doctors was the fact that 50% of the reported immunizations against diphtheria have been done by family physicians Physicians are now getting together with the lay-organizations in the same way that they have with the official Departments of Health

COMMITTEE ON PUBLIC RELATIONS

The Public Relations Committee of the Medical Society of the State of New York held its first meeting of the year at Albany, September 11th, from ten o'clock until three, with a full attendance of all its members—J E Sadlier, Chairman, W H Ross, Secretary, W D Johnson, A J Hambrook, O W H Mitchell, and President James N Vander Veer, ex officio Its personnel and its officers remain as they were last year

Drs Sadlier and Ross were appointed a Committee to confer with the Departments of Health and of Education regarding the care of crippled children and the compensation of physicians for professional services

It was reported that forty-five county societies have Public Relations Committees, but only eight societies have made reports of the various forms of health activities conducted in their counties Surveys from the other counties will be expected this year

State aid in general hospital buildings, including their equipment, maintenance, and administration, was carefully considered Drs Sadlier and Ross will confer with the State Department of Health on this subject, Dr Johnson will undertake to obtain the opinion of the Medical Society of the County of Wyoming in reference to it, and the general subject will be continued at the next meeting of the Committee

Methods of administration to carry out several resolutions originating in the House of Delegates and referred to the Public Relations Com-

THE DAILY PRESS

NOISE AND HEALTH

IT is often said that noise is irritating, and that silence is oppressive The New York *Herald Tribune* of September 18 quotes Dr Samuel A Brown, Dean of Cornell Medical College, as saying that two major health menaces of New York City are noise and carbon monoxide Concerning noise Dr Brown is quoted

'If the city noises continue to grow, it will be a physical impossibility for people to live in the city," he said "These disturbing sounds persist for twenty-four hours Although people think they get away from them when they sleep the effect upon the nervous system is not different from what it is when they are awake

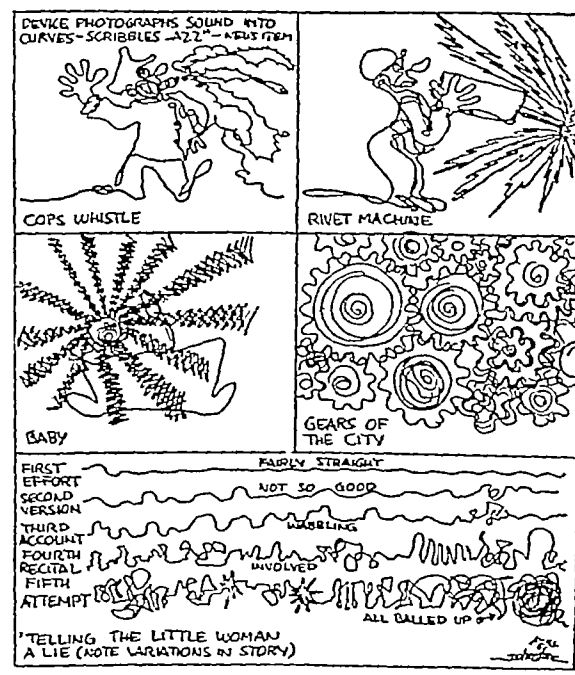
'Definite legislation must be created to meet this situation There is no mistake about that The sooner it comes the better Thousands of persons are having their health broken each year as a result of city sounds and there is no reason why the societies to suppress sounds should not have nation-wide co-operation in getting corrective legislation

"One is oblivious to noises only because of mental control The harrassing effect does not change We are still susceptible, much as we say we have grown used to the nuisance"

The diagnosis of the elements of noise is not so simple as one may think One scientist spent days measuring the intensity of various kinds of noise in the city, and came to the conclusion that the most intense was that of trains on the elevated railroads

No one can say what sounds are the most irritating and therefore, presumably, harmful The sound of a water faucet dripping a drop every ten seconds in the middle of the night produces one of the most annoying of all noises, but we become accustomed to loud noises which are continuous Yet there are deaf people who can hear well in the subway din which deafens those with normal hearing There are also those who believe in the innate unhealthfulness of any noise, and these persons have formed themselves into an anti-noise society as described in this Journal of July 1, page 839

To ourselves the noise that is the most annoying and noisy is the rasping voice and giggling of a flashy flapper on a smoking car when we are searching the morning paper for material for the department of the Daily Press But we are reminded of the boy's remark that It is no fun to play if you can't make a noise!"



Graphic representations of various well-known noises interpreted by an impressionable artist, in the New York World of September 19, 1929

THE SARATOGA SPRINGS STATE PARK

The meeting of the Fourth District Branch of the Medical Society of the State of New York at Saratoga Springs on September 19 and 20 was widely noticed in the daily papers, especially that part of the program relating to the development of the State Reservation The New York *Times* of September says editorially

"Mr Bernard M Baruch now devoting himself to the rehabilitation of Saratoga Springs under a commission from Governor Roosevelt, returns from a tour of foreign watering places in the confirmed belief that Saratoga is as good as the best of them He wants the medical fraternity to cooperate with the authorities and send their patients there

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BOOK REVIEWS

RECENT ADVANCES IN SURGERY By W HENEAGE OGILVIE, M.A., M.D 12mo of 461 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $3.50 (Recent Advance Series)

This book of 461 pages with 108 illustrations concerns itself with the proven advances made in general surgery This does not mean that the text of the work depicts any thing brilliantly new or phenomenal. By the time a new procedure has proven its value, it is already old. However, in its 16 chapters the author and his collaborators have sifted out of the mass of newer things surgical in nature, the ones which have proven to be of value and of constructive interest.

To enumerate the individual advances found in the book would require a complete paraphrase. Suffice it to say that the reviewer has found it well worth his while reading its contents He recommends it to all those interested in surgery

MERRILL N FOOTE.

A MANUAL OF DISEASES OF THE NOSE, THROAT, AND EAR. By E. B GLEASON, M D Sixth Edition. 12mo of 617 pages, illustrated. Philadelphia and London, W B Saunders Company, 1929 Cloth, $4 50

This text book of handy size, which was originally printed in 1907 and has been revised and rewritten many times, is exceptional. It is exceptional because of its thoroughness and the comprehensive plan which the author has followed.

Although intended for the student and practitioner, this book may well be studied by the otolaryngologist, for its contents represent the fundamentals of the specialty In so fine a text-book as this it is disappointing to find space given to paraffin injection for nasal deformities.

The section on the ear is especially to be commended particularly that portion which deals with the internal ear

For its size the book is unusual for its completeness and lucid style. M. C M.

THE NORMAL AND PATHOLOGICAL PHYSIOLOGY OF BONE. Its Problems By R. LERICHE and A. POLICARD Authorized translation by SHERWOOD MOORE, M.D, and J ALBERT KEY, M.D Octavo of 236 pages, illustrated. St. Louis, The C. V Mosby Company, 1928. Cloth, $5 00

Of necessity much of the finer colorings of expression are lost in translations but Drs Moore and Keys are to be congratulated on the fullness of this translation. "Physiology of bone" is not adapted to the junior student because of the very frankness of the authors, but for the senior medical student or the resident physician it is most excellent as it puts before him in a clear concise manner the true status of the present knowledge of the physiology of bone and clears away much of the dead wood that has come down to us from past generations The chapters on the repair of fractures and bone transplantation is of great value to the bone surgeon.

The entire work is stimulating and should lead to more research work on the physiology of bone. The observations upon which the conclusion of the authors are based are founded on years of study and much of it came from their study of bone injuries during the great war We feel that this book is an original contribution to the study of bone of great value.

J C. RUSHMORE.

OLD AGE THE MAJOR INVOLUTION The Physiology and Pathology of the Aging Process By ALFRED SCOTT WARTHIN, Ph D., M.D Octavo of 199 pages, illustrated New York, Paul B Hoeber, Inc., 1929 Cloth, $3 00

This volume is an elaboration of the author's Wesley M Carpenter Lecture of the New York Academy of Medicine under the title, "The Pathology of the Aging Process" It is a scholarly presentation of a somewhat sentimental and idealized subject—old age—and the volume will well repay a careful study

Instead of being depressed by the ultimate outcome of living, the author offers "a rational workable philosophy of Old Age as an antidote to the modern futilities of life—extension of the individual to extreme limits and of possible rejuvenation." He feels that "today the scientific mind may obtain satisfaction and happiness in the contemplation of the potentialities of the mortal individual in carrying on and advancing the immortal potentiality of the germ plasm" In a masterful manner, the author pictures the human machine through the periods of youth, of maturity and of old age as a logical sequence with functions of each period considered.

In closing, the writer states "Happy then is the senescent who can approach his inevitable end with a normal rate of involution, still capable of intellectual pleasures, and the mature contemplation thereof, to meet a speedy release before the unhappy days of second childhood are upon him."

This is a masterpiece.

HENRY M MOSES

PHYSIO-THERAPY IN GENERAL PRACTICE AND FOR THE USE OF MASSEUSES By E. BELLIS CLAYTON, M.B, B Ch. Second Edition Octavo of 231 pages New York, William Wood & Company, 1928 Cloth, $3 50

This volume presents in a concise and interesting manner a rather complete exposition of physical therapy Extreme technical detail of the electrical modalities is avoided, but their uses are well covered. Several excellent chapters are devoted to diseases of the nervous system and their treatment by physical measures The chapters dealing with corrective exercise are particularly valuable.

The book is very well illustrated, which constitutes a great help in the description of the rather involved exercises upon which the author depends for his success in treating certain deformities. It is well written and clearly printed, and can be recommended for the use of the physical therapy aide as well as the student and practitioner

JEROME WEISS

HANDBOOK OF SURGICAL DIAGNOSIS By CLEMENT E. SHATTOCK, M D 12mo of 678 pages, illustrated. New York, William Wood & Company, 1929 Cloth, $5.50

This book contains 678 pages with 78 x-ray photographs It is purely clinical in nature and has as its object the presentation of the differential diagnosis of the commoner surgical affections The morbid anatomy of many of the diseases under discussion is included. The more important complications of some of the conditions have been enumerated.

The book will find its greatest use in the hands of students and the practitioner who may be called upon to make a differential diagnosis at times when it would be not feasible to go into the disease in great detail. The reviewer feels that because of the subject matter and because of its presentation, the book will serve a very useful and real purpose.

MERRILL N FOOTE.

' For years one of the chief obstacles to the development of Saratoga has been mental The curative properties of its waters, especially in cardiac troubles, have been widely recognized But most patients bidden to take the cure prefer to combine it with a trip to Europe They think that there is some magic about the waters of Homburg or Nauheim or Aix that our own springs cannot command

"Here is an exception to the rule of pride in native superiority One would expect a 100-per-cent American to greet a European physician's prescription of his baths in much the spirit Naaman the Syrian replied to Elisha's suggestion that he cure himself of the leprosy by bathing seven times in the River Jordan

"Are not Abana and Pharpar, rivers of Damascus better than all the waters of Israel? May I not wash in them, and be clean?"

RAISING WHITE MICE

White mice are saviors of human life, for those living in cages under the vigilant eyes of watchful scientists reveal health secrets of mankind as well as those of their own race The New York Sun of September 18 has the following article description of a breeder of the animals

"Add to the list of interesting occupations—David Mayer, white mice breeder Definitely this New Yorker contributes to the public health Without him the United Public Health Service, the New York City Board of Health, the various experimental laboratories and the hospitals would be seriously inconvenienced After all, it is not possible to go out and catch a white mouse whenever you happen to need one

"David Mayer has been breeding white mice for thirty years for research purposes, and in that long time has supplied more than 45,000,000 to the laboratories, the medical schools and the various health services the country over He began his odd vocation a generation ago with just ten pairs, which goes to show what a good man can do if he has the right idea In the whole country he has only two competitors of note in the white mice breeding business—one in Philadelphia and one in Kansas

"His work and business have grown apace with the development of research and a better understanding on the part of the public as to what laboratory experiment has to do with public health He himself says that he is a student in genetics His white mice have helped the United States Army doctors solve yellow fever problems in the Panama Canal Zone and in the Philippines, have done their part toward conquering plagues of all kinds and have been simply invaluable in the persistent and determined effort to conquer one of Mankind's greatest scourges—cancer

' David Mayer's shop, the headquarters of a unique and invaluable industry, is in Eighth Avenue between Thirty-third and Thirty-fourth streets You are likely any time you go into the place to encounter a scientist of world fame Mr Mayer knows probably more savants, with alphabetical disarrangements after their names than any other man in New York, outside of a limited group of scientific repute themselves"

TELEPHONE BOOKS

Numbers are notoriously difficult to print clearly and legibly, especially when immense volumes of figures must be printed cheaply, such as telephone books The *New York Times* discusses the legibility of printed numerals on its editorial page of August 22 as follows

"A study of illegibilities in numerals has been made in the department of psychology of the Ohio State University The results of a survey of 135,371 numerals written by 1,127 persons have been embodied in a report for the American Association for the Advancement of Science

"Among the specimens studied were bank checks, luggage checks and sales slips The numeral 5 was found to be the black sheep of the family It furnished 46 per cent of the total illegibilities In almost half of the cases the difficulty was due to the incorrect placing of the dash at the top Zero came next with 13 per cent of the inaccuracies

"Next on the list of offenders, especially with children, were 7 and 2 The ornamental tick at the beginning of each causes the trouble in this case

"Difficulties in understanding numbers over the telephone have been decreased by changing five to fi-vuh, three to thrrrree, &c. The clearness of written numerals might be helped by in some way exaggerating the refractory ones The French have tried that method by branding their 7 with a short cross mark"

The only effective way of securing legibility of the telephone book is to spend more money for clear type, smooth paper, and better printing

CLINICAL ELECTROCARDIOGRAMS Their Interpretation and Significance. By FREDERICK A. WILLIUS, B.S., M.D. Quarto of 219 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1929. Cloth, $8.00. (Mayo Clinic Monographs.)

The text of the book is devoted entirely to the reading of the records and their clinical significance without discussion of the technic of electrocardiography, preparation of records or theory. A full bibliography adds to its value. Each record, of which there are 368, is accompanied by an interpretation.

After a brief description of the normal electrocardiogram, the waves are described. The term "ventricular preponderance" is still used, apparently in preference to "axis deviation."

In describing bundle-branch block a distinction is made between incomplete and complete, following the work of Wilson and Herrmann. The incomplete form produces changes which are transitional between the normal ventricular complex and the complexes characteristic of complete bundle-branch block, that is, less amplitude of the deflection of the QRS, less duration of the QRS and frequently less notching of the components of the same. The author agrees that it is sometimes difficult to decide between these forms.

Increased amplitude, or notching of the P wave or inversion of it in lead 3 alone, are not believed to have any definite significance. T wave negatively in lead 1, in leads 1 and 2 and in leads 1, 2 and 3 combined is of the greatest importance, whereas that which occurs in leads 2 and 3, is important, but to a lesser degree. The author has previously published mortality tables about this, which are presented here. The prognostic importance of low voltage waves is considered uncertain. The T waves of coronary thrombosis are described and illustrated.

The book is a valuable addition to the literature of electrocardiography.

W. E. MCCOLLOM

THE TOXEMIAS OF PREGNANCY. H. J. STANDER. Octavo of 161 pages. Baltimore, The Williams & Wilkins Company, 1929. Cloth, $3.00. (Medicine Monograph No. XV.)

Stander's book is a compilation of modern ideas of the toxemias of pregnancy with an excellent bibliography. All his own research of the last few years is included, and a strong argument is presented for the well known Johns Hopkins classification, which seems to be an admirable one. The question of hypo or hyperglycemia still seems to be open, and no new material is brought out. It may well be that the metabolism of Glucose is such a complicated question that whether there is an excess of sugar in the blood or not is of little importance. Perhaps too much space is allotted to discussion of the time-worn theories of etiology. Treatment is conservative on the basis of our clinical experience of the last thirty years. The book is compact, well done, very readable, and the story well told.

C. A. G.

NOTES ON CHRONIC OTORRHOEA. With Especial Reference to the Use of Zinc Ionization in the Treatment of Selected Cases. By A. R. FRIEL, M.A., M.D. Octavo of 87 pages, illustrated. New York, William Wood & Company, 1929. Cloth, $2.25.

Chronic otorrhea is one subject in otology that is often a puzzle to the otologist. Can a discharge that has been present for years be stopped? In trying to stop it, what treatment is indicated? Is an operation necessary, and if so, will it be a simple or a major one? The author does not attempt to answer all of these questions. He discusses only one method of treatment—ionization.

In the first part of the work he describes the principle of ionization and the instruments necessary for this treatment. The second part is devoted to treatment. Not only is the technic of ionization given, but the selection of suitable cases is discussed. The preparation of a case for ionization by enlargement of a perforation, removal of polyps, a portion of the drum or outer attic wall and proper cleansing of the ear are all carefully considered. At the end of this part are a number of tables showing the result of this treatment from the work of others as well as that of the author.

The ten pages in Part Three are devoted to the organization and conduction of an aural clinic. It must be remembered that the author is working in an English clinic, and some of the methods of organization will not apply to a clinic in an American city, but from this part of the work, any one conducting any clinic can get suggestions that will conserve his time and enable him to render his patients better treatment.

The work is a small one, only eighty-seven pages, is well written and should be read by every otologist.

JOHN W. DURKEE.

RECENT ADVANCES IN NEUROLOGY. By W. RUSSELL BRAIN, M.A., D.M., and E. B. STRAUSS, B.A., B.M., B.Ch. 12mo of 412 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, $3.50. (Recent Advances Series.)

The authors of this book will merit the commendation of all who become acquainted with the contents of its material. The book brings one directly into the forefront of neurologic advancement without having to wade through the thick underbrush of elementals and generalities found in most books on neurology. It is evident at the same time that the authors intended to accentuate and illuminate fundamental principles of neurology and biology by clarifying moot questions and difficult problems in the light of our present knowledge. This book is essentially a treatise on recent advances in clinical understanding and therapeutic measures. It includes also data on neuro-surgery. Each chapter has appended to it a resume of recent references on the subjects dealt with.

The authors seem to be committed to the psychology based upon Pavlov's Conditioned Reflex theories, for Freud and his followers and their prolific contributions to dynamic psychology are nowhere mentioned in the book. However, since this is the only chapter on functional neurology and deals in the main with Pavlov's work, one may look upon this grave deletion as purposive in order to keep strictly within the bounds of what is new in neurologic literature. Otherwise there is little else to wish for in a small book such as this is that could be more stimulating and refreshing in character.

SIMON ROTHENBERG.

HEMORRHOIDS Their Etiology, Prophylaxis and Treatment by Means of Injections. By ARTHUR S. MORLEY, F.R.C.S., Eng. Fourth Impression. Octavo of 122 pages, illustrated. New York, Oxford University Press, 1929. Cloth, $2.00. (Oxford Medical Publications.)

Writing from an experience of more than 3500 cases the author may well be called the father of the present day injection treatment of hemorrhoids.

His book is all that such a monograph should be. It is carefully written, well illustrated and printed and covers every detail of the subject.

It is the "reference book" for the injection of hemorrhoids.

This edition describes in detail a modified treatment now used by the Author.

HENRY F. GRAHAM

A PATIENT'S MANUAL OF DIABETES. By HERBERT W. MOXON, B.A., M.R.C.S. 12mo of 132 pages. New York, William Wood & Company, 1929. Cloth, $2.25.

This is a well-written manual, brief and clear, which does not have much to add to the dozen published books dealing with the same subject. A few illustrations might have made it somewhat more practical for the patient.

WILLIAM S. COLLENS

EDEMA AND ITS TREATMENT By HERMAN ELWYN, M D Octavo of 182 pages New York, The Macmillan Company, 1929 Cloth, $2 50

The problem of edema is one upon which there has been much discussion and there is still much room for discussion The author in this volume has most clearly presented his point of view that we are "dealing with a physiological organism in which there are always adaptive regulatory mechanisms which have been developed phylogenetically"

The author has presented in a scholarly manner the many theories concerning edema and from these, together with his own studies, has given an excellent view of the subject. He explains the edema of cardiac failure, of glomerulo-nephritis, of lipoid nephrosis, of chronic undernutrition, and edema of obscure origin He gives in addition a chapter on the treatment of edema.

This volume is a carefully written book and is most valuable in the studies relating to these conditions leading to edema. It is well worth much study by the physician.

HENRY M MOSES

PROCTOLOGY A Treatise on the Malformations, Injuries and Diseases of the Rectum, Anus and Pelvic Colon By FRANK C YEOMANS, A.B, M D, F A.C S Octavo of 661 pages, illustrated New York and London, D Appleton & Company, 1929 Cloth, $12 00

The author was an associate of Dr James P Tuttle and this volume will assume the place long occupied by the standard Treatise written by Dr Tuttle on Diseases of the Anus, Rectum and Pelvic Colon

The paper, type, illustrations, 417 in number, the 4 colored plates and the general arrangement of the book are excellent. The literary style is marked by simplicity, absence of unnecessary verbiage and freedom from obsolete and useless material

All the latest methods of treatment are discussed such as radium, carbon dioxide snow, diathermy, spinal anesthesia, injection treatment of hemorrhoids and new methods devised by the author for the treatment of pruritus ani and other diseases

A detailed description of the various chapters of this book cannot be given. Suffice it to say that it thoroughly covers the field indicated by its title. The Reviewer has spent many interesting and profitable hours browsing among its pages and can heartily recommend it to others

HENRY F GRAHAM

TWEEDY'S PRACTICAL OBSTETRICS Edited and largely rewritten by BETHEL SOLOMONS, M D Sixth Edition. Octavo of 759 pages, illustrated New York, Oxford University Press 1929 Cloth, $7 50 (Oxford Medical Publications)

The first edition of this work appeared in 1908, and another edition has appeared every few years since. The book embodies the principles and methods of treatment of obstetrics as at present practiced at the Rotunda Hospital.

Part I deals with the reproductive organs Part II considers normal pregnancy, labor and puerperium

The first chapter in Part III is on the subject of toxemia, and the chapters that follow deal with other abnormalities of pregnancy, labor and puerperium. Part VI and VII are devoted to obstetric operations and care of the infant.

So much has been written in this country relative to the management of obstetrics and its complications as practiced in the Rotunda Hospital, that the contents of this book are fairly well known to the American physician. We are fairly in accord with the principles and practice which are set forth, and it is interesting to note the minor differences in obstetrical management which occur in this country

The book is an excellent text book, and very readable. It is well worth a place in the library of every obstetrician

W S S

THE CLIMACTERIC. (The Critical Age.) By GREGORIO MARANON Translated by K S STEVENS Edited by CAREY CULBERTSON, A B, M D Octavo of 425 pages, illustrated St Louis, The C V Mosby Company, 1929 Cloth, $6 50

The present edition is translated from the second Spanish one which appeared in 1925, and for this reason, the author has added some notes and bibliographic data, to bring the material up to date

The author has gathered together a large amount of material bearing upon, what he terms, the "Critical Age," and a large part of the book is devoted to sexual psychology The pluriglandular theory, and the general etiology of the climacteric symptoms are thoroughly discussed, together with the circulatory, psychic, metabolic, endocrine and digestive disturbances

One chapter is devoted to the critical age in the male, and considerable space is devoted to treatment.

The book is conceived from a broad point of view, and the subject is not treated from the narrow perspective, along which many gynecologists have been accustomed to regard the problems of feminine pathology It is written in a most interesting manner, and the text is interspersed with many editorial notes by Dr Culbertson.

There is a wealth of knowledge to be gained by a perusal of these pages, and the book is worthy of a place in the library of every physician.

W S S.

TUBERCULOSIS AND HOW TO COMBAT IT A Book for the Patient. By FRANCIS M. POTTENGER, A.M., M.D Second Edition. 12mo of 275 pages. St. Louis, The C V Mosby Company, 1928 Cloth, $2 00

This book is composed principally of a series of talks given by Dr Pottenger to his sanitarium patients in the hope that they may have a better understanding of the disease affecting them and cooperate more intelligently and effectively in their care. From these talks his patients may receive a clear idea of the nature of the disease, its source and mode of entrance into the body, its manifestations there and the significance of these symptoms especially at the earliest involvement.

In very short chapters are the symptoms and prognosis dealt with in a sufficiently comprehensive way to allay the doubts and fears of those sick.

The influence of the mind too, in intensifying or magnifying symptoms, in increasing the anxieties of absence from home, family or business and so retarding or hastening convalescence is well stressed in special chapters.

Treatment too, is explained and the purposes of and indications for rest, exercise, the sanitarium, the home, climate change and the reasons for the use of tuberculin are sufficiently and satisfactorily given. Throughout the book there is a cheerful, sensibly, optimistic tone. It is a deserved compliment that the hearers of these talks wished them placed in permanent form that they would be available to so many others suffering from this disease.

T A. McG

PRACTICAL CHIROPODY By E. G V RUNTING, F.I.S Ch. Third Edition. 12mo of 200 pages St. Louis, The C V Mosby Company, 1929 Cloth, $3 00

The author of this book, a chiropodist well known on both sides of the Atlantic has succeeded in presenting the essentials of practical chiropody in concise form.

The book is intensely practical, the chapters on corns, instruments and protective padding being particularly worthwhile

No book of comparable size presents a clearer picture of the scientific practice of the profession of chiropody and the author's work fully reflects the results of his forty years of experience.

F W SCHMITT

Sooner or later

That baby must be weaned!

"The fact confronts us that the mother who has enough milk for her baby till the fifth or sixth month is in the great minority"
JOSEPH BRENNEMAN M D *Abt's 'Pediatrics"* Vol. 2

Dryco-fed infants progress from breast to bottle feedings without the digestive and nutritional disturbances often attendant upon weaning. Their characteristically healthy color is maintained and normal gains in weight continue without interruption. These facts, proved by many years of clinical history, recommend Dryco for your consideration - - - -

Upon ingestion, Dryco forms small flocculent particles, presenting a wide area of attack for the gastric juices and assuring maximum results with minimum digestive effort It is well borne in even the most difficult feeding cases Free from pathogenic bacteria, the use of Dryco avoids the danger milk-borne infections This fact, together with its simplicity of preparation, are further contributory reasons why physicians all over the world consider it the ideal milk for infants deprived of breast feeding

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OUR NEIGHBORS

BLUE RIBBON CHILD

The September issue of *Colorado Medicine* has the following editorial on the Blue Ribbon Child

"The Colorado Council of State-Wide Health Agencies, consisting of The Colorado Agricultural College, Extension Division, The Colorado Child Welfare Bureau, University of Colorado School of Medicine Hospital, Colorado Psychopathic Hospital, Colorado State Board of Health, Colorado Tuberculosis Association, Extension Division of Colorado University, Colorado Dental Association are sponsoring as a year-round May Day program a 'Blue Ribbon' Standard for children The adoption of the 'Blue Ribbon' standard is to place before child, parent and teacher the minimum standard of the physical ideal of childhood

"A 'Blue Ribbon' child is one who measures up to the minimum requirement for physical fitness on nine points 1, vision, 2, hearing, 3, teeth, 4, throat, 5, weight, 6, posture, 7, a reasonable degree of cooperation in control of communicable diseases (immunized against smallpox and diphtheria), 8, mental hygiene habits (adjusting at the child's intellectual and emotional level), 9, reasonable cooperation in the practice of personal health habits

"The child who is awarded a 'Blue Ribbon' certificate should be entitled to it because of his actual health knowledge, his use of such knowledge in eating, sleeping and playing, and in the improvement of his bodily condition in general An examination by a physician should determine whether the child is actually in physical health and free from defects as a result of his own and his parents' efforts

"A child who measures up to this standard will be awarded a 'Blue Ribbon' certificate for the year by the council The examination form must be signed by a physician or public health nurse, and the teacher The State Department of Health will award a banner to the county having the greatest number of 'Blue Ribbon' children by Dec 31, 1929, in proportion to population of the county as of the 1926 estimated report of the United States Census Bureau

"The motive of the 'Blue Ribbon' Standard is to encourage a periodic health examination for children

"The American Medical Association through its component state societies has been encouraging every physician to promote to the best of his ability the periodic health examination of each of his clients Pediatrists have found it possible to interest parents in the idea of a periodic check up of infants and young children with the aim of 'Keeping the Well Child Well' Life insurance companies have done much to educate adults to the truth that a periodic, annual check-up leads to health and longevity It is perhaps unfortunate that the reputable physician has had no adequate opportunity of advertising his genuine interest in the promoting of individual and community health The Blue Ribbon Standard offers such an opportunity

"When the physician examines a Blue Ribbon applicant, he has an opportunity to sell positive health to the parents as well as the child, and many of those contacts will become applicants for an annual health examination"

TRAVELING MEDICAL LIBRARY IN IOWA

The *Journal of Iowa State Medical Society*, in its September issue, has the following editorial description of the Medical Library of 10,000 volumes which is at the service of physicians

'As a great and growing institution which was created primarily for the use of Iowa physicians, the State Medical Library merits greater attention and more use on the part of State Society members The library has been fostered and aided by the Iowa State Medical Society from its inception and the existence of an active state society committee on the Medical Library further indicates how truly the library is a complement of organized medicine in this state

"Feeling that few physicians fully realize what the library offers them, the newly appointed librarian, Dr Jeannette Dean-Throckmorton, was asked to list the various services which are available to readers of the *Journal* They are

'1 Traveling Library Any volume in the medical section will be sent upon request, the borrower paying only parcel post charges

"2 Magazine Service Upon request from a physician a list of magazines will be sent from which he may make a selection for temporary use

"3 Bibliographies will be compiled

"4 Translations from foreign language journals will be furnished

(*Continued on page 1228—adv xii*)

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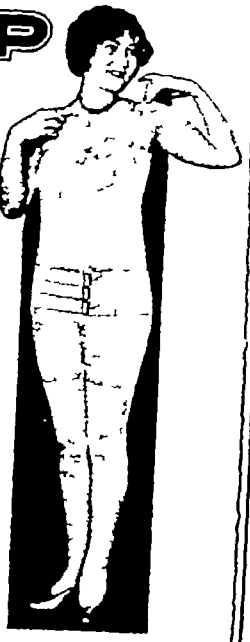
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Information upon Request

(*Continued from page 1226*)

"5 The Surgeon Generals Library and the Crerar Library of Chicago, the two largest in the United States, are made available to members of the Iowa State Medical Society through another service offered by the State Medical Library

"6 Packet Service Topically arranged collections of clippings, reprints and specially collected material, are being developed to fill the demand for information on subjects as may not be available in book or magazine sources

"All this means that any physician in Iowa has at his door the complete resources and the various services of the State Medical Library Mr Brigham, who has made himself widely known and beloved during his thirty-one efficient years as head of all the state libraries, some time ago adapted to the medical section, the traveling library idea Since that time the growth and increased utility have been most marked"

PARTNERSHIPS IN GENERAL PRACTICE

The increasing number of New York physicians forming partnerships is evidence of the value of the plan Medical Partnerships is the title of an editorial in the September issue of the *Nebraska State Medical Journal* which reads

'This article is concerned with a restricted group of two or more physicians serving a community in general practice, and is not to be confounded with the group or clinic as generally understood It must be apparent to all that a partnership of two or more kindred spirits in the practice of medicine, at least in the smaller communities, must be an ideal way to practice medicine and infinitely better for the physicians concerned than to practice as rivals in the community The older practice of medicine has always been looked upon as largely a personal matter in which confidence in the physician was the most important In these days of scientific medicine, this personal equation, while still a matter to be reckoned with, is not any more considered all-important

"Service to the community is the all-important matter This can best be rendered by a system that will produce the best results with the least delay and inconvenience, and with a minimum of effort Let us assume a two-physician community in which the tributary trade territory is a ten-mile radius Practicing separately each physician may have a patient in the same certain neighborhood, ten miles out, requiring daily attention, requiring the efforts and time of both to attend, whereas, if the two physicians are united in their efforts, one can make the several

(*Continued on page 1230—adv xiv*)

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Accepted for N. N R of the A M. A.
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Mild in action, does not disturb digestion, does not "wear out" Professional evidence obtained by questionnaire suggests its use in Gastro Intestinal Hyperacidity, Gastric and Duodenal Ulcer, Intestinal Stasis, Constipation, Autotoxemia, Colitis, Hemorrhoids Also before and after operation, during Pregnancy and Maternity, in infancy, childhood and old age



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Each Tablespoonful Contains
Magma Mag. (U S. P.) 3 III,
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Generous samples and literature to any physician on request

The
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(*Continued from page 1228—adv xii*)

calls with little more time and effort than is required to attend to one patient In the meantime the other partner can minister to patients in another neighborhood or attend to calls in town or office Everybody concerned is benefited, a prompter service results, with less expenditure of effort, and more people can be served

"Daily consultations in the office in the absence of the patients are possible and profitable to physicians and patients alike In emergencies requiring an assistant or an anesthetist, calling the other partner is most convenient and agreeable.

"People knowing that two competent physicians work as a unit will be drawn to them in greater numbers when medical service is sought, thus increasing the income Two men working together can successfully conduct, if they will, an emergency hospital suited to the needs of the community They can the more fully equip themselves with *x*-ray and other laboratory apparatus and become more proficient in using it In such a partnership each one should be able to qualify in some special line of work in addition to the usual routine and in this way they increase their usefulness to the community and incidentally increase the income It is likely that two or more men practicing together have less annoyance from bad accounts than would either practicing singly

"The opportunities for rest, recreation, postgraduate study, attendance on medical society meetings, alternately, if need be, is easy as compared to the man who practices by himself

"The country doctor is not passing, but he must adapt himself to more up-to-date methods of procedure to attain the best results professionally, socially, financially and in the hearts of the community, and the outline above indicated offers a solution of the problem The country doctor must not much longer stand in the light of his own possible progress"

LIBRARY OF THE COLORADO STATE MEDICAL SOCIETY

A library service is conducted by the Colorado State Medical Society and is described in the September issue of *Colorado Medicine* as follows

"The Library of the Colorado State Medical Society, now comprising nearly two thousand volumes, is housed in the Metropolitan Building, in Denver, with the Library of the Medical Society of the City and County of Denver, which contains approximately twenty-three thousand volumes In this combination, the medical profession of the Rocky Mountain region is afforded library facilities superior to anything to be found between Chicago and the Pacific Coast. These two libraries are prepared to render to all mem-

(*Continued on page 1232—adv xvi*)

GETTING FRUITS *and* VEGETABLES INTO *unwilling mouths*

When mothers bring you underweight, undernourished children who should eat plenty of fruits and vegetables but don't "like" them—why not prescribe Knox Gelatine vegetable salads and fruit desserts?

When vegetables or fruits are combined with Knox Sparkling Gelatine they have a new appearance—a different flavor. Children love the gelatine—they enjoy eating the fruits or vegetables. And the gelatine actually *aids* their digestion and increases the food value.

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May we send you recipes for treating not only mal-nutrition, but diabetes, convalescence and other conditions? Our material on gelatine should be helpful to you—please check the booklets you wish and send us the coupon.

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Please send me without obligation or expense the booklets which I have marked Also register my name for future reports on clinical gelatine tests as they are issued

- ☐ Diet in the Treatment of Diabetes
- ☐ Reducing Diet
- ☐ Varying the Monotony of Liquid and Soft Diets
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- ☐ Value of Gelatine in Infant and Child Feeding

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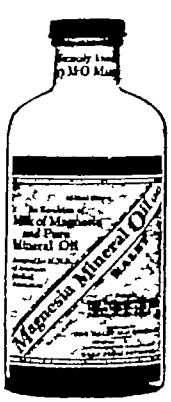
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(*Continued from page* 1228—*adv xii*)

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Made in colors which have been scientifically worked out so as not to show through thin silk hose

Made with no tape on back, but woven together with a practically invisible seam

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(*Continued from page 1230—adv xiv*)

bers of the Colorado State Medical Society, the following important service

"1 Loans by title Upon request any book or journal will be loaned for one week

"2 Reference service·

"(a) Upon request, literature on any stated subject will be found and forwarded

"(b) As received, current journals will be searched for articles on a stated subject and appropriate issues forwarded to those members requesting this service.

"3 Journal service Two hundred and twenty-eight medical journals are received regularly Any member of the State Medical Society may select a journal or a number of journals which he would like to receive regularly and these journals will be loaned for one week.

"All loans of books and journals are subject to the usual library rules, and the sole costs are the transportation charges, both ways

"During the past year, fifty-six calls for service were received from members residing outside of Denver, and one hundred and seventy-five items were shipped In addition, service was rendered at the library to one hundred and five members making personal calls

"Many members of the State Society must know of this invaluable service to be had for the asking, it is apparent that, at this time, comparatively few are availing themselves of it. It is confidently believed that with a little publicity generally appreciation of the library's keen desire to be helpful will be rapidly succeeded by steadily increasing demands for service."

ROUND-UP OF SCHOOL CHILDREN OF IOWA

This *Journal* of March 1, page 302, carried an abstract of an article on the health round-up of school children conducted by the Parent-Teacher Associations in 1928, when 126 committees carried on the work Thus more than 200 communities took up the work which is described as follows on the "State Health Commissioners Page" of the August *Journal of the Iowa State Medical Society*

"The movement known as the Summer Round-up and sponsored by Parent-Teacher Associations throughout the country is being conducted this summer by more than 200 groups in Iowa The object of the movement is to have every child who is to enter school for the first time next fall, examined for physical defects or disease conditions and to have such corrected so far as possible Various methods for conducting preliminary examinations have been employed

"The following letter sent by the secretary (Dr L K. Meredith) to all members of the

(*Continued on page 1234—adv xviii*)

IN CONSTIPATION

Try this Tonic Laxative

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the original mineral oil emulsion with phenolphthalein, not only softens the intestinal contents but *gently stimulates* the peristaltic action and thereby aids in re-establishing normal bowel function



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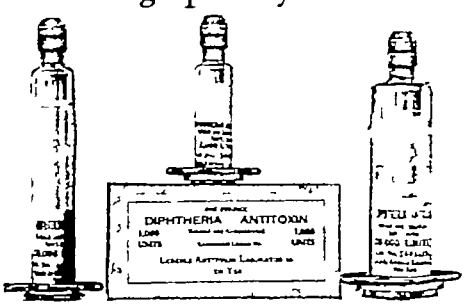
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Supplied in 4 oz , 12 oz, and 3 pt Botles

THE CHAS. H. PHILLIPS CHEMICAL CO.
New York and London

(*Continued from page 1232—adv xvi*)

Polk County Medical Society illustrates one of the methods used

" 'Dear Doctor

" 'At the last regular meeting of the Polk County Medical Society the following report and recommendation were presented by a committee appointed to investigate the 'Summer Round-Up' proposed by the Parent-Teacher Associations This recommendation was accepted and passed by an unanimous vote of the members present

"To the Polk County Medical Society

"Report of Committee which met with Parent-Teacher Association Committee concerning the Summer Round-up

" 'The Parent-Teacher Association is making a canvass of homes in fourteen elementary school districts of Des Moines They are leaving an examination blank for each child that is to enter school in September, 1929 and February, 1930

" 'The Parent-Teacher Association representatives are recommending that the parents take their children to their own family physician and dentist for the examination and the completion of the questionnaire, and that those who are accustomed to go to the Health Center report there to the pediatric or pre-school clinics As we believe this to be an honest effort to promote health examinations and to bring a healthier child into our kindergartens, we wish to recommend that the Society endorse this effort of the Parent-Teacher Association and that the members assist in carrying out the program, by making complete examinations, by mailing these forms to the Parent-Teacher Association chairman, and by making the charges reasonable

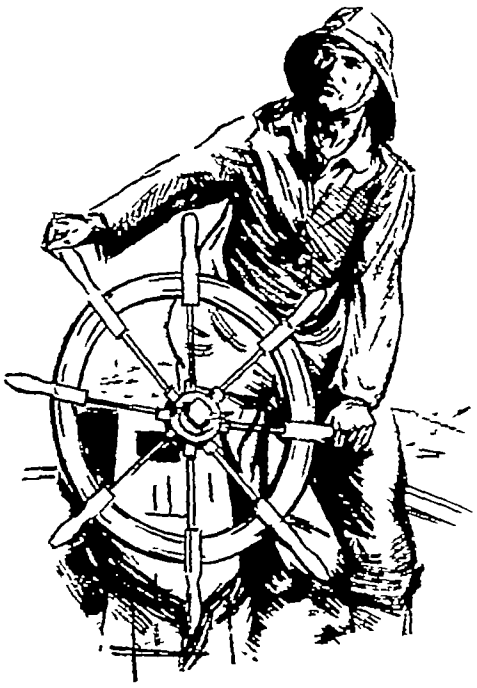
" 'We further recommend that a copy of this report and one of the Summer Round-up examination forms be mailed to each member of the Society We further suggest that a program might be arranged next year in which a demonstration of child health examinations be given' "

POST GRADUATE COURSES IN MISSOURI

The committee on Postgraduate courses made the following report at the annual meeting of the Missouri State Medical Association on May 13, according to the July issue of its *Journal*

"The Committee on Postgraduate Course feels that the offerings of the State Association in this line have been much appreciated by the members throughout the state Several societies have depended largely upon our service to provide them with speakers at a majority of their meetings This is particularly true of Jasper County where the Committee sent 14 speakers to nine meetings

(*Continued on page 1236—adv xx*)



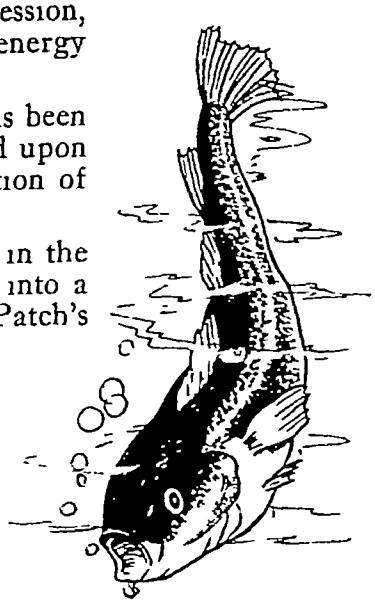
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IN New England the cod is more than a fish It is a tradition And in New England we claim credit for much of the research that resulted in the modern, palatable, vitamin-potent cod liver oil which has been of such value to the medical profession, not only in combating rickets but in building up energy and stepping up resistance to disease

There is no substitute for cod liver oil, and it has been definitely established that its value does not depend upon the presence of one vitamin, but on the combination of Vitamins A and D

Patch workers on the sea-going steam trawlers, in the shore plants, and in the laboratory are combined into a trained, experienced force that produces for you Patch's Flavored Cod Liver Oil, standardized as to Vitamin A and D potency, presenting this vitamin potency in safe and familiar dosage

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Gentlemen Please send me a sample of Patch's Flavored Cod Liver Oil and literature.

Dr

Address

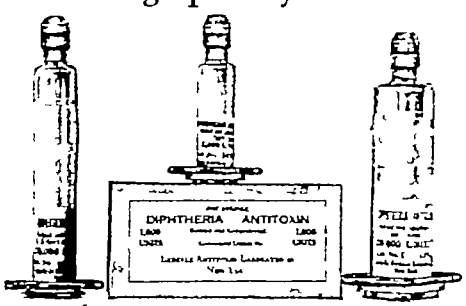
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New York and London

(*Continued from page 1232—adv xvi*)

Polk County Medical Society illustrates one of the methods used

" 'Dear Doctor

" 'At the last regular meeting of the Polk County Medical Society the following report and recommendation were presented by a committee appointed to investigate the 'Summer Round-Up' proposed by the Parent-Teacher Associations This recommendation was accepted and passed by an unanimous vote of the members present.

"To the Polk County Medical Society

"Report of Committee which met with Parent-Teacher Association Committee concerning the Summer Round-up

" 'The Parent-Teacher Association is making a canvass of homes in fourteen elementary school districts of Des Moines They are leaving an examination blank for each child that is to enter school in September, 1929 and February, 1930

" 'The Parent-Teacher Association representatives are recommending that the parents take their children to their own family physician and dentist for the examination and the completion of the questionnaire, and that those who are accustomed to go to the Health Center report there to the pediatric or pre-school clinics As we believe this to be an honest effort to promote health examinations and to bring a healthier child into our kindergartens, we wish to recommend that the Society endorse this effort of the Parent-Teacher Association and that the members assist in carrying out the program, by making complete examinations, by mailing these forms to the Parent-Teacher Association chairman, and by making the charges reasonable

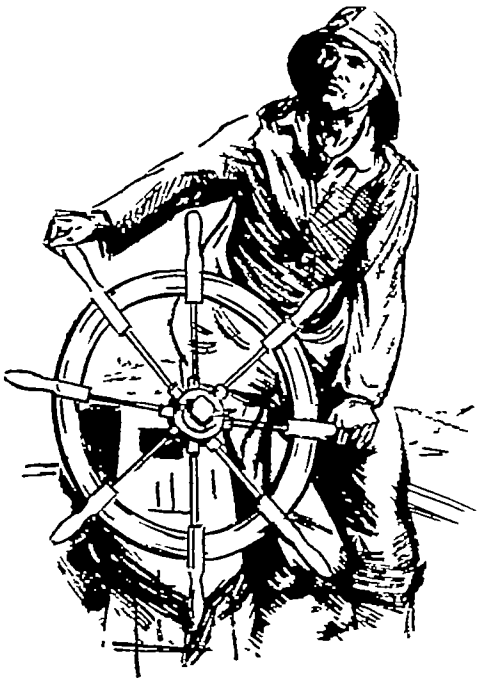
" 'We further recommend that a copy of this report and one of the Summer Round-up examination forms be mailed to each member of the Society We further suggest that a program might be arranged next year in which a demonstration of child health examinations be given' "

POST GRADUATE COURSES IN MISSOURI

The committee on Postgraduate courses made the following report at the annual meeting of the Missouri State Medical Association on May 13, according to the July issue of its *Journal*

"The Committee on Postgraduate Course feels that the offerings of the State Association in this line have been much appreciated by the members throughout the state Several societies have depended largely upon our service to provide them with speakers at a majority of their meetings This is particularly true of Jasper County where the Committee sent 14 speakers to nine meetings

(*Continued on page 1236—adv xx*)



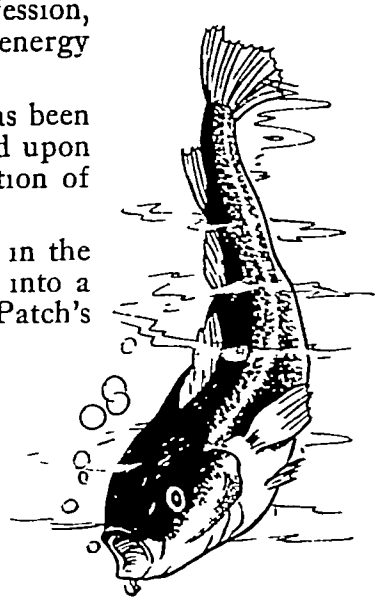
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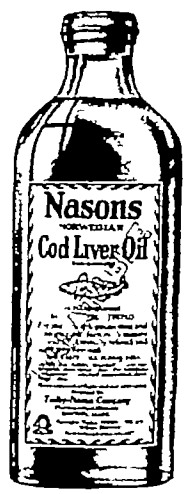
Dr

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My Druggist's Name _____ (N Y J 10 29)

(*Continued from page 1234—adv xviii*)

Marion County, six speakers to six meetings, St Francois County, ten speakers to four meetings, and scattered throughout the state are special requests coming from societies for one or two speakers during the year The Committee feels that the best influence from the Postgraduate Course can be obtained by providing two or more speakers for counties where an audience of from 25 to 50 people will be assured For the smaller counties a speaker could be provided at least four times a year Many of these smaller counties meet only quarterly, so the Committee is ready to aid them at every meeting

"Forty speakers have responded to calls this year for 59 meetings We find the members of the Association respond to our request for their time and energy to carry out the purposes of the Postgraduate Committee with great willingness and at the sacrifice of personal convenience Societies usually ask for the particular men they want and the particular subject they want so that your Committee cannot be accused of favoritism or praised for the well rounded out selection of subjects that have been presented

"The expenses of the Committee were $942 82"

MEDICAL DEFENSE IN MISSOURI

The report of the Committee on Defense of the Missouri Medical Association printed in the July issue of its *Journal* says

Cases pending May 1, 1928	17
Threats pending May 1, 1928	5
New cases during the year	8
New threats during the year	5
Cases settled during the year	12
Threats which did not develop into suits	7
Threats pending May 1, 1929	3
Cases pending May 1, 1929	13
Financial assistance rendered during 1927-1928	$300 00

"We feel that this is a rather favorable report and that conditions are somewhat better than last year We have only thirteen cases and three threats pending, as against seventeen cases and five threats of last year

"Out of the ten threats recorded, seven have been disposed of in one way or another Of the twelve cases settled during the year, seven were dropped or withdrawn, three resulted in verdicts against the physician, one verdict in favor of the defendant and one was a hung jury

"We feel that what improvement has been made is due largely to the unselfish cooperation of the physicans throughout the state. Your committee feels that this growing cooperation will do much to discourage the filing of unwarranted malpractice suits, which most of them are"

PUBLICITY BY IOWA MEDICAL SOCIETY

The report of the Secretary of the Iowa State Medical Society published in the July issue of the Journal, touches upon publicity work, especially that of its Journal, and the Speakers' Bureau It says

"We have tried definitely to make the Journal a source of reference and news, as well as of scientific information Since your Journal accepts only council approved products, its advertising pages should serve as a continuous scientific exhibit For your easier reference the advertisements have been classified by products and are monthly indexed.

"Every county society news item that comes to our attention is printed We have a newspaper clipping service, but it is far from getting all the news. Several of the secretaries send well written, interesting reports of their meetings and we hope that more will do so in the future. We are endeavoring to make the Journal a clearing house of county society activities so that progress which some counties are making in public health relations and in various phases of medical economics may be passed on to the sister societies

"Of a personal nature are the news notes that appear monthly and the want ad column which is growing and continually producing more replies so that it is on the way to become a professional placing bureau.

"The larger aspects of the new policy, the book reviews, the editorials and scientific papers are best left to description by the editor, since it is for the dissemination of scientific information that the Journal primarily exists

"Evidence is accumulating to show that the Journal is being more and more read That the Journal may become a vital thing in the life of every member of this Society is the hope of your editor and his assistant My specific duties are manager of advertising, preparation of society, personal, and miscellaneous news items, proof reading, and make-up

"Important as the scientific pages of the Journal and the scientific meetings of the state session are, it still remains that the vast majority of all scientific matters and discussions are represented by the county society programs A few societies meet but one or twice a year, but the bulk of them in Iowa convene between four and ten times, yearly, and I would estimate that there are nearly five hundred county and district society meetings held annually in the state If the average attendance is between fifteen and twenty, we would have a total aggregation of eight or ten thousand auditors, beside which this state session is a very small affair Consequently the supplying of county society programs is an undertaking of first importance, and the council is promoting a speakers

(*Continued on page* 1238— *adv xxii*)

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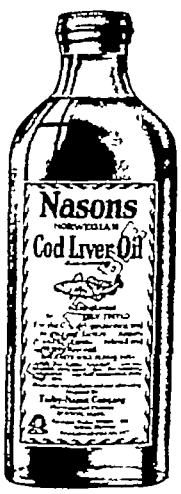
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COUNTY GROUPS IN THE STATE MEETING

An editorial in the August issue of the *Pennsylvania Medical Journal* suggests that each county medical society organize a group to attend the State meeting. The editorial is as follows

'The suggestion has been made that each county medical society organize a group to attend the Erie Session (September 30 to October 3, 1929) in a body If this is to be done, now is the time to start the plans There are still a few vacant rooms at the Hotel Lawrence, and if reservations are to be secured there, prompt action must be taken.

'It is natural for those who have not been to State conventions to feel a certain hesitancy about going alone It is so much more pleasant to have company, and still more delightful to have the support of a group of home folk. This provides a background for the enjoyment of contacts with physicians from all over the State, and is insurance against the homesick feeling that may afflict the lone visitor when he first arrives This feeling soon disappears, however, after he gets into the spirit of the occasion, for there are so many delightful contacts to be made, so many social events to fill the time to overflowing that there is little time left to feel homesick. These State Society conventions are just about the friendliest places imaginable, and our aim is to make them still more friendly To this end group attendance is suggested as a means of breaking the ice and starting the habit of going to the State Society meeting every year Then you look forward to seeing the old friends and making new ones, and each year it becomes more of a pleasure to pack the grip and away for a week of combined education and social intercourse with your own kind

"Several years ago, one of the county societies chartered a bus for a day and went in a body to a State Society convention in a near-by city It was voted a great success, and more county societies are urged to try it '

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CALCO CHEMICAL

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(*Continued from page 1237—adv xxi*)

bureau which will supply scientific papers or programs for the component societies Forty-one such programs were furnished on the subject of cancer, principally during the month of February, and about twenty-five other programs have been contributed to, generally in the field of medical economics A list of qualified speakers is being prepared and in the future this development should be of great value

"This same speakers bureau is preparing to supply qualified physician speakers for lay gatherings In this day when quackery is being spread through women's clubs and public gatherings by clever orators, such a lay speakers bureau is a vital necessity Certainly no greater service could be rendered to the individual physician of this state than to educate his public as to the true merits and possibilities of scientific medicine Calls are already coming in and the public health relations committee of the council has established contact with a number of state organizations and clubs interested in public health through which the speakers bureau can arrange for talks on health and hygiene, and merits of scientific medicine to be made before lay audiences, women's clubs, P-T A , etc Your managing director made an announcement of this sort at the last annual meeting of the Iowa Tuberculosis Association and is to make a similar statement at the Iowa district meeting of the Lions Club next week It is hoped that before the end of this year a large number of health educational addresses will have been made by members of this Society

ADVERTISING IN THE TEXAS STATE JOURNAL

The July issue of the *Texas State Journal of Medicine* makes the following appeal to the Woman's Auxiliary to support the advertisers

"Now that we are publishing our own, and are conducting a department in the *Journal* for the Auxiliary, it would seem quite appropriate to call attention to the fact that our advertisers would like to talk to them, also It would seem that this is one line along which the Auxiliary could go a great distance in helping us There are numerous messages of interest to the women in each issue, and we believe our advertisers will be more than glad to hear from any of them, at any time

"As a matter of fact, the women are interested in many of the advertisements that their husbands are interested in, and for the same reason, but there are ads of special appeal to them, such as the Gale Abdominal Belt, to mention them as we come across them in the previous number, Knox Gelatine, the Sugar Institute, counter offensive to the 'Reach for a Lucky Instead of a Sweet' attack, Nonspi, Camp Corsets and Supporters, Bolen Supporters and Binders"

NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 29, No 20 | NEW YORK, N Y | October 15, 1929

THE HEART EXHIBIT AT THE 1928 ANNUAL MEETING

FOREWORD

The annual meeting of the Medical Society of the State of New York, held in the State Armory at Albany, May 21-24, 1928, was notable for its heart exhibit, which was arranged and conducted by a special committee consisting of Dr Robert H Halsey, chairman, and Drs Joseph H Bainton, Louis F Bishop, Hermon C Gordinier, William H Lohman, Bernard S Oppenheimer, Harold E B Pardee, Edward C Reifenstein, and Nelson G Russell

The exhibit was conducted in three parts

1 An exhibition of charts, statistical tables and pathological specimens, which was open to inspection during the entire time of the annual meeting

2 Lantern slide demostrations, principally of microphotographic studies

3 An open meeting and addresses on May 24

The charts and other wall exhibits are described in the paper by Dr La Chapelle A large number of them have been published in the volume which constitutes the report of the Special Committee on Heart Diseases, of which Dr Robert H Halsey was Chairman

The Pathological exhibits are described in a paper by Dr Bainton

The addresses have been collected and edited, and are now assembled and published in a group, together with the discussions

THE CARDIAC EXHIBIT AT THE STATE MEETING*

By J H. BAINTON, M.D, NEW YORK, N Y

THE Cardiac Exhibit at the annual meeting of the State Medical Society was planned at the request of the Committee on Scientific Work

It was particularly appropriate that this demonstration was presented at a meeting in which the subject of heart disease played such a prominent part At the business meeting of the House of Delegates the comprehensive report of the "Committee to Make a Study of Heart Disease in the State" was unanimously accepted, and a special combined meeting of the sections on Public Health and Medicine was devoted exclusively to Heart Disease.

This cardiac demonstration was the most pretentious both in size and scope ever presented and would have been impossible without the generous assistance given by many individuals and organizations The demonstration was divided into three parts 1—A pathological exhibit, 2—A wall display, 3—Short lectures illustrated by lantern slides and motion pictures

The pathological exhibit is described in a separate article by Dr C E de La Chapelle who prepared and arranged this part of the demonstration

The wall display covering a distance of 110 feet was planned with the idea of presenting not only statistical data but also many outstanding factors of clinical significance The titles of the subjects were as follows—Mortality, morbidity, etiology, diagnosis, organized care, therapy, the effect of disease on the contour and structure of the heart, pathological physiology

Mortality—10 charts presenting statistical data of deaths from heart disease throughout the United States Registration Area These charts, the work of Miss Jessamine S Whitney, were loaned by the American Heart Association

Two charts on death rates in New York State and a chart on death rates in 16 large American cities, prepared by Mr G J Drolet were loaned by the Heart Committee of the New York Tuberculosis and Health Association One chart which was especially prepared for the exhibit brought out the fact that there are no statistical data on the Mortality

*State of New York at Albany N Y, May 22 23 24 1928
State of New York, at Albany N Y May 22 23 24 1928.

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where it was impossible to show all of them in one setting of a specimen, for example, where three valves were involved

Following the general trend of the cardiac program, particular reference was made to etiology The specimens were therefore classified on an etiological basis rather than on an anatomical or morphological basis as usually employed

The etiological classification used was the one approved by the Committee on Research of the American Heart Association (1) Although there are ten groups in the official listing, only seven of these were used in the exhibit, the "Unknown," "Toxic," and "Neurosis" groups being excluded, there having been no specimens to exemplify these groups An additional group, i e "Tumors of the Heart," was exhibited, making a total of eight groups presented for demonstration

The groups demonstrated were as follows —

1 Rheumatic Heart Disease
2 Syphilitic Heart Disease
3 Bacterial Infection of the Heart
4 Thyroid Heart Disease
5 General Systemic Disease
6 Traumatic Heart Lesions
7 Tumors of the Heart
8 Congenital Developmental Defects

Group 1 *Rheumatic Heart Disease*—Included in this group were those specimens of rheumatic infection of the heart illustrating the various lesions of activity or inactivity, or both, as commonly met with in this type of heart disease

The first specimen demonstrated was the heart of an individual who died during her first attack of rheumatic fever There was no pericardial involvement but the valvular lesions were very prominent. These consisted of minute, cauliflower vegetations distributed along the line of closure of œdematous mitral and aortic valves Microphotographs showed the true valvulitis beneath the endocardial lesions and also the myocardial reaction which could not be seen grossly, namely, the numerous Aschoff bodies scattered throughout the myocardium

Another specimen presented the typical acute pericardial lesion of acute rheumatic fever This same specimen demonstrated active infection (valvulitis) implanted on an inactive lesion of the mitral valve

Mural involvement in rheumatic heart disease was demonstrated by a specimen with involvement of several centimeters of the wall of the left auricle by minute, warty excrescences raised above the surface of the mural endocardium Involvement by an active process of the mitral, aortic and tricuspid valves was also exhibited in this specimen

A heart with far advanced inactive valvular disease but with an active infection (endocarditis) implanted on three valves was presented to show the association of an active with an inactive rheumatic process in a heart which had had many attacks of rheumatic infection, and to show that tricuspid involvement is not rare

A few specimens of inactive rheumatic valvular disease, exhibiting the various types of valvular deformity, e g, mitral stenosis, aortic stenosis, aortic insufficiency, tricuspid stenosis, and the various combinations of these lesions, were demonstrated

Microphotographs in this group included views of acute rheumatic valvulitis during the first attack, another of activity on an inactive sclerotic valve, a third with the typical Aschoff bodies in the myocardium, and another showing the acute pericardial reaction

Group 2 *Syphilitic Heart Disease*—This group included mainly specimens of syphilis of the aorta and its sequelae, e g, dilatation, aneurysms, aortic valve and coronary artery involvement Two specimens presenting myocardial involvement were also exhibited

The first specimen of syphilitic myocardial disease presented a very rare lesion, namely a ruptured gumma of the ventricle The second exhibited irregular gummatous nodules in the left ventricle with infiltration of the myocardium Microphotographs taken of sections from both specimens were also shown

The first specimen of syphilis of the aorta merely showed a simple aortitis without dilatation The second presented involvement of the aortic arch with almost total occlusions The third specimen showed dilatation of the ascending aorta without valve involvement, another with the same condition but with a dilatation of the aortic ring producing an insufficiency without the cusps themselves being involved This last type of specimen is not a frequent finding at autopsy

Aneurysms of the aorta varying in size, type, and location were demonstrated Specimens exhibiting different points of rupture were also shown, e g, rupture into a bronchus, a lung, the esophagus, and pericardial cavity Erosion of vertebrae by an aneurysm was also demonstrated

Coronary artery involvement was demonstrated by a specimen presenting syphilis of the aortic arch with almost total occlusions of the mouths of both coronary vessels, and subsequent myocardial changes, e g, fibrous tissue replacement, due to a disturbance in nutrition of the muscle fibers There were no syphilitic changes in the vessels themselves in this specimen Syphilitic involvement of the coronary arteries was demonstrated by a

of heart disease from the standpoint of etiology

Morbidity — Comparatively little work has been done on this subject and statistical data are very meagre Two tables on Chronic Valvular Disease from A E Cohn's work were reproduced in enlarged form

Etiology—Five charts were employed to present this subject, Incidence of Organic Heart Disease arranged by age groups and etiological types, by Wyckoff & Lingg, Syphilis Age, Incidence, and Duration of Syphilis before onset of symptoms by Stokes, three tables from Homer F Swift, one on rheumatism, one rheumatic heart disease and one on the number of hospital days required in individual cases of rheumatic fever

Diagnosis—That the diagnosis of heart disease is complete only when four points have been determined, etiology, anatomical lesion, physiological disturbance and functional capacity, was the subject of one chart. A second chart explained the criteria for classification according to functional capacity of the heart.

Organized Care — That this question has not received widespread consideration is quite evident from the fact that only two chartss were available for exhibit purposes, one on the Organization of a Heart Clinic, the other on the Organization of Vocational Guidance Service

Therapy — A graphic representation of the effect of therapeutic measures is necessarily limited in scope Charts were prepared for this exhibit from observations made on Dr Wyckoff's Service in the Third Medical Division of Bellevue Hospital These charts illustrated the effects of digitalis and oubain on patients with auricular fibrillation and auricular flutter

Structural Lesions of Heart Disease

Teleoroentgenograms — Twenty - four teleoroentgenograms loaned by Dr I A Landsman, director of the *x*-ray laboratories of Bellevue Hospital, showed the changes in size and contour resulting from the common valvular lesions Aneurisms at different sites of the aorta were also shown

Smithsonian Charts — Copies of the charts from the cardiac exhibit of the Smithsonian Institution demonstrated a comparison of the interior and exterior of normal and diseased hearts.

Pastels — Four original drawings in colors by Dr C E de La Chapelle depicted the natural appearance, postmortem, of various cardiac lesions (1) Acute rheumatic carditis showing pericarditis and endocarditis, (2) Streptococcus viridans endocarditis, (3) Streptococcus zymogenes endocarditis, (4) Coronary thrombosis

Pathological Physiology

Electrocardiograms — A comprehensive set of electrocardiograms was arranged and mounted especially for this exhibit by Dr Alfred E Cohn They demonstrated nearly every known form of irregularity and conduction defect In some tracings the three leads were produced synchronously by three galvanometers

A Study of Heart Disease in the State of New York

Twenty-one charts from the Committee's Report were selected for presentation in the exhibit They were especially eloquent because they applied to problems within the State Members who were unable to attend the meeting still have an opportunity of studying these charts within the pages of the Report

The third part of program reserved for the final day was devoted to illustrated lectures on heart disease

In the morning there were 4 talks Dr Emanuel Libman exhibited a film showing various lesions of sub acute bacterial endocarditis There were three groups of microphotographic studies, Dr William C von Glahn presenting "The cardiovascular lesions in rheumatism," Dr Louis Gross "The blood vessels in the heart valves and their relation to endocarditis," Dr Joseph T Wearn "The relation of coronary circulation to heart disease."

The program was concluded with cinematographic studies of "heart block" by Dr Samuel W Lambert, of "heart valves in action" by Dr Robert H Halsey, and of "cells cultivated in vitro" by Drs Albert H Ebeling and Alexis Carrel

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THE PATHOLOGICAL SECTION OF THE CARDIAC EXHIBIT*

By CLARENCE E DE LA CHAPELLE, M D, NEW YORK, N Y

THIS section of the Cardiac Exhibit included a demonstration of 120 gross specimens of the various types of disease of the heart and aorta Accompanying most of the specimens was an abstract of the clinical data of the case and a description of the postmortem findings Microphotographs of the main lesions represented were on view with the respective groups Photographs of gross lesions were employed in those instances

* Exhibited at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 22, 23 24, 1928

men of Monckeberg's sclerosis also was demonstrated

Among the aortic lesions were demonstrated specimens with sclerotic and calcific changes in the aortic valve A specimen of sclerosis of the mitral valve with stenosis from an individual 80 years old was exhibited No evidence of rheumatic infection was found in this specimen Another specimen of calcification of the annular ring of the mitral valve, producing an insufficiency of the valve, was presented

In the coronary artery section were demonstrated the different lesions of these vessels, such as simple sclerosis, sclerosis with occlusion by a plaque, occlusion by a recent thrombus, and occlusion by an old calcified thrombus This same group of cases showed the various sequelae to coronary artery disturbances A specimen of a recent infarction of the ventricle, showing involvement of the endocardium (thrombusformation) and the pericardium (fibrinous pericarditis), was exhibited The occluded coronary vessel (ramus descendens of the left coronary) was readily seen Another specimen showed the end result of healing of an infarct, namely sclerosis and fibrosis of the endocardium and myocardium with a localized area of adherent pericardium over the original insult. In this specimen the thrombosed vessel had become hyalinized at the point of occlusion In contrast to this latter specimen there was exhibited a heart, from a man 70 years old, with a calcified plaque totally occluding a main coronary vessel yet the myocardium being absolutely intact This type of case, though rare, nevertheless is very important since it emphasizes the fact that in the later decades the vascular supply of the heart is prepared to compensate for an occlusion of even a main coronary vessel by means of its abundant anastomoses

A calcified left ventricle, an aneurysm of the left ventricle, and a ruptured heart, all three the result of coronary occlusion, were a few of the specimens exhibited in this same group An x-ray photograph of the calcified heart accompanied the specimen

A specimen from an individual dying of uraemia at 33 years with a history of scarlet fever in youth, with marked hypertrophy of only the left ventricle was exhibited together with a pair of markedly contracted kidneys, as an example of the type of heart found in chronic nephritis

A "hypertensive" heart was demonstrated by a specimen with hypertrophy and dilation of the left ventricle, left auricle and right ventricle, coronary sclerosis associated with marked arteriosclerotic changes in the kidneys

A heart from an individual who had died of pernicious anemia was exhibited as a specimen of fatty degeneration The myocardium was pale yellow in color A microphotograph accompanied the gross specimen.

To illustrate gross fatty infiltration, a heart from an obese individual dying of alcoholic poisoning, showing a thick layer of fat covering the epicardial surface and infiltrating the muscular wall of the auricles and ventricles which in turn were very thin, was displayed A microphotograph of a section from this specimen showing fat droplets between the muscle fibers adjacent to the epicardium was on view

A small heart with tortuous coronary arteries, a markedly wrinkled pericardium, and whose myocardium was dark brown in color, was presented to typify brown atrophy This specimen was taken from a man who had diabetes mellitus

A specimen with a markedly hypoplastic aorta and with a ruptured aneurysm of a coronary artery was presented to show the changes in the vascular system in status lymphaticus

Group 6 *Traumatic Heart Lesions*—This group included a few specimens of trauma to the heart and aorta The first specimen presented a large, irregular tear in the left ventricle, not associated with any abnormal myocardial or endocardial changes This heart, an example of traumatic rupture, was from an individual whose chest wall had been crushed Another specimen presented a ruptured aneurysm of the descending aorta without evidence of disease of the vessel either grossly or microscopically A history of trauma to the chest six months before death had been elicited Although the rupture was spontaneous, the cause of the aneurysm was undoubtedly trauma The third specimen in this group was one presenting a bullet wound perforating, in the line of involvement, the right ventricle, mitral valve, left auricle, and the left ventricle

Group 7 *Tumors of the Heart*—This was the additional group spoken of previously, and included new growths, both primary and secondary, and cysts A few of the specimens presented were as follows, primary sarcoma, metastatic sarcoma, melanoma, hypernephroma, and adamantinoma of the heart An echinococcus cyst of the left ventricle was also presented Micro-photographs of sections taken from all of these tumors were on view

Group 8 *Congenital Developmental Defects*—This group included about 25 specimens of anomalies of the heart, divided and classified according to the classification of Maude Abbott. (2)

These were listed as follows —

1 Displacements
  Ectopia cordis
  Dextrocardia

specimen of aneurysm of a coronary artery associated with syphilitic aortitis

Group 3 *Bacterial Infection of the Heart*—In this group were collected those specimens with disease of the structures of the heart resulting from infection by the pneumococcus, streptococcus (both the hemolytic and the viridans types) the staphylococcus, gonococcus, and the tubercle bacillus

The specimens of streptococcus endocarditis were separated into an individual subdivision and exhibited as such, together with a specimen of micrococcus zymogenes and one of Brucella melitensis endocarditis Both of these latter specimens were from cases who were typical examples clinically of subacute bacterial endocarditis and hence were included in the streptococcus group

A The pneumococcus specimens showed the various lesions found in this type of bacterial infection of the heart The first presented an early lesion on an aortic valve from a case of lobar pneumonia The second showed the same picture except that the aortic valve was congenitally bicuspid The third was a specimen with an ulcerative lesion of the aortic valve with the direct involvement of the myocardium and with perforation of an aortic leaflet Another specimen presented vegetative lesions on all the valves but the aortic, which is the valve generally involved

The pericardial reaction in pneumococcus infection was demonstrated by a specimen of a dilated pericardial sac filled with a large amount of pus but with no involvement of the valves of the heart

B One specimen of gonococcus infection of the heart was presented This exhibited a large friable thrombotic vegetation on the aortic valve with ulceration of one cusp and with involvement of the intima of the aorta

C In the staphylococcus group were demonstrated several specimens of staphylococcus aureus infection of the heart One showed only a serofibrinous pericarditis (taken from a case of osteomyelitis in a child of ten) The others presented various lesions of the valves, with and without destruction of the valves and the myocardium Two presented prominent embolic features, namely, infarcts of the spleen and kidneys, together with multiple abscess formation of the kidneys in one of the specimens

D In the streptococcus division only one case of hemolytic streptococcus infection was exhibited showing small vegetations on the mitral and aortic valves simulating rheumatic endocarditis

Several streptococcus viridans specimens were displayed to present the various lesions of the heart and associated organs, i e, spleen and kidneys, found in this type of infection The first specimen was one of primary tricuspid endocarditis without previous valve involvement Another presented a typical lesion of viridans endocarditis implanted on an old rheumatic mitral valve, showing the frequently found mural lesion of the auricle and ventricle, and involvement of the chordae tendineae, there was also an embolus in one of the coronary arteries A third specimen presented a typical lesion on an inactive rheumatic aortic valve associated with a cerebral hemorrhage, infarcts of the spleen and a typical "flea-bitten" kidney The brain, spleen and kidneys were demonstrated in this instance, as were also microphotographs of the kidney lesions

Two congenital hearts with viridans infection were exhibited with this group to emphasize the tendency of streptococcus viridans to attack this type of heart The one was an example of coarctation of the aorta with a viridans lesion of the mitral and tricuspid valves The other was a case of patent interventricular septum with the viridans lesion implanted directly on the congenital defect.

The specimen of micrococcus zymogenes presented a lesion on the aortic valve similar to that found in the viridans specimens

The specimens of tuberculosis of the heart included one with myocardial involvement, and several with the various pericardial reactions, i e, adherent pericardium with caseous necrosis between the layers, adherent pericardium without a gross tuberculous lesion, and another with a markedly dilated pericardial sac filled with serous fluid from an individual dying of advanced pulmonary pthisis Microphotographs accompanied these specimens

Group 4 *Thyroid Heart Disease*—Two specimens of marked enlargement of the heart associated with changes in the thyroid were demonstrated in this group of heart disease. Microphotographs of sections taken from the thyroids were also exhibited.

Group 5 *General Systemic Diseases*—In this group were exhibited the specimens of arteriosclerosis of the aorta, coronary arteries, and the hearts with lesions which were the sequelae of coronary artery occlusion, e g, infarction, fibrosis, calcification, aneurysmal dilatation, and rupture Here also were found the hearts associated with chronic nephritis, hypertension, pernicious anemia, and diabetes mellitus

Arteriosclerotis lesions of the various portions of the aorta, i e, ascending, arch, thoracic, and abdominal, were exhibited Different degrees of sclerosis were shown in these specimens, from simple sclerosis to calcification with ulceration and thrombosis A speci-

what may be called a technical language, or a real vernacular In view of this requirement a preliminary criterion of nomenclature must be formulated and this has been done

To describe similar conditions of patient and heart, the same terms and expressions must be exactly used Therefore criteria of clinical and pathologic diagnostic application, based upon the nomenclature must be available for all physicians to use when confronted with the elements Such criteria must state the distinctive factors when known and the most common distinguishing features are the etiologic. To devise appropriate measures of relief or to correct defects it is essential to recall the evidence by which damage to the heart may be recognized This depends upon changes in the anatomic structure or in the physiologic action and these changes depend upon some etiologic factor A complete description of the condition of the heart, therefore, requires a statement of the structural condition, the physiological performance and the etiologic factors responsible for the production of the condition of each.

But the individual with a damaged heart is to some degree incapacitated for carrying on his physical activity or work. To properly supervise those with a cardiac impairment or intelligently advise them concerning the character and amount of actual work or play to be permitted it is essential to know something of their work or exercise tolerance. The worker seeking employment must be informed as to the amount and kind of work he may do without risks of further injury to himself

The employer of labor from tradition, and, perhaps too, from unhappy experience, dreads to employ a handicapped heart The fear, due to ignorance of the condition, is not altogether justified and knowledge obtained from an examination may properly classify the applicant or employee and permit the candidate to fill satisfactorily the properly selected job As yet industry has not recorded its experience of this kind in such a manner as to make it available to all or demonstrate what may be done to safely employ cardiac cripples

The legislatures have, in many states, passed liability laws which unjustly penalize both the employer and the employed

The intelligent supervision of a person with a damaged heart requires, therefore, that the physician be informed of the etiology, anatomic and physiologic defect and the functional capacity of the individual to carry-on The four elements are necessary for a complete understanding of the cardiac problem.

The hospitals of the state are havens of hope and expectation for those with disease The hospitals and medical schools must ever be examples of the most exact diagnosis and tender care of patients At the same time they must observe new facts and tabulate the same in such a way as to continually stimulate emulation The best equipped minds of the profession must prescribe for relief and cure and, as in laboratories, investigate and teach the newer facts of disease by observation on the living From the dead at the necropsy must be gleaned each single fact which elucidates the individual problem and requires the expert skill in the gathering to become increments in the advance of knowledge Yet it is only now the systematic tabulation of observations is making possible the answers to questions bearing upon etiology and natural history There is now available a complete practical system of describing cardiac conditions in terms etiologic, anatomic and physiologic and a systematic method of filing them

The outline followed in the past has taken as a guide the International List of Causes of Death but this method is in some respects antiquated and inadequate because of the vague terms, the group headings are not mutually exclusive and etiology is not required Suggestions for revision have been made which overcome in part this omission and are more in keeping with our present knowledge

To plan an effective attack upon the broad problem of heart disease, as a social and public health problem, all of the knowledge bearing upon individual cases must be known and considered to guide the evolution of the project

The plan suggested, of placing the etiology upon the office and hospital records, will make it possible to place the same on the death certificate In this way it will be brought to the statistical bureau of the Departments of Health where it can be tabulated and help to make the problem of heart disease more accurately and easily comprehended As yet these statistics are non-existent but, for a true conception of the problem, they are required

A society composed of medically trained minds connotes not only special training but special interest and equipment for special service to the individual and to the community

Special knowledge means leadership with live leaders, leaders who are not monumental mortuaries, leaders eager to publish and diffuse the facts they have and quick to observe and apply new facts Mind may not have been always the directing force in evolution, yet much may be accomplished by formulating a method of approximating our ideas and ideals This means creating those conditions in our profession which the consensus of the well trained physician demand and practice

This State Society has stepped into a leading position in undertaking to learn about heart disease as it affects the people of this State. It is, therefore, right, proper and opportune that it

2 Anomalies of the heart as a whole
Rhabdomyoma of mitral valve
3 Anomalous septa
Of the left auricle
Of the right auricle
4 Defects of interauricular septum
Patent foramen ovale
Deficient auricular septum
5 Defects of the interventricular septum
Defects at the base, single and multiple
Aneurysm of undefended space with bacterial lesion
6 Pulmonary stenosis
Stenosis alone
Stenosis with associated lesions
7 Dilatation of the pulmonary artery
Dilatation of the conus
8 Congenital aortic stenosis or atresia
Stenosis with atresia of left ventricle
Subaortic stenosis
9 Anomalies of the semilunar cusps
Bicuspid aortic
With and without bacterial lesions
Bicuspid pulmonary
Supernumerary pulmonary
10 Anomalies of the ductus arteriosus
Persistent
Partially patent with closure of aorta
11 Coarctation of the aorta
Infantile type
Adult type with associated anomalies
Adult type with associated anomalies and extensive collateral circulation

Included in the Pathological Section of the Cardiac Exhibit was an exhibit of injected human hearts showing the blood supply to heart muscle and valves These were on display through the courtesy of Doctor Louis Gross, Director of the Laboratories of the Mount Sinai Hospital, New York City, and served as an adjunct to Dr Gross's illustrated lecture on "Blood Vessels in the Heart Valves and Their Relation to Endocarditis," given before the Society on May 24th

The main purpose of the Pathological Section of the Cardiac Exhibit was to demonstrate the various diseases of the heart and aorta by means of gross specimens Secondly, to show the possibility of classifying and exhibiting pathological heart specimens on an etiological basis, since, as mentioned previously, the general trend of the Exhibit was to put particular stress on the etiology of heart disease

The Pathological Section also emphasized the importance of hospital necropsy reports, offering as they undoubtedly do, a source of information not alone as to pathology but also as to etiology (3) From the Pathological Laboratories, Bellevue Hospital, Dr Douglas Symmers, Director, and the Third (N Y University) Medical Division, Bellevue Hospital, Dr John Wyckoff, Director

REFERENCES

1 A Nomenclature for Cardiac Diagnosis Distributed by the American Heart Association, Inc., New York City
2 Abbott, Maude E. Modern Medicine. Osler and McCrae, Ed 2, Vol IV, p 342
3 Report of The Committee to Make a Study of Heart Disease in the State of New York of the Medical Society of the State of New York.

HEART DISEASE—THE BROAD VIEW *

By ROBERT H HALSEY, M D, NEW YORK, N Y

THE term "heart disease" is not descriptive of a single clinical entity, such as is connoted by typhoid, diphtheria, or diabetes, for, it does not describe a "definite process having a characteristic sequence of symptoms"

The term includes many and varied processes, some of which may be active or inactive, of short or long duration and may have produced structural deformities or physiological defects Some of the deformities may have been due to developmental defects, or disease occurring during intrauterine life, while others may have been acquired after birth The term is applied to results of bacterial growth located within or without the heart, to the results of toxins, to general systemic diseases, or to disordered function of the endocrine glands

The term is equally misapplied without distinction to the anatomical deformities resulting from disease and to deformities common to several diseases It is improperly applied to symptoms which are the expression of disease, as pain (angina) and pressure (hypertension), and terms indicating active, productive processes, in complete abeyance of intellectual honesty, are sometimes knowingly misappropriated when degenerative changes are known to be taking place.

Terms descriptive of imperfections of size, shape and consistency and function do not give an inkling of the causative factor but only describe the damage already done

Where there is now a babble of medical terms there might be a common language In place of a confusion of expressions there might be systematic, orderly, concise statements which would be more correctly understood This would please in the expression, delight in the ease of apprehension and constitute clarity, convenience, efficiency and progress

To transmit thought or conceptions, from one to another it is essential to employ accepted characters and groups of characters which compose

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 23, 1928

better appreciation of the part played by heart muscle in all cardiac disorders along with a healthy skepticism has brought about a complete change in our conception of mitral insufficiency To be precise the actual change in our ideas concerns the significance of systolic murmurs heard in the region of the apex of the heart The assumption formerly was that such a murmur indicates a puckering of one of the valve cusps, a valvular disease There has been a critical attitude toward murmurs which has resulted in a quite variable interpretation of the significance of murmurs in general and especially of these mitral systolic murmurs While anyone today will agree that this is possibly the *most common murmur* heard over the heart, no one believes that simple mitral insufficiency is a common lesion, in fact it is quite uncommon If the patient has had some infection which is prone to injure the heart valves there is the possibility that a systolic murmur may mean a valve lesion In the absence of such an etiological factor one is justified, if the patient is young, in being skeptical about the matter On the other hand, if the patient is in middle life, or older, and especially if there is a history of vascular hypertension, one would not think of a valve lesion at all but of a condition far more serious, namely the beginning of cardiac insufficiency This particular murmur, then, has been wholly stripped of any specific meaning which it once had and today it is interpreted in the light of possible etiological causes of heart disease Developing after an infection it might mean one thing—a slight valve lesion Developing late in life it means quite another type of heart disease In order to understand a murmur it becomes necessary to think of it as a result of an infection, or a result of some constitutional disorder, such as arterio-sclerosis, or severe anemia, or as a congenital anomaly

Diastolic murmurs are more reliable evidence in diagnosis than systolic murmurs and a diastolic murmur heard at the sternal margin is often regarded as a conclusive sign of abnormal aortic valves Yet there are cases reported where such a murmur had been present for years and no lesion of any sort referable to the heart found at autopsy, hence the term "accidental" murmur How does one differentiate clinically? On the basis of etiology primarily, if the patient is young and has had rheumatic infections, or if he is in middle life and has had syphilis, or if he is old and has arterio-sclerosis, the diagnosis of aortic valve disease is sound and confirmation at autopsy is probable in a high per cent of cases

There is another diastolic murmur the meaning of which is purely dependent upon etiology A Flint murmur can not be differentiated by clinical signs alone from the murmur produced by stenosis of the mitral valve The state of the matter is this, so far as clinical signs are concerned a diastolic murmur suggesting aortic insufficiency, a presystolic murmur inside the apex suggesting mitral stenosis In interpretation of these facts the important considerations are the age of the patient and whether there is a history of rheumatism, or of syphilis If the patient is under forty years of age and there is a history of rheumatism then these signs point to rheumatic endocarditis of two valves—aortic insufficiency and mitral stenosis If the patient is past fifty, with no history of rheumatic infection, but a history of lues, then the probability is that the aortic valve alone is involved and the presystolic murmur is a Flint murmur

Without going more into details it seems fairly evident that with murmurs as with arrhythmias the significance of these abnormal sounds is wholly lacking until we interpret them in the light of some infection or abnormal constitutional state Diagnosis is impossible until this is accomplished

But every problem relating to the heart comes finally to the myocardium Murmurs are relatively unimportant, arrhythmias are only significant as an index of the state of the heart muscle In the presence of definite symptoms (marked dyspnea or precordial oppression on exertion, anginal attacks, orthnopea, dependent edema) of heart incompetence even when there is no definite physical sign then there is but seldom any hesitation in arriving at a correct interpretation. But the interpretation of these symptoms suggestive of an over-taxed heart is never made on the symptoms alone, other facts come into consideration A young woman who complains of breathlessness and palpitation, and is obviously restless and has a visible goiter makes a wholly different clinical impression from the middle aged woman with the same symptoms, who is over weight, and has no goiter The heart muscle in both cases looks much alike under the microscope, both may show degenerative changes One patient suffers from Graves disease, the other from arterio-sclerosis and hypertension We think of the disease as a whole and do not focus attention on the heart to the exclusion of the rest of the picture The mere fact that myocarditis due to various causes has the same general character of lesions is inadequate in clincal medicine Myocarditis consequent to a septic infection and myocarditis due to recent diphtheria may produce the same symptoms and physical signs (tachycardia, and apical systolic murmurs, possibly enlargement) and there is nothing characteristic in either myocardial lesion, but in one case the effect of digitalis is notoriously dangerous and in the other it may be beneficial

The commonest form of heart disease is chronic fibrous myocarditis Its symptoms in early stages are variable Indeed the disease is well advanced before there are symptoms A tendency to fatigue, vague digestive disorder are early com-

should create and promulgate procedures to increase the accurate knowledge of heart disease.

The proposition before the physicians of this Society and the physicians of the State appears to be somewhat as follows We know something of the diseases of the heart and how they are caused To make this knowledge effective is the responsibility of the medical societies and of the profession There must be a campaign for the better information of the profession and of the public It must and should be a campaign of frankness and hope The difficulties of the problem are not simple but are interwoven in the very fabric of the social organization They are not insuperable and, therefore, it is incumbent upon us to do our part with enthusiasm, always remembering that only prolonged and united effort can accomplish the desired result

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THE CLINICAL SIGNS OF HEART DISEASE WITH PARTICULAR REFERENCE TO ETIOLOGY*

By NELLIS B. FOSTER, M D, NEW YORK, N Y

IT is now generally recognized that the character of the lesion in a diseased heart usually points to the etiological factor which induced the disorder One illustration is sufficient to disclose the general force of this statement Lesions of the mitral valve result from systematic infections and those infections are most commonly rheumatic In extreme instances diagnosis as to whether there is or is not a valve lesion will depend on whether there is a history of an infection which might have induced the lesion in question We are prone to be skeptical about the importance of apical systolic murmurs when a young person seems in sound health and when there is no history of rheumatic fever or of an infection prone to injure the mitral valve On the other hand we are fully justified by experience in being seriously concerned if a young man who has had rheumatic fever develops symptoms or signs referable to his heart and this is true even though at an early stage physical examination may fail to disclose either murmurs or arrhythmias

It is evident then, I think, that in the study of a case the diagnosis of heart disease and the character of the lesion are intimately related to etiology

The relation between etiology and the character of a lesion as evidenced in clinical signs is very well illustrated in the commoner arrhythmias Take auricular fibrillation for an example This arrhythmia in a younger patient usually indicates mitral stenosis and myocarditis and the probability is that a rheumatic infection in the past induced these lesions On the other hand, if the patient is over fifty years of age the lesion is probably myocardial fibrosis secondary to arteriosclerosis The physical signs detectable in examination of the heart may be essentially the same in both cases i e, some enlargement, poor muscle tone, and a mitral systolic murmur Pulsus alterans is a less common disorder than fibrillation and is almost always found in older patients Besides indicating an advanced degree of myocardial degeneration, which is usually fibrous in character, this lesion is most often a result of arterio-sclerosis and almost never due to rheumatic myocarditis This difference in significance in respect to age is equally true of other abnormalities in the heart action, of flutter, of delayed conduction, etc, only it must be stated that some of these abnormalities are not so often seen in youth as in age, the degeneration of the senile myocardium, secondary to arterial disease, being particularly prone to produce defects in the conduction system

While heart block is not unknown in young persons it is commonly a disorder of age referable to advanced myocardial fibrosis in definite areas When block occurs in a younger person its cause is an immediate subject for inquiry, since gummata and even tumors located in the conduction path may produce this phenomenon

It would be easily possible to extend the examples of differences of interpretation of heart action depending largely on the age of the patient but the point to which I wish to call attention is that these varied interpretations are essentially different diagnoses The diagnosis in a case is the basic disease, in one case it may be rheumatic infection, or diphtheria, in another, senile atheroma, the heart disorder is only a symptom, though it may be the only symptom It is a key to unlock the larger problem

Not many years ago mitral insufficiency was regarded as the most common of the lesions of the heart valves It headed the column in all standard texts on the heart Pathologists were kindly but the autopsy too often failed to give any satisfactory evidence in support of the clinical diagnosis of valvular disease. Too often it seemed the sole detectable lesion was purely myocardial and myocardial lesions lacked the visible definiteness that we looked for in the scarring of a valve Repetition of these experiences and a

*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N Y, May 23, 1928

respect to arterio-sclerosis Syphilis can naturally be prevented whenever society chooses to subject itself to the necessary regulatory measures Meanwhile the value of remedial treatment although it has been tried extensively is by no means clear The effect of treatment studied with sufficient accuracy and reported with sufficient detail has not yet been ascertained and reported in a sufficient number of cases to serve as a basis for action.

In the case of rheumatic fever the hope of *prevention* is heard with less insistence than formerly The excision of the tonsils and the elimination of so called focal infections has not been attended by results as conclusive as were anticipated only a few years ago This chapter requires closer and more detailed study

It is possible now to make the statement that in the past generation a great gain has been made —even if the problem is less simple than was formerly taught. Its very complexity has made it possible to see ways of approach to the solution of many of the component problems which are now known to be involved To solve them means that the lessons which have been learned and which in barest outline have been enumerated, must serve to point the way to future investigations Cases must be distinguished according to their kind, more detail must be reported, groups of cases must be studied according to etiology, according to age, according to course The effect of treatment must become known What relation disease of the tonsils and the teeth bear to diseases of the heart must become firmly established

If aid is to come from closer classification, closer study, fuller reporting of the cases, the labor and cooperation of every physician is essential so as to insure progress in understanding the nature of the problem of the heart diseases, to the amelioration of which your Committee has directed its energy

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MORTALITY OF HEART DISEASE IN NEW YORK STATE

By ROBERT H HALSEY, M D., NEW YORK, N Y.

THE SPECIAL COMMITTEE of the New York State Society, working on the Study of Heart Disease in the State of New York during the past two years, has brought out some information of particular interest to all interested in heart work, and particularly to heart work done in the clinic and the statistical tabulation of the work done in the clinic

All statistical work depends on the use of the International List of the Causes of Death Under this List, heart diseases comprise a group of four main headings—pericarditis, endo- and myo-carditis, acute, angina pectoris, and other forms of heart disease Other Forms of Heart Disease, as shown in Chart XI (page 47 of the Report), accounts for 88 5% of all the deaths charged to heart disease. In the United States as a whole they account for 89 4% That is, a little under 90% of all deaths due to heart disease are accounted for under the title "Other Forms of Heart Disease" From Chart XI, it is seen that angina pectoris accounts for only 7 4% of the deaths from heart disease and endo- and myo-carditis account for 3 8%, which makes the two amount to 11.2%

Chart I (page 21 of the Report) is made a logarithmic table and shows the curves of heart diseases, together with six other diseases of a kindred type and makes it possible to compare their rates from year to year In this table you find the curves of pericarditis, endo- and myo-carditis acute, and acute articular rheumatism show a downward direction in the last few years, but angina pectoris and other diseases of the heart show an upward tendency Thus in one group the number of deaths is decreasing, while in the other it is increasing

If we compare heart deaths by age groups with all deaths and with the population, we can construct curves, as shown in Chart VI (page 37 of the Report) These curves are so constructed that the horizontal lines cut them at 25, 50, 75,

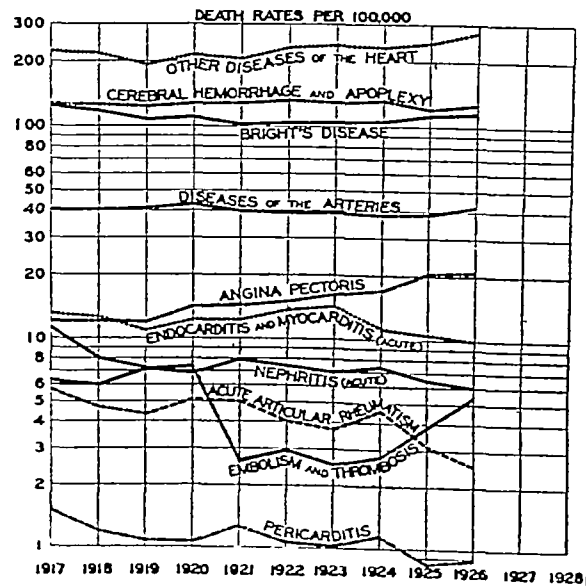


CHART I

Diseases of the Heart and Allied Causes of Death—New York State (Exclusive of New York City) 1917-1926

plaints or possible arrhythmias which occur in attacks Only when there is marked degeneration of the heart muscle do we observe the definite signs and symptoms of cardiac incompetence such as edema, albuminuria, and dyspnea Fibrotic degeneration may be circumscribed or diffuse, but in other respects the lesion is in no way characteristic of the cause which produced it The possible causes are numerous, various infections, such as influenza, rheumatic fever, and sepsis, induce primarily acute myocarditis and this is followed by fibrosis But the most common cause of this type of myocardial degeneration is arterio-sclerosis We are accustomed to think of coronary sclerosis as a cause for a definite clinical syndrome and when the patient survives a cardiac infarction we expect to discover, sooner or later, some changes in myocardial function But the large group of cases of disease of the heart muscle occurring in middle life are not of this class The onset is insidious, the course only seldom marked by angina, is gradually and relentlessly downward In many instances there is vascular hypertension and from this fact we infer arterio-sclerosis In yet another group while the blood pressure is not elevated, the state of the arteries and veins in the fundus of the eye indicates arterio-sclerosis and the probability that there has been vascular hypertension at some period in the past There is finally a small group of varied causation, mild chronic nephritis, untreated thyrotoxicosis, severe cases of paroxysmal tachycardia, etc There is no intention of enumerating all the possible causes of myocardial degeneration but rather to point out that there always is a cause and that this cause is essentially the major disease, the heart disorder but a consequence even when all symptoms are cardiac To ignore the larger conception of a patient's ailment is scientifically inaccurate and clinically superficial

ON THE REASONS FOR FURTHER STATISTICAL ANALYSES OF THE HEART DISEASES *

By ALFRED E COHN, M D, NEW YORK, N Y
From the Hospital of the Rockefeller Institute for Medical Research, New York.

THE remarks I am to make are not designed to be in the nature of a paper but rather as comment on and to give emphasis to the matters to which Doctor Halsey has directed attention.

The older accounts of heart disease discussed the general subject of heart disease under headings similar to those which are now current. There were among others chapters on etiology, on pathological anatomy, on the course of the disease and on treatment In spite of this it is clear that a change is taking place in the current comprehension of this subject There is something new —something strikingly new in the situation In the end we shall be speaking no longer of heart disease but of *diseases of the heart*

In the books of a generation ago the causes of heart disease were given as rheumatic fever, scarlet fever, typhoid fever, arterio-sclerosis, lead and tobacco poisoning, and in connection with these, other causes as well were mentioned The same causes are given still, but certain ones have been elevated into a prominence which they did not formerly possess, we speak of three outstanding ones—(1) rheumatic fever and all the subailments associated with this disease, (2) syphilis, (3) arterio-sclerosis By arterio-sclerosis is meant not a specific disease but a group of abnormalities probably analyzable into a number of distinct parts There is arterial hypertension, there are alterations in the anatomy of the arteries (probably several distinguishable varieties) and there is the structural result of the process of aging

The most important point is that there is recognized first and foremost the fact that there are these many different "causes" for what is called heart disease But the matter does not end here. Each one of these causes carries with it definite inferences—relative (1) to its age incidence, (2) to its pathological anatomy, (3) its course and (4) the treatment of each kind Rheumatism affects individuals predominantly in the second decade, syphilis in the fourth and fifth ones, the arterio-sclerotic obviously later still Not only do these various causes affect individuals at different periods of the life span, but each occupies an appropriate duration, both before the disease becomes manifest and also afterwards between the time the first symptoms begin and its termination in death On account of the differences in age incidence and of the duration of each disease, the economic implications naturally vary With each cause, the pathological anatomy furthermore varies It is now known that the cardiac lesions in rheumatic fever, in syphilis and in arterio-sclerosis (and its sub-divisions) also vary There are many points about the onset and progress and healing of each one of these about which knowledge is lacking but is desirable

There follow from these considerations further ones having to do with therapy Obviously the treatment of rheumatic fever, syphilis, arterial degeneration and senescence must differ Although it is possible to speak of efforts to prevent rheumatic fever, it is not possible to do so in

* Read at the Annual Meeting of the Medical Society of the State of New York at Albany, N Y, May 23, 1928.

(page 75 of the Report) These headings will be—chronic myocarditis, chronic endocarditis, valvular disease of the heart, mitral regurgitation, mitral stenosis, cardiac insufficiency, diseases of the aorta, cardiac hypertrophy and dilatation, cardio-renal, and other diseases of the heart. Surveying these names, we find that we have a number of names applied to the muscle of the heart and a number applied to valves of

AGE GROUPS	TOTAL DEATHS	PERCENTAGE									
		CHRONIC MYOCARDITIS	CHRONIC ENDOCARDITIS	VALVULAR DISEASE OF THE HEART	MITRAL REGURGITATION	MITRAL STENOSIS	CARDIAC INSUFFICIENCY	DISEASES OF THE AORTA	CARDIAC HYPERTROPHY & DILATION	CARDIORENAL DISEASES	OTHER DISEASES OF THE HEART
1926											
ALL AGES	14 862	48 6	12.4	15.7	3.6	1.4	4.8	2 1	3.4	7	7 8
UNDER 5	75	4.0	6 7	32.0	5.3	4.0	18 7	4.0	13.3	–	12.0
5 TO 14	117	7 7	33.3	32.5	9 4	5 1	5 1	.9	3.4	–	2.6
15 TO 24	183	12.0	27 3	28.4	2.7	4.4	8.2	2.2	4.9	–	9 9
25 TO 44	717	28.7	19.5	19 0	4.5	4.9	6.6	3.3	5.6	.8	7 1
45 TO 64	3 717	46.2	13.9	15.4	3.0	1 6	4.4	2.4	5.0	.7	7 4
65 AND OVER	10 049	52.4	10 9	15 0	2.9	.9	4.6	1 9	2.6	.7	8 1
1922											
ALL AGES	11 509	34 1	13.0	23.0	4.4	1 3	5 1	2.5	4.8	1.3	10 5
UNDER 5	109	2.7	5.5	40.4	3.7	.9	16 5	1 8	12.8	–	15 6
5 TO 14	125	3.2	27.2	33.6	10.4	4.8	12.8	1 6	3.2	–	3.2
15 TO 24	157	9.6	28.0	18.5	9.5	5.1	8.3	4.5	8.9	.6	7.0
25 TO 44	651	14 7	17 1	29 0	5 1	4.8	6.6	3.2	9.8	.6	9 1
45 TO 64	2 777	29.9	12.9	24.3	4.5	1.3	4.5	3.2	6.4	1.5	11 5
65 AND OVER	7,686	38.8	12.2	21 8	4 1	.8	4.8	2.2	3.7	1 3	10.3

TABLE 1-A

Other Diseases of the Heart—Number of Deaths by Broad Age Groups and Percentage of Deaths from each Type—New York State (Exclusive of New York City)

the heart, but in no case do we have an idea of the actual etiological process causing the condition That is, we know what the anatomical change has been, what part of the heart has been affected and how its functional capacity has been involved, but we know nothing of the cause of that damage That is, as now arranged, the International List of the Causes of Death gives no etiological factor Looking at the Table IA these various groups are arranged by age to show percentages in the various groups If we look at the figures after All Ages in 1922, we find that chronic myocarditis accounts for 34% of all the deaths and valvular diseases account for 23% Five years later in 1926, valvular disease accounts for only 15%, while chronic myocarditis accounts for over 48% Percentages under the other headings have remained practically stationary Thus we may infer that during that five years, some influence has caused physicians to sign their certificates more frequently with the muscle disease instead of the valvular disease

If now the method of grouping is made to depend upon the probable etiological factor, the deaths may be re-arranged in the following way

Assume that the damage to the heart before 40 years of age is due to the virus of rheumatism and that some of the heart disease at 40 is due to syphilis, and after 40, the damage to the heart is due to arterio-sclerotic or senescent changes Re-arranging the figures in the table on this assumption, we have the following

Chronic myocarditis—under 40, rheumatic, over 40, senescent

Chronic endocarditis—under 40, rheumatic, over 40, senescent

Valvular diseases—under 40, rheumatic, over 40, senescent

Mitral regurgitation—under 40, rheumatic, over 40, senescent

Mitral stenosis—all ages, rheumatic

Cardiac insufficiency—under 40, rheumatic, over 40, senescent

Diseases of the aorta—under 60, syphilitic, over 60, senescent

Cardiac hypertrophy and dilatation—under 40, rheumatic, over 40, senescent

Cardiorenal diseases—all ages, senescent.

Other diseases of the heart—under 40, rheumatic, over 40, senescent.

This will make the simplified Chart III (page 83 of the Report)

From our review we may infer that under 40 years of age rheumatism accounts for most of the heart disease syphilis for some of the damage a little before and a little after 40 years of age, and arterio-sclerotic, or senescent changes for the deaths after 40 That is, arterio-sclerosis, or

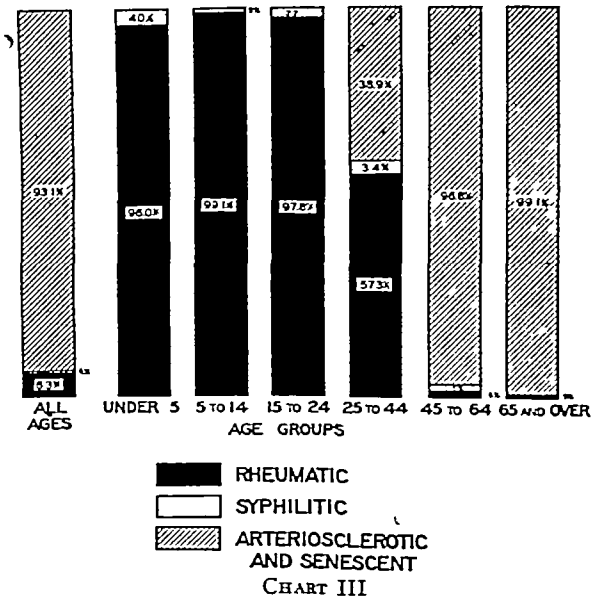


CHART III

Redistribution and Reclassification of Heart Disease Deaths by Assumed Etiological Causes—New York State (Exclusive of New York City) 1926

and 100%, and in this way it can be determined at what age group the Population, All Deaths, and Heart Disease Deaths occur for the same proportion Thus we see that the 50% line cuts the population curve at age 30—that is, half the population are under age 30 and half over age 30 In a similar way we see 50% of All Deaths occur under age 60 and 50% over Of Heart Disease we see that 50% of All Deaths occur under age 70 It is also to be noted that 10% of deaths from Heart Disease occur under age 40—that is, 90% of the deaths from Heart Disease occur after age 40

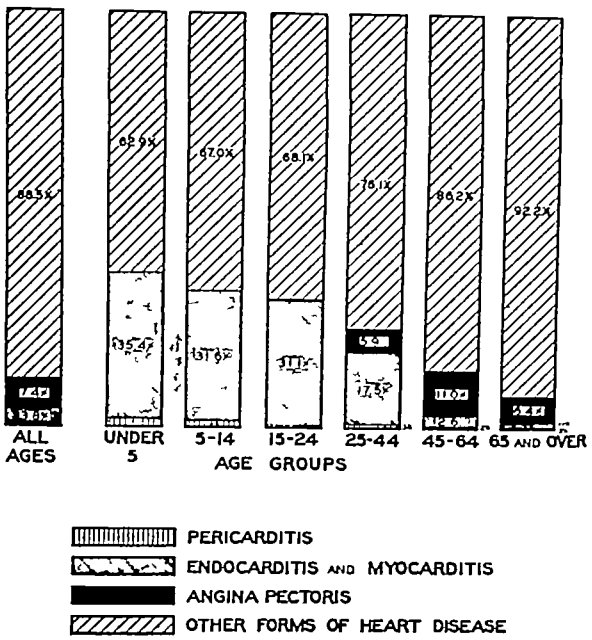


CHART XI

Analysis of Heart Disease—Deaths by Broad Age Groups New York State (Exclusive of New York City) 1925

Chart VA and VB (pages 30 and 31 of the Report), the curve of heart disease, being the sum of the four diseases is compared with six other leading causes of death In these curves we see that in 1915 and 1925 the peak of heart deaths occurred at age 70, that it is by far the highest curve and that since 1915 the peak has gone up above the 2,000 horizontal line We also see that the tuberculosis curve reaches its peak in 1915 in the age groups 20-25, and that in 1925 it had flattened down considerably as compared with 1915, as has the curve for pneumonia The other diseases, cancer, nephritis and cerebral hemorrhage, all show an increase in 1925 over the curve of 1915

If now we turn to the "Analysis of Other Diseases of the Heart" (page 75 of the Report), and instead of following the subdivisions of the group as used in the International List, the certificates

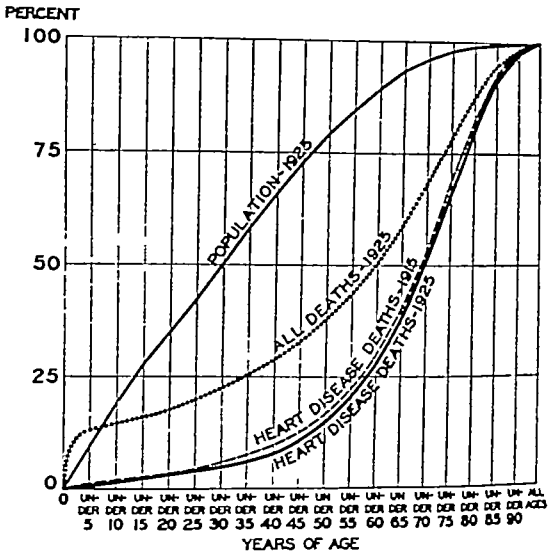
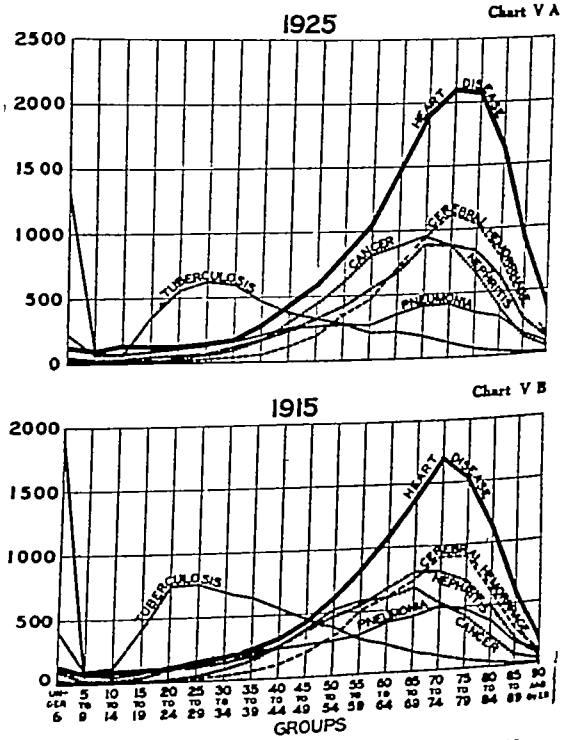


CHART VI-A

Cumulative Percentage Distribution of Heart Disease Deaths by Age Groups for 1915 and 1925 with Population and all Deaths for 1925—New York State (Exclusive of New York City)

of death as recorded in the Bureau of Vital Statistics are allowed to classify themselves, by arranging the certificates according to headings having the greatest number of certificates, ten main groups are obtained as shown in Table IA



Deaths from Six Leading Causes by Age Groups—Ve York State (Exclusive of New York City)

palpate deep in the suprasternal notch an adenoma may be discovered. Then a review of the history of such case may possibly bring out evidence of hyperthyroidism. This method of palpating for an adenoma has been stressed by Doctor Libman

Relative to the early signs of heart involvement in rheumatic fever, I wish to call attention to the diastolic murmur along the left border of the sternum indicating aortic involvement Sometimes the earliest sign is found there

This point is not fully appreciated because of the emphasis of mitral involvement in rheumatic heart disease

Discussion by Dr Harlow Brooks I have been asked to confine my remarks chiefly if not exclusively to the question of a consideration of Etiology No more acceptable subject could have been assigned to me, for in my opinion the most important thing to be now considered in the classification of cardiac disease is this subject of etiology I can not conceive it possible to adequately consider treatment in any cardiac case without falling back primarily on a known or tentative evaluation of etiology The heart is no longer to be considered as a simple mechanical device, though it is never well for us to forget that it is such, to a very considerable degree, and we can never safely ignore the teachings of the elder Austin Flint, of Janeway, and this school of clinicians A knowledge, or at least a theoretical appraisal of etiology seems to me primitively essential to the outlining of any course of treatment.

It is for example, a very serious therapeutic error to treat a case of fatty infiltration of the heart as one would one of rheumatic myocarditis An appraisal of the presumable etiology directs at once the treatment along certain definite lines, without which one can only treat cardiac disease in a discursive or mechanical way, or worst of all by the rule of thumb, which directs in a certain association of symptoms that a certain drug or course of management be given

So keenly do I feel on this point that I would even criticize the projected new nomenclature for cardiac disease in that it insufficiently stresses this point. It is as yet quite impossible however, to define the basic pathology in some cases, much less frequently now than ever before Even if one may not be able to accurately determine the pathology present in any case, an acceptance of the presumable etiology is certain to direct therapeutics along such channels as will meet with little or no disaster in the case.

It is quite impossible of course to utilize the worth which appreciation of etiology brings unless one associates etiology with pathology, proven or presumptive, and I have been particularly appreciative of Dr Rothschild's paper today because he has emphasized that next most essential consideration Knowing the etiology, we may safely assume the pathology if we are unable to define it accurately

This point in particular has led me to feel that some criticism should be directed against the proposed nomenclature because it does not sufficiently elaborate this problem It seems to me quite unsatisfactory that in our delineation of syphilis of the heart no accounting of syphilitic myocarditis or even of gumma has been noted, nor do I find reference to the deposit of the Ashoff bodies in the heart in rheumatism These are of course minor defects I find also no notation of parasitic disease of the heart—this is a very important condition in comparative medicine, notably among the ruminants, it is of course rare in man, but it should certainly be included for the sake of full accuracy at least.

It seems also to me that more consideration should be given to the cardiac disturbances in the numerous endocrine disorders, I find noted only those of thyroid disturbances, but nothing of the interesting disturbances which develop during the involutional syndrome of menopause Certainly worst of all we find the archaic term of "Effort Syndrome," by which I infer is meant the very definite disorder of Neurocirculatory Asthenia, which, by the way, I believe is a term coined by Rothschild and Oppenheimer That this condition is not the result of effort though in some cases the symptoms and clinical picture become most evident after effort, was long ago recognized by Wier Mitchel, by the elder DaCosta, and by other writers in the days of our own Civil War

Brown atrophy and amyloid disease appear also to have been overlooked A recognition of tubercular myocarditis should certainly be also included It appears to me also that the changes of the heart in old age present a clinical and pathological picture quite definite enough to merit inclusion—certainly it is more deserved than the term "Potential Disease" which obviously should, in the mind of the practitioner, include all cases in which no definite cardiac disease can be identified. Would it not be much better to revert to our army days with a diagnosis of "Cardiac Disease, Not Yet Diagnosed" or preferably not yet classified, in such instances?

If we are to consider the heart in Hypertension, ought we not also to consider the rather clear picture presented in hypotension, at least those instances in which this condition does not appear to be a definite disease result, but a constitutional characteristic or peculiarity—certainly recognized by the athletic trainer, or the military medical man

I can not express too fully my appreciation of the effort which has been made and it is particularly evident in this well organized meeting, to more clearly express our knowledge and our inquiries concerning cardiac disease evident in this Nomenclature for Cardiac Diagnosis—it is cer-

senescent changes, accounts for 90%, which is what might be expected with the peak of the deaths occurring at age 70

We may also infer, and this is most important, that before we can know the causes of our deaths from heart disease, we, as physicians, must fill out the death certificates, stating the etiological factor wherever this is possible

The diagnosis of heart disease should contain a statement of the etiological, the anatomical changes in the heart, and the effect of those anatomical changes on the physiological, or functional efficiency of the heart, or the valves

In conclusion, we may say that if we are going to learn anything about the causes of heart deaths, we physicians must make diagnoses giving the causes of death in individual cases so that the statisticians of Boards of Health and Bureaus of Vital Statistics may arrange their machinery to tabulate those facts

DISCUSSIONS

Discussion by Dr T Stuart Hart I want to congratulate the "Committee on the Study of Heart Disease" set up a year ago by the State Society for arranging this interesting meeting and for their valuable report This large published volume not only records many facts of interest which have never before been brought together, but also as a result of a study of these facts, presents certain suggestions of great practical value, which, if put into effect, will definitely add to our scientific knowledge and be of real aid in improving the treatment of the individual patient The State Society is very grateful to this committee for its laborious work and is very proud of its accomplishments

When for one reason or another a patient comes to us to inquire about his heart he almost invariably propounds three questions

First is my heart affected and how?

Second if it is damaged how is it to be treated?

Third and what will be the outcome?

It is obvious that no one of these questions can be satisfactorily answered until one has arrived at a correct diagnosis

Such a diagnosis must include four factors

1 The anatomical condition (apparently we have usually become satisfied with this)

2 The physiological action

3 The functional condition (or the capacity of the heart for work)

4 The underlying cause

All these elements are inter-related, and it is very difficult to reach a correct interpretation of any one of them without considering the others Dr Foster has pointed out the importance of *etiology* in arriving at a correct anatomical diagnosis and the paper on the pathology of the heart by Dr Rothschild has also emphasized this relationship of *etiology* to the kind of lesion which we may expect to find.

I want to stress the importance of a thorough and painstaking history, for only by this means can we secure the information that we need to secure a knowledge of the underlying cause and correlation of the events which have led up to the condition of the patient as we find him Personally I regard the history as the most important single part of the examination

When we use the term "heart disease" it is well to remind ourselves that we are not speaking of a single disease entity as for example typhoid fever, but we are thinking about an organ which may be injured in the course of any one of a number of diseases, such as rheumatism, chorea, gonorreoha, syphilis, arteriosclerosis, the changes incident to advancing years, etc, etc.

Unless, therefore, in every case we search for and keep in mind the *underlying cause* we will not only fall short of scientific accuracy, but will fail to give our patient the kind of intelligent treatment to which he is entitled

When we find a patient with a large spleen our attention is of course engaged not so much with the spleen as the cause of the enlargement such as malaria or typhoid fever To-day no physician would treat a case of pneumococcus lobar pneumonia in the same manner as he would a case of pulmonary tuberculosis merely because the lesion in both cases is localized in the lungs. Is it logical to treat alike rheumatism, chorea, syphilis and degenerative changes merely because they have damaged the heart?

Unless we discover and record the *causal factor* we cannot satisfactorily answer any one of our patient's 3 questions

How is my heart affected?

How is it to be treated?

What will be the outcome?

Discussion by Dr Edward C Reifenstein It seems to me that Doctor Foster's statement that the cause is the major disease, is the keynote of the situation

Auricular fibrillation associated with toxic adenoma of the thyroid is an example.

Patients with rheumatic heart disease, mitral stenosis, may have auricular fibrillation Patients with arterio sclerotic heart disease, fibrous myocarditis, may have auricular fibrillation.

In another group you will find fibrillation without other evidence of heart disease If one will

est part of our therapeutics is concerned with correcting the functional disturbances of the circulation which arise from the disease We give digitalis to correct the congestive failure, or we give nitroglycerine to relieve the anginal syndrome or morphine or other appropriate drugs, but our treatment is incomplete unless we also include an attempt to check the progress of the causative factor of the heart disease, if this is yet active. In its clinical application the use of this complete cardiac nomenclature will greatly broaden our view and lead to a better conception of what is the matter with the patient and what steps should be taken to treat him

Discussion by Dr J H Bainton Among the many charts on display in the cardiac exhibit there are two which seem to carry eloquent messages on this subject The first states that the diagnosis of heart disease is complete only when four factors have been determined 1—the etiology, 2—the anatomical, structural or pathological lesion, 3—the physiological alternation, 4—the ability of the patient to carry on According to the other chart there are practically no statistics available which give us any information about the mortality from heart disease in terms of etiology To my way of thinking these two charts emphasize the most important topics of this whole investigation

The point has been stressed that heart disease is not an entity, but rather the product of any one of many causes It is just as logical to make a diagnosis of lung disease without stating its etiology as it is to speak of heart disease without including its causative factor When we say "pulmonary tuberculosis" we give the site, the cause and the nature of the condition, and even then we are not satisfied until it has been decided as to whether or not the infection is active, and if active what is the degree of severity With heart disease, however, it is seldom that any attempt is made to follow the same plan.

Pneumonia is another disease of the lung in which there is an admirable, though still imperfect refinement in etiological diagnosis Nearly every hospital in this state can give not only the number of cases of pneumonia treated during the past year, but also the number of types I, II, III, and IV, and at the same time scarcely one of these hospitals can show the etiological factors in their cases of heart disease

Until it becomes the custom to speak of heart disease in terms of etiology, it is quite apparent that there can be practically no progress in prevention which, after all, is the main objective.

The other three factors in the diagnosis, the anatomical lesion, the physiological alteration and the functional capacity of the individual are just as important, but we have time only to mention them in passing

It must be acknowledged that every one who attempts to treat diseases of the heart, unconsciously or consciously has these four factors in mind, he does want to know, what has caused the heart disease, what is the pathological and anatomical change; how far from normal in physiological function is the imperfect organ, and what are the limitations imposed on an individual by reason of his heart disease. But while he thinks in these terms, he seldom talks in these terms, nor does he write them into the records, and as a result vital statistics give us no information and hospital chart rooms are eloquently silent on these essential data

If we can consider the diagnosis complete only with inclusion of these four factors and if we insist on this diagnosis being recorded in full, we will be at least in a logical position in a campaign for the care and prevention of heart disease

Discussion by Dr Ward J MacNeal I wish first to express an appreciation of the work of the Committee on Heart Disease of the Medical Society of the State of New York in arranging such an exhibit and such a symposium on this subject It should help toward a more scientific nomenclature of cardiac disorders

The ideal understanding of a disease condition includes adequate knowledge of causative factors, structural alteration and functional readjustment or deficiency Heart diseases still present obscurity in respect to etiology One feels quite confident about syphilis, less certain about rheumatism and quite in doubt in regard to arteriosclerosis, which is in itself in the category of structural alterations

Infectious diseases affect the heart almost exclusively by way of the blood stream The demand for restless activity of the heart is a complicating circumstance of importance. Prolonged rest for this organ is out of the question Often enough the acute injury is very serious without receiving much attention at the time. Cardiac failure following diphtheria and yellow fever are classical examples How is the heart affected in other infectious diseases, particularly the contagious diseases of childhood?

Acute articular rheumatism is undoubtedly a factor in cardiac disease. Yet the essential nature of rheumatism remains relatively obscure and one finds so-called rheumatic lesions of heart muscle and heart valves in individuals without any history of joint inflammations Reliance on the Aschoff body is, in a measure, based upon faith rather than knowledge

The papers presented in this symposium have exposed our shortcomings and have pointed the way to progress and improvement

tainly a vast improvement from the standpoint of the clinician on anything which has ever before been given us The last word has not yet been said nor can it be, perhaps, until we have a more certain knowledge of the effects of nervous and even of psychic states on cardiac action and pathology

In cardio-circulatory disease one must primarily recall physiology He must diagnose and mentally visualize in terms of pathology He must treat from a basis of etiology and of mechanics

Discussion by Dr E Libman The name "subacute bacterial endocarditis" of which I have made use, was meant to apply to those cases of endocarditis of longer duration which were definitely due to known organisms The idea was kept in mind that if rheumatic fever were found to be due to a type of bacteria, a modification in nomenclature would be necessary

Rheumatic fever may occur as an independent condition or as an intercurrent or terminal invasion or as part of a mixed infection Rheumatic endocarditis may be entirely latent Tricuspid involvement is very frequent Recent studies in rheumatic inflammation of the pulmonary valve, the main trunk of the pulmonary arteries and the smaller branches are of great interest They may explain some cases of cyanosis in valvular disease, dilatation of the pulmonary artery, hemoptysis, etc The clinical picture described by Ayerza may well be due at times to rheumatic pulmonary arteritis

Pichon has emphasized the occurrence of the rapidly recurrent, at times practically continuous attacks of rheumatic endocarditis Epistaxis is a most important symptom of rheumatic infection, as are abdominal manifestations, such as pain, diarrhoea and distension

Secondary fibrosis and calcification often play a most important role in the development of valvular defects of rheumatic origin—and probably are significant in the later history of rheumatic disease of the arteries Such fibrosis and calcification, particularly in specially constituted individuals, occur wherever there is strain This is very well seen in cases of bicuspid aortic valve

The murmurs in rheumatic mitral disease may be first heard over the pulmonary artery and left border of the sternum These positions should always be carefully watched

Scarlet fever may cause a remarkable thickening of the mitral valve that is characteristic There is a translucent thickening at the free margin, and a white opaque thickening further up The auscultatory signs consist of a sharp first sound followed by a systolic murmur

In the prevention of subacute bacterial endocarditis stress should be laid upon general building up, and ridding the patient of focal infections In the cases in which there appears to be a real risk in removing the tonsils, as in decompensated cases, there is not much danger in leaving them The disease has little tendency to occur in patients whose hearts show marked insufficiency or who are fibrillating

Discussion by Dr Harold E B Pardee My first comment upon the work of this committee is that I feel that the effort, the imagination and the initiative of the chairman, Dr Halsey, has been a tremendous factor in the accomplishment of what has been done The State Medical Society is to be congratulated on having found one who was able to push forward this work in such a way, and to produce such an important series of observations

It is evident from the report which has been placed before you that our recent advances in the knowledge of heart disease has carried the ability to diagnose the state of the heart far beyond the current methods of nomenclature of heart disease. After examining the heart by the various methods available, we are able to diagnose its pathological condition, the causes which have led up to this, the abnormal physiological mechanisms which are present, and the functional capacity of the heart, and yet we are unable to express these facts in the usually accepted systems of cardiac diagnosis A part of the report of this committee consists of a modernized nomenclature of cardiac disease which will make it possible for you to do this I feel that it will be worth your while to examine this nomenclature carefully and to realize how much is brought out by its titles, which is helpful in promoting clear thinking in regard to your patients and the completeness of your cardiac diagnosis I would refer you especially to a new term which has been introduced, fibrosis of the myocardium This is intended to express the pathological condition which has been for many years called chronic myocarditis, but to exclude many of the indefinite and vague symptom complexes which have often been given this diagnosis

I believe also that a careful reading of the criteria for cardiac diagnosis, which has been devised by the New York Heart Association and adopted by this committee of your society, will amply repay you This is an effort to describe the physical signs upon which a dependable cardiac diagnosis may rest and its value is in concentrating the thought of all of us along definite lines, emphasizing the important diagnostic features, so that different men will be more liable to make the same diagnosis when examining a given patient.

In planning the treatment of a cardiac patient, it is necessary for us to consider carefully all four of the main titles of the cardiac nomenclature. The importance of the pathological section of the diagnosis is chiefly that it gives us an idea of the handicap under which the heart is laboring We can do very little to directly attack the pathological condition within the heart. The great-

agonizing colic, mental confusion, impaired vision, pruritus, etc, it is a simple matter to ascertain the action of the metals on the living economy Thus far such methods have not been presented and as a result it is necessary to draw our conclusions from the end results seen in the human economy

Experience has taught us that all dynamite is potentially explosive Therefore its sale and transportation, and use is controlled, typhoid organisms are all potentially dangerous but not always producing typhoid fever, bacterial count in milk represents carelessness in the production of milk, therefore milk is controlled. Thus experience has taught us to be on our guard for those elements which destroy health and happiness which in turn regulate our industrial and economic relations

It is interesting to cite our changing food habits during the past century The annual per capita consumption of sugar in 1823 was 9 pounds, equivalent to 44 calories per day, and 1924 more than 110 pounds represents the corresponding value with an average daily consumption of 547 calories Little thought is necessary to observe that our daily habits have materially changed in a century and that we are suffering from a malady of "carbohydratism." This enormous consumption of carbohydrate is a national dietary fault due to overindulgence in sugars In 1926 a Depart of Commerce Survey of 80 per cent of the candy makers of the nation produced 1,083,399,754 pounds This is equivalent to 9 pounds for every man, woman, and infant

This briefly gives a dietary background of studies carried out by us at the New York Skin and Cancer Hospital leading to the relations of metals as *causative* or *fulminative* factors in the production of industrial dermatoses and intoxications

Much has been written on the cumulative action of lead and its disastrous results has brought about a call to arms to eliminate this condition

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Poisoning occurred among fourteen persons ingesting as little as *0 1 mg of lead daily,* over an average period of *eight and one-quarter years*

The incidence of poisoning was distinctly lower in children under 10 years of age than

N Y State J M
October 15, 1929

HEALTH HAZARDS FROM THE INGESTION OF SMALL AMOUNTS OF METALS*

By C N MYERS, PH D, AND BINFORD THRONE, M D, BROOKLYN, N Y
From New York Skin and Cancer Hospital

IT has been aptly said that the next great war is in progress, for it is a conflict between man, bacteria, and insects The battle for the future food supply is in progress and in a few instances man has shown himself the victor Modern means of production, transportation, and distribution have enmeshed the human race in a maze of conflicts from which it is difficult to escape In a discouraging number of cases the enemy has been cutting away the supply lines and displaying a marked indifference to the weapons now at our disposal There are many who recall the days when potato bugs were unusual, when the gypsy tail moth was a myth, when the European corn borer was an unheard of entomological entity, when the codling moth had not yet learned to live on the foliage of our fruit trees, when poliomyelitis, encephalitis, and influenza, B coli, typhoid and diphtheria were epidemologically unrecognized Yet in this space of a few decades all life and its control have met with unusual attacks

It is hardly necessary to more than refer to the excellent control of the milk supply, both in relation to the contagious diseases and bacteria, the shell-fish control, food control, water supply, and sewage disposal Yet, in spite of all the refinements and niceties that lead to our general well-being and security of health in our homes, many menaces loom large on the horizon of our existence

More recently, or at least recognized, metals and their intoxicating action have been noted and it is interesting to quote from the preface of Hamilton's book on Industrial Poisons in which she says

"The sources of our knowledge of industrial poisoning in the United States are neither full nor, for the most part, accurate We lack the sickness insurance system which obtains in all industrial countries in Europe and which brings to light the incidence of illness of all kinds in all groups of workers Nothing takes its place in this country Our private insurance companies sometimes gather important and trustworthy data, but these are never all-inclusive and never can be, they are always restricted to the group of individuals insured in that company The Census reports are of deaths only, not illness, and the death records lose much of their value because of a poor classification of workers, which puts into the same category men doing work of very different degrees of danger, as for instance paper-hangers and painters Trades union records are seldom of value, with the exception of those gathered by the typographical unions which were reviewed carefully by Verrill and found to contain much that was interesting to the statistician"

Since our entrance into the war there has been an enormous increase in the number of cases which should be included in industrial toxicology The combined effect of long exposure, unfavorable sanitary conditions, "genetic faults," artificial modes of living, new attempts to destroy insect, and bacterial enemies, all lead to a more favorable condition for metallic disturbances

There are industrialists who hold up a hand in horror if the possibility of any disturbing substance is mentioned concerning their product. Many may quote literature twenty years old to support their horror They forget life now exists in a new form, its activities travelling at high speed with an ever increasing number of sensitive individuals Economic efficiency is being sought in the face of these undermining influences There is no one prepared to evaluate these loses either in personal comfort or in monetary values Furthermore it is important to consider this problem from many angles chronic and acute poisoning, economic relations, public health at large, domestic happiness and the future effect on succeeding generations

Many pertinent facts could be stated in favor of one angle or another of this problem It is necessary to state only once that as investigators we are "pro" neither one way nor the other except in so far as it brings about changes in health and happiness The operator and the employee concern us only as health hazards Our experience is drawn from the long list of patients at our disposal Our results and conclusions are obtained from the human and not from primary animal experimentation It is our contention that metal poisoning cannot be adequately studied from the animal whose dietary conditions, cutaneous manifastations, neural peripheral responses are quite different from the human Therefore it is questionable as to the value that can be obtained from such an attack. At the present time there is no known method of determining the minimum dose or the minimum exposure which will produce a symptom, nor is there any method of determining either the maximum or minimum period after exposure when this symptom will appear If any experimenter on animals is able to detect

* Read before the Food, Drugs and Nutrition Section, American Public Health Association October 17, 1928, Chicago, Illinois

agonizing colic, mental confusion, impaired vision, pruritus, etc, it is a simple matter to ascertain the action of the metals on the living economy Thus far such methods have not been presented and as a result it is necessary to draw our conclusions from the end results seen in the human economy

Experience has taught us that all dynamite is potentially explosive Therefore its sale and transportation, and use is controlled, typhoid organisms are all potentially dangerous but not always producing typhoid fever, bacterial count in milk represents carelessness in the production of milk, therefore milk is controlled. Thus experience has taught us to be on our guard for those elements which destroy health and happiness which in turn regulate our industrial and economic relations

It is interesting to cite our changing food habits during the past century The annual per capita consumption of sugar in 1823 was 9 pounds, equivalent to 44 calories per day, and 1924 more than 110 pounds represents the corresponding value with an average daily consumption of 547 calories Little thought is necessary to observe that our daily habits have materially changed in a century and that we are suffering from a malady of "carbohydratism." This enormous consumption of carbohydrate is a national dietary fault due to overindulgence in sugars In 1926 a Depart of Commerce Survey of 80 per cent of the candy makers of the nation produced 1,083,399,754 pounds This is equivalent to 9 pounds for every man, woman, and infant.

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The incidence of poisoning was distinctly lower in children under 10 years of age than

among children from 10 to 20 years old or among adults, and was greater among adults than among children under 20

The duration of exposure, except for very short periods, was not significant in its relation to the incidence of poisoning

The incidence of poisoning was quite uniform among those ingesting varying amounts less than 1 5 mg daily but was much greater as this amount was exceeded

Under almost all conditions of comparison —by age, duration of exposure, amounts of lead ingested daily, and total amounts of lead ingested—women showed a lower incidence of poisoning than did men"

Mercurialism is of interest on account of its varied methods of manifesting its intolerance Salivation, dermatitis, ulcers, jaundice, tremor, gastrointestinal, and skin symptoms prevail Mercury is used in so many ointments that it is not unusual to see this type of skin eruption The hatter's trade is one of the abundant sources of patients in our vicinity In this group exposure to minute quantities of vapor sooner or later present themselves One of the most recent cases to appear at our Clinic was a hatter In general the condition would appear as a generalized eczema but blood examination showed a typical metallic picture and his condition responded to eliminative treatment Discussion of the method of use of the mercury is not of value at this time except to state that absorption takes place through the skin, the mucous membranes, the lungs, and the gastrointestinal tract Warning is also made in regard to the promiscuous spilling of mercury on the floors of laboratories resulting in volatilization and ultimate poisoning The amounts may seem small but the danger exists Several chemists have been able to demonstrate the presence of mercury in the urine Manufacturers of thermometers, furriers, dentists handling amalgams, and even patients with amalgam fillings may occasionally show symptoms, mercury reduction plants (cows pasturing in the vicinity of such plants often show the effects), barometer makers, fire gilding, "constant potential" departments of electrical works, solder used for dry batteries are all common sources of contamination Tremor, salivation, colic, diarrhœa, ulcers, nervous symptoms, sleeplessness, and cutaneous manifestations are some of the more common clinical observations

Investigation has shown that there is a retention of ingested zinc, but the effect on the economy has not been worked out more than superficially In Silesia a form of illness resembling brass founders' ague has been noted The ore in this region contains lead, arsenic, and cadmium and therefore it is difficult to ascribe all of the action to one metal In brass poisoning a complication exists in that it is an alloy of zinc, copper, with varying proportions of lead Tin may also be a constituent with arsenic, phosphorus, antimony and cyanides as impurities

At this time it is important to mention the possibility of copper contamination in the preparation of dairy supplies, as well as in connection with food supplies, in which the containers may be made of copper and plated with various metals, depending upon the purpose for which they are used. Unfortunately on many occasions utensils are used in which the plating has been worn off, and this should be given consideration from the point of view of the ingestion of copper

A recent work of Mallory on copper poisoning is of vital interest. The investigations of Mallory were very thorough and included a great many patients who had been exposed to copper One of the very important experimental findings pointed out by Mallory is that his investigations on liver damage were carried out particularly in the case of sheep at the end of a year after exposure In distilled liquors it was shown that as much as 185 mgs of copper per liter was found This shows the extreme danger involved in the consumption of liquor The Massachusetts Department of Health has found, on the basis of an examination of 798 samples, that 10 8% of them contained copper Mallory points out the danger of copper through the use of apple butter which, in some parts of the country, is made in copper kettles Copper tea and coffee pots are also mentioned It is further stated that after copper powder is sprinkled in melted lard, heated for fifteen minutes, and then filtered out, that copper is found in the lard Cocktail shakers made of copper and brass and lined with silver or tin, shakers at soda water fountains for mixing lemonade and sodas should be excluded from use Brass water pipes in Brookline were so eroded after fifteen or eighteen years that a pin could be thrust through them anywhere, thus showing that the copper was dissolved and carried along with the water In his conclusions it is stated that chronic poisoning with copper caused the symptom complex of hemochromatosis, bronzed diabetes, and pigment cirrhosis It is further stated that copper in spite of its usefulness in so many ways should not come in contact with food or drinks, especially if they contain acids of any sort. This should exclude its use for cooking utensils of any sort, for shakers of cocktails and acid drinks, and for worms of containers in stills

The presence of copper in seafood has been investigated by the United States Public

Health Service, and varying amounts have been found in shellfish from various sources The presence of antimony in rubber tubing through which fluids pass is also a question that has been investigated, but so far as definite knowledge is concerned application has not been made to its regulation

The action of copper on the vitamin content of milk has been thoroughly investigated by Hess, showing definite deleterious changes Furthermore the British Medical Journal of 1924 suggests that in the construction of a pasteurizing plant in which the apparatus is not in good repair or well cared for, there exists a real danger of copper contamination

The widespread use of aluminum either as compounds or utensils exposed to foods and drinks is still questionable Many investigators have carried out animal experiments to prove an assertion one way or another but it is our belief that these results are untenable when applied to the human The only satisfactory method is to make the vital test on the large scale The study of metals in foods cannot be accurately studied on animals nor can it be stated that metals ingested with foods are harmless except in excessive amounts or in cases of hyperacidity The aluminum situation needs illumination clinically and chemically

Before discussing the last element which is responsible for a great many human ailments as well as being one of the important metals from a therapeutic point of view, it is important to briefly discuss the question of the oligodynamics of heavy metals and their salts Falta and Richter, 1921, arranged the metals in the order of their relative oligodynamic activities, and the arrangement was as follows copper, mercury, silver, lead, tin, zinc, aluminum, iron, magnesium, and platinum To further elucidate this point of oligodynamics it is necessary to only consider the placing of a dime in a beaker of distilled water If this metal or coin remains in the water for a period of eight days, the water when examined is found to contain bactericidal properties, showing definitely that the metal has gone into the solution, due to its exposure to distilled water When this solution is tested upon various kinds of bacteria, it is shown that the bacteria cannot live, thus demonstrating the fact that even small quantities of metal will produce marked changes upon protein substances The same condition is applicable to the human being As a result of fifteen years of study in regard to arsenic, both from a therapeutic point of view, as well as from a toxicological point of view some of the salient observations are being reported at this time

Arsenic is one of the most widely distributed elements with which we have occasion to come in contact It is a substance which has the common lot of all common drugs—that it is now praised and now blamed, and its dynamic efficacy on the organism cannot easily be reached by any drug, and still less surpassed One cannot therefore be surprised that it is decried, especially by those physicians who fight shy of all power in a drug, while it is always properly esteemed by those who understand how to make use of such an important power That arsenic was the most terrible poison under all circumstances was the general opinion of the former, and they expressed this without considering that no absolute poison could exist, and that it is precisely these poisons which are our most powerful weapons Therefore, if any one wishes to realize the curative power of arsenic, then he must adhere solely to what observation of the healthy and diseased organism has taught us, and must entirely forget all statements made by important men from a preconceived idea

This leads us to consider a point in which a poison is defined Some substances are extremely poisonous under certain conditions, and under others they are important remedial agents In the definition of poison in its relation to public health it is necessary to express both the quality and the degree of the action resulting from the ingestion of the deleterious substances Old English law defines a poison as a destructive substance administered to, or taken by, a person, and includes not only substances which act on account of their inherent chemical and other properties after ingestion and absorption into the blood, and also mechanical irritants, and specifically tainted fluids In detail, a destructive agent includes substances gaseous, liquid, solid, living or dead, which may injure or destroy life Huseman and Kobert present two other definitions which should be given consideration Huseman—"We define poisons as such inorganic or organic substances as are in part capable of artificial preparation in part existing, ready formed, in the animal or vegetable kingdom, which without being able to reproduce themselves through the chemical nature of their molecules under certain conditions, change in the healthy organism the form, and general relationship of the organic parts, and through annihilation of organs, or destructive of their functions, injure health, or under certain conditions, destroy life"

Kobert adds "Poisons are organic or inorganic unorganized substances originally in the organism itself, or introduced into the organism, either artifically prepared, or ready

formed in nature, which through their chemical properties, under certain conditions, so influence the organs of living beings, that the health of these beings is seriously influenced *temporarily* or *permanently*"

This comment differentiates between the toxic action of arsenic as compared with the highly commendable properties of arsenic as a therapeutic remedy No one can question the favorable action of the Salvarsans in the treatment of syphilis They report the acme of many years of therapeutic research, and also the fact that there was a differentiation between the chemical constitution of arsenic as applied to therapy in comparison with inorganic and pentavalent arsenic preparations, which for the most part produce toxic actions In relation to the Salvarsans the question of toxicity, solubility, and clinical effect were all properly balanced in selecting a drug of satisfactory type Physiologically it is shown that therapeutic differs materially from arsenic in its other forms Arsenic as a pentavalent substance in the form of an insecticide or as a substance in foods, drugs, and drinks behaves quite differently from the element in its best form, such as the Salvarsans

In connection with the subject of metals it should be perfectly evident that the application of metals or their salts for therapeutic measures is a somewhat different condition from that of the contaminating product found in foods, drugs, and drinks There is no question that in some instances even late effect may be observed, when products are administered therapeutically, by the reaction between the invading disease and the therapeutic product. The therapeutic product gives an entirely different aspect than the daily ingestion of contaminated substances The widespread use of insecticides in order to produce more perfect fruits and vegetables, the use of impure ingredients in the preparation of artifically prepared foods offer wide possibilities of contamination It is only necessary to refer to Food and Drug Decisions of the United States Department of Agriculture in this respect to show that excessive amounts of metals have been found

The United States Department of Agriculture, Judgment 1,105, showed an excessive quantity of arsenic in Sodic Aluminic Sulphate, and the decision rendered was that the product was not to be used as a food Decision 6,044 showed the presence of arsenic, copper and zinc which might render the gelatin an article injurious to health Decision 5,958 was similar in nature, relating to gelatin Decision 7,397 was a consent decree of condemnation in which arsenic, copper, mercury, and zinc were contaminating ingredients Decision 8,483 showed excessive amounts of arsenic and copper in gelatin, 8,036 showed arsenic and copper in gelatin, 7,190 showed arsenic, copper, and zinc in improper proportions in gelatin. 7,939 is of especial interest in that it showed 71 parts per million of copper 6 parts per million of arsenic, and 1,237 parts per million of zinc. Decision 11,500 showed excessive quantities of zinc, copper, and arsenic in marshmallow powder Apple chops was another abundant source of contamination, as indicated by Decisions 14,680, 14,681, and 15,395, in which arsenic was the contaminating factor Decision 14,973 relates to the contamination of a carload of celery in which arsenic was present in quantities which might be harmful to health Decision 15,350 relates to the presence of arsenic and lead in apples and pears Decision 10,371 pertains to the adulteration of food colors showing the presence of arsenic in sufficiently large quantities to bring the matter before the Court. Several other cases involving the misbranding of colors have been handed down Decision 1,243 deals with the finding of 12 4 mg of arsenic oxide per kilo in candy Decision 989 showed the presence of 12 parts of arsenic per million in "chocolate Cremolin" Decision 2,406 is of particular interest in that it shows the extremely large amount of arsenic present in the adulteration of confectionery in which 87 mg of arsenous oxide in the shellac scrapings from candy per kilogram were found Decision 2,497 showed the presence of 75 parts per million of arsenic in an adulteration of phosphate which was to be used for food

In previous articles the normal arsenic value has been discussed and stated as not exceeding 30 micromilligrams per one hundred grams of dried specimen The earliest recognition of the ingestion of arsenic in this country probably was the work of Putnam and Hill who were able to trace the arsenic to the wall hangings In their studies 75 per cent of the specimens showed the presence of arsenic The presence of arsenic in Marine Crustaceans and Shellfish has been confirmed by Scandinavian, English, and American investigations A J Jones (1922) in the English Year Book of Pharmacy page 388 states that arsenic to the extent of 6 to 125 parts per million as arsenious oxide was found The report of the Swedish Government on the general question of arsenic poisoning is worth reading by any one interested in this subject Sillig showed the importance of arsenic in soils, vegetables, animal foods and marine algae Endemic arsenicism has been noted in the province of Cordova in which there is an area in which both the ground and the water contain sufficient arsenic to induce chronic arsenic poisoning in man

and in animal Escallops varied between 35 and 85 parts per million (wet), mussels between 36 and 119 parts (wet), cockles 17 and 40 parts, whalks 12 and 40, lobster 36 and 40 whereas in specimen 5 showed as high as 110 parts per million, Norway lobster 29 to 100 parts, prawns 36 to 174, shimp 12 to 40 parts, crabs 36 to 70 parts Three parts per million is equivalent to 1/48 grain of As_2O_3 per pound Thus in the case of prawns there is present 1.2 grain per pound

Chapman examined 16 samples of sea water with an average of 0 33 parts per million or approximately 1/40 grain per gallon Russian caviare contained 5 parts per million To further show the importance of these findings the same authors studied the ingestion of these lobsters by human subjects It was definitely shown that the increase of arsenic in the urine for the 12 hours following the consumption of the lobster was 85 times that of the normal value per gallon, still further increasing during the next 24 hours to 136 times the normal value. These values are mentioned by us for the good reason that it is a well-known observation that some individuals are unable to eat fish and other crustaceans without gastric disturbances as well as conditions of pruritus It has been our policy to avoid the use of fish as much as possible in the diet of our skin patients This furthermore should dissipate the mirage that has appeared in the minds of some that it is impossible for arsenic to reach the human economy, and if it does, no harm can result. The famous beer cases of 1900 have always served to keep the English observers ever alert to the public health menace

Cox, 1925, further enhances our knowledge of the subject by showing that patients fed on a fish diet excrete far more arsenic per liter than average hospital cases In 1922 an interesting situation arose in England in relation to cocoa. Arsenic in cocoa surely is one of the most unexpected sources, yet the Home and Colonial Stores were selling cocoa which contained one-fortieth of a grain of arsenious oxide per pound Rowntree sold a similar product with one-tenth of a grain per pound The arsenic was traced to the potassium carbonate used for the purpose of rendering the cocoa soluble Baking powders, egg powders, self-raising flours, need consideration due to the use of impure acid phosphate Analyses have shown 10 parts per million in egg powders, 6 6 parts in baking powder Self-raising flour contained quantities varying from 0.2 to 2 parts per million The British Royal Commission have recommended 1/100 of a grain of arsenic per gallon, and per pound This amounts to 1 43 parts per million Baking powder with as much as 1/18 grain of arsenic per pound has been found There is a temptation on the part of manufacturers to use inferior and possibly contaminated materials, thus requiring the vigilance of those who guard over food and drug supplies

Two cases of illness resulting from eating Pfefferkuchen made with potassium carbonate have been reported This is closely associated with the English cases Potash is used in the Dutch process of cocoa manufacture, thus directing our attention to chocolate products This is important in its relation to children who eat large quantities of chocolate cookies and chocolate products

In 1921 Cazeneuve reported a fatal outbreak of arsenic poisoning as a result of insecticide. There were *fifteen* deaths which occurred promptly Severe peripheral neuritis and acute arsenic symptoms appeared in the non-fatal cases The poisoning was presumed to have resulted by drinking water in which a soluble arsenic insecticide had found its way Each glass and a half contained more than a grain of the salt The law of 1916 in France forbids the use of soluble arsenicals in agriculture and this episode called forth the efforts of the Academie of Medicine to prevent a recurrence of this laxity Occiphral was the highly toxic arsenical insecticide employed in the vineyards where this series of fatal cases were observed Sir William Willcox, 1922, read a paper before the section of Industrial Diseases expanding on the sources of danger due to arsenic The author states that there has been a large increase in the number of cases of arsenic poisoning since 1908 and he attributes this to the ease with which arsenic is obtained, and the wide use in agricultural and horticultural purposes The use of arsenic as weed killers finds extensive application in England and has given rise to accidental as well as criminal poisoning A sack of sugar absorbed a quantity of the poison from a leaky tin in railroad transit About 60 cases resulted but no deaths In the case of Rex V Bingham, 1911, three fatal cases of arsenical poisoning were the subject of inquiry and these cases were undoubtedly due to liquid weed killer

Wrappers used for bread and other foods have been the source of contamination Blue, purple and green wrappers have been particularly contaminated Occupational arsenic cancer has been reported by O'Donovan In the vicinity of the copper smelting works and tin burning houses of Cornwall, horses and cows commonly lose their hoofs, and have a cancerous affliction of their rumps It deserves

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and in animal Escallops varied between 35 and 85 parts per million (wet), mussels between 36 and 119 parts (wet), cockles 17 and 40 parts whalks 12 and 40, lobster 36 and 40 whereas in specimen 5 showed as high as 110 parts per million, Norway lobster 29 to 100 parts, prawns 36 to 174, shimp 12 to 40 parts, crabs 36 to 70 parts Three parts per million is equivalent to 1/48 grain of As_2O_3 per pound Thus in the case of prawns there is present 1.2 grain per pound

Chapman examined 16 samples of sea water with an average of 0 33 parts per million or approximately 1/40 grain per gallon Russian caviare contained 5 parts per million To further show the importance of these findings the same authors studied the ingestion of these lobsters by human subjects It was definitely shown that the increase of arsenic in the urine for the 12 hours following the consumption of the lobster was 85 times that of the normal value per gallon, still further increasing during the next 24 hours to 136 times the normal value These values are mentioned by us for the good reason that it is a well-known observation that some individuals are unable to eat fish and other crustaceans without gastric disturbances as well as conditions of pruritus It has been our policy to avoid the use of fish as much as possible in the diet of our skin patients This furthermore should dissipate the mirage that has appeared in the minds of some that it is impossible for arsenic to reach the human economy, and if it does, no harm can result. The famous beer cases of 1900 have always served to keep the English observers ever alert to the public health menace

Cox, 1925, further enhances our knowledge of the subject by showing that patients fed on a fish diet excrete far more arsenic per liter than average hospital cases In 1922 an interesting situation arose in England in relation to cocoa. Arsenic in cocoa surely is one of the most unexpected sources, yet the Home and Colonial Stores were selling cocoa which contained one-fortieth of a grain of arsenious oxide per pound Rowntree sold a similar product with one-tenth of a grain per pound The arsenic was traced to the potassium carbonate used for the purpose of rendering the cocoa soluble Baking powders, egg powders, self-raising flours, need consideration due to the use of impure acid phosphate Analyses have shown 10 parts per million in egg powders, 6 6 parts in baking powder Self-raising flour contained quantities varying from 0.2 to 2 parts per million The British Royal Commission have recommended 1/100 of a grain of arsenic per gallon, and per pound This amounts to 1 43 parts per million Baking powder with as much as 1/18 grain of arsenic per pound has been found There is a temptation on the part of manufacturers to use inferior and possibly contaminated materials, thus requiring the vigilance of those who guard over food and drug supplies

Two cases of illness resulting from eating Pfefferkuchen made with potassium carbonate have been reported This is closely associated with the English cases Potash is used in the Dutch process of cocoa manufacture, thus directing our attention to chocolate products This is important in its relation to children who eat large quantities of chocolate cookies and chocolate products

In 1921 Cazeneuve reported a fatal outbreak of arsenic poisoning as a result of insecticide. There were *fifteen* deaths which occurred promptly Severe peripheral neuritis and acute arsenic symptoms appeared in the non-fatal cases The poisoning was presumed to have resulted by drinking water in which a soluble arsenic insecticide had found its way Each glass and a half contained more than a grain of the salt The law of 1916 in France forbids the use of soluble arsenicals in agriculture and this episode called forth the efforts of the Academie of Medicine to prevent a recurrence of this laxity Occiphral was the highly toxic arsenical insecticide employed in the vineyards where this series of fatal cases were observed Sir William Willcox, 1922, read a paper before the section of Industrial Diseases expanding on the sources of danger due to arsenic The author states that there has been a large increase in the number of cases of arsenic poisoning since 1908 and he attributes this to the ease with which arsenic is obtained, and the wide use in agricultural and horticultural purposes The use of arsenic as weed killers finds extensive application in England and has given rise to accidental as well as criminal poisoning A sack of sugar absorbed a quantity of the poison from a leaky tin in railroad transit. About 60 cases resulted but no deaths In the case of Rex V Bingham, 1911, three fatal cases of arsenical poisoning were the subject of inquiry and these cases were undoubtedly due to liquid weed killer

Wrappers used for bread and other foods have been the source of contamination Blue, purple and green wrappers have been particularly contaminated Occupational arsenic cancer has been reported by O'Donovan In the vicinity of the copper smelting works and tin burning houses of Cornwall, horses and cows commonly lose their hoofs, and have a cancerous affiction of their rumps It deserves

formed in nature, which through their chemical properties, under certain conditions, so influence the organs of living beings, that the health of these beings is seriously influenced *temporarily* or *permanently*"

This comment differentiates between the toxic action of arsenic as compared with the highly commendable properties of arsenic as a therapeutic remedy No one can question the favorable action of the Salvarsans in the treatment of syphilis They report the acme of many years of therapeutic research, and also the fact that there was a differentiation between the chemical constitution of arsenic as applied to therapy in comparison with inorganic and pentavalent arsenic preparations, which for the most part produce toxic actions In relation to the Salvarsans the question of toxicity, solubility, and clinical effect were all properly balanced in selecting a drug of satisfactory type Physiologically it is shown that therapeutic differs materially from arsenic in its other forms Arsenic as a pentavalent substance in the form of an insecticide or as a substance in foods, drugs, and drinks behaves quite differently from the element in its best form, such as the Salvarsans

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state of affairs is largely due to lack of general knowledge of the action of these metals In the space at our disposal the subject of metals has been covered briefly and in our discussion the use of insecticides in particular is called to the attention of our readers Many known deaths and many others have yet to creep into the literature as a result of the insecticide problem In addition, the large number of subchronic symptoms accounts for many thousand other deaths In this connection attention is directed to the excellent contribution of Vogel at St. Luke's Hospital, New York, dealing with the subject of arsenic and its relation to jaundice There can be no question in regard to the widespread damage done by lead and arsenic from insecticides The damage to human health and happiness is enormous and the economic loss is beyond computation In the words of Vogel, "It is an uncanny thought to realize that this lurking poison is everywhere about us, ready to gain unsuspected entrance to our bodies from the food we eat, the water we drink and other beverages we may take to cheer us, the clothes we wear, and even the air we breath" It is as a contribution to this phase of the subject and to the possible importance of *slight degrees* of arsenic retention that the following observations are presented Thinking of metals from these points of view it may seem to present unsurmountable difficulties to those who desire to contribute to our artificial modes of living but pure, uncontaminate foods and drugs must be obtained The fixing of any limit of tolerance is and only can be relative Standards should aim at no metal at all It is only a blind effort to state that under our present mode of living some metal must be present It is further emphasized that for the most part animal experimentation will not solve the question of what constitutes harmful values because of the fact that no animal results can be translated in terms of human damage This is particularly true of the aluminum controversy

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RADON AND SURGICAL DIATHERMY IN NEOPLASMS OF THE UPPER AIR PASSAGES*

By G ALLEN ROBINSON, M D, NEW YORK, N Y

SURGERY, Roentgen ray, surgical diathermy and radium are the big four therapeutic agents used in the treatment of neoplasms of the upper air passages The latter two methods have only recently been recognized as effectual and essential aids in the conquest of new growths The evolution of electrothemic methods and the romance of radon therapy are fascinating chapters in the history of medicine

The technique of surgical diathermy which includes electrodesiccation, electrocoagulation, and endotherm knife has been fully described by Clarke, Wyeth, and others and shall not be discussed in detail in this paper I should like however to advocate a correlation of the various methods used in the treatment of neoplasms rather than to argue, for example, surgery versus Roentgen ray or radon versus surgical diathermy

This paper is illustrated with lantern slides The first is a microphotograph of a squamous cell carcinoma of the tonsil, grade one, according to Broder's classification (See Figure 1) Slide two is a section taken eleven days after a surface gamma irradiation of 900 milligram hours One notices the disappearance of the squamous cell, the edema of the tissues, the infiltration of leucocytes and lymphocytes, the new formed capillaries (See Figure 2) The growth was then circumvallated with eight 10 mg platinum needles one centimeter apart for ten hours The third picture is taken six weeks later It shows the inflammatory reaction subsided and fibrous connective tissue replacing the original growth (Figure 3)

Radium needles have been supplanted largely along with bare glass seeds by implants screened with 0.2 mm of gold or platinum. The caustic beta rays are eliminated together with the subsequent painful inflammatory reaction A more accurate dosage is obtained with greater ease of application by using the filtered radon implants rather than the radium needles Careful attention should be given to the hygiene of the mouth before starting treatment Figure 4 shows the technique of inserting radon implants into the base of a carcinoma of the tonsil and tongue Each cubic centimeter of tumor tissue receives approximately one millicurie or 133 mc hrs Surface gamma radiation in amounts of 500 to 1000 mc. hrs are given either before or after the interstitial method is used This added dosage assures a greater intensity over a wider area

Primary carcinoma of the tonsil is fairly common and should be diagnosed early as patient notices slight difficulty in swallowing The lesion ulcerates early and grows rapidly The two main types are squamous cell carcinoma and the transitional cell carcinoma The latter is very radiosensitive and will disappear even under external radiation through the neck Carcinoma of the tonsil frequently extends to the soft palate, lateral wall of the pharynx or base of the tongue. The lesion should be carefully palpated to determine

*Read before the American College of Physical Therapy Chicago Ill October 9 1923

notice that the smelters are occasionally affected with a cancerous disease of the scrotum similar to that which infests chimney sweepers

Remington in this country has called attention to the presence of arsenic in American smoking and plug tobacco to the extent of 6 to 30 parts per million equivalent to 1/20 to about 1/4 grain of arsenic trioxide per pound

The present method of disposing of the boll weevil through the use of calcium arsenate puts arsenic in cotton Arsenic to the extent of 0 0973, 0 578, 0 903, and 0 109 milligrams per hundred grams has been found in cotton from four different localities It has been found in the finished cotton goods, and going a step farther patients handling these goods have shown skin manifestations Isolation of arsenic in the urine of the patients has been made

For the first time in 1916 an unusual source of poisoning was reported in which an outbreak of hydrogen arsenid poisoning occurred in British submarines Examination of the blood of three men sent to the Naval Hospital at Chatham gave no evidence of carbon monoxide poisoning The patients were jaundiced and showed a profound anemia In the first voyage the onset of the symptoms appeared generally on the third and fourth day On the second trip the symptoms were more pronounced and started on the first or second day The number and severity of the illness forced one boat to return at the end of four days Twenty men out of the twenty-six on board vomited within twenty minutes after the opening of the boat Proof of the illness was obtained by finding hydrogen arsenid in the air, by recovery of arsenic in the urine and hair of the victims The origin was finally traced to an alloy in the battery grids of the affected boats The amount of arsenic increased as the batteries got older The two symptoms most complained of were vomiting and dyspepsia, burning and griping abdominal pains were also noted In all there were 30 cases reported in which jaundice was a constant sign, headache, peripheral neuritis and cramps were frequently noted Arsenic was found in hair, urine, and nails

Confirming these findings two cases of submarine workers have come to our attention in which arsenic has been found as the causative factor These men suffered with a chronic arsenic poisoning in which skin manifestations were the external predominating symptoms These symptoms fall in our group of metallic eczemas previously described by us A short course of treatment with freshly prepared Sodium Thiosulphate has completely cleared these conditions These patients stated that many other members of the submarine crew suffered with similar symptoms showing that this is a common condition To illustrate the amount of gas that may be liberated, the following data is illuminating A submarine may have 150 batteries, each battery weighing approximately 2200 lbs, the men sleep over the batteries, thereby breathing the arsenic which is liberated as a gas

The presence of arsenic in glycerol, gelatin, glucose, bismuth subnitrate, canned fruits, tartar emetic, calamine lotion, Ichthyol, celery, lettuce, tomatoes, potatoes, cabbage, apples, pears, cherries, peaches, and wines, all offer opportunities for chronic arsenic action During a recent conversation with an eminent agriculturist, it was stated that arsenic was added to ensilage as a tonic effect for the fattening animals as well as for the milch cows The end result ofthis can only be the presence of arsenic in our meat and milk At this time the authors raise question in regard to the present methods of treating pernicious anemia by means of liver feeding In previous reports our investigations have shown the liver to be a great store house for arsenic May it not be possible that danger along these lines lies ahead?

ARSENIC IN VARIOUS VEGETABLE AND FOOD SUBSTANCES

	As,p p m	Reported by
Peas	0 04	Bertrand
Carrots	05	Bertrand
Apples	05	Bertrand
Mushrooms	06	Bertrand
Pears	07	Bertrand
Rice	07	Bertrand
Beef (muscle)	0 006	Bertrand
Veal	001	Bertrand
Mackerel	025	Bertrand
Grumet (fish)	06	Bertrand
Eggs	08	Bertrand
Corn stalks	04	Jadin and Astruc
Potatoes	08	Bertrand
Cauliflower	08	Bertrand
Spinach	09	Bertrand
White beans	10	Bertrand
Cabbage	20	Bertrand
Lettuce	.23	Bertrand
Corn kernels	3	Jadin and Astruc
Dried peas	26	Jadin and Astruc
Dried fruits (sulfur bleached)	0 2-2 0	Collins
Vegetables	0 2	Bang
Fish	3	Cox

The time has not yet arrived when obscure clinical symptoms are explained on the basis of the action of small amounts of metals This

sication may also be employed in the treatment of leucoplakia.

A combination of methods gives the best end-result in the treatment of carcinoma of the antrum. Unfortunately the condition is rarely observed early, the bony walls are often involved, requiring extensive surgery Electrocoagulation has been of great value in destroying the mass without hemorrhage or danger of metastasis After the growth has been removed and the cavity made accessible for radium application intense gamma radiation is given Two or three 50 millicurie radon tubes screened with one millimeter of brass may be applied to the region involved for twenty to twenty-four hours A combination of deep Roentgen ray and radon packs is applied externally over the cheek and to the regional lymphatics

Sarcoma of the nasal sinuses is more sensitive to radon treatment than carcinoma Surgical measures in the treatment of sarcoma of sinuses are best omitted or limited to the removal of a section to determine the type of tumor involved Deep Roentgen ray therapy plus radium packs will inhibit the growth and in some cases give clinical cures

Fibromas of the nasopharynx are dense, firm tumors composed of connective tissue and blood vessels They occur in early adult life and more often in males than in females They form a definite clinical picture, but the etiology is unknown The tumors are usually pedunculated and arise from the vault of the nasophraynx, although they may originate in the posterior ethmoid or sphenoid sinuses The surgical treatment of fibromas is attended with severe hemorrhages and frequent recurrences Radium treatment has been found to be a safe procedure and to give good results The technic now employed is to apply a 50 mg radium tube to the pedicle of growth for six hours in order to shrink the tumor and decrease the blood supply After two or three weeks, platinum radon seeds are inserted into the tumor mass with little or no danger of hemorrhage A radiation necrosis of the tumor mass is to be avoided, because of the danger of middle ear infection

Rhinoscleroma is a chronic inflammatory condition produced by Frisch's bacillus, which gradually causes obstruction of the upper air passages The action of radium in this condition is to produce dense fibrous tissue replacing the loose granulation fibrillar mesh work in the submucosa In early cases radium offers a good chance for a cure, and in the advanced cases palliative relief is obtained

The patient with a growth in the larynx should be carefully studied in order to arrive at the proper diagnosis On inspection it is oftentimes impossible to differentiate clinically between tuberculosis, syphilis, and carcinoma After the first two conditions have been ruled out, a biopsy should be done before radical treatment is undertaken

In the majority of cases the lesion is extrinsic involving the pyriform fossa, epiglottis and arytenoids An operation is not usually performed

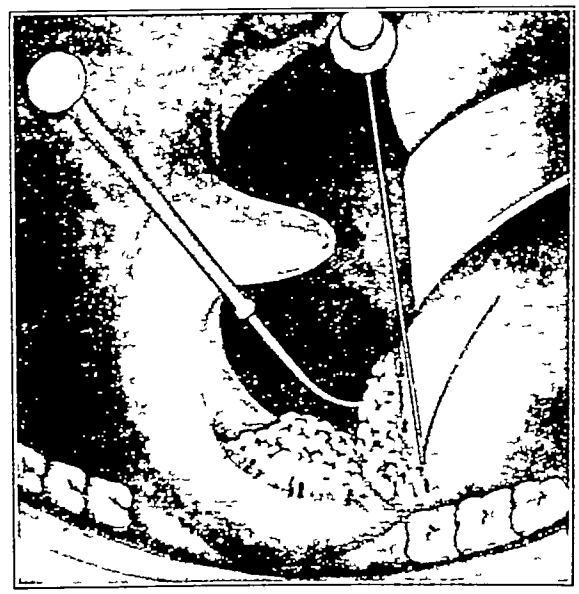


FIG. 4
Radon implants inserted into base of lesion

In intrinsic carcinoma of the larynx which is early or moderately advanced laryngectomy has given the greatest percentage of cures Encouraging results have been obtained recently in the extrinsic or inoperable cases by the insertion of filtered radon implants One millicurie is used to each centimeter of tumor tissue They are implanted through the bronchoscope Care is taken not to insert the implants into the cartilage Tracheotomy is performed in those cases in which obstruction is marked During the two weeks following the radon treatment there is usually a severe inflammatory reaction with symptoms exaggerated They may be controlled by the use of codeine During the third or fourth weeks after the treatment the lesions show marked regression, healing occurring, the patient is decidedly more comfortable The painful swallowing is relieved and a gain of weight is noticed In addition to the implantation method external radon packs are employed The treatment of extrinsic carcinoma of the larynx gives palliative results well worth while

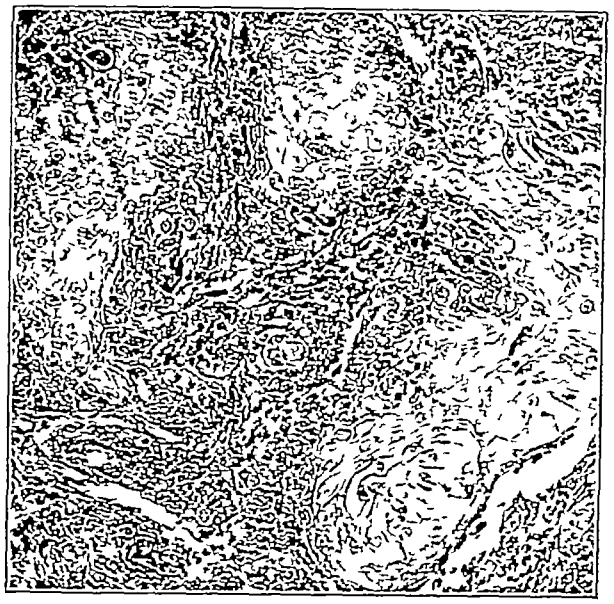


FIG 1
Squamous cell epidermoid carcinoma of tonsil

the extent of the induration A section for microscopical study should be taken in every case Deep x-ray therapy or radon packs are applied to the lymph nodes of the affected side whether palpable or not.

Irregularities of the teeth, ill fitting plates, syphilis and tobacco are etiological factors in the production of carcinoma of the tongue Nearly all the cases are of the squamous cell epidermoid type Carcinoma at the tip and side of the tongue are much more favorable for treatment than those at the base Interstitial radon implantations permit of an accurate and even distribution of radiation throughout the tumor mass which was not possible by surface application One to 1 5 millicurie gold implants placed one centimeter apart seems to be the proper dosage They should not be placed too near the bone because of the danger of necrosis Where possible it is better to introduce the trocar through healthy tissue at the base of growth rather than through the tumor tissue which is often ulcerated Ligation of the external carotid above the superior thryoid branch is advisable The lymph node involvement when movable may be removed surgically Combination of deep x-ray and radon packs are applied to the lymphatic areas on each side of the neck Electrocoagulation of large ulcerated areas may be advisable in some cases and radon implants used in the base of the wound

Excellent results are obtained by radium treatment of carcinoma of lip The two clinically different varieties, papillary and ulcerated, differ in their clinical course, the one does not invade the lymph nodes for many months, the other tends to metastasis early Radon may be applied by surface radiation from three sides However should the lesion be deeply infiltrating, platinum radium needles or gold radon implants 1 0 to 1 5 millicurie each should be inserted into the base of the growth The lymph nodes of the neck should be irradiated whether palpable or not The cosmetic results following radon treatment are usually superior to that of surgery and the end results better It seems justifiable to treat epithelioma of lip by radium rather than surgery because of the slight defect that remains, the ease of the radon applications, and permanency of results

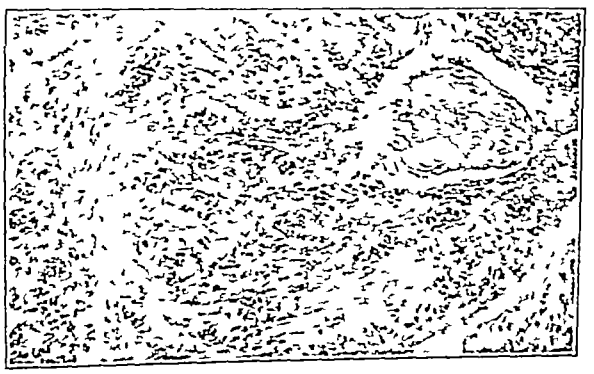


FIG 2
Eleven days after initial radium application

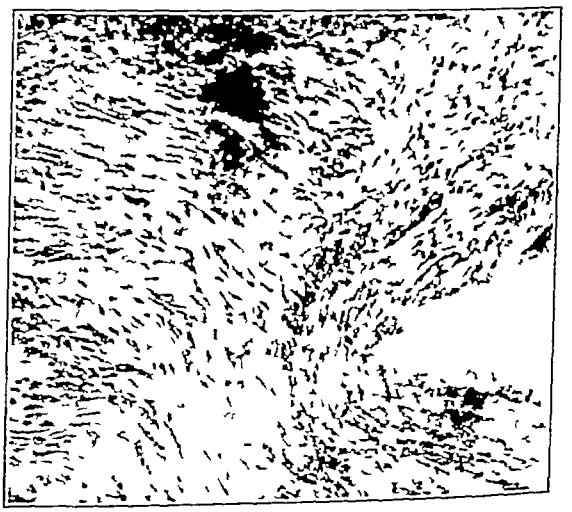


FIG 3
Connective tissue replaces malignant tissue

Leucoplakia of the oral cavity is nearly always due to chronic irritation from bad teeth, tobacco or syphilis Better oral hygiene in which the causative factors are removed will cause many of these lesions to disappear In the thicker lesions it is necessary to use caustic gamma ray doses of radon The application of 50 millicurie tubes screened with one millimeter brass are applied for two or three hours to each area Electropes-

Ages	A MALES												B FEMALES											
		Upper Jaw					Lower Jaw							Upper Jaw					Lower Jaw					
	Number of Cases	Central Incisor	Lateral Incisor	Canine	Bicuspid	Molar	Central Incisor	Lateral Incisor	Canine	Bicuspid	Molar	Total	Average	Number of Cases	Central Incisor	Lateral Incisor	Canine	Bicuspid	Molar	Central Incisor	Lateral Incisor	Canine	Bicuspid	Molar	Total	Average
5–10 years	6							1			5	6	1	5									1	1	1
10–15 years	5	1										1	—1	4	1				4				2	2	9	2
15–20 years	10	2	2		2	4				2	7	19	1	10	1			2	3				6	12	1
20–25 years	4	2	2	2	4	7	2	2	2	4	6	33	8	28	4	5	2	14	13				12	29	79	2
25–30 years	6			1	1	2				1	4	9	1	25		3	1	10	27	2	1		2	25	71	2
30–35 years	9				1	13				1	11	26	2	42	11	15	17	40	78	2	2	5	35	99	304	7
35–40 years	13		1	2	13	31	2	2	2	12	33	98	7	29	13	11	11	40	61	2	2	4	23	87	254	8
40–45 years	11	3	4	4	9	21			1	9	18	69	6	23	24	28	22	58	77	7	8	8	26	79	332	14
45–50 years	9	1	4	3	6	22				3	17	56	6	23	24	23	23	52	74	16	16	15	45	91	379	16
50–55 years	9	13	10	9	20	33	10	5	4	12	23	139	15	21	26	25	25	60	97	18	17	17	47	77	409	19
55–60 years	6	4	4	5	9	16	4	4	2	9	20	77	12	16	17	19	17	43	67	14	7	6	29	64	283	17
60–65 years	2	2	2	2	4	7	2	2	2	4	7	34	17	19	36	36	38	68	102	32	30	32	71	106	546	28
65–70 years	3	4	6	4	5	15	4	5	2	5	15	65	21	5	8	8	8	16	24	9	10	9	20	30	142	28
70–75 years	3	6	6	6	12	16	6	6	6	12	17	93	31	1	2	2	1	3	6	2	2	2	4	6	30	30
75–80 years	1	2	2	2	4	6	2	2	2	4	6	32	32													
80–85 years														1	2	2	2	4	6	2	2	2	4	6	32	32
Total Cases	97													252												

C TOTAL NO OF CASES												
	Upper Jaw					Lower Jaw						
Number of Cases	Central Incisor	Lateral Incisor	Canine	Bicuspid	Molar	Central Incisor	Lateral Incisor	Canine	Bicuspid	Molar	Total	Average
11							1		1	5	7	—1
9	2				4				2	2	10	1
20	3	2		4	7				2	13	31	1
32	6	7	4	18	20	2	2	2	16	35	112	3
31		3	2	11	29	2	1		3	29	80	2
51	11	16	17	41	91	2	2	5	36	110	330	6
42	13	12	13	53	92	4	4	6	35	120	352	8
34	27	27	26	67	98	7	8	9	35	97	401	11
32	25	27	26	58	96	16	16	15	48	108	435	13
30	39	35	34	80	130	28	22	21	59	100	548	18
22	21	28	22	62	83	18	11	8	38	84	360	16
21	38	38	35	72	109	34	32	34	75	113	580	27
8	12	14	12	21	39	13	15	11	25	45	207	25
4	8	8	7	15	22	8	8	8	16	23	123	30
1	2	2	2	4	6	2	2	2	4	6	32	32
1	2	2	2	4	6	2	2	2	4	6	32	32
349												

Total Number of Missing Teeth in Sequence

Upper Jaw		Lower Jaw	
Molar	198	Molar	189
Bicuspid	90	Bicuspid	78
Lateral Incisor	43	Central Incisor	82
Central Incisor	40	Lateral Incisor	29
Canine	40	Canine	28
Totals	406		851

Both Jaws	
Molar	382
Bicuspid	168
Central Incisor	72
Lateral Incisor	72
Canine	63

Total Number of Missing Teeth in Sequence

Upper Jaw		Lower Jaw	
Molar	639	Molar	707
Bicuspid	410	Bicuspid	321
Lateral Incisor	172	Central Incisor	106
Central Incisor	169	Canine	100
Canine	162	Lateral Incisor	97
	1,552		1,331

Both Jaws	
Molar	1,346
Bicuspid	731
Central Incisor	275
Lateral Incisor	269
Canine	262

Total Number of Missing Teeth in Sequence

Upper Jaw		Lower Jaw	
Molar	832	Molar	996
Bicuspid	500	Bicuspid	399
Lateral Incisor	215	Central Incisor	138
Central Incisor	209	Lateral Incisor	126
Canine	202	Canine	128
	1,958		1,682

Both Jaws	
Molar	1,678
Bicuspid	899
Central Incisor	347
Lateral Incisor	341
Canine	325

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MISSING TEETH

By WILLIAM LINTZ, M D, BROOKLYN, N Y

THE relationship of teeth to general health is well recognized and its importance universally conceded so that no further comment is necessary on the subject. If more doctors would be dentists and more dentists would be doctors a happy relationship would then exist, which would ultimately reflect unlimited benefit to the patient

This study was undertaken especially to see whether the teeth are lost alike in both jaws What percentage of the teeth are lost by the average patient when he presents himself at the doctor's office for examination, and in what order they are lost During the course of this study valuable information was revealed which is of great interest to the physician and dentist alike.

Three hundred and sixty-one consecutive office patients presented themselves with the various complaints for which they come to an internist, were examined carefully regarding missing teeth and the condition of the remaining teeth As a rule we found that the more teeth were lost, the remaining teeth were in poor shape The converse of this proposition was also true This is because patients like to retain as many teeth as possible, even if they are badly diseased. The teeth were lost spontaneously or extracted, in both instances on account of diseased conditions So that missing teeth can be taken as evidence of diseased teeth Only rarely, however, were healthy teeth extracted on account of mistaken diagnosis, or unsatisfactory therapeutic results This could have been avoided if the principle were followed that a tooth must be diseased as a prerequisite for extraction for any condition I believe that with modern scientific methods of investigation—*x*-ray, bacteriology, electrical reactions, etc., a definite diagnosis as to dental disease can be established in practically every instance When dealing with impacted teeth, of course other requirements must be met, for extraction *See Chart Next Page*

A There were 97 males in this group There is a definite increase in the loss of teeth between the ages of 35-40 years and another marked increase between 50-55 years The apparent increase which occurs between 20-25 years is unreliable since there are only 4 cases in this group 15 67% more teeth were lost in the upper than in the lower jaw The teeth are not lost haphazardly but in a definite order or sequence, which is practically the same in both jaws, namely molars, bicuspids, central incisors, lateral incisors and canines The molars are the most frequent teeth lost and the canines the least and last to go

B There were 252 females in this group There is a definite increase in the loss of teeth in the female between the ages of 30-35 years and 40-45 years 16 60% more teeth were lost in the upper than in the lower jaw The sequence for the loss of teeth in both jaws were the same as in the males—molars, bicuspids, central incisors, lateral incisors and canines Again we see the molar the most fragile tooth and the canine the most hardy one

C Considering the 349 cases composed of male and female together, we find that there is a definite increase in the loss of teeth at the ages of 30-35 years and 50-55 years The teeth are lost in the following sequence—molars, bicuspids, central incisors, lateral incisors, and canines, 16 40% more teeth are lost in the upper than in the lower jaw Although in the mouth there are only three times as many molars as canines, they are lost 5½ times as many as compared to the canine teeth

Non-Pregnant Women

(A) 69 Cases—Upper Jaw—161 teeth 14% Lower Jaw—152 teeth 13% Total 313 teeth 14%

Males

(B) 108 Cases—Upper Jaw—385 teeth 22% Lower Jaw—309 teeth 17% Total 694 teeth 20%

Women With a History of Pregnancy

(C) 184 Cases—Upper Jaw—1394 teeth 47% Lower Jaw—1224 teeth 41% Total 2618 teeth 44%

Total Females

253 Cases—Upper Jaw—1555 teeth 38% Lower Jaw—1376 teeth 33% Total 2931 teeth 36%

Grand Total all Cases

361 Cases—Upper Jaw—1940 teeth 33% Lower Jaw—1685 teeth 29% Total 3625 teeth 32%

From this table we see that the teeth of women, who have never been pregnant, are the best of all, and retained the longest. Only 14% of the teeth were lost. The males come next with a loss of 20% of their teeth The women who have been pregnant show the greatest ravages, with a dental loss of 44% If we consider the entire group of 361 cases, composed of men, pregnant and non-pregnant women and children, we find that they present themselves at the office with 32% of their teeth missing

Resume

1 Needless extraction of teeth can be avoided if modern diagnostic methods are employed.

2 The female loses her teeth five years earlier than the male

3 About 16% more teeth are lost in the upper than the lower jaw This is true both for male and female.

4 Both sexes lose their teeth in a definite sequence—viz, molars, bicuspids, lateral incisors, central incisors and canines

5 The molar is the most fragile tooth and the canine the hardiest.

6 361 patients lost 32% of their teeth.

origin or etiology of his attacks was the ultra-violet rays

Case Number 2 Doctor's wife, comes complaining of pain in the eyes and photophobia. The onset similar to the previous case started first with an itching of the eyes, extreme lacrimation, and finally photophobia and pain This condition lasted throughout the night and the patient appeared in my office the next morning also demonstrating the typical injection of the lid vessels, conjunctival engorgement, some haziness of the cornea, and a marked contraction of the pupil In this case the doctor himself suggested the etiology As a baby patient was brought to him for treatment with the Ultra-Violet rays he asked his wife to hold the baby while he administered the treatment, since the baby was restless and cranky She neglected to put on protective glasses From my previous experience it was easy for me to know the condition with which I was dealing and I was able to relieve her in a few minutes, her condition cleared up in about five days

Case Number 3 Male, 40, riveter, comes in complaining of severe pain in the eyes, photophobia, and blindness He gives a history that while he was riveting in the subway construction, a gang next to him was doing some welding While it did not affect him immediately, about three or four hours later he too started to experience itching of the eyes, extreme lacrimation, photophobia, extreme pain in the eyes, and inability to see During that night he was taken to the Roosevelt Hospital but apparently they did not succeed in relieving him of his pain He was sent to me the next morning, unable to open his eyes, and complaining of severe pain in the eyes and head Upon examination his symptoms were found to be similar to those of the previous cases There appeared marked engorgement of the lid vessels, some injection of the conjunctiva, the cornea very hazy and dry This was another case suffering from exposure to strong light. I was able to relieve this patient too of his pain, but it took him from ten days to two weeks to throw off the effects of his affection, the last to go was the itching of the eyes

Now the question is with what condition are we dealing here. What is the injury produced by these exposures? After searching the literature on hand at that time I was unable to locate a description and a name for this particular type of injury Upon questioning various colleagues they all seemed to be at a loss as to the exact condition of this injury So thinking about the various phases of this condition and its manifestation I decided to call it "Photo-ophthalmia." Subsequent perusal of the literature disclosed that Parsons[2] and Verhoef and Bell[3] used this term in describing this condition in their experiments

That pathologic effects can be produced upon the structure of the eye by exposure to artificial or natural sources of light is certain when this takes place under sufficiently powerful exposure to radiant energy, but the essential fact is the discovery of the quantitative relations between the amount of incident energy and the effects These relations have generally been left quite out of the reckoning in discussing the subject with the result that they have led to vague and often quite unwarranted conclusions, as irrelevant as if one should condemn steam-heating as dangerous, because one can burn his fingers upon the radiator

We know that all radiation of whatever wave length is convertible into heat when absorbed by material bodies and may produce chemical changes as well. These chemical changes show a tendency to increase with the frequency of the oscillations, so that chemical changes are rare in the Infra-red and increasingly frequent as one approaches the extreme Ultra-violet. It is *this tendency* that is shown in the pathologic changes which may be caused in living cells by the incidence of radiation

Therefore, since the Ultra-violet rays are so commonly used now, and unfortunately indiscriminately at times, and since we are confronted with pathologic effects of these rays on the eye as in the above-mentioned cases, we will confine ourselves here to the pathologic action of Ultra-violet rays on the eye

Verhoef and Bell[4] showed very definitely that we can measure the quantitative and qualitative amount of radiant energy of the Ultra-violet ray to produce pathologic changes in the eye. They proceeded to do this in experimentation on rabbits' eyes, exposing them to the quartz lamp The problem that they tried to solve was as to the quality of radiation as well as quantity that is necessary to produce these changes Furthermore, in order to produce these changes is it necessary to have the same quantity or dosage to be administered at one time or could the same quantity or dosage be given in fractional amounts and still produce these pathologic changes?

Using a mercury quartz lamp in their experiments on the rabbit they exposed its eyes to this lamp at a distance of five-tenths of a meter to various periods of time, one minute, two and one-half minutes, three and one-half minutes, etc The minimum exposure at that distance required to produce the first sign of pathologic changes on the surface of the cornea was determined to be about six minutes This figure may vary slightly with different types of animals They also observed that to produce loss of corneal epithelium, an exposure about two and one half times that necessary to produce slight Photo-ophthalmia was re-

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PATHOLOGIC EFFECTS OF THE ULTRA-VIOLET RAYS ON THE EYE AND TREATMENT

By EDWARD G LEAR M D, NEW YORK, N Y

THAT strong rays of light are capable of producing injuries to the eye is a well-known fact. Snow blindness and eclipse blindness are two conditions in that category But under the present conditions snow blindness and eclipse blindness are rarely encountered by us, and we can disregard them for practical purposes

At the advent of electricity, however, we began to be confronted with new phases of light and some of their pathologic effects on the eye We know that the early workers in electricity experienced certain injuries when they were exposed to rays of light as in the case reported by Dr Charcot[1] Two chemists were experimenting over an arc light, supplied by a Bunsen battery, for a period of about one and a half hours, using this battery interruptedly so that all in all their exposure to the arc light did not last more than twenty minutes, during that period They were at a distance of about fifty centimeters from the arc While they were not sensible of a rising temperature, nevertheless, during that evening and the whole night which they passed without sleep they found in their eyes a feeling of severe irritation and saw continually flashes of colored spots The next day both had upon their faces erythema of a purplish color and experienced a feeling of pain and tension The appearance of the skin and parts affected was exactly that of a sunburn A slight desquamation was established at the end of four days, and lasted in all five or six days

But as electricity is being more and more used for illuminating purposes such as the powerful Klieg lights in the moving picture industry or the welding by electricity or the quartz lamp or the carbon arc lamp in therapy, new injuries to the eye manifest themselves when exposed to the light

In the literature on such subjects nothing specific had been done until recently to prove definitely the disease produced by the effects of these lights so far as diagnosis, symptomatology, pathology and therapy are concerned

Recently I had the occasion to treat several patients afflicted by exposure to certain light rays

Case Number 1 H S, male, 28, appeared in my office complaining of his eye blinking and tearing Upon examination there was a redness of the lid margin, engorgement of the lid vessels as well as the conjunctiva vessels The cornea seemed to be somewhat dry but otherwise negative I was at a loss to make a definite diagnosis at the time except for conjunctivitis However, this condition subsided within a few days

A week later the same patient appeared again with an intense pain in the eyes, more so in the right, engorgement of the lid vessels, the cornea dry and hazy, extreme photophobia, and marked contraction of the pupil The pain and photophobia were so severe that when I attempted to examine him with the light the patient fainted The history of the onset of this attack was that it began four hours before he appeared at my office, first with an itching of the eye, then tearing, and finally pain and inability to open the eye Upon installation of four percent cocaine solution in the eye the patient was temporarily relieved. In about six days it cleared up

Two weeks later the same patient, while spending the night in Brooklyn, experienced another attack in a more severe form, and passed the night in agony Early in the morning he called me, and appeared at my office complaining of severe pain in the eyes and head and extreme photophobia Upon examination I noticed an extreme injection of the lid vessel, edema, marked conjunctival injection, and the cornea dry and hazy The history of the onset of this attack was identical to the one previous This time I was totally convinced that whatever caused this condition the pain and photophobia were due to a marked ciliary spasm, and decided to use a cycleplegic, with the most astonishing results After about five minutes the pain and photophobia completely subsided, and cleared up in about a week

My interest in this case was greatly aroused, as the patient could not give any definite reason or cause for its onset. But after questioning him carefully I elicited the history that every attack that this man had, occurred on the day when he went to the Y M C A That led me to question him further as to his activities there He went to the "Y" for gymnastics and exercise and told me that after completing these he went into another room for sun ray treatments In describing the room he said that it contained several powerful Ultra-Violet ray machines going continuously In replying to my question as to whether or not he had protective glasses when in this room he answered that he did not, as the light seemed harmless to him The discrepancy in these attacks was that the first time he was exposed three minutes in that room, the second time five minutes, and the third time ten minutes This proved definitely to me the

remains to be determined by future observation and experiment

As regards the treatment, the ordinary treatment of conjunctivitis such as silver nitrate or zinc sulphate will aggravate the condition. The most gratifying effects are obtained from the immediate installation of a suitable cycloplegic preferably Homatropine, with cold applications, and the wearing of smoked glasses against strong rays of light.

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COMBINED MORPHINE, SCOPOLAMINE AND RECTAL ETHER FOR ANALGESIA IN LABOR

By F J SCHOENECK, M D, SYRACUSE, N Y

IT IS the aim of every conscientious obstetrician to make the process of parturition as painless as possible, always, of course, within the limits of safety for mother and child He would fail in his duty as a physician if he did not keep this end in view This is not a purely modern endeavor Opium has long been used by the Egyptians and we read of coal-vapor being administered to the women of India during labor Simpson, however, first obtained satisfactory results in 1847 with ether and later used chloroform. As parturition is slow, a general anaesthetic for all stages is impossible and of value only at the end of the second stage when instrumental delivery is necessary or desirable Nitrous oxide has given us a formidable means of caring for the expulsive stage and it is the long first stage which we must now strive to relieve

Dammerschlaf, or "Twilight Sleep," of Kreug and Gauss was the greatest step in the direction of painless child-birth and some years ago was heralded as the perfect analgesia for labor Knipe well defined this as "that condition of the mind, in which, while the patient remains perfectly conscious and intelligent she, at the same time, loses knowledge of present events when they are completed" Unfortunately this ideal state of mind is not always produced, the patient, far from remaining intelligent, becomes excited and unruly and is hard to manage in many instances Special sound-proof rooms are necessary, abundant nursing help and almost constant attendance on the part of the obstetrician The next outstanding development was Gwathmey's "Synergistic Analgesia," consisting of Morphine and Magnesium Sulphate injections into the buttocks combined with rectal ether Very good results are obtained with this method, but occasional abscesses at the site of the magnesium Sulphate injections are encountered and there is some dispute as to the synergistic qualities of that salt when combined with morphine Other recent developments are sacral and spinal anaesthesia, using various preparations of novocaine, but they offer some dangers and are still in the experimental stage

We have seen good results from both Scopolamine-Morphine and "Synergistic Analgesia" in the hands of experienced men The method I wish to bring to your attention is essentially a combination of these two methods, and to my mind has distinct advantages over both in many instances

The ensuing report is based on two distinct series of cases The first from the private services of Dr Henry W Schoeneck and Dr E C Hughes at the Syracuse Memorial Hospital and the second from the ward service of Dr Victor L Zimmerman at the Brooklyn Hospital, Brooklyn, N Y

The method of administration is to give the active labor patient a hypodermic of morphine and scopolamine, followed in a short interval by a rectal injection of ether, alcohol and quinine in olive oil (Gwathmey's formula) The rectal and occasionally the hypodermic medication is repeated at various intervals as indicated in the individual cases

The successful administration of the combination produces a state of practically unconsciousness in the patient, while the uterine contractions and dilatation of the cervix continue—she is not conscious of having pains—in fact, she is sleeping Some patients, while not actually sleeping, get great relief from the labor pains

Illustration

Mrs C H, age 25, white, para I, L O.A

Labor First stage—11½ hours Second stage—1 hour 7 minutes Third stage—3 minutes

First Medication 7 hours after onset of labor At this time pains every 3-5 minutes Rectal exam Vertex low in mid-pelvis Cervix thin, dilated 2 fingers Given Morph Sulphate gr 1/6, Scopolamine gr 1/200 (H)

Fifteen minutes later Given rectal injection Quinine Hydro-bromide gr XX, Alcohol dr III, Ether oz IIss, Olive Oil—q s ad oz IV

Four hours later Rectal injection repeated

Two hours later Delivered Prophylactic forceps Median perineotomy

Result Patient went to sleep shortly after first rectal injection and remained so throughout entire labor, except for a period of about fifteen minutes just prior to second rectal injection, when she roused slightly Amnesia was complete

quired They further showed that if they exposed say, the right eye of a rabbit for about three and three quarter minutes and then after a ten-minute interval again to three and three quarter minutes, and the left eye to seven and one half minutes continuously the result was a reaction in both eyes, more marked in the right

Continuing with the fractional dosage experiments they showed conclusively that one can produce the reaction not only by continuous exposure over a definite period but one can get similar results by fractional exposure, the sum total of which is equal to continuous exposure provided these fractional exposures take place within the twenty-four hour period, as after twenty-four hours the tissue cells recuperate and one gets no effect with a fractional dosage

As regards the character of the reaction of the ocular tissues to abiotic radiation they showed in their experiments that after exposure of a rabbit's eyes to light containing abiotic rays no immediate changes take place, however great the intensity produced A heat effect was not produced and symptoms of irritation did not appear for several hours In other words there is a latent period before any visible effects are produced

This exists not only as regards clinical symptoms but also as regards histological changes In a general way it varies inversely with the severity of the exposure, but in no case is the first appearance of symptoms delayed longer than twenty-four hours The shortest latent period observed by them was thirty minutes The least effect that occurs after exposure to abiotic radiation consists in slight hyperemia of the conjunctiva After more intense exposure the congestion is comparatively greater and is associated with edema and purulent exudation There also may be conjunctival ecchymoses The cornea, after exposure sufficient to produce slight conjunctivitis, remains clear and shows only slight stippling of the surface After longer exposure the cornea becomes hazy in a rather sharply defined area

This delimitation is no doubt due chiefly to the fact that the rays strike the periphery of the cornea obliquely so that there is less light here per unit area and to a less extent to the greater loss by reflection at the periphery Over the central area the epithelium shows marked stippling and is then cast off, usually however, not until about twenty-four hours The loss of epithelium sometimes cannot be determined without the use of fluourescine staining, owing to the margins of the defect not then being sharply defined This is due to the fact, as shown by microscopic examination, that the epithelium usually becomes thinned by desquamation before solution of continuity occurs. The haziness of the cornea usually reaches its maximum in about forty-eight hours, when, as will be pointed out, there is some leucocytic infiltration

After three days the purulent conjunctival discharge becomes less but it may not entirely subside for about nine days The corneal epithelium is usually reformed on about the fourth day Haziness of the cornea noticeably begins to subside in three to ten days After five weeks only a slight central haze remains Following sufficiently intense exposure, new vessels are seen extending into the cornea from the limbus in about six days

The effect of the Ultra-violet rays on the iris after a liminal exposure is that of congestion of the vessels, contraction of the pupil and sometimes hemorrhagic spots in the iris While there is apparently no change in the lens yet thorough histological studies show that there is a slight haziness of the center of the lens capsule exposed to the direct Ultra-violet rays The lens substance, if affected any at all, is so only for a very microscopic distance from the capsule

About the reaction of the retina to these rays nothing definite is determined Fundus examination shows no gross changes with the exception of Case Number 1 where there was a clumping of pigment below the disc in the right eye Whether this was present before the exposure to the Ultra-violet rays or took place as a result of it I cannot say definitely According to Birch-Hirschfeld[5], Angelucci[6] and Engleman[7] the retina when exposed to light undergoes photo-chemical changes However Verhoef and Bell in their work do not believe that the retina is affected by the Ultra-violet rays since they believe these rays are absorbed by the cornea, aqueous, and lens That, however, is still to be determined

To summarize We see that the Ultra-violet rays are capable of producing a definite pathologic condition of the eye called "Photo-ophthalmia" From clinical and experimental observations we see that there is a definite period of latency between the time of exposure and the onset of symptoms

Secondly That a certain definite amount of these rays are capable of producing the pathologic condition in a one or liminal dose or in fractional or subliminal doses, the sum total of which should equal one continuous or liminal dose.

Thirdly That the onset of the symptoms are first itching, then pain and photophobia

Fourthly It is proven definitely, clinically as well as experimentally that the parts of the eye involved are the conjunctiva, cornea, iris and lens Whether the retina too is affected by these rays is not definitely established, and

(hepatic) function with complete recovery in twenty-four hours" Likewise, Cushney says that "When asphyxia is avoided, albuminuria is hardly met with under ether anaesthesia." Thus with ordinary care, we need not fear liver or kidney damage

A consideration of no small importance in any medication given during labor, is the effect on the foetus We have Cushney's statement that chloroform and ether pass from the maternal to the foetal circulation and occasionally ether may be detected on the breath of the new-born babe when this method has been used However, foetal asphyxia approaching the typical "scopolamanized" baby is not encountered Ether, per rectum, has been given as late as one half hour before delivery with no harm to the foetus, and we have at no time been concerned with serious asphyxia due to this method

We have in this combination, something to offer the multiparae in the way of amnesia, and what is far more important—analgesia. Attempts at "Twilight Sleep" see the labor completed too often before the patient has a chance to become scopolamanized As a rule, except for an occasional dose of morphine and gas administration for the second stage, multiparae are given little relief from their labors The large percentage of satisfactory results obtained for parous women in this series opens a fertile field for relief in ordinary multiparous labors

Another possibility is met in that group of patients, for whom, due to some reason, an oral anaesthetic is contraindicated These women may be delivered without the supplementation of oral anaesthesia. Four of the Brooklyn series were delivered in this manner They were all primiparae, three had prophylactic forceps and the fourth a manual control Two had perineotomies with consequent repair Two of these were Group I cases, i e complete amnesia and the other two Group II cases with satisfactory analgesia Thus the method offers a means of caring for those patients for whom we prefer no oral anaesthetic.

Conclusions

(1) Combined morphine, scopolamine and rectal ether gives good results in many labor cases
(2) Satisfactory results are obtained in 85-95% of the cases
(3) The contraindications are only of minor import.
(4) The time of labor is not prolonged
(5) There is no permanent maternal damage and likewise no alarming asphyxia of the child
(6) The method is especially beneficial to multiparae
(7) The method may supplant contraindicated oral anaesthetics

145 Cases—Syracuse Memorial Hospital

Para. I	Para. II	Para. III	Para. IV	Para. VI
48%	32%	13%	6%	1%

Presentation Vertex 94% Breech 6%
Anterior 32% Posterior 62%

Average of labors

Primips	Multips
1st Stage—14¼ hrs.	1st Stage—6½ hrs.
2nd Stage—1 hr 50 min	2nd Stage—50 min.

Results	
Excellent	35%
Good	47%
Fair	14%
Poor	4%

100 Ward Cases — Brooklyn Hospital

Para. I	Para. II	Para. III	Para IV
86%	6%	6%	2%

Presentation Vertex 97% Breech 3%
Anterior 70% Posterior 27%

Average of labors

Primips	Multips
1st Stage—11¾ hrs.	1st Stage—8½ hrs
2nd Stage—1 1/3 hrs	2nd Stage—40 min.

Results	
Group I (Complete Amnesia)	46%
Group II (Satisfactory Analgesia)	49%
Group III (Questionable)	3%
Group IV (Failure)	2%

There is no dogmatic routine—each case is an entity Best results, however, seem to be obtained if medication is started when the cervix is two-two and one-half fingers dilated with the patient in good active labor The preliminary hypodermic consists of 1/6–1/4 of morphine and 1/150–1/250 of scopolamine—according to the constitutional makeup of the patient Repeated scopolamine injections are of 1/300–1/400 grs The rectal ether may be repeated in whole or half amounts The average number of dosages per patient in the Syracuse series was Morphine 1 1, scopolamine 1 0, rectal ether 1 1 In the Brooklyn series Morphine 1 4, scopolamine 1 7, and rectal ether 1 8 The best interval between repeated dosages appears to be approximately two hours and no medication should be given in the two hours prior to delivery

SERIES I

Dr H W Schoeneck—Syracuse Memorial Hospital There were 145 cases in this group—48% primiparae and 52% multiparae 32% were occiput anterior presentations, 62% occiput posterior and the remaining 6% breech There were two pairs of twins

The average time of labor for primiparae was First stage, 14¾ hours Second stage 1 hour 50 minutes Multiparae First stage 6½ hours Second stage 50 minutes

The results were graded on a basis of (1) Excellent, (2) Good, (3) Fair, and (4) Poor

Supplementing the medication with gas-oxygen for the second stage 35% fell in the first group, i e, Excellent, 47% in the second group, i e, Good, 14% in the third group, i e, Fair and 4% in the fourth group, i e, Poor

SERIES II

Dr V L Zimmerman—The Brooklyn Hospital There were one hundred cases in this group—86% primiparae and 14% multiparae. 70% were occiput anterior presentations, 27% occiput posterior and the remaining 3% breech There was one pair of twins

The average time of labor for primiparae was First stage 11¾ hours Second stage 1 hour 20 minutes, Multiparae, First stage 8½ hours Second stage 40 minutes

The results were divided as follows Group I —Complete Amnesia, Group II—Satisfactory analgesia without complete amnesia, Group III —Questionable, and Group IV—Failure

Supplementing the medication with ether orally for the actual delivery, we obtained 46% in Group I, i e, Complete Amnesia 49% in Group II, i e, satisfactory Analgesia without complete amnesia, 3% in Group III, i e., Questionable and 2% in Group IV, i e, Failure

Thus on a basis of two hundred and forty-five cases, we should expect between 85-95% satisfactory results with this combined method

Naturally, there are certain disadvantages to this method but in general, they are minor An occasional patient is found susceptible to ether, or morphine and more or less violent vomiting is produced Such was the case with one patient and it was necessary to discontinue the medication In certain instances where the head rests directly on the perineum, it is mechanically impossible to inject the ether into the rectum The rectal ether is sometimes immediately expelled if the installation has not been slow The patient should be directed to approximate the thighs at the completion of the injection Again, the aseptic technique of delivery may be interfered with by the ejection of the remaining ether and oil as the patient bears down in the second stage. This may be prevented, however, by a gentle downward pressure exerted on the posterior vaginal wall before the patient is draped Finally there is the possibility of producing a colitis by the repeated introduction of ether into the rectum. There can be no question that a certain amount of irritation is produced With this fact in mind, we had proctoscopic observations made on four of the Brooklyn cases within twenty-four hours after delivery Three of these patients had one rectal injection and the fourth had three. The reports were as follows —

Case 1 Moderate proctitis and cryptitis
Case 2 Very mild colitis
Case 3 Slight proctitis
Case 4 Slight proctitis—apparently healing

None of these patients had any symptoms The rarity of any bowel disorder is astounding An occasional patient will mention a slight burning Prophylaxis against any disturbance consists in placing one half ounce of olive oil in the rectum before and after the ether-oil instillation and a gentle saline irrigation of the bowel six hours after delivery As far as we have observed, there is no major contraindication.

Long labors may necessitate repeated dosages of both the hypodermic medication and the ether injections We have given as many as five rectal installations, aggregating a total of 12½ ounces of ether and one hundred grains of quinine. We do not think this is a good policy and doubt if more than thre rectal injections should be given The quinine may easily be dispensed with when labor is in definite progress There has been absolutely no clinical evidences of harm from these large doses From the experimental viewpoint, likewise, is evidence against any permanent damage Rosenthal and Burns in their article entitled "The Effect of Anaesthetics on Hepatic Function" based on dog experimentation say that "no definite pathologic changes are produced in the liver by prolonged ether anaesthesia There is a definite transitory impairment, but recovery is usually complete in twenty-four hours Large doses of morphine in dogs causes depression of

PUBLIC RELATIONS COMMITTEE

It is the function of the Public Relations Committee of The Medical Society of the State of New York to deliberate with other agencies, official and unofficial, concerning plans, purposes, and objective in so far as they concern the medical profession and the health of the people of the state. Naturally, the public should look to the medical profession for guidance in all matters relating to health The practice of medicine is changing, therefore our profession must not limit its activities alone to curative medicine, it should take an advanced stand in the great problems of public health and disease prevention

Many agencies are earnestly working in these fields endeavoring to prevent the wastage of human life These agencies should be advised and guided by the medical profession of the particular county or community wherein such activity is being carried on Therefore every County Medical Society should keenly appreciate the necessity of appointing a committee to be known as its Public Relations Committee, such committee to be composed of strong, forceful leaders of the profession in their respective counties, men who are interested in humans and the civic things of life Such men will weld together in one cohesive, cooperating group the various organizations working for the betterment of health conditions

Forty-two of our county medical societies have such committees formed and operating I would urgently request the remaining eighteen county medical societies to do likewise. Organized medicine *must have* a Public Relations Committee in each County Medical Society

JAMES E SADLIER, M D
Chairman, Public Relations Committee,
Medical Society, State of New York

IS THIS JOURNAL READ?

Evidence that the New York State Journal of Medicine is read, even by city physicians and during the vacation season, is offered by the response to the twelve-line news note entitled "The New Directory" that was inserted in the Journals of August 15, September 1, and September 15

Many physicians, especially those in New York City, who had changed their locations clipped the notice from the Journal and sent it with the statement of their changed addresses Others wrote that they had read the notice in the Journal and hoped that there was still time for the insertion of their new addresses and telephone numbers

The response of physicians to appeals for information to be inserted in the Directory is far greater than ever before, and is an encouragement to the members of the publication committee and the editors to feature and emphasize those departments which characterize the Journal as the organ of the Medical Society of the State of New York and its constituent County Societies

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ULTRA-VIOLET LIGHT AND RAYS

The health-giving effects of ultra-violet irradiations have been widely advertised in lay periodicals, as well as in medical journals The application of the rays appears to be simple If it is winter, all that one has to do is to buy a lamp and bask in its rays for half an hour every day, and if it is summer, put on a bathing suit and acquire a coat of tan But if the days are dark and the electric lamp is unavailable, then one can take the ultra-violet rays vicariously, either in the form of substances which have been subjected to irradiation, or in the natural form of cod liver oil

The physician thinks of irradiations as essential to growth and the utilization of calcium, and as a therapeutic measure in tuberculosis of the bones and joints

The people think of irradiation as something which will give them vigor, similar to that which the baby acquires on recovery from rickets They are therefore willing to buy irradiation in the three forms in which it is offered

1 Natural sunlight
2 Cod Liver Oil and irradiated substances
3 Artificial lamps

Sunlight is the great unfailing source of ultra-violet rays which are often excluded from growing children owing to the artificial customs of modern civilization The simplest and cheapest method of supplying the life-giving rays is by means of window glass which will transmit the rays

The transmission of ultra-violet rays by various kinds of window glass was discussed in this JOURNAL of February 1, 1928, page 168 The *Journal of the American Medical Association* of June 22, 1929, page 2088, contains a brief, clear

EDITORIAL

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For list of officers of County Medical Societies, see October first issue, advertising page XXVIII

A DEPARTMENT OF MEDICAL SOCIETY PRACTICE

It does not seem right that the reports of the activities of the Medical Society of the State of New York and its Counties should be classed merely as news and printed in the department of "News Notes" These reports are records of the practice of medicine by Medical Societies in distinction from its practice by individual doctors as recorded in the scientific department This Journal should have a department with the box heading "Medical Society Practice" Such a department will be established as soon as reports are supplied with a volume and regularity sufficient to ensure its dignity and permanence

MEDICAL PROGRESS

Some Aspects of the Treatment of Rheumatoid Arthritis.—A. H. Douthwaite, writing in the *British Medical Journal*, June 8, 1929, i, 3570, states that so long as focal sepsis is considered the chief or only etiological factor in rheumatoid arthritis, and the metabolic changes that have been demonstrated are disregarded, treatment cannot be effective The utmost caution should be exercised before advising the removal of teeth or tonsils, as frequently suspicious conditions in these structures subside with recovery from the general disease On the other hand frank sepsis should be eliminated, as its presence lowers bodily resistance In the acute stage of rheumatoid arthritis the diet should be bulky and poor in nutritive value, consisting largely of fresh fruit and green vegetables After two weeks fish, chicken, and red meat may be added, but starchy and saccharine foods should be taken sparingly Medicinal treatment is of small value Apart from symptomatic treatment for the relief of pain, iodine and thyroid gland are chiefly favored. Douthwaite draws attention particularly to the benefit ensuing from consideration of the mechanical aspects of the disease. In the application of external heat he has achieved the best results by the use of a cabinet lighted by electric light bulbs and into which air, previously dried by passage through chemicals and impregnated with a volatile rubifacient, is pumped. The patient is given 1/10 of a grain of pilocarpine before entering the cabinet. The dryness of the air prevents the exhaustion produced by many other forms of heat General massage is carried out after each treatment. The application of hot paraffin wax bids fair to supersede many of the older forms of thermal treatment The wax can be applied at temperatures of 120° to 170° to practically the entire body In this way a constant high temperature can be maintained for half an hour or more Mechanical appliances for the control of joint movements are required in the acute stage of the diseases to prevent contractures and to prevent pain, and in the late stages when the patient suffers from the crippling effects of adhesions After the limbs have been immobilized for a week, the supports are removed daily, and gentle massage and cautious passive movements are instituted After acute symptoms have subsided, dry-air baths, massage, and active movements are prescribed. In the late stages of the disease mobility must be restored by graduated manipulation Various appliances have been devised which support the patient's weight and enable him to walk with little or no pain Increased range of movement is attained by active movements, in certain joints this may be aided by the inertia of a weight tied to the distal end of the limb

Prevention of Acute Cardiac Death.—Professor P Morawitz and Dr M Hochrein speak of the mental impression which remains after the medical man has seen his first acute cardiac death. The experience is something never to be forgotten and one constantly asks himself "cannot we sometimes prevent this death?" A few exceptional cases answer this in the affirmative and camphor, adrenalin, and strophanthin thrown directly into the heart have saved lives The mechanism of these deaths is not sufficiently clear and various explantations have been given. If fibrillation is the morbid underlying condition there must be a certain readiness to fibrillate, often conditioned probably by occlusion of a coronary twig Then we have to invoke certain eliciting agents Many of these deaths occur in the arteriosclerotic and luetic patient, and in a large group of patients the coronary vessels are at fault. But these "second" deaths—so-called because of their suddenness and rapidity—occur when the coronary system is quite intact, as a result of a general circulatory failure. In each group of patients there is the readiness to fibrillate or actual fibrillation In 1927 there were 43 cases of sudden cardiac death in the clinic from a variety of causes and over half of them were accounted for by coronary sclerosis, luetic aortitis, and myocardial degeneration. In 24 there were no evidences of circulatory insufficiency—in other words there was good compensation Nearly all of this group were due to coronary sclerosis, luetic aortitis, and general arteriosclerosis It is only since January, 1928, that the authors have placed some several hundred of their cardiac patients under the prophylactic use of quinidine and during that year but 19 cases of "second" heart death occurred They state that 3 grains of the alkaloid may be given daily for months at a time without ill effects.—*Munchener medizinische Wochenschrift*, June 28, 1929

The Paradoxical Activities of Strychnine.—R Hift of the Kaufman Heart Station, Vienna, says that the chief activity of strychnine

article on the clinical value of sunlight passing through ultra-violet transmitting glass The article is by Drs G H Caldwell and R H Dennett, and records their experience in a solarium with windows of ultra-violet glass built on the roof of the Post Graduate Hospital, New York City These authors subjected infants and children to the rays in the solarium, and expressed the conclusions that "enough of thee rays penetrated the glass to prevent rickets and spasmophilia in a normal, properly fed infant."

While sunlight is potent in the prevention of rickets and other deficiency conditions, cod liver oil, irradiated substances, and ultra-violet lamps are also necessary for cure All of these measures will be used by the physician, but only sunlight will be applied by the wise parent on his own prescription

THE HEART EXHIBIT

Special attention is called to the description of the Heart Exhibit which was held in connection with the Annual Meeting last year in Albany If an exhibit is to be popular it must be spectacular The heart exhibit was in no sense spectacular, but it was designed for serious study Its features are therefore preserved in the scientific department of this Journal

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Professional Problems—The problems before the medical profession change with the times Old problems become settled by a change of attitude on the part of the people quite as much as by the activities of the doctors themselves The people have passed laws against fraudulent medical advertisements, and have become wise in their knowledge of hygiene

The medical profession, too, has raised its own standards of the qualifications and the conduct of its members This JOURNAL for October, 1904, discussing two great problems before the medical profession said

"The secret remedy evil is degrading the medical faculty at this hour very much as the low-grade medical school debauched the profession two or three decades ago The cause is the same —laziness and love of money The cure is the same—an aroused professional sentiment. It was the leaven of honesty in the hearts of the doctors at large which compelled avaricious professors and low-grade medical schools to cease deluging the public with unsafe and ignorant medical practitioners It took energy, courage and unselfishness to carry on the work Honest men were compelled to antagonize friends, to fight against their alma maters, to relinquish opportunity of professional position, and to be misunderstood by other honest men. What matter! uphold the honor of the medical guild.

"You and I have now a similar, but mightier, task Then we fought colleges with self-satisfied faculties and thousands of dollars invested in teaching plants Now, we have to battle against professional dishonesty, therapeutic credulity, and millions of dollars invested in the manufacture of secret nostrums by quick-witted business men. The task is made more difficult by the fact that a very large number of these vaunted remedies and foods owe their popularity to the alcohol they contain It is not difficult to understand the ease with which makers of these remedies obtained certificates of their remedial value from preachers, statesmen, and women One would expect medical men to be too wary to be caught in the trap Their indorsement by physicians always suggests to me ludicrous credulity, therapeutic ignorance, or downright bribery

"The remedy for the evil lies in the development of a feeling of individual responsibility in the medical faculty Let every doctor refuse to accept samples of secret medicines, refuse to waste time talking therapeutics with smooth-tongued salesmen, refuse to debauch medical science by believing the mendacious advertisements called by the trade 'Literature,' and treat his patients honestly by giving them what they pay for, the best result of his own knowledge and experience"

latter of which are reproduced By the side of the well known facts of sinusal arrhythmia, which are characterized by alternation of phases with normal rhythm and phases of slowing, the PR of the auricle and ventricle showing no change, we find other arrhythmias closely related to the preceding and differing only through the fact that with the slowing of the rhythm is regularly associated a diminution of the interval PR which from positive becomes null On the same tracing one may find with only a few seconds interval the characteristics of one or the other of these arrhythmias This behavior throws some doubt on the genuineness of the nodal rhythm, but is readily explained if one will admit that the wave of muscular contraction from sinus to ventricle may follow two paths, one direct, the sinoventricular, the other indirect and of auricular derivation. The atrionector, or sinoauricular node, does not function well and the wave of auricular derivation is retarded, the chronological relations between P and R being modified with shortening, annulment, or inversion of P and R The particular grouping of P and R, or "nodal facies" is habitually interpreted as indicating a new rhythm—nodal, atrioventricular, or septal—which is substituted for the sinus rhythm The sole cause is auricular hysterosystole. The remarkable parallelism between slowing of the rhythm and slowing in the progress of the derived auricular wave is explained by the proximity of the sinus which controls the rhythm and the atrionector which controls the progress of the auricular wave The patient was a young pregnant woman in good condition who went through gestation without any trouble—*Arch des maladies du cœur,* August, 1929

Disappearance of the Signs of Mitral Lesion.—A Störmer refers to the teaching of the older clinicians that recovery from valvular lesions is unknown, although a number of moderns have placed on record the fact that the signs of involvement of the mitral and aortic valves may disappear Leyden spoke of "cure" of stenoses only, although murmurs have repeatedly disappeared in insufficiencies, and autopsies on cases with clinical valvular lesions have shown that apparently insufficient valves were intact. The author's case is that of a woman of 27 years who presented herself with symptoms of broken compensation of severe degree. The mitral was the seat of diastolic, systolic, and presystolic murmurs The treatment consisted of intravenous injections of strophantin, and after two months the compensation was quite restored and the patient was discharged Physical examination at this time showed a heart of normal area with an absence of murmurs and of all stasis phenomena, such as chronic bronchitis, stasis liver, anasarca, etc It was assumed that originally there had been an endocarditis secondary to an angina, with combined mitral insufficiency and stenosis and secondary hypertrophy. To visualize such recoveries we must imagine that the deposits which cause the valvular mischief are absorbed cleanly, without leaving any deformity In regard to the total recorded material there are two groups of cases In the first, after clinical valvular lesions all symptoms have disappeared, while in the second, no lesions have been found at autopsy despite a history of clinical organic disease In comparatively recent years authors have reported five cases in the first group and seven cases in the second group Some of the patients had not attained their full growth although others were well past this period—*Munchener medizinische Wochenschrift,* August 9, 1929

Coitus During Pregnancy, with Consequent Puerperal Infection.—L Ballin has conducted an inquiry into the frequency of coitus in pregnancy and its consequences Nearly all women interrogated admitted the practice and it is impossible to prove that the latter is responsible for abortion or any other ill effect. To condemn it, especially during the first five months, seems untenable as long as the woman is sound It is otherwise, however, if the woman have a retroflexion or infantile uterus, and in cases of habitual abortion the practice must be absolutely forbidden In the last four months coitus must be progressively diminished and after the eighth month discontinued outright for fear of causing premature rupture of the membranes It should not be resumed until from 4 to 6 weeks post partum at the earliest. This author is silent as to the possibility of puerperal infection, but in a companion paper by Bär the possible danger in this accident is shown by the narration of two cases—*Münchener medizinische Wochenschrift,* August 2, 1929

Hyperventilation—C Mandowsky of the internist clinic of Professor von Bergmann discusses the entire subject of forced respiration, which in time, by expulsion of carbon dioxide, leads to acidosis Many experiments on man and animals reveal that a large number of consequences may result, some of which have received much attention, such as tetany, epileptoid convulsions, and migraine, notably when a predisposition exists The author in mentioning his personal experience adds the following phenomena—temperature rise, lacrymation, lowering of blood pressure, and, in the hypertonic patient, various special crises—

is exerted upon the controlling neurons of the central nervous system, including both the motor and sensory portions of the reflex arc This action is elective and the inhibitions are removed both by direct stimulation and by increasing the susceptibility to stimuli Pathologically extinguished reflexes can be revived by small doses. But strychnine is also useful in cases in which there is no disturbance of reflex activity, and some of the activities of the drug imputed to its action on reflex functions may be otherwise explained Thus in cases in which it benefits enuresis the author has found no increase in the tonus of the muscles which are supposed to be in a state of paresis Rather does he believe that in such cases there is analgesia of the sensory nerves of the bladder Even if we accept the old belief, it is still probable that the sensory as well as the motor nerves may be acted on The author also mentions the efficacy of the drug in pollakiuria as somewhat paradoxical and as not explained by the reflex theory The drug is also a stomachic of proved value, yet its action on the motility of the stomach is weak or uncertain and its action on the gastric secretion is *nil* The good results in indigestion are imputed by the author to sedation of the sensory nerves A third condition in which we may invoke the same kind of explanation is that of extrasystole Finally the good effects in neurasthenia are with difficulty explained by the reflex theory—by tonic stimulation of the reflex arc That is to say, this explanation does not go far enough, to say the least We do not take account of the great disturbance of sensibility in the neurasthenic. A paralyzing or analgesic action on morbidly sensitive sensory nerves must be more and more thought of—*Deutsche medizinische Wochenschrift*, August 2, 1929

A New Hormone Excitant of the Central Nervous System—Prof L Haberlandt of the Physiological Institute of the University of Innsbruck contributes a preliminary communication, the full account of which will soon appear in *Pfluger's Archiv* After having begun work along a certain line, he learned in a personal interview that Prof Steinach was making investigations in the same direction, and he gives him all due credit for priority Beginning with frogs, he found that injection of an emulsion of the animals' brain substance caused a distinct stimulation in contrast with controls The experiment animals became livelier than normal and their muscle tone showed augmentation, and in decapitated animals reflex activity was increased The two activities, on the brain and cord, were not manifestations of one stimulation for some frogs who showed brain stimulation were not affected in their reflex actions A separate preparation of cord emulsion was also tested and it was found that the same hormone was present here and like the cerebral hormone was more active on the cerebral than the spinal cord functions An emulsion of the midbrain also revealed the presence of this hormone Other organ emulsions proved negative and the author is convinced that he is dealing with a specific principle and not a mere waste product The unknown substance is not a lipoid for it is soluble in water and therefore has nothing in common with cerebrin and other phosphatids Emulsions of brain from warm blooded animals also had the same positive action on the frog, but thus far the author has not made tests on animals other than the frog He has no doubt that he has found a new hormone, but thus far indulges in no speculations and makes no prophecies as to its future use in medicine—*Münchener medizinische Wochenschrift*, July 26, 1929

Vasomotor Syndrome of the Face—The presence of a foreign body in the midst of the tissues may cause a syndrome of excitation of the peripheral nerve fibers along with the vasomotor fibers The sympathetic and parasympathetic systems involved may give rise to phenomena of contradictory nature The foreign body involved may be visualized as ganglion, an irritant to some The author, Henry Proby, gives a case in point as follows A man aged 37 was wounded by a shell fragment in the right temporal region near the anterior margin of the external ear This happened in 1915 There was hemorrhage from the ear due to division of a branch of the temporal which was not ligated The following year a trismus developed from irritation of the temporal muscle but later wore off Then there appeared intermittent attacks of neuralgiform pain in the eye, ear, and face, tinnitus aurium, lacrymation, redness of the ear and cheek with gooseflesh sensations, and other manifestations, which however were all very brief There was a progressive shedding of the teeth in the right upper jaw Upon inspection the author found a marked atrophy of the right lower turbinal, right otorrhea, hypoesthesia in the retro-auricular and external orbital regions During the examination none of the irritative phenomena were in evidence, but at a later period a sharp headache appeared with sensations of a severe cold A röntgenogram, taken May 23, 1929, showed a small fragment of shell in the temporal fossa in contact with the bone a little above and to the rear of the bony orifice of the ear In addition to the irritative phenomena there was evidence of trophic influence in the turbinal atrophy and fall of the teeth Some of the critical phenomena were inhibitory in character, as absence of the nasofacial and ocular reflexes—*Journal de Médecine de Lyon*, July 20, 1929

Critical Sinusal Arrhythmia of the Nodal Rhythm.—Dr E Géraudel relates a case of this type of arrhythmia with a summary and general discussion and final conclusions, the

LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

MOTOR VEHICLES—FINANCIAL RESPONSIBILITY LAW

From comments which your counsel has heard from various persons outside the legal profession, it would seem that there is a great deal of confusion existing in the public mind as a result of a recent statute (Sec 94b Vehicle and Traffic Law) passed at the last session of the legislature, dealing with the suspension of an owner's or chauffeur's license for failure to satisfy a judgment obtained against him as a result of his negligence in the operation of a motor vehicle

There are a great many people who seem to be of the opinion that this statute is in effect a compulsory insurance law Such is not the fact. The law provides that where a final judgment in excess of one hundred dollars has been rendered by a court of competent jurisdiction, resulting from the ownership or operation of a motor vehicle, either personally by the owner, or by his agent, or by any other person, for whose negligence, he shall be liable or responsible, and such judgment shall remain unsatisfied at the expiration of fifteen days after the same has become final, the operator's or chauffeur's license and registration certificate in such event shall forthwith be suspended and shall so remain until the judgment is satisfied to the extent hereinafter noted If the judgment so recovered be in excess of five thousand dollars for an injury to one person in one accident, the suspension may be lifted by the satisfaction of the judgment to the extent of five thousand dollars or, if the judgment be in excess of ten thousand dollars for an injury to more than one person in one accident, the suspension shall be lifted by the payment of the sum of ten thousand dollars, and in the case of property damage, if the judgment shall be in excess of one thousand dollars, the suspension shall be lifted by the payment of the sum of one thousand dollars Provided, however, that the person against whom the judgment was procured gives sufficient proof of his ability to respond in damages for future accidents

The statute applies with equal force to non-resident motorists and provides that their privileges and rights to operate a motor vehicle in this state shall, in the event of an unsatisfied judgment, be suspended in exactly the same manner as a resident of this state

It will be noted, therefore, that the statute does not compel those operating private motor vehicles to take out insurance as a condition precedent to their right to own or operate a motor vehicle, but applies only in those cases where, through the negligence of the owner or operator of a motor vehicle, a judgment has been procured against him and such judgment remains unsatisfied

The number of those injured or killed yearly through the negligent operation of motor vehicles is appalling We are all familiar with the fact that in many instances the poor unfortunate whose health is ruined and whose usefulness is impaired, receives little or nothing as a result of the accident causing these injuries, either because the person causing them cannot pay or, as is all too frequently the case, because he has rendered himself judgment proof

The possession of a license to operate a motor vehicle is for many a business necessity It is to be hoped that this statute will have a salutary effect on every phase of the operation of motor vehicles In any event it is certainly a step in the right direction As the present Commissioner of Motor Vehicles, Charles A Hartnett has well said

"The new statute is designed to reduce the number of traffic accidents and increase the proportion of accident victims who receive compensation, as well as to keep the reckless driver off the road, at least until such time as he shall give evidence of his ability to meet a future judgment for damages"

OBSTETRICS—ACUTE NEPHRITIS RESULTING IN DEATH

A woman came to the defendant's office for examination, and he found her to be about six months pregnant The examination showed urine and blood pressure normal The woman was advised to return in another month for examination, but she did not return and nothing was heard from her until nearly three months after her first visit The woman's husband then called the doctor and asked him to come and see her, as he thought she was running over her time

headache, vertigo, angina pectoris, etc , various pains in special regions, changes in the normal reflexes, and certain psychopathic manifestations If we seek to characterize the total result of hyperventilation it becomes impossible to reduce it to formulæ Some of the manifestations are plus, others minus, in character The author, however, sums up some of the more significant results as follows when tetany is set up there is a diminution in the blood sugar and the same result appears in the diabetic, while if plenty of glucose is ingested tetany does not develop With temperature rise is seen excessive sweating, and sweating when there are pathological anomalies of the While, [illegible]-glands hyperventilation brings them out lowered, the [illegible] the stable, hypertonic blood pressure is tonic, in whom reverse is the case in the labile hyperated with headache, angina pressure may be associpains are seen, especially in the pectoris, etc , organ sometimes follow closely Head's zone abdomen, and rological symptoms the author mentions Of neutainty of the Babinski sign, and the change uncerslow response of the pupil to rigidity Outbreaks of a of their disease may occur in paralytics and schizophrenics —*Deutsche medizinische Wochenschrift,* July 12, 1929

The Sign of Edema of the Lower Eyelid in Urinary Retention.—Fodéré has collected a number of cases in which, although the subjects appeared to be in vigorous health and free from albuminuria, there was the coincidence of swelling of the lower lids with retention of chlorides and urea The age period of the patients was around fifty and there were fewer women than men When the author finds this sign present he does a venesection, places the patient on a restricted diet and gives a purgative, hoping thereby to avert more serious complications These patients are apt to go off suddenly The swelling is usually set down by the laity to a debauch, sexual excess, or the like, but it is seen chiefly in laborers, the overworked, and big eaters It is possible that valuable lives might have been spared if this little sign had been heeded and the author cites the case of Robert de Flers, author of the "Bois Sacré," in this connection, he had presented no evidence of nephritis, yet succumbed to what was probably acute pulmonary edema following an attack of congestion of the lungs It chanced that an assistant of de Flers' family physician had observed this edema of the lower lids as a forerunner of the catastrophe which carried off the celebrated dramatist Widal and Javal have written of the pre-edematous stage of this form of nephritis, based entirely on the blood determinations of urea and the phthalein test for renal permeability The author is inclined to place the most dependence on the latter It is on this background that the slight localized edema may appear as a clinical sign. In addition Dieulafoy left a remarkable description of the subjective sensations of this period which should be studied by the clinician, although they often pass unobserved. If this edema subsides under treatment it is a good prognostic sign.—*Bulletin de l'Académie de Médecine,* July 2, 1929

Status Thymicus—This subject, with the closely related one of so-called thymic death, is discussed by Professor J A. Hammar About the fact that the thymus undergoes involution precociously in comparison with other organs has sprung up a maze of theory One of the best defined of the anatomical constitutions is the status thymicus (thymico-lymphaticus) of which the essential element is the persistent thymus with the more or less constant presence of other anoetc [illegible]alies, as enlarged lymphnodes, narrow aorta, line between [illegible]rux of the entire matter is the dividing and a pathological thymus large within normal limits, bility to sudden death [illegible]ondition associated with hacourse known best for his [illegible]. Prof Hammar is of up" the elements which make method of "counting thereby visualizing its exact size. [illegible] up the thymus, its mass from the 3rd fetal month up. He has traced year, including all regressive changes [illegible] to the 90th persistence he regards as a purely norm. Thymus dition and mere size of a thymus is not an [illegible]mal contial feature The secondary hyperplasia [illegible]n essenorgan is a pathological condition in which [illegible] of the may not be of decisive significance. Certain mass the anatomical elements undergo increase, [illegible]m of sumably those which are also found in enlar[illegible] prelymphnodes The time has evidently gone [illegible]ged for attributing unexpected sudden deaths to by mere enlarged thymus, although the latter may be the secondary consequence of several basic states, like hyperthyroidism, which make for uncertainty of life Whatever these unknown anomalies may be, they are undoubtedly hereditary at times, for thymus death may be exquisitely familial Even if the increased thymus parenchyma were hostile to the economy it would be antagonized by some other incretion In so-called thymus death not enough attention has been paid to other incretory glands in which the primary mischief may inhere — thyroid, parathyroids, hypophysis, gonads, and adrenals —*Klinische Wochenschrift,* July 23, 1929

LONDON LETTER

London, October 1, 1929

Voluntary and Municipal Hospitals Upon the decision taken during the next six months will depend the future of hospital organization in this country As is well known, hospitals in Great Britain are of two kinds (1) the Voluntary Hospitals supported by voluntary contributions and staffed by unpaid part-time physicians and surgeons, and (2) the Municipal Hospitals maintained by public funds and staffed by whole-time salaried resident medical men. Under the terms of the Local Government Bill, 1929, which has now become law, the control of the Municipal Hospitals has been vested in the County Councils, their former authorities—the Boards of Guardians—ceasing to exist It is expected that the County Councils will institute a very wide measure of reform in the Municipal Hospitals now under their care, and the extent of the changes which will result is now and will be for some months a matter of the closest investigation It seems certain that two results will follow (1) there must be an addition to the number of beds available, and (2) there will be changes in the method of staffing the Municipal Hospitals

(1) In London there is no doubt a shortage of available beds The Municipal Hospitals are always full and there is always a long waiting list of applicants for beds at the Voluntary Hospitals so that early steps must be taken to relieve the pressure.

(2) It is probable that the County Councils will institute a system of part-time consulting Physicians and Surgeons on the staffs of the Municipal Hospitals, and it may be that the present whole-time resident staff will be replaced by short term residents as at the Voluntary Hospitals

This raises the very interesting question as to the source from which the consulting staff is to be obtained. Taking London as the example, are there enough physicians and surgeons, holding the necessary higher qualifications and not already on the staffs of the Voluntary Hospitals, to fill these vacancies? It is obvious that there are not enough, and there arises the question whether a member of the staff of a Voluntary Hospital can give the time to act as part-time consultant on a Municipal Hospital Staff This depends on the amount of time required, but if the work is to be done adequately, two half days a week at least will be necessary It seems that the solution of the difficulty lies in a close and friendly co-operation between the Voluntary and Municipal Hospitals It would be not only unwise but economically unsound for the State to ignore the Voluntary Hospitals, and to organize a service of its own independent of the Voluntary Hospitals From the economical standpoint it must be realized that throughout Great Britain there are 64,000 beds in Voluntary Institutions involving an expenditure of about £9,000,000 a year which is subscribed by the charitable public for their maintenance And this £9,000,000 a year includes nothing for the services of the visiting staffs, who are unpaid If the voluntary system is abandoned these beds must be provided by the State (it costs between £800 and £1,000 per bed to build a hospital in England), this huge income will be lost, and, as the staffs will be paid under State control, the yearly cost of £9,000,000 will be vastly increased But perhaps a more important consideration is the provision of medical education, at present undertaken entirely by the Voluntary Hospitals In any scheme, undergraduate and postgraduate education must be safeguarded.

Psychoanalysis The discussion on psychoanalysis at the Manchester meeting of the British Medical Association has once more emphasized the divergence of opinion in the profession as to its value A special committee of investigation has been considering the subject for two and a half years, and it was on the report of this committee that the discussion arose Even the committee refused to make any general pronouncement, and the discussion, which was not very enlightening nor altogether free from prejudice, did not do much to clarify the muddle Our profession is notoriously reactionary, and history tells us that many brilliant discoveries were met with hostility and derision It is probable that the acceptance of the sexual element as the main cause of neuroses will always be opposed, but it is interesting to notice how the "jargon" of the cult is creeping into the ordinary conversation of the laity Such words as "repression," "inhibition" and the "inferiority complex" are used by journalists with reference to commonplace happenings with a reckless abandon which makes one almost forget that a few years ago the terms were not known We must watch the growth of this rather vigorous plant remembering as someone caustically said "even the roses grow out of dirt and are better for manure!"

H W Carson, F R C P

The doctor went to the woman's home, and found her up and about the house An examination disclosed no dilatation, the child was alive and in normal position The doctor advised the woman and her husband that she would probably deliver in a few days, and that she should immediately go to the hospital She did not, however, go to the hospital, but the husband said he would notify the doctor when she was having pains

Several days later the doctor was again called to the woman's home She had a nurse who reported to the doctor that the woman's vision was being affected The urine analysis which was immediately made showed the presence of precipitated albumin The woman was immediately taken to the hospital, and the defendant called a consultant, and after examination it was decided to do a Caesarian section The woman was put under a general anesthesia, and the consultant did a Caesarian section and removed the child. The baby lived only a day

The mother, as soon as she was delivered, began bloating up Enemas were administered, but the patient did not respond and she developed pulmonary œdema, intestinal stasis, a slight sepsis, and the kidneys refused to function Another consultant was called in who approved of the treatment already given, but the patient did not improve and died about a week after delivery, the cause of death being given as acute nephritis

Subsequently, an action was brought claiming that the woman's death was due to the defendant's negligence in treating the case After the doctor's answer had been filed, the plaintiff noticed the case for trial but shortly before it was to be actually reached on the trial calendar, it was discontinued, thus terminating the action in the doctor's favor

HERNIA—INFECTION—REMOVAL OF TESTICLE

A man about 45 years of age called at the hospital where the defendant was an attending physician, complaining of pain in the right side An examination disclosed that the patient was suffering from a right oblique inguinal hernia The defendant advised an operation and the patient consented At the operation it was found that there was a congenital hernia with a thickened sac about one-half inch thick It was necessary to completely dissect this before it could be transplanted Part of the thickened sac was left around the testicle Drain was inserted in lower angle of the wound This drain was removed in forty-eight hours About a week after the operation the patient complained of pain in the right side and there was a rise in temperature On examination it was found that the scrotum was very much enlarged, painful and at the upper end there was definite fluctuation Under a local anaesthetic the defendant incised the scrotum in its lower angle and about half an ounce of chocolate colored material was evacuated The doctor continued to dress the wound daily, but before the infection had cleared up, the patient left the hospital against the doctor's advice

The doctor saw the patient twice after this at his home, at which time he dressed the scrotum The condition not improving, the patient was advised to return to the hospital This he did and the defendant called in a consultant who advised that the right testicle be removed, it having become necrotic. The patient's consent was obtained, and under a general anaesthetic the scrotum was incised and a large mass of infected and necrosed tissue was removed The right side of the scrotum was packed with iodoform packing After this the scrotum healed nicely and the patient was able to leave the hospital and go to the doctor's office for dressings When the doctor last saw the patient the scrotum had healed

Subsequently the patient began an action charging the doctor with negligence and carelessness in the operation and also that the plaintiff's testicle had been removed without consent

After the commencement of the action, however, the plaintiff took no steps to bring it to trial and finally it was dismissed for lack of prosecution, terminating the matter in the doctor's favor

Dr Joseph S Laurence, State Executive, presented the "Value of the County Society to the individual member"

Thirty-three members were present and took part freely in the discussion that followed the addresses

It was decided to hold a special meeting in November that we might go more in detail into the subjects presented

This was one of the most profitable meetings ever held by the society

A. H BROWNELL, *Secretary*

WASHINGTON COUNTY

The special feature of the meeting of the Washington County Medical Society which was held on May 14, was the authorization of an engraved memorial to Dr S J Banker of Fort Edward, on the occasion of the doctor's reaching the 50th year of his practice The memorial which was engraved and framed reads as follows

"The Medical Society of Washington County, State of New York, in recognition of the long, honorable and faithful service of Dr Silas J Banker presents this token of the confidence, appreciation and affection of its members

"We feel that the medical profession and the public have been benefited by his fifty years of practice and that our society has been favored by having as one of its leading and most active members for many years a man of such ability and sterling qualities of heart and mind Since 1907 he has served as our efficient and accurate secretary, thereby enhancing the standing of the society throughout the state and adding greatly to the advantages of us all"

This memorial was presented to Dr Baker on June 28, by a committee consisting of Dr Russel C Paris of Hudson Falls, Dr Samuel J Pashley of Hudson Falls, and Dr William L Munson of Granville.

The annual meeting of the Medical Society of the County of Washington was held at Hudson Falls October 1, 1929 at four o'clock

The members present were Drs Bennett, Paris, Banker, Samuel Pashley, Samuel Pashley, Jr, Tillotson, Rogers, Cuthbert, Macarthur, Munson, Borrowman, Hulsebosch, Oatman, Leonard, Holmes, Vickers, Prescott Visitors Dr Carl Boettiger of New York City, Dr Victor M Bergstrom from the State Department of Health, and Dr Albert Chapman of Glens Falls

Dr Paris reported for the Committee on the memorial to Dr Banker, and moved that the text of the memorial be spread upon the minutes

The following officers were elected

President, R E LaGrange, Vice-President, B C Tillotson, Secretary, S J Banker, Treasurer, R C Paris, Censors, D M Vickers, A E Falkenbury, Samuel J Pashley, Jr, Delegate to the State Society, W S Bennett

The President appointed the following committes Legislative Committee Drs Leonard, Macarthur and Munson Public Health, Public Relations and Physical Therapy Committee Drs Rogers, Leonard, Munson, Macarthur and Samuel Pashley, Jr

Dr Munson gave a résumé of the Fourth District Branch meeting, of which he is the president.

The following scientific program was carried out President's Address—"Economic changes during the past half century, and how they have affected the physician" Dr Macarthur read a paper on "Bacillary Dysentery" Dr Victor M Bergstrom, from the State Board of Health, gave a paper on Undulant Fever, which was discussed at length Dr Carl Boettiger, Chief of the Medical Service of St John's Hospital, Long Island City, read a paper on the "Recent Progress in the Treatment of Pneumonia," which was well received and discussed

S J BANKER, *Secretary*

THE MEDICAL INTERPRETER

The medical interpreter was a quarterly medical journal which contained abstracts from other medical journals, and was designed to supply general practitioners of medicine with authoritative information regarding the current progress in all branches of emdicine It was similar to the department of Medical Progress in the NEW YORK STATE JOURNAL OF MEDICINE It was edited by Dr Albert Allemann, Principal Assistant Librarian, Surgeon General's office, U S Army, assisted by prominent officers in the Army, Navy, and U S Public Health Service, but it was published by a business corporation which was evidently not financially successful for the journal is no longer published, but the former publishers are disposing of the volumes already on hand

Dr Allemann has written to the *Journal of the A M A* and to the State Journals, asking that they print the following notice

"I wish to inform the subscribers of the *Medical Interpreter* that I have resigned as editor of this publication in December, 1928, and that I am no longer responsible in any manner for the actions of its promoters"

On checking up this information, the editors have found that this notice has been accepted for publication in the *A M A Journal* and in several State Journals

NEWS NOTES

MEDICAL FEES, UNITED STATES ARMY

The War Department at Washington has issued a lengthy schedule of fees for hospitalization and medical treatment for the personnel of the National Guard This schedule has been reprinted as Bulletin No 4 of the Adjutant General's office of the State of New York, dated May 24, 1929 It gives in detail the fees which will be paid to civilian physicians for attending the officers and enlisted men for sickness and injuries sustained by officers and enlisted men, when the official physicians and hospitals of the Army are not available This fee list will be of practical value to the few physicians of New York State who may attend the officers and enlisted men of the National Guard It is also of interest to all physicians, for it is an example of the growing tendency toward the establishment of standard fee lists by official agencies and business organizations (See the fee list for the care of crippled children printed on page 170 of February first issue of this JOURNAL) The fees of the Army list are the maximum amounts to be allowed, and in this they are in contrast with many other fee lists which are minimum charges The schedule may be obtained by application to the Adjutant General's office, Albany, N Y

HERKIMER COUNTY

The third quarterly meeting of the Medical Society of the County of Herkimer was held at the Hotel Waverly in Herkimer, Tuesday, September 3, 1929, with the first Vice-President, Dr V M Parkinson of Pine Crest, in the chair

Reports were given by Dr F H Moore for the Executive and new By-Laws Committees Many meetings of these Committees had been held since the June meeting of the Society requested a report on new By-Laws After much consideration a complete sew set of By-Laws has been proposed and handed in to the Society for its further consideration and ultimate adoption The principal features of the proposed changes are

1 Increase from quarterly to bi-monthly meetings except during summer months

2 Appointment of Executive Committee comprising the President and at least two past Presidents with a total of seven members who are to be nominated by the President-Elect at the annual meeting and confirmed by the Society at the same meeting This Committee is to meet regularly previous to the Society's meetings, go over all of the matters pertaining to the welfare of the profession and recommend a program of action. They are also empowered to act for the Society until such action is rescinded in meeting of the Society

3 Addition of publicity, membership, program and obituary committees to already existing standing Committees The program Committee to comprise the three Vice-Presidents

These proposed changes in By-Laws must be approved by State Society before adoption and necessary expenses of printing, etc., were approved

A resolution was adopted authorizing an official transcript of medical testimony at local malpractice suits and the consideration of same by the Executive Committee, when members of the profession testify for the plaintiff

The customary address by one of the Vice-Presidents was given by Dr H C Murray of Herkimer on poliomyelitis

Motion pictures were shown by Dr A L. Fagan of his recent trip to the Pacific Coast

Officers were nominated for election at the annual meeting in December An excellent supper was served at 6 30 and adjournment taken at 10 30 p m

W B BROOKS, *Secretary*

OTSEGO COUNTY

A most inspiring meeting of the society was held on Tuesday, October 1st, at The Oneonta Country Club

Dr James N VanderVeer, President of the State Society, gave an address that touched upon various matters that confront the medical profession at the present time He showed the need and value of insurance against malpractice, the need that preventative medicine should be under the control of the profession and not in the hands of the lay organizations, the need of a uniform fee bill, the condemnation of fee splitting, and the value of an auxiliary organization made up of the wives of the medical men He also discussed the propaganda, now so much in the daily press, regarding the high cost of medical practice

of exhaust pipes on motor buses operated under certificates of public convenience and necessity Almost all of the major operators of bus lines in the state were represented No contention arose regarding the possibility that the exhaust gases are deleterious Nearly every one agreed that provision should be made to minimize, if not eliminate, the possibility of these gases coming inside the bus

"In the opinion of the majority, this would be accomplished best by carrying the exhaust pipe to the extreme rear of the body and projecting the end downward at a 45 degree angle Several of the bus representatives said at that time that their lines were installing hot water systems

"Within the last year, it was said, the asphyxiation of passengers in motor buses through the escape of motor gases has been reported to the commission on several occasions In some instances, it was said, the gases reached the body of the vehicle from the exhaust pipes under the body through the flooring or the side panels"

THE EVOLUTION OF NOISE

Everything is recorded now-a-days, even to the noises of the City, which are recorded in the complaint books of the Department of Health An editorial in the *New York Herald Tribune* of October 3 makes the following comments on the changing character of the noises

'The constant complaints of a few decades ago referred to hucksters' cries (which could hardly be heard in the din of present-day automobile traffic), to the old-fashioned squeaky German bands, to the rattle of iron-wheeled carts over cobblestones, to piano practice at night People still complain, as ineffectively today as years ago, of the too early milk wagon, of the too casual slinger of garbage cans, of barking dogs and rattling restaurant dishes, but the burden of 1929 complaints refers to impatient automobile horns, shrieking brakes, neighbors' radio sets and the internal din of the steam riveter

"If Dr Wynne's experts make a really up-to-date study, they will include the roar of airplanes in their findings, and if they take as long as some experts do they may discover that New York is breeding a race acclimated to noise Many a tenement child has complained that he could not sleep in the silent country night Perhaps we are developing a race which will demand the friendly companionship of elevated trains, radio sets, subway turnstiles and pneumatic riveters, and will complain that it cannot work without them"

FLAVORS OF MUCILAGE

Those doctors who are still compelled to lick their own postage stamps and envelopes will be interested in an editorial in the *New York Times* of October 2 describing some vandalisms in Tangier where movie posters of both French and Spanish plays were stored The French ones were found mutilated every morning, while the Spanish ones were untouched The *Times* says

"The truth came out when one morning early a policeman discovered a herd of goats placidly breakfasting on the hoardings while their master round the corner was marketing fresh milk from the animal he had kept by him To account for the choice of French rather than Spanish posters, it was suggested that the goats preferred the gayer colors and spicier flavor Careful investigation, however, proved that the French glue smelled and tasted of honey, while the Spanish was the usual flavor A judicious use of bitter-almond drops saved the situation

"Our own Postoffice Department which is said to be contemplating the adoption of a pleasanter stamp glue, might do well to send for samples of the French honey brand"

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THE DAILY PRESS

AN ANGLE WORM FARM

FISHING is a favorite avocation of physicians and they will be interested in the following account of an angle worm's farm on the editorial page of the New York Times of September 19

"The climate of California has proved ideal for raising bumper crops of oranges and lemons, tennis players and tourists Now it appears that it is equally good for producing wholesale quantities of angle worms Although this infant industry is only in its fourth year, the 1929 crop has reached the staggering figure of 300,000 worms, with the season but half over

"This bait of the fisherman is raised on a farm in Alhambra Four years ago the owner managed it single-handed, but now he needs five men to help him care for his constantly increasing live stock The earthworms are fed entirely on corn meal When ready to be sold they are packed in moss 'in tins resembling large pepper cans' In these containers it is said they will live six weeks or more with no further care

"The proprietor gives his charges a very good character They are peaceable, industrious and monogamous In two years' time a worm reaches maturity, and some have been known to live to the age of twenty

"The present output of the farm is almost large enough to supply half of the entire demand of the United States With the long weeks of drought this year, and local worms burrowing deeper and deeper for moisture, the farm had more orders than it could fill Since fishing has come to be the sport of Presidents, the angle-worm business should look for a brisk and immediate increase Every one of the million baby worms now fattening on the Alhambra farm should find an eager buyer next year"

Physicians addicted to fishing will also be interested in what Izaak Walton says about the toilet and diet of angle worms and the means taken to ensure their health and vigor They will also relish Izaak's plea that the fishermen be kind and gentle while impaling a worm or frog on a hook so as to give the creature as little pain as possible

Speaking of earth worms, physicians will be interested in an article in the September Scientific American on the discovery of ancient Roman Camps in England by means of photographs taken from airplanes The photographs show the outlines of walls and pavements buried several feet beneath the surface of the soil The reason for their burial, although it is not mentioned in the article, is given in one of the first books written by Charles Darwin It is on "The Formation of Vegetable Mold", and records his patient observations of the amount of soil cast upon the surface by earth worms, and his descriptions of Roman pavements buried by the action of the worms

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CARBON MONOXIDE ON CITY STREETS

THE New York *Sun* of September 18 quotes Mr Samuel Brown as saying

"The carbon monoxide spewed forth by automobiles is particularly pernicious and injurious to the health of the citizens of New York This is due particularly to the fact that it does not dissipate quickly, but stays about two feet from the ground, owing to the lack of wind movement at that height

"I have often wondered how the New York traffic policemen are able to stand the fumes The gas saturates their clothing and lungs, and it is hard on the constitution—and they have to put up with it for eight hours a day It also affects pedestrians, and it is a health problem that must be solved, especially in view of the city's increasing population"

The New York *Herald Tribune* of September 18 prints an order of the New York Public Service Commission barring the use of the motor exhaust gases for heating public buses The Herald Tribune says

"The ruling goes into effect in January 1, 1931, for buses now in use, on December 1, 1919, for new buses This step was taken to eliminate the peril to passengers of poisoning by carbon monoxide, generated in the exhaust While all buses are not heated by the diversion of the exhaust, this device is used in the majority of cases Automotive engineers consider it more practicable and easier than to use water heated in the radiators

"The Public Service Commission conducted a hearing last June to inquire into the location

of exhaust pipes on motor buses operated under certificates of public convenience and necessity Almost all of the major operators of bus lines in the state were represented No contention arose regarding the possibility that the exhaust gases are deleterious Nearly every one agreed that provision should be made to minimize, if not eliminate, the possibility of these gases coming inside the bus

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CARBON MONOXIDE ON CITY STREETS

THE New York *Sun* of September 18 quotes Mr Samuel Brown as saying

"The carbon monoxide spewed forth by automobiles is particularly pernicious and injurious to the health of the citizens of New York This is due particularly to the fact that it does not dissipate quickly, but stays about two feet from the ground, owing to the lack of wind movement at that height

"I have often wondered how the New York traffic policemen are able to stand the fumes The gas saturates their clothing and lungs, and it is hard on the constitution—and they have to put up with it for eight hours a day It also affects pedestrians, and it is a health problem that must be solved, especially in view of the city's increasing population"

The New York Herald Tribune of September 18 prints an order of the New York Public Service Commission barring the use of the motor exhaust gases for heating public buses The Herald Tribune says

"The ruling goes into effect in January 1, 1931, for buses now in use, on December 1, 1919, for new buses This step was taken to eliminate the peril to passengers of poisoning by carbon monoxide, generated in the exhaust While all buses are not heated by the diversion of the exhaust, this device is used in the majority of cases Automotive engineers consider it more practicable and easier than to use water heated in the radiators

"The Public Service Commission conducted a hearing last June to inquire into the location

BOOK REVIEWS

NEPHRITIS Its Problems and Treatment. By T IZOD BENNETT, M.D (London), F.R C P Octavo of 94 pages. New York, Oxford University Press, 1929 Cloth, $1 85 (Oxford Medical Publications)

This volume of ninety-five pages is based on three lectures delivered before the Royal College of Physicians in 1928, in which the problems of uremia, of edema and of hypertension were presented The author has added a chapter on the classification of nephritis, and one on the treatment of nephritis, in order to present a more harmonious survey of the subject. This volume is a carefully prepared treatise on a subject which is difficult to present and includes the modern knowledge on the subject, as well as the author's experiences and conclusions In this small volume we have an excellent picture of the problems presented to one who treats patients having pathological conditions in the kidneys Study of this book will well repay the time taken for its perusal.

HENRY M. MOSES.

MEDICAL CLINICS OF NORTH AMERICA. Vol 12, Nos 1 to 5 Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) cloth, $16 00, paper, $12 00 net.

Volume 12, Number 1, July, 1928, (Chicago Number)

This is a Chicago number and contains such interesting material as primary carcinoma of the lung, lymphocytosis in infants, visceral neurology, erythema nodosum of childhood, coronary disease, the use of synthalin in diabetes, the clinical significance of electro-cardiography, behavior problems in children, chronic hemolytic icterus, and many others of great value.

Volume 12, Number 2, September, 1928 (Nebraska University Number)

This is an excellent number by the University of Nebraska group of clinicians covering among others such topics as hypothyroidism, gastrojejunal fistulae, subacute bacterial endocarditis, pulmonary tuberculosis, otitic brain abscess, chronic infectious arthritis, and vomiting in children.

Volume 12, Number 3, November, 1928 (New York Number)

This is a New York number of exceptional value. Dr Nellis B Foster gives a resume of diagnosis and treatment of nephritis Dr Bela Schick discusses tuberculosis in children and illustrates it with many x-ray plates. There is an interesting article on obesity by Dr Henry Spencer, a differential diagnosis of chest pains and its therapy by Doctors Guion and Meara. Endocrine angina as a medical entity is described by the above authors In addition, Dr I W Held and Dr A A Goldbloom give a complete description of hematologic diseases These are but a few of the many valuable articles that can be mentioned

Volume 12, Number 4, January, 1929 (Philadelphia Number)

A Philadelphia number of great merit. Among the many valuable papers, one can only mention a few, such as coronary disease, myeloid leukemia, hyperacidity hyperthyroidism jaundice, the prostate as a source of focal infection, hypoglycemia, liver abscess and the use of dextrose in the treatment of obesity

Volume 12 Number 5 March 1929 (Southern Interurban Clinical Club Number)

This number was compiled by the Southern Interurban Clinical Club It contains among others interesting works on pellagra, tropical sprue, cardiothoracic distress, amebiasis, thyroid deficiency as a cause of poor health, induced syphilitic meningitis, Wilson's disease and sickle-cell anemia.

JOSEPH S BENDETSON

INJECTION TREATMENT OF INTERNAL HEMORRHOIDS By MARION C PRUITT, M D 12mo of 137 pages, illustrated St Louis, The C V Mosby Company, 1929 Cloth, $3 00

British medical literature always impresses the reader with its clarity and directness Although transplanted to a new soil the fruit of Dr Pruitt's labor bears the impress of his English training

The injection treatment of hemorrhoids has come to stay and will undoubtedly occupy a more prominent place as years go by

We would advise those who are interested to read this little book of 137 pages which gives all the necessary information in a direct and thorough way

HENRY F GRAHAM

RECENT ADVANCES IN PSYCHIATRY By HENRY DEVINE, O B E., M D 12mo of 340 pages Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $3 50 (Recent Advances Series)

Although a comparatively small volume it covers many phases of psychiatry In the introduction attention is called to the fact that we have lately come to consider the term insanity to cover only a small number of behavior disorders After taking up at some length the effect of toxic and somatic factors in mental disease, including germ plasm taints with inherited predisposition, the author discusses and compares the somatic and psychogenic syndromes, and points of similarity between physical and psychic irritants He stresses the importance of studying both physical and psychic phases of the reactions, and reviews some of the work on the relationship of focal infections to mental symptoms, and the effect of intercurrent disease upon the course of mental ailments This leads quite easily to what is termed "shock" therapy and malaria treatment of general paralysis With reference to the behavior of the organism in mental disease the hemoclastic crisis and the variations of metabolism are considered

Three chapters on biopsychic types include a study of biogenetic psychoses (Dementia Praecox and Manic Depressive), Kretschmer's physical types and some recent contributions to the study of pathology, particularly of the endocrines in the biogenetic disorders The last four chapters are devoted to a discussion of psychology of the psychoses, including psychogenesis and reference to the psychological interpretation of symptoms and psychotherapeutic measures Throughout emphasis is laid upon the importance of closer and closer relation between psychiatry and general medicine, to the end that prophylaxis and therapy may both be more effective.

A. E. SOPER.

THE INJECTION TREATMENT OF HEMORRHOIDS By Dr CHARLES CONRAD MILLER. 12mo of 124 pages, illustrated Chicago, Modern Surgery Publication, 1929

This is a valuable little hand book giving in a didactic and practical way all the essential information to enable one intelligently to use this method of treatment

Indications, contraindications solutions, methods of injecting, pathological changes produced complications and sequelae are all discussed in sufficient detail

We can recommend this book to all who are interested in hemorrhoids.

HENRY F GRAHAM

BOOKS RECEIVED

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.

GYNECOLOGY A Text-book of the Diseases of Women By LYNN LYLE FULKERSON, A.B, M D Octavo of 842 pages illustrated. Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $9 00

PROCEEDINGS FIRST COLLOQUIUM ON PERSONALITY INVESTIGATION Held Under the Auspices of the American Psychiatric Association, Committee on Relations with the Social Sciences Octavo of 102 pages New York City, December 1-2, 1928 Balt., Lord Baltimore Press, 1929 Paper, 60c,, Cloth, $1 00

INTERNATIONAL CLINICS Edited by HENRY W CATTELL, A.M., M D Thirty-ninth Series, Volume II Octavo of 305 pages, illustrated Philadelphia and London, J P Lippincott Company, 1929

THE CONQUEST OF CANCER BY RADIUM AND OTHER METHODS By Daniel Thomas Quigley, M D, F.A.C.S Octavo of 539 pages, illustrated. Philadelphia, F A Davis Company, 1929 Cloth, $6 00

OSTEOMYELITIS AND COMPOUND FRACTURES AND OTHER INFECTED WOUNDS Treatment by the Method of Drainage and Rest. By H WINNETT ORR, M.D, F.A.C.S Octavo of 208 pages, illustrated St. Louis, The C V Mosby Company, 1929 Cloth, $5 00

CLINICAL LABORATORY METHODS By RUSSELL LANDRAM HADEN, M A., M D Third Edition. Octavo of 317 pages, illustrated St. Louis, The C V Mosby Company, 1929 Cloth, $5 00

PRINCIPLES AND PRACTICES OF ELECTROCARDIOGRAPHY By CARL J WIGGERS, M D Octavo of 226 pages, illustrated. St. Louis, The C V Mosby Company, 1929 Cloth, $7 50

OTOSCLEROSIS A Resume of the Literature to July, 1928. Compiled under the Direction of the Committee on Otosclerosis, American Otological Society ARTHUR B DUEL, M D, Editor Two octavo volumes of 684 pages New York, Paul B Hoeber, Inc, 1929

GONORRHEA AND KINDRED AFFECTIONS Gonorrhea in the Male Cnancroid and Verruca Acuminata, by GEORGE ROBERTSON LIVERMORE, M D, F.A.C S, and Gonorrhea in the Female, and the Infectious Granulomata, by EDWARD ARMIN SCHUMANN, A.B, M D, F.A C S Octavo of 257 pages, illustrated New York and London, D Appleton & Company, 1929 Cloth, $5 00

PRINCIPLES AND PRACTICE OF MINOR SURGERY A Text-book for Students and Practitioners By EDWARD MILTON FOOTE, A M, M D, and EDWARD MEAKIN LIVINGSTON, B Sc, M D Sixth Edition. Octavo of 787 pages, illustrated New York and London, D Appleton & Company, 1929 Cloth, $10 00

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR Under the Direction of Major General M W Ireland Volume III, Finance and Supply By Col. Edwin P Wolfe, M C Quarto of 945 pages Washington, Government Printing Office, 1928

METHODS AND PROBLEMS OF MEDICAL EDUCATION (Twelfth Series.) Quarto of 466 pages, illustrated. New York, N Y, The Rockefeller Foundation, 1929

SURGICAL CLINICS OF NORTH AMERICA. Vol 9, No. 3 June, 1929 (New York Number) Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12 00 net

MENTAL DEFICIENCY (AMENTIA) By A. F TREDGOLD, M D (Durh) Fifth Edition. Octavo of 335 pages, illustrated. New York, William Wood & Company, 1929 Cloth, $7.50

RADIUM TREATMENT OF CANCER. By STANFORD CADE, F R C S (Eng) Octavo of 158 pages, illustrated New York, William Wood & Company, 1929 Cloth, $5 50

TUBERCULOSIS ITS PREVENTION AND HOME TREATMENT A Guide for the Use of Patients By H HYSLOP THOMSON, M.D Third Edition. 12mo of 99 pages London and New York, Oxford University Press, 1928. Cloth, 75 cents

MEDICAL CLINICS OF NORTH AMERICA Vol. 13, No 1, July, 1929 (Boston Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12 00 net.

PRACTICAL MATERIA MEDICA An Introductory Text to the Study of Pharmacology and Therapeutics Designed for Students of Medicine. By CLAYTON S SMITH, Ph.D, M D, and HELEN L WIKOFF Ph D 12mo of 300 pages Philadelphia, Lea and Febiger, 1929 Cloth, $3.25

RICKETS INCLUDING OSTEOMALACIA AND TETANY By ALFRED F HESS, M D Octavo of 485 pages, illustrated Philadelphia, Lea and Febiger, 1929 Cloth, $5 50

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY A Complete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc., with the pronunciation, derivation, and definition. By W A. NEWMAN DORLAND, A M., M.D 15th Edition, revised and enlarged. Octavo of 1427 pages, illustrated Philadelphia and London, W B Saunders Company, 1929 Flexible binding, plain $7.00 net, thumb index, $7 50 net.

HERMAN'S DIFFICULT LABOR. A Guide for Students and Practitioners Seventh Edition, revised by CARLTON OLDFIELD, M.D (Lond.), F.R.C.S (Eng) 12mo of 560 pages, illustrated. New York, William Wood & Company, 1929. Cloth, $5 50

ORTHOPEDIC SURGERY By Sir ROBERT JONES Bart, K.B E, C B, and ROBERT W LOVETT, M D, F.A.C.S Second Edition, revised Octavo of 807 pages illustrated. New York, William Wood & Company, 1929 Cloth $11 00

THE TREATMENT OF FRACTURES By LORENZ BÖHLER M.D Authorized English translation by M E Steinberg, M S, M.D Octavo of 185 pages, illustrated Vienna, Wilhelm Maudrich, 1929 Cloth, $5 00

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There are many methods of artificially feeding babies. Often the physician asks—What is the best way?

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There are no standardized babies and therefore no standardized foods are suitable for all babies. The requirements of the individual baby must be considered.

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OUR NEIGHBORS

NEW JERSEY HOUSE OF DELEGATES

The proceedings of the House of Delegates of the Medical Society of New Jersey, which met on June 12-14, 1929, are printed as a 57-page supplement to the September Journal of the Medical Society of New Jersey The reports of the officers and chairmen of Committees are printed in full, and the actions taken are recorded

The Publication Committee reporting on the finances of the Journal gave the following summary of the receipts and expenses

RECEIPTS

Balance on hand May 31, 1928	$ 588 71	
Advertising (including A M A rebate $286 72)	10,113 99	
Subscriptions (extra)	34 50	
Sale of Journal (extra copies)	28 44	
Bills Receivable	948 48	
Cash on hand June 1, 1929	555 25	
Subscriptions Account—Society Members	2,464 00	
TOTAL		$14,733 37

EXPENDITURES

Commissions paid (Co-operative)	$ 700 61	
Amount of Commissions O K 'd local canvasser	161.25	
Discounts paid	210 97	
Chairman's Salary	500 00	
Chairman's Expenses	143 27	
Printing and Mailing of Journal O K 'd	11,693 21	
Reprints O K 'd	198 00	
Index	124 00	
TOTAL		$13,731 31

It also printed the following summary

SUMMARY

Amount of advertising secured by Co-operative	$ 3,672 54
Amount of advertising secured locally	5,081 90
Amount of discount and commission allowed Cooperative	850 28
Amount of discount allowed locally to advertisers	61 30
Amount of commission O K d local canvasser	161 25
Total amount of advertising	10,113 99
Total cash receipts from all sources	8,152 06
Total amount paid Treasurer	8,152 06

The question of dues came up in connection with the annual budget which was adopted as follows

APPROPRIATIONS

Publication	$14,000
Welfare	750
Credentials	400
Executive Secretary and Editor salary	10,000
Executive Secretary, office rent	1,000
Executive Secretary, office furniture	500
Executive Secretary, office expenses	2,400
Executive Secretary, travel	2,000
Field Secretary salary	4,000
Recording Secretary salary	1,500
Recording Secretary, expenses	750
Recording Secretary, office	1,650
Treasurer's expenses	100
A M A Delegates	800
Legal	1,000
Printing and Stationery	1,800
Tri-state Conference	150
County Secretaries' Conference	150
Contingent Fund	2,500
Reserve	3,000
	$48,450

This budget was adopted after a considerable discussion on raising the State dues from $10 00 to $15 00 The secretary reported that the Society now has 2,522 members The table of expected income as stated in the budget is as follows

INCOME

Balance	$ 200
Assessment	39,000
Publication	8,500
Interest	750
	$48,450

The report of the Editor and Executive Secretary, Dr H O Reik, contained a number of questions regarding policies of the Society These questions and the action of the Committee to whom they were referred, were as follows

Are you satisfied with the progress of the Journal? What changes do you desire?

The committee is of the opinion that our Journal ranks among the best of the state journals of the country and should be continued upon the same high plane as in the past, encouraging the Editor and Publication Committee to make such additions or improvements as seem advisable

(*Continued on page 1294—adv xii*)

(Continued from page 1294—adv xii)

counsellor and it is best to leave this question to that committee.

Is it desirable to have a "fact finding" investigation of alleged unprofessional conduct?

It does not seem advisable, to your committee, to have such special investigation by any special action on the part of the Society The questions of fee-splitting, relationship between physicians, advertising, etc, should be carefully watched by each county society and if of sufficient importance referred to the Councillors of the State Society

What shall be our attitude toward national legislation described Sheppard-Towner law, Narcotic law, higher tariff on surgical instruments?

Inasmuch as the Welfare Committee and the state committees are opposed to all three forms of legislation, the Medical Society of New Jersey should go on record as opposed to these laws in their present form

The Field Secretary, Mrs Ethel C Taneyhill made a detailed report on her activities, which consisted largely in giving sixty-nine addresses before audiences totaling 6,275 persons, and consisting largely of Woman's Auxiliaries and Parent-Teachers Associations Mrs Taneyhill had also acted as secretary of the executive council of the Committee for the Prevention of Diphtheria.

CHOOSING A FAMILY PHYSICIAN

The *Daily News* of Jackson, Mississippi, in its issue of June 4, tells its readers how to choose a family doctor The article is quoted in the August issue of the *New Orleans Medical and Surgical Journal* as follows

"Magazines of the day are replete with articles advising the public how best to invest their money All very good Even more pertinent is the security of health and life You understand the purchase of stocks and bonds, but do you know how to buy yourself a doctor?

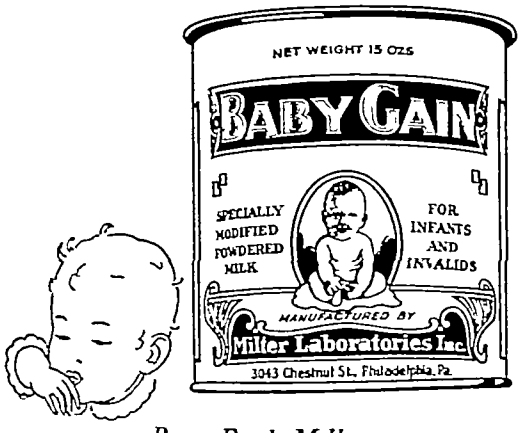
"You have Dr Jones because he belongs to your church Dr Smith is an examiner for your lodge Dr Brown is a good patron of your bank Wonderful security? How much money would you lend him on the strength of it?

"Yet you freely entrust to his custody the health and lives of yourself and family 'What fools we mortals be?'

"Do you know aught of his education? Where he practiced before entering your community? Why he left? No, you don't know any of these things You assume that he passed the State Board of Medical Examiners and has a license to practice medicine in your state. All right as far as it goes

"How then shall we select a family physician?

(Continued on page 1296—adv xiv)



Pure, Fresh Milk
From Healthy, Tuberculin-Tested Cows,
Modified and Powdered

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Please send me free sample can of BabyGain and descriptive literature.

Doctor

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With BabyGain, Uniform Modifications are easy to prepare—

One of the difficulties with bottle feeding is the frequent variation of home modifications compared with the constancy of breast milk

The simplicity of preparing BabyGain appeals to the mother, and the physician's instructions can be more reliably carried out

BabyGain offers a proven well-balanced formula and is easy to assimilate and digest

The only fat in BabyGain is the natural butterfat in the pure fresh Tuberculin-Tested milk from which it is made

The Follow-Thru Of Your Instructions

THE physician who prescribes exercise for his patients is generally too busy to follow thru his instructions to see whether the prescription is being carried out—or neglected

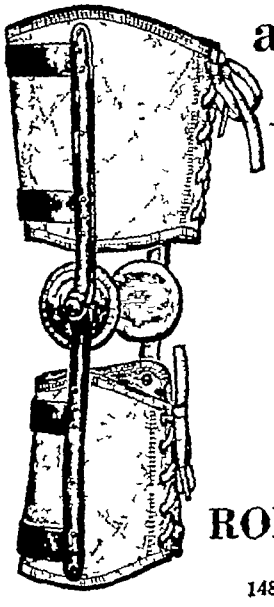
The physician who takes the extra precaution of sending a client to McGovern's Gymnasium for exer... letter, and ... and re building has the assurance that his patient by regular ... escription is being carried out to the A work out at McGovern's wan follow the progress of his many physicians send patients here to send you a guest card ... you why so ... be glad

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Application

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NEW YORK CITY

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(Continued from page 1292)

Shall we endeavor to make it an ideal state society journal, as described at the conference of officers of New York, Pennsylvania and New Jersey medical societies, even if cost be increased?

Make the Journal as nearly ideal as is possible, together with such desirable additions as the budget will justify

Have you any suggestions to make regarding the Woman's Auxiliary?

This movement should receive the strongest endorsement of the Medical Society of New Jersey and each county society should be instructed to give every assistance and encouragement to the women in making their work effective, instructive and interesting

Any suggestions regarding work of Field Secretary?

The excellent work done by our Field Secretary during the past years has been most effective and should be continued by the Society Her activi... should be governed by Dr Reik and the Wel... casting progr... mmittee

...tinue the State So... ask county societies to start broad

Each county society ... of their own? *Shall we con*... lege of broadcasting a series ... *radio talks?* its nearest radio station should ... n obtain the priv... such opportunity Before initiating ... health talks over ... casting, its committee should obtain nece... ail itself of ... formation and instruction from the E... uch broad ... Secretary of this Society By all means we ... ssary in ... continue our own radio talks and, so far ... ecutive ... possible, advise with our New Jersey State ... should ... stations to the end that the public may be ... as ... tected and no improper medical information ... radio ... seminated by irregulars, patent medicine co... pro... panies or improper cults

Shall we continue or arrest newspaper d... dis... semination of radio material?

The newspaper dissemination of radio talk... ... should be left to the discretion of the Executive ... Secretary, with the suggestion that only talks of ... outstanding importance and interest should be so ... disseminated

Will you indorse our recommendation of establishing a Public Relations Committee (under whatever name) for each county society, and urge such bodies to clean up newspaper advertising in their localities?

County societies, through their existing committees, should make every endeavor to advise with newspapers published in their respective counties to eliminate misleading and untruthful statements

Is it advisable to have a special committee to study Assembly Bill 290?

The study and steering of all legislation belongs to the Welfare Committee that has its own legal

(Continued on page 1295—adv xiii)

(*Continued from page* 1296—*adv xiv*)

of preventative medicine, public health, epidemics, etc., should be encouraged and given to the public through the press and over the radio and otherwise, subject to the following restrictive suggestions

"(a) That each unit Society appoint a publicity committee of three or more members whose duty it will be to read and pass judgment on an article before it is released

"(b) That the beginning of each article shall carry the fact that the Society is being represented by the essayist, and that any statements made are in accord with the best thought and judgment of the representative Society

"(c) That wherein the subject deals with therapy, and knowing that so very few doctors are in complete accord on this point, it is believed wiser to deal only in general terms and thus forestall definite pre-formed therapeutic opinions on the part of patients

"(d) That the common enemy 'quackery' can possibly be better narcotized by educating the public along conservative scientific lines rather than to attempt to char him through the more intense use of his tools"

FREE TONSIL CLINICS IN CLEVELAND

The August issue of the *Ohio State Medical Journal* has the following editorial on the free tonsil clinics promoted by the Cleveland Academy of Medicine

"In view of the extensive discussion concerning the purpose and conduct of various types of free clinics, both temporary and permanent, the recent action of the Academy of Medicine of Cleveland on this question is of general interest. The following comment in the July issue of *The Bulletin* of that Academy is significant and encompasses much in the brief paragraph

" 'There has never been any question about the desirability of providing service for the needy children of the county outside of the Community Fund area There was, however, an erroneous impression in connection with the early county tonsil clinics—namely that they were not a matter of charity but simply a public health program which tax-payers were privileged to use, if they wished This pauperizing influence is socially unsound and when so presented to the lay backers of the tonsil clinics was recognized as such The Academy office undertook to cooperate in the management of the clinics, to investigate the economic status of the applicants, consulting the family doctors when questions arose, and to supply volunteer operators selected by the chairman of the Otolarynological Section of the Academy, who worked in a regular and orderly fashion but without any compensation It is interest-

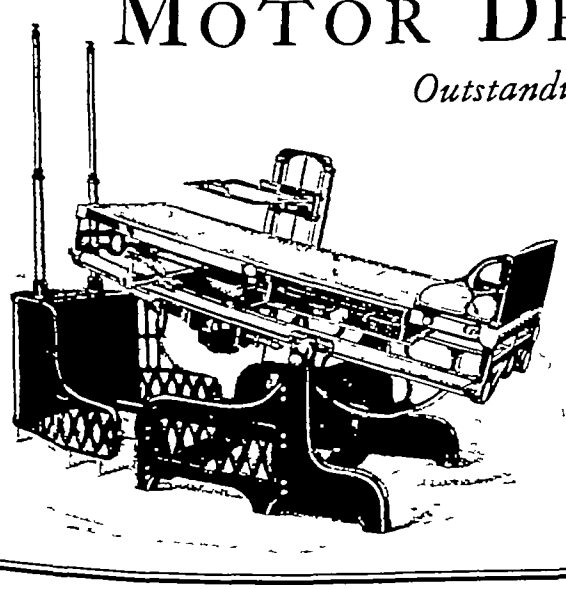
(*Continued on page* 1298—*adv xvi*)

THE STANDARD X-RAY COMPANY

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Counter balanced fluoroscopic screen
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Instant stopping without coasting
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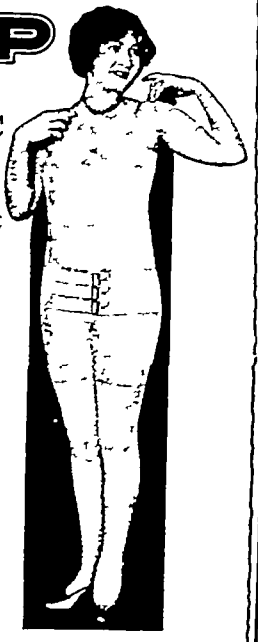
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because they are digitalis in its completeness. They are physiologically tested leaves in the form of physiologically tested pills, giving double assurance of dependability.

Each pill contains 0 1 gram, the equivalent of about 1½ grains of the leaf, or 15 minims of the tincture

Convenient, uniform, and more accurate than tincture drops.

Sample and literature upon request.

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(*Continued from page 1295—xiii*)

"Choose first a man who is honorable, honest and conscientious He will afford you greater protection than the law Secondly one of good habits Thirdly one of sound judgment This is a wonderful asset to a physician

"Beware of the doctor who is not a member of his County Medical Society It is true that many poor ones belong, but few good ones do not Select, if possible, a man who is on the staff of a recognized hospital The directors of a hospital are in a better position to judge of his qualifications Regard with suspicion a doctor who objects to meeting others in consultation His ignorance is probably worthy of concealment

"Consider twice the doctor who demands payment in advance True, 'The laborer is worthy of his hire,' but a dollar is dearly earned that costs us the respect of others

"Everything considered, doctors are not very different from other commodities The cheapest is not always the best buy, and those who charge most sometimes sell inflated values

"Would that we might recall the old type of family physician, he who radiates sympathy and kindness Some doctors are so cold-blooded that they have to carry alcohol in their radiators to keep from freezing We need more of the spirit of humanity and less of the spiritus frumenti.

"With the best information available, the choice of a physician may, for many, prove something of a lottery, but if fortune does not favor you in the first draw, you can always call for a new deal

"Then go to him, on every birthday, for a health inventory Ask him to help you keep well"

MEDICAL PUBLICITY IN ARKANSAS

The annual report of the Committee on Publicity of the Arkansas Medical Society as recorded in the July *Journal* makes the following comments

"The most efficient avenues of reaching the laity, our actual and potential patients, are three personal contact and discussions, newspapers, and radio The abuse of any of these is not only culpable but intolerable The proper use of them, however, serves an excellent purpose wisely

"First We, your committee, are in favor of using these means of attaining the goal of an educational program, provided this privilege is kept on the high plane of composite good and not incriminated with individual and personal ambitions

"Second That articles of interest on questions

(*Continued on page 1297—adv xv*)

Cheplin's
THE ORIGINAL
B. ACIDOPHILUS MILK



Accepted by the A.M.A. Council on Pharmacy and Chemistry

An Active Culture of B Acidophilus of Proven Intestinal Habits

Prepared under the direct supervision of Dr H A Cheplin, the pioneer in Acidophilus therapy

Years of continued use of this product has definitely established its value in

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MUCOUS COLITIS
DYSENTERY and resultant INTESTINAL TOXEMIAS

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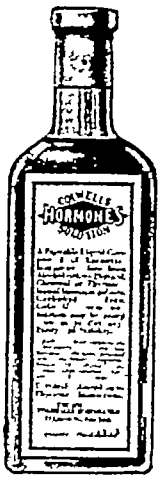
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Information upon Request

(*Continued from page 1297—adv xv*)

ing and gratifying that there was no dearth of volunteers on this basis Doctors are still willing to do proper charity The family doctors consulted were also very generous in their responses This method tends to make such physicians loyal to the Academy instead of antagonistic. Likewise the lay people in these outlying communities see the good intentions of the Academy All elements are cooperating and there is a minimum abuse of charity or pauperization Altogether it is an excellent practical example of professional direction of lay health movements, providing the best of service and preventing abuse' "

ANNUAL MEETING OF THE COLORADO STATE MEDICAL SOCIETY

The October issue of *Colorado Medicine* records editorially some snappy, outspoken impressions of the annual meeting of the Colorado State Medical Society, which was held in Greeley during the first week is September The editorial says

"Mr Paul M Clark emphasized the advantage of a Society liability defense plan, not so much to furnish simple legal defense in itself, as to cause physicians in general to avoid unguarded or careless criticism of their fellows, for under a defense plan such actions would be brought into the open in the course of investigation of the merits of a case It must be admitted that many times thoughtless remarks of a doctor are the beginning of a malpractice suit against his fellow

"The papers furnished by members were generally of a high character The courageous address of President Senger appears in this issue of *Colorado Medicine* The program was marred by a serious situation, and that was the switching of numbers from one hour to another, and even from one day to another, so that members who perhaps could attend only one day of the meeting or were on hand at the appointed time to hear and discuss a certain paper, were in some instances disappointed The Thursday afternoon session was so dragged out that a number of valuable papers were read before a scattered few hearers It is a grievous fault It is caused by two things, first a crowding of the program to begin with, and without any provisions for contingencies which invariably occur, and, second, a failure of those reading papers and discussions to abide by the time limit set by the by-laws of the Society

"The scientific exhibitors this year were few, but their exhibits deserve the compliments of the Society The *x*-ray exhibit especially was varied and large, and illumination much better than heretofore.

"It is believed that those who had the management of the meeting in their hands will agree that the work of the new executive secretary dem-

(*Continued on page 1300—xviii*)



Vita* Glass *Effective* in Winter



St. Mary's Hospital, Grand Rapids is equipped with Vita glass

Tests show that sunlight coming through Vita glass windows in any season has high health value



Since the original installation of Vita glass in the first Boston Health Unit, two and a half years ago the Massachusetts Board of Health has authorized four additional installations. This is the Vita glass-equipped South Boston Health Unit.

FEBRUARY sunlight coming through Vita glass windows in New York contains sufficient ultra-violet rays in the vital range to make it effectively anti-rachitic. This fact has been proved definitely by the experiments which Walter H Eddy, Professor of Physiological Chemistry, Teachers College, Columbia University, has conducted for the past two years in that severest of winter months

"In 1929," writes Dr Eddy, "using a glass two years old†, we not only obtained protection between February 16th and March 16th, but we also proved that *three to four hours exposure was equivalent to a full 24-hour exposure in protective value*"

Dr Eddy concludes "I am convinced by these experiments that the installation of Vita glass windows in New York City insures the utilization of rays of real health value even in winter"

The Eddy experiments confirm anew the results gotten with winter sunlight and Vita glass by the council on Physical Therapy of the American Medical Association, and also the results reported in numerous other tests by scientific bodies and individuals In full agreement with them are the reports received from hospitals and sanitoria equipped with Vita glass throughout the United States

More than 250 institutions for the treatment of disease are wholly or partially equipped with Vita glass And from those in the latter class an impressive number of orders for repeat installations is being received

Available to you upon request is the authentic report of actual clinical results obtained with Vita glass, especially in the hospitalization of children, by Drs Caldwell and Dennett at Post Graduate Hospital, New York. This report formed an article published in the Journal of the American Medical Association for June 22, 1929 We shall be glad to send it to you on receipt of the coupon below

Vita glass Transmission Constant After Few Weeks Exposure

†The results of Dr Eddy's experiment with Vita glass two years old add new weight to the conclusions drawn from other biological tests, in which seasoned Vita glass similarly proved its retention of anti-rachitic and normal growth promoting properties

Accelerated weathering tests by the U S Bureau of Standards, Professor Stockbarger of the Massachusetts Institute of Technology, and many other individuals and groups have confirmed the power of seasoned Vita glass to transmit an effective amount of vital ultra-violet rays These tests have also shown that the solarization (weathering or seasoning) of Vita glass takes place very quickly, and that its transmissibility becomes constant after a few weeks of actual use

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(Continued from page 1298—adv xvi)

onstrates that his office is a valuable and much desired adjunct Another year should remove all doubts on that score

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"A preconvention impression was that of meeting in hot weather in a medium-sized town i a part of the state distant for many of the members, where housing might be inadequate or substandard and attendance small The postconvention impression is a lasting one of pleasant lunching under shading elms on a cool day, enjoyable friends, educational feasts in an appropriate atmosphere, golf, swimming, dancing, movies, lantern slides, controversies, hurry, bustle, exhibits, learned talks, jubilee singers, squashes, raincoats, a bumped head, a lost suitcase, a beautiful city and clean, with Dr Madler and his cohorts ever present here and there We trust the committees have the smug feeling that goes with a job well done"

OSTEOPATHS AND THE BASIC SCIENCE BILL

The *Journal of the Arkansas Medical Society* carries the following news item

"We wish to quote the following item from the *Journal of the American Osteopathic Association*, 28 699 (May), 1929

"'The basic science bill is the most difficult legislation that has ever confronted our profession, for it appeals to disinterested minds and seems absolutely fair to all concerned No telling arguments in opposition have as yet been produced

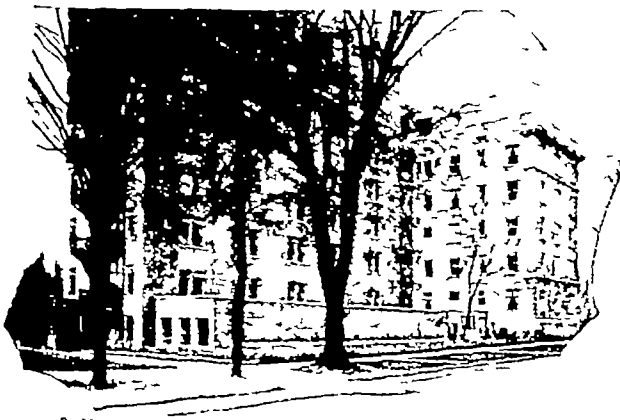
"'The danger hidden in this form of legislation is the administrative feature, for if the personnel of the board is inclined to become unfair, it is an easy matter to inflict hardships on the applicants for license

"'If the basic science bill cannot be defeated in the States, every effort should be made to secure representation on the Board of the Basic Science Examiners in all States where such legislation is proposed'"



Vita* Glass *Effective* in Winter

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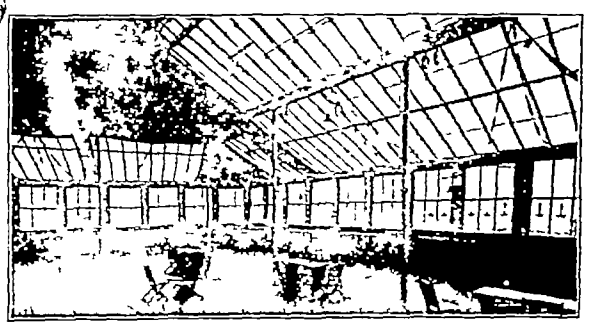
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OFFICE WORK OF THE OREGON STATE MEDICAL SOCIETY

The August issue of *Northwest Medicine* contains the reports of the officers of the Oregon State Medical Society The Executive Secretary, Mr Clyde C Foley, reports on the office work of the Society as follows

"The taking of these new offices has enabled us to greatly expand our public educational work. A Public Health Information Bureau and Reading Room has been established in the front section of our new headquarters Here we have on display both in our store windows and the interior a complete stock of pamphlets, posters and other materials, dealing with all phases of health education. Materials are also available which warn the people against nostrums and quackery A stock of *Hygeia* and other high grade health magazines is also carried This bureau has attracted widespread interest among physicians, teachers, ministers, club secretaries and lay people generally, and several thousand pieces of literature have been distributed during the past few months. In connection with this educational work, the society office is also now acting as a sales agency for the books and journals published by the American Medical Association

"During the past few months, also, the Portland City and County Medical Society has established The Doctor's Official Credit Bureau for the purpose of compiling records as to how patients pay their doctors, and to collect delinquent accounts for its members This service will soon be placed upon a statewide basis and monthly reports of delinquent debtors will be furnished for each county in the state. This bureau should be of great benefit in reducing the large losses caused by rendering service to chronic debtdodgers

"Another cooperative plan which has been given a good deal of consideration is that of group purchasing of printing for our members It is likely that a definite plan will be worked out within the next few months which will result in saving our members substantial sums on the printing of their office forms and stationery"

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AMERICAN PUBLIC HEALTH ASSOCIATION

The meeting of the American Public Health Association to be held in Minneapolis beginning September 30, is noticed in the following editorial in the September issue of *Minnesota Medicine*

"The meeting in Minneapolis, towards the close of the month, of a national society the size and importance of the American Public Health Association merits special editorial attention. The coincidental meetings of some nine other national, regional and state organizations whose concern is the public health, make the week of September 30 to October 5 a red letter week in the local calendar

"The majority of the medical profession are concerned with curative medicine as applied to the individual. Preventive Medicine as applied to social groups is in fact the more important and is demanding an increasingly larger share of the profession's time and personnel

"The coming convention will, it is true, be in large part devoted to the preventive phases of medicine, with emphasis placed on education, not only of physicians, nurses and workers in the various activities represented, but education of the public

'Here, at our door, comes the opportunity to acquaint ourselves as physicians with the scope of these various health associations and to broaden our field of knowledge of the specific health agencies, active in our state and country Health associations should be directed or advised by members of the profession and it behooves us to take advantage of this opportunity to become better acquainted with a number of them."

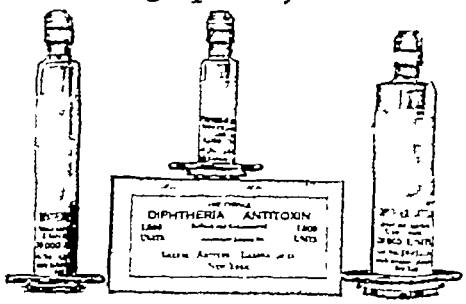
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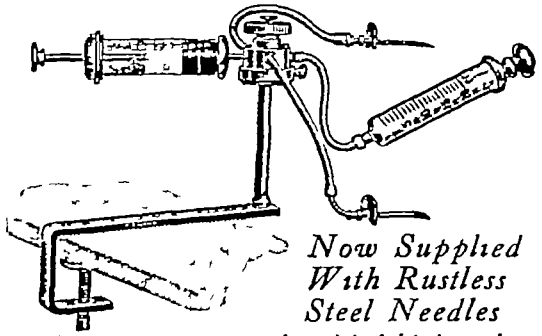


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Rustless needle, donor	3 75
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Complete outfit	36 00

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THE PRESIDENT'S PAGE

Several State Medical Journals make a featu of the President's Page, containing the messag which the President of the State Medical Socie wishes to convey to the members The *West Vi ginia Medical Journal* costains the following me sage from the President, Dr Harry M Hall

"'The music of the autumn wind sings low,
Down by the ruins of the painted hills,
Where death lies flaming with a marvelous glow
Upon the ash of rose and daffodils,
But I can find no melancholy here,
To see the naked rocks and thinning trees,
Each strips to grapple with the winter year
I see her gnarled hills plan for victories

I love the earth who goes to battle now,
To struggle with the winter whipping storm
And bring the glorious spring out from the night
I see earth's muscles bared, her battle brow,
And am not sad, but feel her marvelous charm
As splendidly she plunges in the fight.
Edwin Curran'

"This poet, without realizing it, sang of the medical profession as well as he did of the yellow leaf Each autumn we all go down to the sea of medical learning and accomplishment in the ships of what we have observed in the interval of summer Would there we all had the love of the grappling fight with ignorance and misunderstanding that the above lines assign to earth."

COST OF MEDICAL PRACTICE

Commenting on the annual address of President Harris of the American Medical Association, the July issue of the *Journal of the Tennessee State Medical Association* says

"It is perfectly evident that if medicine does not offer a solution lay people will There is ground for grave fear as to the effect a plan evolved entirely by a layman would have on medical service in general, the future of medicine as a science, and on the practice of medicine as an art and a science

"It does the profession no good to call attention to the fact that the budget of the moderately well-to-do family does not as a rule contain medical care as an expense to be met.

"It does no good for us to reiterate the well known fact that a large per cent of the average family income is pledged before it is earned

"We criticize and criticism is warranted, but criticism will not solve the problem We must recognize the problem and participate in its solution

"The situation seems to contain many inconsistencies This office has received more requests this year for information as to new locations in which a well qualified practitioner of medicine could earn a livelihood than in any like period of time with which the writer is familiar

NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 29, No 21 | NEW YORK, N Y | November 1, 1929

ADENOMATA OF THE THYROID*

By HOWARD M CLUTE, M.D, F A C S
The Lahey Clinic Boston Mass.

THERE are three chief reasons why adenomata of the thyroid gland are of great clinical interest. They are part of a pathological process with which hyperthyroidism is often associated in later life, they are frequently the cause of marked tracheal deviation and narrowing, and, finally, in 90 per cent of all thyroid cancer, they are the precancerous lesion. The additional fact that many adenomatous goiters are very unsightly is a further reason for their removal, and in many cases is the consideration of most importance in the patient's mind

Clinically, the recognition of a thyroid adenoma lying in the neck is not difficult Typically, the lesion is irregularly placed so that the outline of the thyroid is asymmetrical and unusual differing from exophthalmic goiter in which the gland is diffusely and symmetrically enlarged On palpation the adenoma can be felt to be an encapsulated tumor resting in the thyroid gland It slips in and out of the fingers much like a golf ball in a pocket When more than one adenoma is present it frequently is possible with the fingers to differentiate numerous nodules from one another The size of the individual adenoma varies tremendously from a minute globule that is difficult to detect to a huge adenoma that is most unsightly

The origin of the thyroid adenomata has been the subject of much speculation and discussion Clinically there are two types of adenomata The first is the single or fetal type, which consists of an encapsulated portion of thyroid tissue showing various types of cell activity—hyperplasia, anaplasia, involution, degeneration, etc The second type and the more common one is the colloid adenoma These latter adenomata are almost always multiple and they are the basic lesion in the so-called endemic or adenomatous goiter More and more we are coming to the belief that these adenomatous changes in the thyroid result from the excessive repetition of the thyroid cycle of hyperplasia and involution over a long period of time in the absence of an adequate supply of iodine When this involution is extreme, degenerative changes occur in conjunction with it and nodules of thyroid tissue with varying degrees of activity make their appearance as the multiple adenomata of endemic goiter

It is quite generally believed that the single or "fetal" adenoma has a different origin than the multiple adenomata of endemic or adenomatous goiter The fetal adenoma is presumed to be more definitely a tumor of the thyroid gland arising from inter-acinar cell rests In a very definite percentage of patients with multiple adenomatous goiter, a fetal adenoma will be found in some portion of the gland There is no clinical measure, however, by which one can be certain of the presence or absence of a fetal adenoma in an adenomatous goiter and so it is desirable in this purely clinical discussion to consider together the so-called colloid adenomata and the fetal adenomata under the heading of *thyroid adenomata*

The presence of hyperthyroidism secondary to an adenomatous goiter is a very definite indication, in our opinion, for surgical removal of the adenomata Furthermore, we advise operation in many non-toxic adenomatous goiters because of the probability of later toxicity It has been our experience that 28 6% of the patients with adenomatous goiter whom we see are already showing evidence of thyroid intoxication

There is no question but that the dangers of thyroidectomy in adenomatous goiter increase as the age of the patient increases and as secondary hyperthyroidism arises In view of this fact and since there is practically no mortality associated with the early removal of non-toxic adenomata, we feel that operation should be more frequently undertaken before

* Read before the Rochester Medical Association Rochester N. Y., May 21, 1929

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Dr Upsher Smith and his sons are glad to be able to announce to all their physician friends the birth of a new product—Capsules Folia-Digitalis

Like the other members of the Digitalis family of Upsher Smith, this new product is produced at Foxglove Farm by the shores of Lake Minnetonka, where every single step right from the planting of the seed to the finished product is under the direct supervision of Dr Upsher Smith and his sons

It is here that careful work, rigid control, strict standardization are carried out, which have resulted in a Digitalis that is accepted by many authorities as the standard for comparison.

Each batch of Upsher Smith's Digitalis is standardized by the Hatcher Cat Unit Method and, for convenience of calculation, each preparation carries a dosage equivalent, thus

(Upsher Smith), ½ grain

Each capsule represents ½ cat unit, is equal to 5 minims of the Tincture Digitalis (Upsher Smith) and is 50% more potent than the average commercial leaf

The coupon brings you a prescription package with our compliments See page III —*Adv*

THE PEDIATRICIAN'S FORMULA

The first suggestion for the preparation of Mead's Dextri-Maltose came from pediatricians Naturally their preference for this particular form of carbohydrate is back of its very conception Dextri-Maltose brings mothers with their babies back to your office, not only because of its clinical results but because it satisfies the mother that her baby is receiving individual attention—that it is getting "a formula"

From your viewpoint, this mother-psychology is all the more an important point of medical economics because there are no feeding directions or descriptive circulars in the packages of Dextri-Maltose. It is truly the doctor's formula. See page XI —*Adv*

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More and more physicians are realizing the futility of leaving patients to their own resources when exercises are prescribed, and have learned that through individual attention at McGovern's, their instructions will be faithfully carried out.

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Affects only the higher cerebral centers, therefore, gives refreshing sleep closely resembling the normal To the restless post-operative case, to the chronic insomniac, and even to the violently maniacal IPRAL SQUIBB brings the needed rest which may turn the tide in favor of the patient's recovery

Being quite soluble, Ipral is quickly absorbed and rapid in action

IPRAL SQUIBB is distributed in 1 oz. bottles and in 2 gr tablets in bottles of 10, 100 and 1,000 Write to the Professional Service Department for Literature. See page VIII —*Adv*

VITA GLASS

Vita glass has been subjected to numerous accelerated weathering tests by the U S Bureau of Standards, by Professor Stockbarger of the Massachusetts Institute of Technology, and by many other physicists These physical or quantitative tests, as well as biological experiments with rats and chickens, have established the fact that the solarization (weathering or seasoning) of Vita glass takes place quickly, and that after a few weeks' of actual use its transmission of ultra-violet light becomes constant.

Vita glass is being marketed primarily as a health prophylaxis and not as a therapeutic agent, although it is now serving in the latter capacity in numerous well authenticated instances—particularly in the solaria of more than 20 hospitals in England and the United States —See page XIX —*Adv*

LACTO-DEXTRIN

In an investigation of over 2,000 patients suffering from constipation and intestinal toxemia, the head of the Battle Creek Sanitarium laboratory found that the normal acid-forming bacteria could be restored in a satisfactory and efficient manner by the persistent use of Lacto-Dextrin (Lactose 73%—Dextrin 25%)

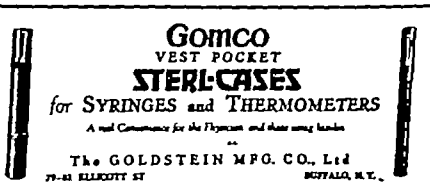
The extent of the change depends upon the amount taken, the length of time it has been given and the degree to which the intestine has been crippled by disease

By exclusion of putrescent foods and the continuous use of Lacto-Dextrin in smaller quantities, an aciduric flora may be maintained after it has once been established by Lacto-Dextrin feeding

In cases of obstinate constipation, quicker results may be obtained by the combined use of Lacto-Dextrin with Psylla (plantago psyllium)—a plant seed which provides bulk and lubrication. See page VII —*Adv*

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formerly had auricular fibrillation only in attacks may develop permanent auricular fibrillation In such cases as this, the patient becomes increasingly conscious of the heart



FIGURE 2

Goiter removed from patient in Figure 1 Note large portion of goiter lying below the clavicular impression in the mediastinum The part above the line is visible while that below the line is substernal

action and evidence of failing cardiac reserve becomes more marked Attacks of cardiac decompensation may occur and we find the patient having congestive heart failure with edema, orthopnea, liver enlargement and fibrillation After a period of rest in bed and other medical measures, the hyperthyroidism is perhaps less severe, the heart action becomes less rapid, evidence of congestive heart failure disappears, and the patient once again gets up and goes about his business Following some unusual strain or infection, another attack of congestive heart failure is brought on and again the patient returns to bed for rest and medical treatment. The case rapidly assumes all the characteristics of chronic cardiac disease and any evidences of hyperthyroidism are either relegated to a secondary position or completely overlooked

If a basal metabolic rate were done in a patient of this type during the period in which congestive failure was absent, the rate would be elevated and many evidences of hyperthyroidism which the congestive failure had obscured would be more obvious Such patients are typically emaciated Furthermore, the history gives evidence of marked variation in weight over a period of years Such patients are pigmented with a peculiar yellowish brown color of the skin Such patients have marked muscle weakness and inability to carry out the work which they ordinarily would perform, though they repeatedly try to do it. In the more severe cases, the patient is bed-ridden most of the time Certainly from our experience, any examination of a patient with attacks of irregular heart action or congestive failure

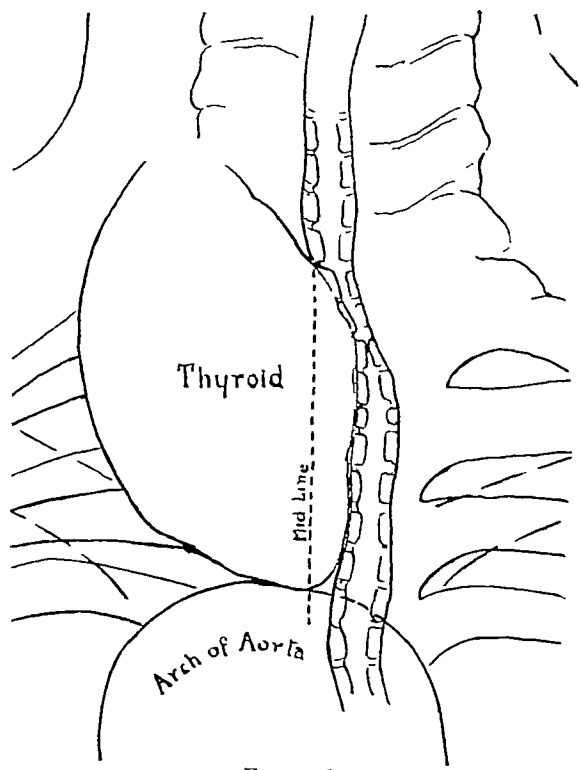


FIGURE 3

Diagrammatic tracing of an X-ray of a patient with a substernal goiter Note the rotation angulation and marked narrowing of the trachea caused by the large substernal thyroid adenoma

or both should include a thorough thyroid gland examination Furthermore, if a patient has an adenomatous goiter and attacks of heart failure, we would, in most cases, strongly consider the removal of the goiter, even though there was no complete clinical proof that the goiter caused the heart attack

the patient has grown old and before toxicity has developed

For some years we were of the opinion that it was unwise to prepare toxic adenomatous goiter patients for operation with Lugol's Solution In other words, we at first inclined to the belief that the hyperthyroidism of exophthalmic goiter differed in some way from hyperthyroidism accompanied by thyroid adenomata We are now more and more impressed that hyperthyroidism is much the same in each type of patient and should be similarly treated We therefore prepare our patients who have adenomatous goiter and secondary hyperthyroidism for operation in the same way that we prepare our patients with exophthalmic goiter by giving them Lugol's solution rest in bed and extra food and fluid Patients with toxic adenomata have been definitely improved with this regime and their operability has been increased

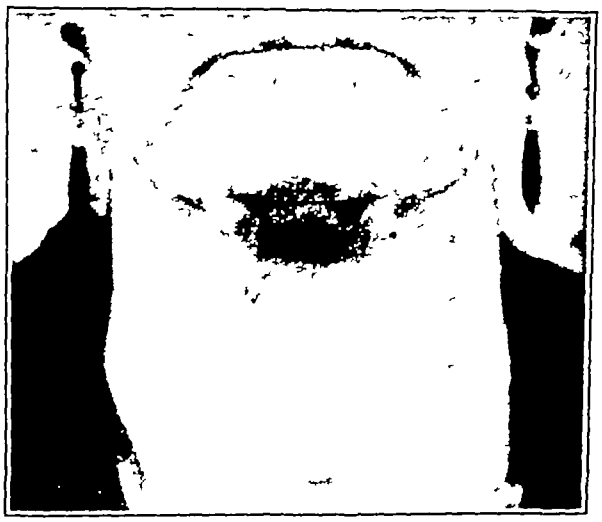


FIGURE 1

Multiple adenomata of the thyroid with a substernal extension little to be expected from the appearance of the neck

Hyperthyroidism in an adenomatous goiter is occasionally of such severity that operation is only to be considered after unusually long and careful preparation and in rare instances can never be undertaken These are, of course, the extreme cases resulting from long continued thyroid intoxication who have already passed middle life and may well be considered as "neglected cases" Patients with secondary hyperthyroidism of this kind formerly were operated upon with a mortality rate ranging from 3 per cent to 8 per cent Today, however, iodine medication, rest in bed, and carefully graded surgery have united to lower this mortality very materially In the Lahey Clinic in 1928 1,068 goiter cases were operated upon, 536 of these were exophthalmic goiter cases and none died 82 patients with toxic adenomatous goiter were operated upon and one died, a mortality rate of 1 22 per cent The mortality rate for all kinds of hyperthyroidism in 1928 was therefore 16%

Undoubtedly the group of patients who are old, emaciated, enfeebled and almost completely crippled by long standing hyperthyroidism in an adenomatous goiter can be readily diagnosed by every clinician They usually impress one as being "all goiter," and the relationship between their illness and their thyroid gland is quite obvious It is very satisfactory to realize that today, however, they can be safely carried through a thyroidectomy which will in almost every case produce most remarkable improvement This group of cases now need to be taught earlier in their course that they should not fear surgery, but that they should fear the disease from which they suffer

We would like particularly to emphasize the importance of discovering adenomatous goiters when present in individuals who present symptoms primarily related to their heart action—members of the group whom we term "thyrocardiacs" There are, of course, various degrees of heart involvement that occur in association with adenomatous goiter The mildest type of heart disturbance that we see in this association is the patient who has occasional attacks of auricular fibrillation Not infrequently a man of middle life who has never had any history of previous infection that might have caused a damaged heart develops attacks of irregular heart action As a rule these attacks come on after some unusual exertion or excitement or follow some infection Between the attacks, heart action is normal and there is no evidence of any organic disease Examination of the thyroid reveals the presence of one or more adenomata In many of these patients, on careful questioning, a history of mild thyroidism can be elicited and clinically this can usually be confirmed as the basal metabolic rate is elevated in most cases At times it may be within normal limits but this does not preclude the existence of a slight degree of thyroidism, a fact which is becoming more and more recognized We have repeatedly seen the removal of an adenomatous goiter in this type of patient result in a complete cessation of the attacks of disorderly heart action It is most important therefore that any patient developing attacks of auricular fibrillation should have a most careful thyroid examination and that the removal of any goiter in such a case be strongly urged

In any thyrocardiac as the hyperthyroidism progresses, evidence of heart involvement becomes more pronounced The patient who

respiratory difficulty arise from sudden hemorrhage into a thyroid adenoma In these cases there has been rapidly increasing difficulty in breathing so that marked stridor develops within a few hours There may be considerable difficulty in swallowing when the hemorrhage is large enough to cause distortion of the pharynx and produce marked pressure upon it Although respiratory obstruction from hemorrhage into a thyroid adenoma is rare, we have, however, seen several such cases and it is a condition which may occur at any time in any adenoma.

It is an accident startling to both patient and physician, and in some instances it is an accident which requires emergency surgical measures to relieve the respiratory embarrassment This is particularly true if the adenoma in which the hemorrhage occurs is substernal, since sudden, marked increase of a substernal tumor can scarcely occur without producing evidence of pressure. Such a hemorrhage into an adenoma is indication for immediate removal of the goiter

It is our feeling in the Clinic that malignancy of the thyroid gland occurs more frequently and is of more significance than the profession at large would seem to realize It is true throughout the various thyroid clinics in the United States that thyroid malignancy occurs in approximately two per cent of all the patients with thyroid disease that are seen If one could omit from the statistics the patients with exophthalmic goiter, colloid goiter and various types of thyroiditis in which malignancy does not usually occur, and include only patients with adenomatous goiter, which almost always precedes cancer the instance of malignancy would be more striking In the Lahey Clinic we have operated upon 2,787 cases of adenomatous goiter, and we have operated upon 125 cases of thyroid malignancy—an incidence of 4 5 per cent of malignancy in adenomatous goiter

It is generally accepted that 90 per cent of all thyroid malignancy arises in a pre-existing adenoma and that the adenoma is the premalignant lesion in the thyroid gland. It is by no means generally urged however by physicians throughout the country that such a premalignant lesion should be removed

In the patients who have frankly malignant thyroid tumors which can be diagnosed clinically, the outlook for recovery is extremely poor In a recent study of thyroid cancer in the Clinic, we found that we were able to diagnose malignancy in 45 patients when they were first examined Of these, 35 are now dead, or have a recurrence of the growth, 4 were not traced, 3 have gone but a short time since their operation, and should not be considered This leaves in 45 cases that were diagnosed clinically as malignant thyroid disease on their first examination only three who are known to be alive and well for more than five years Obviously, then, if we wait until we can diagnose malignancy of the thyroid by clinical examination, we can offer the patient little or no hope of recovery

The symptoms of thyroid malignancy as they are given in the text books are the symptoms of hopeless thyroid malignancy Hoarseness, difficulty in breathing, rapid growth of tumor, and firm, hard fixation of the tumor in the neck are all symptoms and findings in the advanced and hopeless case of thyroid cancer In our experience there are no symptoms of thyroid malignancy which occur sufficiently early in its course

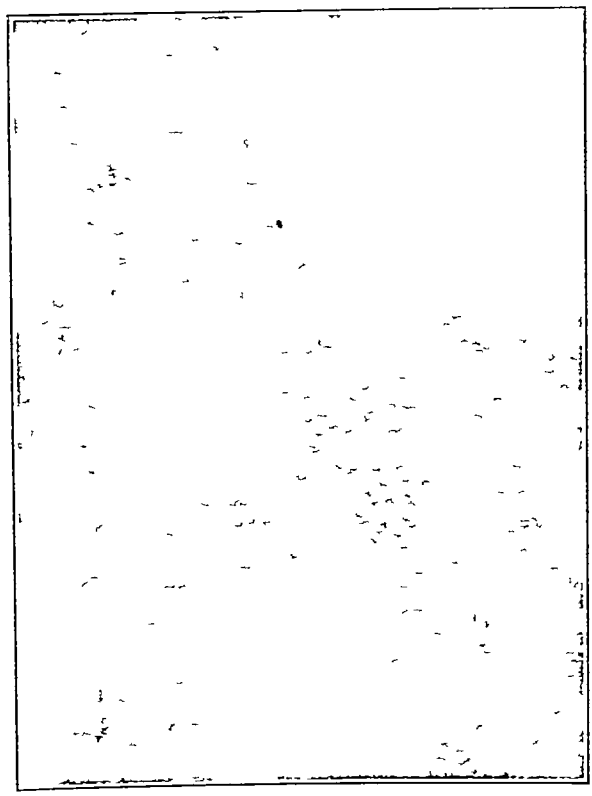


FIGURE 5

Lateral view of the trachea in same patient as in Figure 4 Note the trachea curving forward from the posterior pressure of an encircling retro-tracheal substernal goiter

to permit one to wait for them before advising surgery because of malignancy

We commonly see patients with an adenoma of the thyroid gland who have been told, with the best intentions in the world, that they need do nothing about it until it begins to cause "trouble" If this "trouble" chances to be sudden growth due to malignant degeneration of the adenoma, the best chance of curing it by surgical removal is lost and their delay becomes tragic

Another group of patients whom we see with thyroid adenomata have had basal metabolism tests taken which were found to be normal They

The adenomatous goiter in many cases causes pressure symptoms In the majority of patients these evidences of tracheal and esophageal pressure arise very slowly over a period of years In our experience, interference with swallowing has been quite rare and has been limited to cases of malignancy and to those non-malignant cases in which the thyroid enlargement was rapid in origin Difficulty in breathing, however, with stridor and dyspnoea due to the pressure of the thyroid gland upon the trachea with resulting distortion and narrowing is very common in

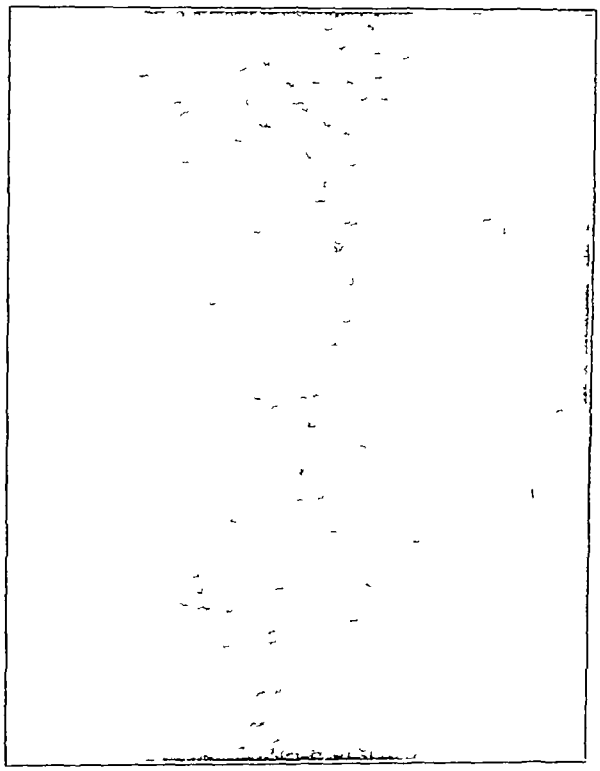


FIGURE 4

X-ray of the trachea in a partly substernal adenomatous goiter Note the marked deviation of the trachea away from the midline

adenomatous goiter It is probable that the trachea, being a semi-rigid structure, cannot deviate from its normal position without having its lumen affected, while the esophagus, on the other hand, being a pliable muscular tube, can readily vary from its usual position without causing symptoms Tracheal pressure and partial obstruction may arise from an adenomatous goiter which is entirely in the neck or partly or wholly below the superior thoracic strait

X-rays of the trachea and larynx in long-standing adenomatous goiter reveal valuable information and explain in many instances the respiratory difficulties of which the patient complains In cases of suspected substernal goiter *x*-rays of the superior mediastinum and of the neck should be taken with a view to demonstrating the trachea In order to show this structure more clearly, the pictures are best taken when the patient has filled his bronchi and trachea with air and views should be taken in both the antero-posterior and the lateral positions Only with lateral views of the trachea does one obtain evidence that the goiter has gone behind the trachea and is of the encircling type If the adenomata in the goiter have degenerated to any marked degree and are of sufficiently long standing, calcification may occur and this calcification will, of course, show in varying degrees the outline of the goiter

Clinical examination of the larynx and trachea will also reveal very marked evidence of tracheal deviation in certain adenomatous goiters and will call attention to the need of *x*-rays in the case Normally, when the chin is in the midline of the body, a line drawn through the middle of the chin and the middle of the suprasternal notch should pass through the notch in the thyroid cartilage Any marked pressure on the thyroid cartilage by a goiter will cause rotation of the cartilage and deviation of this notch from the midline In many instances the course of the trachea can be palpated between the cricoid cartilage and the sternal notch, and any deviation from the midline noted With adenomatous goiter it is not infrequently found that the trachea lies well away from the midline on one side of the center of the neck When the goiter descends behind the sternum into the superior mediastinum it pushes the trachea away from its usual central position Marked tracheal deviation, therefore, beneath the sternum, is direct evidence that there is a substernal extension of the goiter The substernal goiter is also suspected when careful palpation of the thyroid gland by the method of dislocating each lobe, which Dr Lahey has described, is followed If one is unable to feel the lower pole of either thyroid lobe, then it is most probable that there is a substernal extension of the goiter

Occasionally patients are seen who have completely substernal goiter with no evidence of a thyroid enlargement in their neck Here we are dependent upon *x*-rays of the trachea to demonstrate this goiter by showing the deviation of the trachea beneath the sternum from the midline Occasionally in such a case the patient can bring the upper part of the thyroid gland into view by severe straining or coughing, and the goiter will be seen to bulge upward into the root of the neck but often in substernal goiter no evidence of it can be seen and it will be found only by routine *x*-rays of every suspicious case

In certain rare instances we have seen acute

within the county, six were wholly or partly represented in this survey In addition to Saranac Lake, one other village, Elizabethtown, did not appear in our returns Of the eighteen towns eleven were represented in whole or in part

According to our best estimates, the population in that section of the county from which we secured reports was somewhat in excess of eighteen thousand, the number of persons for each reporting physician averaging, therefore, about nine hundred The corresponding ratio for the entire State, exclusive of New York City, was 841 Since the relative number of physicians in rural districts is less than in cities, our estimate of population appears quite reasonable

The Sickness Report Form—The report form used in the survey (Fig 1) was, of course, far from perfect We were guided in its preparation by two basic considerations—brevity and simplicity The list of causes had to be brief, since we could not ask a busy rural practitioner to give the time that would be necessary to fill out a blank containing all of even the more important types of sickness For the same reason we limited the subdivisions to sex only, making no provision for age, occupation, and other facts relating to the personal history of the patient or for the duration and degree of severity of the illness One proposed, and very desirable heading, "all other types of diseases," which would have given us a picture of the entire morbidity situation, had to be omitted because some of the physicians preferred not to disclose the general extent of their practice

Survey of Morbidity in ESSEX COUNTY

SICKNESS REPORT: Week ending 192

The number of NEW CASES attended by me during the week ending Saturday midnight was as follows

Disease	Males	Females
Appendicitis		
Arteriosclerosis		
Cancer		
Children, diseases of*		
Colds		
Diabetes		
Diarrhea and enteritis (—2 yrs.)		
Digestive disorders, other		
Gonorrhea		
Gynecological cases		
a. Operative		
b. Non-operative		
Heart disease		
a. Rheumatic		
b. Syphilitic		
c. Other forms		
Nervous disorders		
a. Functional		
b. Organic		
Nephritis, acute		
Nephritis, chronic (Bright's disease)		
Rheumatism		
a. Acute rheumatic fever		
b. Chronic arthritis		
Skin disease		
a. Contagious		
b. Non-contagious		
Surgical (except gynecological)		
Syphilis		
a. Acquired		
b. Congenital		
Tonsilitis		

*Outside of reportable and those listed on this card.

(Signed) M D

P O

421-6044

FIG. 1
Report form used in survey

Since Essex County, because of its numerous summer and health resorts, has a large transient population, the physicians were asked to report cases of sickness among *residents* of the county only They were also asked to report *new cases*, as well as new patients In other words, if John Smith called on a physician and the latter diagnosed his condition as an ordinary cold, he entered on the card, in the column of males, one case of cold If a few weeks later the physician found that the same John Smith suffered an attack of appendicitis, he entered on the card one case of appendicitis The several explicit rubrics were to include all types of disease outlined under the corresponding heads in the International List of Causes of Death Thus, "cancer" was to comprise Nos 43-49 of the International List, "diseases of the heart," Nos 87-90, and so on The term "children" related to persons under 16 years of age. Explanation of the other multifarious titles together with certain suggestions, was given on the reverse of the card (Fig 2) The physicians were furnished stamped and addressed envelopes in which to mail the cards to the Division of Vital Statistics each week

Our list included gonorrhea and syphilis because at the time of the survey cases of these diseases were reportable by laboratories and not directly by physicians In addition to the types of sickness shown on the report form, we also tabulated the cases of sickness reported by the participating physicians to the Division of Communicable Diseases Whenever a report contained an ambiguous or contradictory entry, or if a physician was in doubt about reporting or not reporting a case in his practice, the necessary adjustments were made, either by correspondence or through Dr Munson's assistance

General Results—A summary of our results is presented in Table 1 The cases of sickness totalled 19,179 It is possible that this figure contains a number of repetitions—in other words, that some patients were treated for the same con-

also are told, with the best of intentions, that they need do nothing about the adenoma, since it is not causing hyperthyroidism This advice, in our opinion, fails to place sufficient stress on the fact that the adenoma is a pre-malignant lesion, and that the presence or absence of toxicity is really of secondary importance when the question of removal is being considered

It is our belief that cancer of the thyroid gland is best attacked by the early removal of all thyroid adenomata since there is no clinical method for distinguishing innocuous adenomata from their fellows

The thyroid adenoma, then, either of the single fetal variety or the multiple colloid type, is a dangerous lesion and should arouse sharp clinical interest when it is discovered Once adenomata are present in the thyroid, no good can arise from them, if anything happens, it will be for the worse They are so frequently the cause of toxicity, of tracheal pressure, and of malignancy, and they are so often unsightly, that their presence usually is sufficient evidence for their removal

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SICKNESS IN ESSEX COUNTY

Survey of Morbidity During the Fifty-Two Weeks—Oct. 2, 1927—Sept. 29, 1928

BY J V DE PORTE, PH D
From the Division of Vital Statistics New York State Department of Health

THE prime function of public health work is the protection of society against sickness and death, the individual, as such, receiving consideration insofar as he represents a unit in a social group From the orthodox medical point of view, the ill-health of an individual is a matter of concern to public health if, and only if, it is likely to affect the health of others This position fostered the erection of a rather artificial barrier between the so-called communicable and non-communicable diseases—the sphere of public health activities being defined within the former group, with the non-communicable diseases left to the untrammelled enterprise of private practitioners

While it is true that for practical reasons official public health agencies at present cannot cross the line separating the communicable from the non-communicable diseases, the points of infiltration from one group to the other are so numerous that no satisfactory view of the communicable field as a whole can be developed without a consideration of all forms of human illness Instances in which communicable diseases appear as complications of so-called non-communicable diseases, and vice versa, are only too common and in theoretical studies, at least, the line of demarcation must be disregarded

Since cases of communicable diseases are reportable, we have fairly accurate knowledge regarding the prevalence of the various types listed in State and City sanitary codes Information about non-communicable diseases is, however, very fragmentary and yet there is, unquestionably, a place in that field for qualitative analyses of group experiences

It is with this point in mind that, in 1927, the New York State Department of Health made a survey of morbidity from important types of non-communicable diseases in certain districts of rural New York scattered throughout thirty-three counties * In referring to this survey in the following pages we shall use, for the sake of brevity, the term "Rural Survey" When this survey was well under way, it occurred to us to attempt to make a more intensive study of one county Essex was selected for that purpose and with the active aid of Dr William L Munson, District State Health Officer, the project was brought to the attention of all physicians practicing in that county, outside of Saranac Lake That village was omitted because the larger portion of it lies in another county—Franklin All of the physicians readily consented to report each week, on forms provided by the Department, the occurrence in their practice of certain specified types of non communicable diseases The survey commenced on October 2, 1927, and continued for fifty-two weeks In the course of the year several of the physicians were obliged to discontinue their reports Our original aim of securing a complete picture of the prevalence of certain diseases in an entire county was, therefore, not accomplished The partial results, however, representing a major fraction of the total volume of sickness in the county, are of sufficient interest to warrant their publication

Area and Population—Essex County lies in the northeastern part of the State, embracing the major portion of the Adirondack Mountain region It comprises a territory of 1,836 square miles and had, at the time of the State Enumeration of 1925, a population of 32,042 It is, with the single exception of St Lawrence, the largest county in the State, and, again with but one exception, Hamilton County, it is the most sparsely populated, with 17 5 persons per square mile. Essex is almost wholly rural, its incorporated villages (there are no cities within the limits of the county) ranging from 422 in Bloomingdale to 3,858 in Ticonderoga Of the eight villages

*J V DePorte, Sickness in Rural New York" *Journal of the American Medical Association* Feb 16, 1929 Vol 92, pp 522 528

TABLE I

CASES OF ALL REPORTABLE AND NON-REPORTABLE DISEASES, BY SEX

CAUSE OF SICKNESS	TOTAL		MALE		FEMALE	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total	19,179	100 0	9,492	100 0	9,687	100 0
Non-reportable diseases	18,867	98 4	9,333	98 3	9,534	98 4
Reportable communicable diseases	312	1 6	159	1 7	153	1 6

The leading cause was colds, with a total of over five thousand cases, or 26 8 per cent of all cases of non-reportable diseases Surgical cases (except gynecological) were responsible for 21 0 per cent, followed by cases of digestive disorders with 12 2 per cent. Thus, 60 per cent of all causes of sickness were listed under these three heads Of the 1,055 cases of nervous disorders, one-seventh were given as organic, the rest being functional. Cases of diseases of the skin totalled 851, one-third of them being contagious and the rest non-contagious Three subdivisions were shown under the general heading diseases of the heart—rheumatic, syphilitic, and other forms Of the total 535 cases, 121 were indicated as rheumatic and 9 syphilitic the bulk, 405, being shown under the heading "other forms" Reported cases of syphilis totalled 30, of which 2 were congenital and the rest "acquired"

The proportion which the various types of sickness formed of the number of cases among males and females was, in most cases, dissimilar The differences were especially marked under surgical cases, which represented 28 3 per cent

TABLE II

CASES AND PERCENTAGE DISTRIBUTION OF NON-REPORTABLE DISEASES, BY SEX

CAUSE OF SICKNESS	TOTAL		MALE		FEMALE	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
All non-reportable diseases	18,867	100 0	9,333	100 0	9,534	100 0
Colds	5,051	26 8	2,577	27 6	2,474	25 9
Surgical cases—operative, traumatic (except gynecological)	3,953	21 0	2,641	28 3	1,312	13 8
Digestive disorders (other than diarrhea and enteritis, under 2 years)	2,304	12 2	1,008	10 8	1,296	13 6
Diseases of children (except communicable and those listed in this table)	1,081	5 7	557	6 0	524	5 5
Nervous disorders	1,055	5 6	288	3 1	767	8 0
Functional	901	4 8	231	2 5	670	7 0
Organic	154	8	57	6	97	1 0
Gynecological cases	1,001	5 3			1,001	10 5
Operative	130	7			130	1 4
Non-operative	871	4 6			871	9 1
Tonsillitis	976	5 2	472	5 1	504	5 3
Diseases of the skin	851	4 5	439	4 7	412	4 3
Contagious	287	1 5	166	1 8	121	1 3
Non-contagious	564	3 0	273	2 9	291	3 1
Arteriosclerosis	569	3 0	243	2 6	326	3 4
Diseases of the heart	535	2 8	297	3 2	238	2 5
Rheumatic	121	6	78	8	43	5
Syphilitic	9	*	2	*	7	1
Other forms	405	2 1	217	2 3	188	2 0
Rheumatism	392	2 1	204	2 2	188	2 0
Acute rheumatic fever	87	5	51	5	36	4
Chronic arthritis	305	1 6	153	1 6	152	1 6
Diarrhea and enteritis (under 2 years)	215	1 1	114	1 2	101	1 1
Appendicitis	207	1 1	91	1 0	116	1 2
Gonorrhea	193	1 0	165	1 8	28	3
Diabetes	154	8	79	8	75	8
Chronic nephritis (Bright's disease)	152	8	73	8	79	8
Cancer (all forms)	76	4	28	3	48	5
Acute nephritis	72	4	33	4	39	4
Syphilis	30	2	24	3	6	1
Acquired	28	1	23	2	5	1
Congenital	2	*	1	*	1	*

* Less than 0 1 per cent

SUGGESTIONS FOR REPORTING

In using the form on the reverse side of this card, please follow the directions carefully

Enter a mark for each *new* case, thus

Disease	Males	Females
Tons litis	///	////

And as further new cases are seen, simply add to the check ma ks thus

	////	///

The value of this record lies in its completeness, it is therefore important to send in the card weekly, even when NO new cases of the specified diseases are seen.

Under Colds" enter bronchitis, coryza, "grippe", laryngitis, pharyngitis and similar conditions

Under Children, diseases of" enter all forms that are at present not reportable or shown elsewhere on the card, for instance rickets, pyelitis, malnutrition, etc.

Under "Surgical' enter operations for any cause, injuries due to accidents, etc.

9-22-27-2000 (19-2079)

FIG 2

Reverse of report form used in survey

dition by more than one physician. The practice of changing physicians is, however, not common in rural territory and the element of error introduced by it is probably inconsiderable The recorded cases equalled, roughly, our estimated population, the cases, therefore, averaged one for each person annually This figure agrees with the result secured in the Rural Survey

Cases of communicable diseases which are reportable under the provisions of the New York State Sanitary Code numbered 312, or 16 per cent of the total cases of all types This percentage is considerably lower than that shown in the Rural Survey (33) At this point we may note that the list of diseases in the report form used in Essex County included one title, "diseases of the skin," which was not shown in the form used in the earlier survey, but even if the cases reported under this head are subtracted, the communicable diseases represent only 17 per cent of the reduced total

The number of cases of sickness reported among women was slightly higher than among men If, however, the gynecological cases were deducted, the total of cases among men would be greater than among women But here we must consider another group—surgical cases—which numbered 2,641 among men, more than double the corresponding figure for women, 1,312 While this disparity is, of course, without direct physiological basis, yet, in a sense, it is a result of sex differences Even in these days of equal rights men are exposed to greater hazard of physical accident, the lives of women still being, if we may be allowed to use a mid-Victorian term, more or less sheltered We shall, therefore, not attempt to interpret in any way the indicated distribution of cases according to sex

Figure 3 shows the relative prevalence of the reportable communicable diseases as compared with the specified types of the non-reportable diseases Here we may observe that cases of ten groups of the non-reportable diseases were more prevalent than the sum of all reportable communicable diseases

Non-Reportable Diseases—Table 2 shows in detail the distribution of the non-reportable diseases

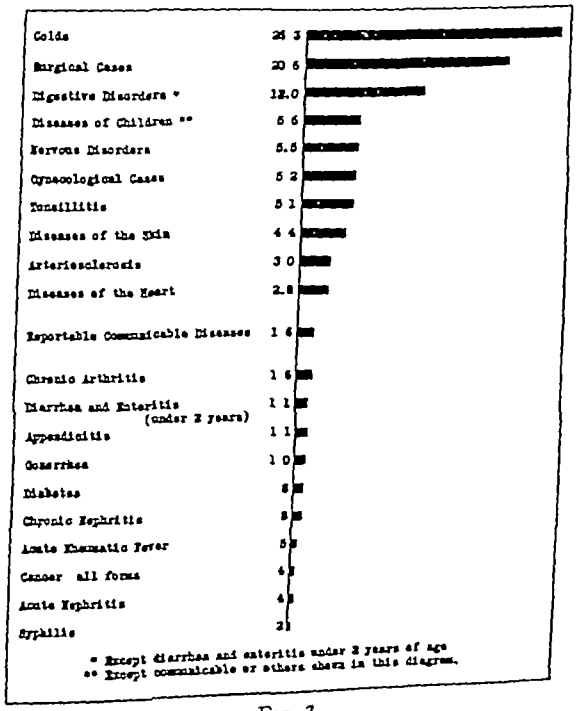


FIG 3

Percentage distribution of all cases of sickness

TABLE IV

PERCENTAGE DISTRIBUTION OF CASES OF NON-REPORTABLE AND OF ALL REPORTABLE COMMUNICABLE DISEASES, BY QUARTERS OF THE YEAR

CAUSE OF SICKNESS	FIRST QUARTER (January 1–Mar 31, 1928)	SECOND QUARTER (April 1–June 30, 1928)	THIRD QUARTER (July 1–Sept. 29, 1928)	FOURTH QUARTER (October 2–Dec 31, 1927)
All non reportable diseases	26 7	25 3	23 3	24 7
Colds	30 6	27 2	16 7	25 4
Surgical cases (except gynecological)	22 9	23 9	31 2	21 9
Digestive disorders (other than diarrhea and enteritis, under 2 years)	23 2	24 6	29 3	22 9
Diseases of children (except communicable and those listed in this table)	30 1	23 0	20 1	26 8
Nervous disorders	29 9	24 4	18 5	27 3
Functional	30 0	24 4	17 6	28 0
Organic	29 2	24 0	23 4	23 4
Gynecological cases	24 9	25 5	26 0	23 7
Operative	33 1	30 0	16 2	20 8
Non-operative	23 7	24 8	27 4	24 1
Tonsillitis	27 5	27 6	18 2	26 7
Diseases of the skin	24 8	25 1	29 7	20 3
Contagious	30 7	27 9	20 6	20 9
Non-contagious	21 8	23 8	34 4	20 0
Arteriosclerosis	28 3	24 4	18 1	29 2
Diseases of the heart	27 5	25 2	20 6	26 7
Rheumatic	30 6	28 1	15 7	25 6
Syphilitic	11 1	22 2	11 1	55 6
Other forms	26 9	24 4	22 2	26 4
Rheumatism	26 8	26 5	19 9	26 8
Acute rheumatic fever	40 2	17 2	13 8	28 7
Chronic arthritis	23 0	29 2	21 6	26 2
Diarrhea and enteritis (under 2 years)	19 5	28 4	20 9	31 2
Appendicitis	23 7	19 8	27 1	29 5
Gonorrhea	21 2	24 4	23 3	31 1
Diabetes	27 9	20 1	24 0	27 9
Chronic nephritis (Bright's disease)	28 9	23 7	19 7	27 6
Cancer (all forms)	18 4	25 0	22 4	34 2
Acute nephritis	34 7	27 8	18 1	19 4
Syphilis	33 3	13 3	26 7	26 7
Acquired	32 1	14 3	25 0	28 6
Congenital	50 0		50 0	
All reportable communicable diseases	35 6	25 6	15 4	23 4

cases of tonsillitis was reported in March, with the minimum in September The maximum number of cases of diarrhea was reported in October with an almost equal number in June, the minimum in March and April The seasonal variation in cases of the remaining non-reportable diseases was definitely less than in cases of reportable communicable diseases, as can be readily seen by reference to the diagram The maximum in the former group occurred in August, the minimum being recorded in April Reportable diseases had a peak in February, with a minimum in September

Table 4 shows the percentage distribution of sickness by quarters of the year

The greatest amount of sickness, 26 7 per cent, occurred during the three winter months and the least, 23 3 per cent, during the third quarter of the year

The peak of cases of non-reportable diseases was recorded during the first quarter, almost entirely because of the greater prevalence of colds Among the individual cases we note that almost one-third of the cases of colds were recorded during the first quarter, while during the third quarter these cases were only 17 per cent of the total for the year The distribution of cases of tonsillitis was similar to that of colds, although the peak was not accentuated to the same degree, the maximum, during the second quarter, represented 28 per cent and the minimum, during the third quarter, 18 per cent of all cases Of the outstanding differences in the distribution of the other large groups of causes by quarters of the year, the following may be mentioned in the group of surgical cases the peak, 31 per cent, was recorded during the third quarter, the minimum, 22 per cent, during the last quarter of the year Digestive disorders had a peak, 29 per cent, in the third quarter and a minimum, 23 per cent, in the fourth quarter

Comparison with Results of Rural Survey— The outstanding points of difference between the results secured in the Essex County Survey and the more extensive Rural Survey are as follows

The group of reportable communicable dis-

TABLE III

CASES AND PERCENTAGE DISTRIBUTION OF REPORTABLE COMMUNICABLE DISEASES, BY SEX

CAUSE OF SICKNESS	TOTAL		MALE		FEMALE	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
All reportable communicable diseases	312	100 0	159	100 0	153	100 0
Scarlet fever	111	35 6	46	28 9	65	42 5
Mumps	57	18 3	35	22 0	22	14 4
Pneumonia	45	14 4	26	16 4	19	12 4
Broncho or lobular	23	7 4	11	6 9	12	7 8
Acute lobar	22	7 1	15	9 4	7	4 6
Measles	36	11 5	20	12 6	16	10 5
Tuberculosis	13	4 2	6	3 8	7	4 6
Pulmonary and acute miliary	9	2 9	3	1 9	6	3 9
Other forms	4	1 3	3	1 9	1	7
Chickenpox	12	3 8	6	3 8	6	3 9
Whooping cough	11	3 5	7	4 4	4	2 6
Typhoid fever (except paratyphoid)	6	1 9	2	1 3	4	2 6
German measles	5	1 6	5	3 1		
Diphtheria (membranous croup)	4	1 3			4	2 6
Poliomyelitis, acute anterior (infantile paralysis)	4	1 3	2	1 3	2	1 3
Erysipelas	3	1 0	1	6	2	1 3
Smallpox	2	6	2	1 3		
Epidemic encephalitis	1	3			1	7
Epidemic or streptococcus (septic) sore throat	1	3			1	7
Vincent's angina	1	3	1	6		

of all cases among males and less than half that proportion, 13 8 per cent, among females Cases of digestive disorders were more prevalent among women—13 6 per cent as compared with 10 8 per cent among men, and the proportion of cases of nervous disorders was more than double the corresponding figure among men—8 0 per cent and 3 1 per cent respectively Among women, one-tenth of the total of sickness was under the head gynecological In 130, out of the 1,001 cases reported, operative treatment was needed, the remaining cases being given as non-operative

The number of cases of gonorrhea among men (165) was six times that among women (28), the corresponding percentages being 1 8 and 0 3 In considering these figures it must be remembered, however, that many cases of gonorrhea among women were undoubtedly listed under the head of gynecological conditions

Reportable Diseases—Table 3 lists the communicable diseases reported by the cooperating physicians

The leading disease was scarlet fever, with 35 6 per cent of all cases, followed by mumps, 18 3 per cent, and pneumonia, 14 4 per cent If to this list are added syphilis and gonorrhea, which were not reportable, it is found that gonorrhea was the most prevalent communicable disease in the section of the county represented in our survey—the total of cases exceeding by more than 70 per cent that reported for scarlet fever Syphilis falls in sixth place, taking precedence over tuberculosis

There was a variation in the proportions of cases reported according to sex, the numbers, however, are too small to warant any deduction

Seasonal Distribution of Morbidity—The prevalence of the several types of illness varied from month to month, but in the case of the non-reportable diseases, with the exception of colds, tonsillitis, and diarrhea and enteritis (under 2 years), the variation had no particular seasonal significance

Figure 4 shows the distribution, by months, of reported cases of the three types of illness mentioned above as well as all the other non-reportable diseases combined and of the group of reportable communicable diseases Colds had a peak during May and a secondary, almost equally high, peak in February, while the minimum number of cases was reported in July The peak of

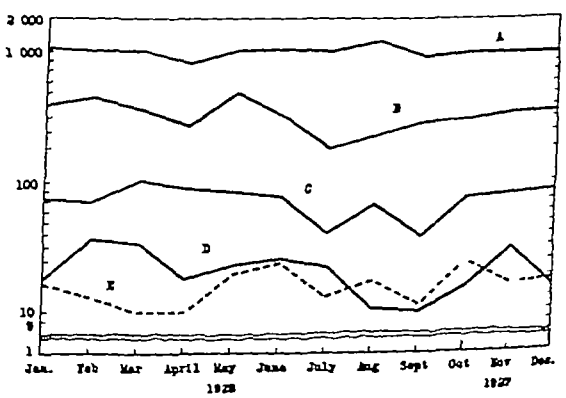


FIG 4

Cases of sickness by months A, All non-reportable diseases except colds, tonsillitis, and diarrhea and enteritis (under 2 years), B Colds, C, Tonsillitis D All reportable diseases, E, Diarrhea and enteritis (under 2 years)

TABLE IV

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Comparison with Results of Rural Survey— The outstanding points of difference between the results secured in the Essex County Survey and the more extensive Rural Survey are as follows

The group of reportable communicable dis-

eases represented only 1 6 per cent of all cases of sickness in Essex County as compared with 3 3 per cent in the Rural Survey This point, however, is of no special significance since the totals in the Essex County Survey are comparatively small If this survey were made in a year of greater prevalence of one or another of the communicable diseases, it is likely that the percentage represented by the group of reportable diseases would be as high as that reported in the Rural Survey

Comparing the percentages represented by certain important groups of non-reportable diseases (exclusive of diseases of the skin), we note that the proportions of colds in the two surveys were practically identical, surgical cases were relatively more numerous in Essex, while digestive disorders, diseases of children, nervous disorders, arteriosclerosis, diseases of the heart, and rheumatism were less prevalent than in the Rural Survey

There were few outstanding differences in the distribution of reported cases by sex In Essex, more cases of diseases of the heart were reported among males, in the Rural Survey, among females Among the other causes of sickness the proportions for the two sexes did not differ materially

When the reported cases are grouped by seasons, we find that the range between the high and the low points was less in Essex than in the Rural Survey under the following heads colds, surgical cases, diarrhea and enteritis (under 2 years), the group of all reportable communicable diseases, and greater for digestive disorders, neuroses, rheumatism

In general, the points of similarity between the results secured in the two surveys were much more numerous than the points of difference This is one element of value in the Essex County Survey since it gives support to the more important facts brought out in the Rural Survey

Conclusion

The figures given in this paper are but a modest addition to our quantitative knowledge of the prevalence of certain types of non-communicable diseases, but in the absence of a systematic collection of facts in this field the presentation of even a small increment seems justifiable

The two surveys directed by the State Department of Health were made possible through the *voluntary* cooperation of one hundred and twenty-seven busy practicing physicians This fact, in my opinion, is of transcending significance. The spirit of altruistic scientific inquiry manifested by these physicians encourages a hope of further investigations which could not be carried out in laboratories or offices of official and private health agencies

It is a pleasure to express the appreciation and thanks of the Department, as well as my own, to the following physicians who collaborated in the Essex County Survey

George W Bond	Keeseville
John Breen	Schroon Lake
Anthime Charbonneau	Keeseville
Francis J D'Avignon, Jr	Lake Placid
Thomas J Dowd	Ticonderoga
Erwin R. Eaton	Crown Point
John H Evans	Keeseville
Joseph A. Geis	Lake Placid
Harold J Harris	Westport
Edward C Johnson	Newcomb
George L Knapp	Ticonderoga
Herbert S McCasland	Moriah
Martin E Sargeant	Ticonderoga
Charles N Sarlin	Port Henry
William T Sherman	Crown Point
John D Smith	Jay
John M Stafford	Essex
Rae L Strong	Bloomingdale
Samuel A Volpert	Lake Placid
Warren Whitford	Lake Placid

CHILD WELFARE SURVEY OF SARATOGA COUNTY*

By J R. MACELROY, M D, JONESVILLE, N Y

DURING the World War it was brought most forcibly to our attention that a large per cent of those found physically unfit for military service might have escaped permanent disability had their defects been recognized and treated in early life In spite of the wide publicity given this no really concerted activity has arisen to prevent a continuance of these defective conditions among the children of today

Lay Organizations all over our fair land, assisted by the Profession, have and are maintaining a constant warfare against Tuberculosis, especially among the young, but it seems that once a child has been labelled Tubercular, no matter how incipient, all other defects the same child may have, pale into insignificance. So long as philanthropists continue to pour millions into the coffers of these Organizations we may rest assured that the paid workers in this campaign will not permit its activities to lessen

Gentlemen, I yield to no man in my respect for the actual preventive and curative work that is being done in Tuberculosis, but when I see a child with defective vision, an obstructed naso pharynx, a discharging ear or defective hearing, trying to keep up its school work but failing a grade every now and then, when I see a child with a beginning goitre, a cardiac lesion, an ortho-

*Read before the Fourth District Branch, at Saratoga Springs N Y, September 20, 1929

pedic defect, or hernia, trying to participate in the sports of play ground, then I am convinced that that child's development, health, and future citizenship, are just as important to the community and the State as his Tubercular cousin, and is as much entitled to care and treatment

It was with the purpose of determining the relative frequency of non-tubercular defects among children of school age, as compared with the findings of the Tuberculosis Clinics among the same age groups, that this Survey was undertaken.

In our evaluation of this survey we must give ample consideration to the fact that some 20 general practitioners, none of them specialists along any line, have noted these defects in examinations made under surroundings that tend to distract and disturb, with but little nursing assistance, and that therefore these defects must be outstanding, and that could these examinations have been conducted in a clinic, with trained assistants, and proper diagnostic equipment it may be assumed that the percentage of defects found would run much higher

One of the disheartening things connected with this survey was the great number that remained unexamined at the end of the year

Total school census in age group from 6 to 15 years		12,507
Total children examined		9,903
Defective Vision	1,248	
Discharging Ears	94	
Nasal obstruction	570	
Diseased Tonsils	2,120	
Enlarged Glands	388	
Goitre	88	
Bronchial and Pulmonary	73	
Cardiac	170	
Hernia	32	
Orthopedic	66	
Mental Deficiency	62	
Asthma	1	
Pyelitis	1	
Total defects found	4,913	

Taking the 2,604 unexamined children in this age group and adding to it the pre-school group, estimated by school authorities to number at least 10,000, among all of whom the same ratio of defects may be assumed, we have the rather staggering total of upwards of 10,000 defects in the County among children under 15 which need attention and correction

Many of these defects are disabling at times, causing more or less protracted absences from school, others contribute toward mental sluggishness and an inability to complete their proper education, some tend to provide carriers of disease and constitute a public health problem, others make for a moral hazard in the school and community Nearly all are progressive if uncorrected, and provide the substandard adult, often to the point of mental or physical dependency in later life

Now let us see what the State Dept. of Health has to say as to causes of death among the age group from 1 to 15 years

Between Jan 1, 1920 and Jan 1, 1927, a period of 7 years there were from all causes, 378 deaths, of whom 70 were caused by external causes, leaving 308 deaths from disease Among these we find

Diseased Ears	caused	2
" Nose	"	3
" Heart	"	12
Hernia	"	2

How much defects of Naso Pharynx contributed to the following deaths

Scarlet	32
Measles	11
Diptheria	18

may be left to your individual judgment

During the same period we find that Tuberculosis caused 8 deaths, just the number caused by disease of the ear, nose and hernia, and less than one half the number of deaths from heart disease alone Having collected this data it seemed certain that there existed a very real need for a constructive program looking toward the correction of these defects, and preferably one in which the Profession should be the moving and controlling factor While there are several provisions in law which might be invoked it seemed after thorough consideration that Sec. 44-A of the Public Health Law would best serve us

This Section provides for the appointment of a Public Health Council by the County Board of Supervisors with power to employ Nurses, etc

In our opinion the annual Medical Inspection of school children is a General Clinic, from which the material for special Clinics may be segregated, and at the same time forms the best possible medium for the dissemination of an educational health program, particularly when such inspection is conducted in a careful and impressive manner with the aid of a trained school nurse. This General Clinic should be made to include all the pre-school age group in such School District

After the completion of the School Medical

Inspections, which should be before Nov 15, the Clinics of the Health Council will begin, these to be devoted to a more complete diagnosis of the defect, its degree of severity, and suggestions as to treatment, the complete report of such Clinic to be sent to the family Physician, and to him only

The Clinics of the Health Council will be divided into the Specialty groups as follows Eye and Ear, Nose and Throat, Cardiac, Mental, Gastro intestinal, Orthopedic and Surgical, and Nutritional, each group headed by a Specialist and assisted by the various members of the Society interested along those lines

By the employment of 4 Public Health Nurses in the County it will be possible to give a Public Health, pre school, and pre natal nursing service to all sections of this County, and in those sections of the County not now served by a School Nurse a school nursing service will be supplied Through the medium of these Clinics and the follow up work of these Nurses we hope to impress the parent or guardian with the importance and necessity of proper treatment of the defect, and of his responsibility as a parent or guardian to arrange for the same through his family Physician No one knows just how many parents will be found unable or unwilling to bear the expense of such corrective treatment, but where such are found provision must be made for such corrections at public expense, preferably from a fund set aside for the use of the Council in such cases, and in the use of which no stigma of charity may arise to bar the effectiveness of such relief

Application has been made to the County Board of Supervisors asking for the appointment of a Public Health Council under the Section 44 A, such Council to be headed by the President of the County Medical Society and 4 other members of the Society, together with 3 laymen, it being suggested that they be the Judge of the Children's Court, one of the School Commissioners of the County, and a member of the Board of Supervisors An appropriation of $25,000 for nurses salary, diagnostic equipment, rent, telephone, and as a fund for care and treatment of indigent cases has been requested with the understanding that at least $7,000 of this amount will be met by the State Department of Health, thereby leaving only $18,000, or such part of that sum as may be required, to be raised by the County

When we consider that Saratoga County is now maintaining a child's tuberculosis pavilion at an annual expense of approximately $1,300 per bed, a health camp for undernourished children at a cost of not less than $100 per child, it would seem that the amount we ask to care for upwards of 3,000 children is most modest Having no well organized lay society or well salaried lobbyist to assist us, our request to the county officials has not as yet been acted upon

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RURAL TYPHOID CARRIERS

From Dr F W Laidlaw's mimeographed District Health Officers' Bulletin.

We have received to date, 16 of the 20 typhoid carrier quarterly reports due from this district Three of the missing ones will come in during the next two or three days—the other one won't, basing our conclusion on past experience Conscientious scruples in regard to answering official correspondence are formidable obstacles

One of the declared typhoid carriers in New York City decided to take a little vacation this past summer, unknown to the city authorities Nearly two months were spent in a summer resort section of our district As a result, twenty cases of typhoid have been reported so far in, or originating in, that locality

Don't have specimens submitted from persons who have been determined to be typhoid carriers, to the State Laboratory or any other laboratory with the idea of securing a release, unless such specimens are secured following a gall bladder removal We recently had a long interview with a physician (not a health officer) who had been impressed with the story of injustice, conspiracy, connivance and persecution related to him by one of the carriers in the district He had sent a specimen from this carrier to the State Laboratory and had received a negative report, and appeared to believe that the carrier should be released and allowed to secure a position as a cook We endeavored to explain that *other evidence* in addition to positive specimens was always taken into consideration in determining typhoid carriers, and that a few negative specimens did not interest anyone familiar with the subject We are of the opinion that our effort was wasted, however, and we are impressed with the vast amount of advice gratuitously bestowed upon those of us engaged in public health work by those to whom the knowledge has come by intuition

THE TREATMENT OF VARICOSE VEINS OF THE LEGS BY CHEMICAL METHODS*

By JOHN E SUTTON, JR., M D., NEW YORK, N Y
From the Clinic of the Cornell University Medical College, Department of Surgery

THE idea of treating varicose veins by the injection of chemicals is not of recent origin, for Pravez, in 1851, advocated the use of persulphide of iron for such purposes In the diary of Dr William M Blackford,[1] under the date of December 8, 1863, reference is made to the use of this drug for the obliteration of veins The early attempts to destroy varices aimed at the production of thrombi and the results were unsuccessful and even disasterous because the solutions used were blood coagulants Modern procedure makes use of strong chemical irritants which are not coagulants Sicard[2] in 1920 reported the sclerosing effect of solutions of sodium carbonate upon veins into which it had been injected, but because of its causticity this solution was soon discarded by him and sodium salicylate was substituted In recent years this chemical method of treatment has become increasingly popular in Europe and Great Britain, and more recently it has been used extensively in the United States

A variety of solutions are being used with success Those more commonly employed are Sodium Chloride 20-25 per cent, Dextrose, Levulose, Invert Sugar, Mercuric Chloride Red Mercuric Iodide, Metaphen, Quinine and Urethane, and Sodium Salicylate Success in this method of treatment depends upon the inflammatory reaction produced by strong chemical solutions when injected into the lumen of the vein The segment of vein into which the solution is injected usually contracts promptly and the endothelium is rapidly destroyed This is followed by the deposit of plastic fibrin and blood clot on the inner surface of the vessel and a thickening of its wall by the production of new connective tissue cells Hyalinization, organization and contraction of this new connective tissue finally obliterates the vein

In selecting the proper solution to be used several factors must be considered first the possible toxic effects, second the nature and extent of the reaction produced in the vein wall and the adjacent tissue, and third the deposit formed on the internal surface of the vein All blood coagulants are by common consent discarded The mercurial preparations, I believe, are potentially if not actually dangerous since the margin of safety between the dose required for therapeutic effect and the dose which will cause toxic symptoms is small The sugar solutions are relatively viscous and heavy and it is necessary to inject larger amounts to obtain the desired effect Sodium Chloride while not possessing toxic potentialities does not produce the best results and its injection is painful Quinine and urethane[3] though painless produces toxic symptoms in certain patients. Sodium Salicylate produces the most satisfactory reaction and the pain produced by its use is counterbalanced by the results obtained The endothelium in the segment of vein treated is destroyed and on this surface is deposited an extremely adherent plastic fibrinous exudate which is held to the vein wall by an extensive proliferation of new connective tissue cells and capillaries

Treatment should always be preceded by a careful history and physical examination Of especial importance is the enquiry regarding femoral thrombosis, phlebitis and milk leg or phlegmasia alba dolens Careful attention should be given to the history of infections which commonly produce these conditions and women who have borne children must be questioned at length regarding the puerperium to determine the possible occurrence of femoral or iliac thrombosis The physical examination should be complete and urinalysis routinely done to rule out extensive nephritis and diabetes Theoretically all foci of infection should be eradicated before the treatment is started, but practically one is limited to the removal of obviously infected areas Focal infections make possible septic phlebitis in the area of lowered resistance produced by the injection

The contraindications to this method of treatment, though not numerous, are very definite *First*—Deep Femoral Thrombosis Trendelenberg's test is of value from a scientific standpoint as it demonstrates the efficiency or inefficiency of the valves of the great saphenous vein Pratt has suggested a valuable test The varices of the leg are closed by the snug application of an A C E bandage, obstructing the superficial venous circulation, and the patient is encouraged to walk for some distance If the deep veins have been previously occluded by a pathological process the entire return flow of blood will have been stopped and violent pain will be felt in the leg after walking a relatively short distance If he can walk with comfort one may be assured that the deep veins are patent *Second*—Chronic Oedema and Lymphangitis resulting from filariasis or other diseases precludes the use of injections *Third*—Intermittent Claudication *Fourth*—General Impairment of the Peripheral Circu-

*Read before the Utica, N Y Academy of Medicine, May 23 1929

lation Strong pulsations in the dorsalis pedis, posterior tibial, popleteal and femoral arteries are desirable in these patients *Fifth*—Recent Superficial Phlebitis It has been recently stated that no injection should be given to such a patient until the tenderness resulting from the infection has subsided, but it is far safer to follow the advice of Forestier "No injection for ten years following a phlebitis" The persistence of viable bacteria in the tissues following an infection is a well-known tact, and the injection of an irritating fluid produces an area of lowered resistance If viable bacteria are already present in these tissues an infected thrombus is a most logical result

Advanced age, while not an absolute contraindication to injections, calls for caution In elderly persons the circulation is less vigorous and the tendency to spontaneous thrombosis is pronounced Patients with high blood pressure suffer no inconvenience and frequently hypertension is greatly relieved by this treatment The injection of varices during pregnancy, though safe, seems unwise since the endocrine imbalance which frequently exists is undoubtedly an etiological factor in the production of varices, and many of these patients improve after labor without treatment Compensated cardiac lesions are no bar to the use of this treatment and the relief afforded is gratefully received True varicose ulcers respond in a remarkable and often spectacular degree after injection of the varices in the leg above them

Sodium Salicylate, in aqueous solution, is preferred for the reasons previously stated In my experience the pain, though at times quite sharp, has not been of great duration (1 to 1½ minutes) and varies relatively in proportion to the amount and strength of the solution used It is first felt at the site of injection, about one minute after injection, and soon radiates downward along the course of the vein This pain is due to a combination of spasm of the vein wall, contraction of the leg muscles and irritation of sensory nerves In an occasional patient, about 1 in 200 there will be symptoms of shock shown by pallor, perspiration, weak pulse, vertigo and nausea without vomiting Adrenalin chloride 1-1000 in doses of five to ten minims, in such an event gives prompt relief

The sodium salicylate can be prepared* by any reliable pharmacist by adding the proper amounts of chemically pure salt to the desired amount of distilled water to make solutions 30%, 40% and 50% The solutions when made should be kept in dark hard glass bottles covered with rubber diaphragms Soft glass is affected by the solution which is thereby changed in chemical composition Sterilization is easily accomplished by placing the bottles in boiling water for ten minutes When thus prepared and stored these solutions keep indefinitely The fresh solution is of a light brown color and if it changes to a violaceous or deep black color a new supply should be obtained

The essential apparatus required is simple and consists of a 5 c c and a 10 c c Luer syringe, preferably with eccentric tips, short bevel, half inch, 25 gauge hypodermic needles of rustless steel, gold or platinum Long bevel needles frequently puncture the opposite wall of the vein and the ordinary steel needles discolor and alter the solutions

Trendelenberg, Jenitzner, Magnus, Sicard, Forestier and Gaugier[4,5] have shown that in varicose veins the current of blood is *not* toward the heart but that it is downward when the extremity is dependent When the leg is horizontal the blood stream is stationary or moves slowly toward the heart and lungs It has been further demonstrated that contractions of the leg muscles draw the blood from the superficial varices into the deep veins

With the patient standing the varices become prominent and the most favorable site for injection may be determined A bulging knot of veins which are adherent to the skin, while easy to puncture, is not the best for injection The adhesion of the skin to the vein prevents the contraction of its wall upon which we depend for the closure of the wound and the prevention of leakage of the solution For that reason a segment of vein which is covered by a small amount of subcutaneous fat is preferred The point for injection is marked with ink and the skin sterilized with alcohol, ether and mercurochrome At the first treatment it has been my custom to use 2 or 3 c c of the 30% solution to test the patient's susceptibility to pain and to determine the amount and extent of the reaction in the vein The syringe filled with the solution is inserted into the needle which is slowly pushed through the skin and the vein wall in an oblique direction with the point downward On entering the lumen the venous pressure is often sufficient to cause blood to flow backward through the needle into the syringe The blood, being of a lower specific gravity than the solution, will rise to the top If the blood does not flow spontaneously gentle withdrawal of the plunger will aspirate it The solution is then injected into the vein at a rate slow enough to avoid distention of the segment being treated, and the needle is allowed to remain in the vein for about 30 seconds to allow the wall to contract about

*Solutions may be secured from a number of drug houses in sterile ampoules, 20% 30% and 40%

it and then it is quickly removed, at the same time pressure is applied over the puncture During the injection the vein wall contracts and it may pull itself from the needle In such an event no more solution should be injected at that site After completion of the injection the patient sits on a stool or the edge of a table and elevates his leg almost to the horizontal, without contracting the leg muscles In this position the leg is supported and pressure maintained on the puncture wound The pain, beginning in 1 to 3 minutes, is cramplike and subsides after about 2 minutes The production of sharp pain immediately on starting the injection is positive evidence of leakage or the introduction of fluid into the perivascular tissue The needle should be withdrawn at once Ten or fifteen c c of normal saline solution if injected into this area, followed by gentle massage, will frequently prevent the development of a slough and extensive periphlebitic reaction

Treatments are preferably given twice weekly The amount and strength of the solutions used varies in accordance with the size of the vein and the type of the reaction following the first treatment As a general rule the larger varices require more solution of greater strength than do the smaller veins, but it is not advisable to inject more than 5 c c of a 50% sodium salicylate solution at one sitting on account of the possibility of too extensive reactions It has been my custom



FIG 1
Bilateral recurrent varicose veins before treatment

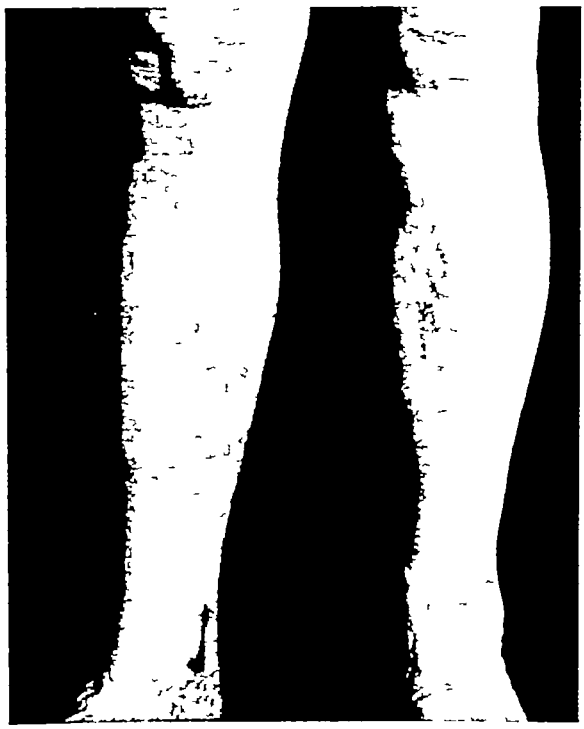


FIG 2
Same as Fig 1 after treatment

to make single rather than multiple injections at one treatment The results are as good and the patient is not subjected to several punctures and the same number of attacks of cramps In cases in which there is general involvement of the great saphenous vein, from the thigh to the ankle, the first injection is usually given just below the head of the tibia into the main trunk of the vein In subsequent treatments the same segment may be used repeatedly until the desired effect is obtained In selecting this site for the first treatment use is made of the fact that the solution passes downward and affects the lower portions of the varices It is inadvisable to give injections in the region of the malleoli because of the more severe pain produced and the greater danger of sloughs After the varices below the head of the tibia have been completely treated, injections are made at the internal side of the knee and in the thigh When scattered varices are present an attempt is made to select one which is in the main trunk leading to varices at a lower level in the leg, but frequently it is necessary to treat these groups individually at different sittings

When the pain has completely subsided firm pressure is applied by means of a (A C E) bandage wound from the base of the toes to the knee, and when the treatments have been given above the knee gauze pads and adhesive strips are used to supply the pressure While the bandage is not an essential feature of the treatment it seems logical to produce as great a collapse of the vein walls as possible since this favors the reaction by approximating the irritated surfaces in the lumen of the vein and prevents its continued distention[6] The patient is allowed to walk home and he is able to do so with perfect comfort He is advised to rest as much as possible during the evening with his leg hanging down The application of heat from a hot water bottle or electric pad during the first evening is comforting and seems to be of some aid to the reaction On the next day he may go about his business as usual, confinement to bed is unnecessary and indeed inadvisable Due to the fact that the current of blood is downward the upright position guards against the remote possibility of embolism

The reaction in the vein appears in from 36 to 48 hours and attains its maximum in about three days The segment injected becomes swollen, firm and moderately tender, and the skin overlying it frequently becomes red The tenderness usually persists for only a few days but may last as long as two or three weeks The thickened vein slowly contracts and is palpable for 4 to 10 weeks Frequently a brownish discoloration appears in the skin over varices which have been treated This is not permanent and it slowly disappears In rare instances there is a diffuse redness accompanied by moderate pain and tenderness resembling a cellulitis This is due to diffusion of a small amount of the solution through the vein wall It usually subsides promptly with the application of dry heat, but occasionally this reaction is more severe and rest with the application of warm wet dressings is required

A section[7] of the thoroughly treated vein shows complete destruction of the endothelium, the internal surface of the vein wall is covered with an extensive plastic fibrinous exudate, and the walls are greatly thickened The fibrinous exudate is firmly adherent to the vein wall and new connective tissue cells and capillary buds are seen growing into it This picture is quite different from that shown by the ordinary thrombus As time goes on the fibrin becomes organized, the new connective tissue cells contract, the vein wall becomes sclerosed, and the lumen of the vein which was once a large dilated varix becomes occluded The varicose vein is thus reduced to a small painless, invisible fibrous cord

In case some of the salicylate solution has escaped into the subcutaneous tissue a slough develops, frequently in spite of the injections of saline solution This first shows itself as a dark discolored spot in the skin near the site of injection, surrounded by an indurated area and covered by a small blister This skin soon becomes black, hard, and dry and the induration persists for a long time This eschar is the result of a chemical burn Excision of this with primary closure, though advocated by several authorities, is unwise. Just as it is injudicious to incise the area of any burn so is it dangerous to excise this chemical burn This complication while annoying and troublesome is usually not serious The eschar separates slowly and the resultant ulcer heals only after weeks or months Fortunately this occurs seldom and can usually be avoided by exercising proper care

The length of time required to complete the treatment varies with each individual and cannot be predicted As a rule one injection of 3 c c of a 50% solution of sodium salicylate will produce an adequate reaction in from 3 to 6 inches of vein In one patient the result may be prompt while in another whose condition appears to be about the same, the vein slowly becomes thickened after numerous injections

Kilbourne[8] in a recent paper dealt with considerations of safety in the treatment of varicose veins of the legs In reply to a questionnaire sent to the large American hospitals he received data on 4,607 patients who had been treated by surgical removal of the varices In his study of the literature there were available about 50,000 cases in which treatment was given by the injection of chemical solutions In this comparative study he concluded that the mortality following the surgical removal of varicose veins was 1 in 250, while the mortality following the treatment by chemical methods was less than 1 in 4,000 Recurrences after surgical removal averaged 30%, while the injection treatment scored 6% Making due allowance for the fact that the statistics dealing with the mortality rate and the incidence of recurrence in patients treated by this ambulatory method are not as complete as those obtained from the hospitals, these figures are extremely impressive

In this ambulatory treatment of patients with varicose veins the factors of safety are so great and the economic advantage so overwhelming that there can be little doubt as to which method of treatment is for the best interests of the patient

Summary

1 Sodium salicylate in aqueous solution, 30, 40, and 50%, gives the best results The transitory pain produced by its use is counterbalanced by the good results obtained

2. Contraindications, a—femoral thrombosis, b—chronic œdema and lymphangitis, c—intermittent claudication, d—general impairment of the peripheral circulation, e—recent superficial phlebitis

3 Caution should be used in treating patients of advanced age

4 Complete history, physical examination and urinalysis is essential Eradication of foci of infection is advisable

5 Treatments are given twice weekly with the injection of one segment of vein Following the injection a pressure bandage is applied from the base of the toes to the knee or adhesive strapping used in its place

6 Confinement to bed is unnecessary and inadvisable

7 Sloughs following leakage of solution into the perivascular tissue should not be excised Allow spontaneous separation of dead tissue

8 The factors of safety are overwhelmingly in favor of the treatment by injection of chemical solutions which are not blood coagulants

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STUDIES IN INTESTINAL INTOXICATION

Toxicity Appraisal of Intestinal Bacteria by a New Method

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FROM the diagnostic standpoint, the usual bacteriological examinations of feces are almost as unsatisfactory as chemical analyses Determinations of toxicity from the former standpoint are largely a matter of deductive reasoning or are based on unreliable animal experimentation. On the other hand, the quantitative determination of toxic chemical substances gives us no hint whatsoever as to the actual amount of their absorption through the intestinal wall Individual resistance, mucous membrane integrity and bacterial toxicity are among the factors which must be considered in combating intoxications of intestinal origin. This, and subsequent articles will describe the results of our efforts to elucidate some of these factors

Dudgeon (1) has summarized our knowledge of fecal bacteriology but, like many other workers, his conclusions are based on the frequency with which certain bacteria are found in the stools of invalids This is a poor criterion as many of these bacteria may be derived from food and from the respiratory tract. Many of these abnormal forms are apparently non-toxic A more critical but less technical survey of the intestinal flora is excellently presented by Cruikshank (2)

When pathogenic bacteria like B typhosus or B dysenteriae are found in feces, we infer that the host has an infection with the respective organism or is a carrier of it There are, however, a number of bacteria, generally considered nonpathogenic, which sometimes produce chronic infections light enough to allow the host to continue his daily duties, but which occasionally give rise to acute symptoms severe enough to force him to seek medical advice This group of bacteria may cause diarrhea, symptoms of intestinal intoxication, mucus colitis, mental disturbance and a number of other conditions believed to be due to a change in the intestinal flora, but the etiological relationship is often difficult to establish

Numerous attempts have been made to study the flora in these cases in an effort to find the toxic agent Some workers have confined their efforts to differentiating the "type" of flora into "putrefactive," "fermentative" and "mixed" This classification was based on erroneous conclusions regarding the metabolism of certain bacteria and to a lack of knowledge of the term "putrefactive" Since these studies gave no clue to the species of bacteria causing the changed flora, they were generally discarded in favor of more exact bacteriological methods

Dudgeon (1) outlined a method for the quantitative study of bacteria in feces, and Torrey (3) has also described a series of methods applic-

able to this type of work Both these authors depend largely on finding bacteria which are known to be pathogenic under certain conditions and upon their presence in increased numbers Hines (4) has applied this principle to the study of C welchii in cases of diarrhea He found an increase of this organism in many cases Basing our observations on a quantitative and identative examination of over 3,000 stools, we have come to the conclusion that, based on the number of bacteria present, an exact interpretation of the etiological role of the bacterial flora is not only difficult but practically impossible In some stools from apparently toxic sources, we were unable to recover any bacteria and only after repeated examinations on these patients were we able to occasionally isolate a few colonies On the other hand, stools containing a marked increase in some bacteria were often from patients with negligible intestinal symptoms

The most striking instance of the latter observation was the finding of a very marked increase in vegetative and spore forms of C welchii (5) in two explorers who had voluntarily subsisted on an exclusive meat diet for a year Repeated examinations during their exclusive meat diet regimen has shown that the total numbers of C welchii in their stools were greatly in excess of those found in any other specimens examined in this laboratory Both of these subjects were subjectively and objectively normal at the beginning of the experiment They had, at that time, a fecal C welchii count well above the average They lived on an exclusive meat diet for a year and during this time their C welchii count increased by several thousand times that which they had on a mixed diet, without any impairment of health whatsoever Since these men have returned to a mixed diet, the numbers of C welchii have approached normal limits A complete report and discussion of these C welchii studies is to be made in a separate paper

Stewart (6) has shown that the number of some non-lactose fermenting bacteria fluctuates with the patient's mental condition and the parallel between the two is remarkably close, emphasizing the importance of collecting stool specimens when the patient's symptoms are exaggerated But since organisms like the Morgan bacillus were found by him in normal controls, we felt that a measure of toxicity or virulence would assist in determining their importance This differentiation between normal and abnormal strains seems advisable for the entire group of intestinal bacteria Torrey (3) has suggested mouse inoculation for testing the virulence of B coli, but it has not proved successful in our hands It is expensive for routine use especially if several strains are to be tested from one stool specimen We have not found his method reliable because the number of viable bacteria present in a 24 hour broth culture is quite variable and determines, to a large extent, the results of mouse inoculation We often found that the effect on mice was proportional to the number of living bacteria injected This has also been observed by the senior author in the case of tubercle bacilli (10)

Falk has recently described (7, 8) a method for the determination of virulence (toxigenicity) of B diphtheriae and related bacteria by an electrical method This method, known as electrophoresis, consists of applying a voltage to the bacteria and noting their speed This speed is closely related to the virulence of diphtheria bacilli and the reader is referred to Falk's articles for a full discussion of the method and its significance He had previously shown that (9) the speed obtained by this method bore a distinct relationship to the virulence of pneumococci It occurred to us that, if such a relationship were found to exist for the intestinal group of bacteria, it would prove of inestimable value in differentiating a normal from an abnormal intestinal flora The present study was undertaken to investigate this phase of the problem so far as the B coli group was concerned

The intestinal bacteria were isolated and identified on Levine's eosin methylene blue medium and blood agar and the various types of B coli, A aerogenes, proteus, and other Gram negative bacilli were transplanted to a special medium which was designed to rigidly control the hydrogen-ion concentration of the resulting growth This medium was a plain agar to which had been added 15 gms each of primary and secondary sodium phosphate and enough bromthymol blue as an indicator Unless these large amounts of phosphate are added, the reaction of the growth will show large variations in less than two hours After three hours incubation, the plates are examined immediately If there is any delay in examining them, they should be stored in the ice box to prevent further growth Since the growths are quite young, washing is unnecessary The organisms are consequently suspended directly in fat-free distilled water

The modified technic, as used by us for the B coli group, is as follows The organisms are streaked on plates of the special phosphate medium described above One plate will hold streaks from eight strains of bacteria Among these are included a toxic and a non-toxic strain, whose speeds are known, to be used as standards After three hours incubation, the bacteria are suspended in fat-free distilled water Chemically clean capillaries are filled with this suspension, put in the cell which has been connected to a 45 volt battery, and focused under the microscope The switch is closed and the speeds are observed with a stopwatch Five observations are made and the polarity of the cell is then reversed A second set of five determinations is made in this reversed direction The capillary tube is now replaced by

a second one which has been filled with the same suspension The speed is observed as with the first tube and the results compared They should check within 4 per cent In case of a disagreement, other capillary tubes are used until uniform results are obtained Under these conditions, the standard strains, which have been used as controls, should give speeds which have been shown by experience to be constant for them With these controls and the use of more than one capillary tube, we have a very accurate method of determining the speed of the bacteria and one, which, in our experience, will always give comparable results When these speeds are calculated in microns per 1000 volts per second, we call this the "toxigenic index" Determinations of this index were made on several thousand strains and it was found that

Non-toxic strains had an index above 60, while Toxic ones had an index below 60

Grades of toxicity were distinguished as follows

Below 45	Very toxic
45-50	Toxic
50-55	Moderately toxic
55-60	Slightly toxic

The clinical use of this index has given us a new light on intestinal bacteriology We found that we were able, in most instances, to distinguish a normal from an abnormal stool by the presence or absence of toxic strains of B coli The exceptions were, generally, infections by streptococci or C welchii (Bacillus aerogenes capsulatus, or the gas bacillus) In the former instance the stool is usually poor in bacteria due to inhibition of B coli by streptococcus toxin In the latter we usually observe a marked increase in C welchii but the strains of B coli have normal toxicity indices

The clinical application of the toxicity index is far reaching It enables the physician to rapidly determine the possible rôle which one or more types of organisms, isolated from the stool, play in the causation of the symptoms or signs of disease It places the preparation of vaccines on a higher scientific scale and thus makes vaccine therapy more specific The toxicity index as determined by a skilled bacteriologist, therefore, ranks in biological importance with agglutinin, precepitin, opsonin and complement fixation reactions in laboratory diagnosis

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DIABETIC SURGERY WITH CASE REPORTS

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THERE is perhaps no other disease which has more surgical complications than diabetes In addition to the usual surgical conditions to which all are heir, the diabetic is prone to gangrene, cellulitis, boils, carbuncles, osteomyelitis and gall bladder disease In the surgical diabetic certain unusual conditions exist, first surgical infections tend to seriously aggravate the diabetes and second the disturbed carbohydrate metabolism renders the surgical complication worse and more difficult to control Hence it becomes imperative therefore for the satisfactory management of the surgical diabetic that the treatment be carried out jointly by the internist and the surgeon

Diabetics are impaired surgical risks because, (1) tissues do not heal well in the presence of the persistent hyperglycemia, (2) their resistance to infection is poor and (3) diabetic acidosis and coma may develop after operation Before the advent of insulin the surgical mortality among diabetics was about 40%[1], only necessary surgery being attempted Today with insulin the whole picture has changed, the surgical mortality has dropped to approximately 12%[2], not only is emergency surgery allowable but today no limitations should be placed on the diabetic in the treatment of surgical disease that is not placed on the normal person provided of course that adequate medical management of the diabetes is available

The outcome of surgical conditions in diabetic patients is in great part dependent on the preoperative and postoperative care which is largely a medical problem By rendering the patient nondiabetic with diet or diet and insulin his resistance to infection is improved and the healing power of the tissues promoted On the other hand insulin will not improve the circulation in an extremity where marked vascular disease is present

The acme in the medical management of these patients before operation should be, (1) elimination of acidosis by keeping the urine ketone free, (2) keeping the urine sugar free and the highest blood sugar of the day under 150 mg per 100 cc (3) overcoming dehydration with adequate

fluid intake The common practice of examining only one specimen of urine a day is often misleading and should be condemned Treatment should be guided only by analysis of daily 24 hour specimens The diet should be rather high in carbohydrate at least 100 grms to insure ample glycogen store for the needs of the operation and thereafter Protein is given up to one grm per Kilogram of body weight and fat enough to furnish the total caloric requirement There is no reason for restricting the fat below the Woodyatt ratio if the urine is kept sugar free

The great danger to be feared after operation is the onset of severe acidosis and coma incident to the infection, vomiting and starvation which accompany most surgical conditions Here a nurse, preferably one trained for this work is very helpful All voided specimens are examined for sugar and diacetic acid and an appropriate dose of insulin given at intervals of 3 to 4 hours If complete reduction of Benedict's solution is obtained 30 units of insulin should be given, if reduction is moderate 20 units and if slight 10 units should be the dose If diacetic acid is still present in the urine after the sugar has cleared methods should be instituted to increase the patient's intake of glucose to insure its presence in the urine as long as the acidosis persists Orange juice and other fluids should be given as soon as possible after operation, they generally can be retained within a few hours To combat dehydration 2-3000 cc. of fluids should be retained in 24 hours by mouth, rectum or under the skin In the uncommon case where adequate glucose cannot be given by mouth it may be administered in 6 ounce retention enemas of 5-10% solution, under the skin in 5% solution or intravenously in 10-20% solution When soft and solid food can be taken it should be given in the same manner as before operation with insulin if necessary If a patient can be rendered sugar free with an adequate diet there is no necessity for insulin and not a few cases can be managed without its help, however the vast majority require it especially where infection is present

The anaesthetic in the diabetic is important Ether and chloroform should not be used because of their tendency to increase the blood sugar and acid bodies, also to cause nausea and vomiting Ethelne or spinal anaesthesia should be the methods of choice

Where pus or acute infection is present as in carbuncles, cellulitis or appendicitis no time should be lost by withholding surgery because the diabetic condition will be markedly improved by the resultant abatement of the infection Before operation 30 to 50 units of insulin should be given if the blood sugar is high and there is much sugar and diacetic acid in the urine If acidosis is absent or but slight, insulin may be postponed until after operation These cases demand constant attention after surgery until all danger of acidosis and coma have passed

Often it is possible today to save an extremity by local surgery and careful control of the diabetes, ulcers, soft tissue infections and certain types of osteomyelitis can be successfully treated in this manner Osteomyelitis plus gangrene demands immediate high amputation as soon as evidence of gangrene appears The wet type of gangrene is primarily due to infection with secondary thrombosis of narrowed vessels, here high amputation is indicated

Dry gangrene on the other hand is primarily vascular and is no different than the senile type Here some delay is justified until a line of demarcation becomes definite. Amputation of a toe will often heal, the wound should always be left open and allowed to fill in

The presence or absence of pulsation in the dorsalis pedis artery and the *x*-ray are very helpful in determining the condition of the peripheral circulation In general where pulsation is present in the dorsalis pedis artery and other factors are favorable an attempt should be made to save the extremity by local surgery and control of the diabetes Of course amputation will ultimately have to be done in some cases but if an extremity can be saved only occasionally by this conservative treatment it is worth while

On the other hand with evidence of marked vascular changes by *x*-ray and absence of or feeble pulsation in peripheral vessels high amputation should be the rule One cannot stress to strongly the importance of early intervention with high amputation where there is spreading cellulitis and evidence of impaired circulation Conservative surgery here gives a much higher mortality than radical mid thigh amputation

The following brief case reports have been selected from the surgical department of the University Hospital to illustrate certain important points in the management of the surgical diabetic. All patients have been conjointly treated by the medical and surgical staff

Case 1 A man, age, 25, had severe diabetes for 18 months, taking insulin twice a day Two abscessed teeth were extracted and in a few hours fever, swelling about tooth sockets, anorexia, vomiting and drowsiness developed This condition progressed until admission 36 hours later The patient was well into coma, the urine was loaded with sugar and diacetic acid The usual coma treatment was instituted to which the patient responded with some difficulty

This case shows the great danger of undertaking even a minor surgical procedure in a diabetic especially where infection is present without adequate control of the diabetes before and after operation Had proper preoperative and postoperative care been given, this near catastrophe would not have happened

Case 2 A female, age 56, was admitted with a carbuncle on buttock of several days duration, anorexia and drowsiness had been present for three days Diabetes had been present for 2 years and patient was taking 10 units of insulin a day The urine showed large amounts of sugar and diacetic acid The carbuncle was incised and the onset of coma checked with 40 to 60 units of insulin a day The carbuncle quickly healed and the patient was discharged taking 40 units of insulin a day in place of the inadequate dose of 10 units on admission

Case 3 A male, age 55, was admitted with a red and swollen nose of 4 days duration The swelling had spread into the cheek and forehead, the right eye was closed The temperature was high and the patient was very ill, a diagnosis of erysipelas was made. Diabetes had been present for years, the blood sugar was 242 mg per 100 cc and the urine showed considerable sugar and diacetic acid The urine was rendered sugar free in 24 hours with 130 units of insulin and the sugar and acid bodies were controlled thereafter with daily doses of insulin The infection subsided, the acidosis cleared and the patient was discharged in 2 weeks

Here the great danger of infection to a diabetic is illustrated Infection lowers the tolerance for sugar and acidosis quickly develops making the use of insulin imperative in these cases Had this treatment not been carried out both patients no doubt would have died of diabetic coma incident to the severe infection The indication for prompt surgical relief of the infection is shown in case 2 The infection in each case seemed to abate as the diabetes was brought under control

Case 4 A female, age 47, was admitted with severe abdominal pain at site of ventral hernea for 24 hours, vomiting and evident intestinal obstruction, incident to the strangulation was present Sugar and diacetic acid was present in the urine and the blood sugar was 300 mg per 100cc 40 units of insulin was given and the strangulation reduced under local anaesthetic Thereafter the urine was rendered free of sugar and diacetic acid with daily doses of insulin, 20 to 60 units On discharge no insulin was necessary, diet alone controlling her diabetes

This case is a surgical emergency in a diabetic with severe acidosis The preoperative and postoperative care contributed in great part to the satisfactory outcome Without insulin coma and extension of infection no doubt would have developed

Case 5 A male, age 64, was admitted on June 25, 1927, with gangrene of left fifth toe Discharging ulcer had developed at base of left 5th toe in February 1927, diabetes was first noted in May 1927 The infection spread into the foot involving the soft tissues and tendons extending along the lateral side of the foot and finally involving the tendon achilles Pulse was present in the dorsalis pedis artery and x-ray showed no vessel change The blood sugar was 200 mg per 100 cc and sugar was present in the urine The diabetes was controlled with diet alone Local surgery was performed on the foot in all 10 times, the 5th toe and metatarsal bone were removed also sloughing tissue was cut away and drainage facilitated The last operation was performed on September 4th and the patient was discharged on October 3rd 1927 There was some deformity of the foot, however the patient returned to his usual work and has continued so to date

Case 6 A male, age 60, was admitted on May 30, 1927 with gangrene of right 2nd toe of two weeks duration Pulse present in dorsalis pedis artery x-ray showed no bone involvement or vessel change Sugar in urine for past 7 years, the blood sugar was 300 mg per 100 cc Urine kept sugar free on diet alone without insulin The gangrenous toe was removed and the patient was discharged on June 19th with wound healing He was readmitted on August 20th with lighting up of infection in wound and gangerene of right 3rd toe This toe was removed and the urine was again rendered sugar free on diet alone The wound healed and the patient returned to his work and has continued so to date.

These two cases illustrate what can be done by local surgery and careful control of the diabetes Where the circulation of an extremity is still adequate and the patient is willing to spend the time necessary an extremity can often be saved by this conservative management In case 6, the exacerbation of the infection while at home and its control again in the hospital when the urine was again rendered sugar free is noteworthy The diabetes in each case was controlled with diet alone showing insulin to be unnecessary in some cases

Case 7 A male, age 63, was admitted on March 3, 1926 with gangrene of 3rd right toe of two weeks duration, extending into foot The urine showed a large amount of sugar, the blood sugar was 266 to 400 mg per 100 cc. 20 to 60 units of insulin a day was necessary to control the diabetes There was no pulse in the dorsalis pedis artery Petechiae were noted on the arms and legs on March 7th The right leg was amputated at mid thigh on March 12 and patient died on March 18, 1926

Here is shown the danger of delay to amputate where there is extension of the infection in the presence of marked vascular disease The petechiae no doubt pointed to a septicemia which frequently develops if amputation is delayed too long and which makes the outlook almost hopeless

Case 8 A female, age 52, was admitted on June 2, 1926 with discharging ulcer at base of 4th left toe for 6 months Sugar was present in the urine and the blood sugar was 322 mg per 100cc Urine kept sugar free with 20 to 60 units of insulin a day X-ray showed osteomyelitis to be present There was no pulse in the dorsalis pedis artery At her request only local surgery was performed on June 14, diseased bone being removed The wound failed to heal and amputation was performed at mid leg on August 22 This wound healed and the patient was discharged on September 7, 1926

This case is sighted as one of osteomyelitis of the tarsal bones where local surgery failed and later amputation became necessary Where there is osteomyelitis of the tarsus present, amputation with generally be necessary especially where there is evidence of impaired circulation The next case also illustrates this point Although the mid leg amputation healed in this case it usually will not because the narrowest point of the sclerosed vessels is often in the first part of the popliteal arteries [3]

Case 9 A man, age 51, was admitted on April 2, 1926, with an ulcer at base of third right toe, for 4-5 months A gangrenous toe was removed from same foot 18 months previous Diabetes had been present for years, the blood sugar was 238 to 125 mg per 100 cc Urine kept sugar free with diet alone There was no pulse in the dorsalis pedis artery X-ray showed evidence of osteomyelitis of the tarsus and marked vascular change On April 9th third right toe and metatarsal bone were removed, the wound was closed with drain Infection spread into foot and was unrelieved by opening the wound Mid thigh amputation was performed on April 19, 1926 and patient died the following day

Case 10 A woman, age 57, was admitted on October 22, 1928, with gangrene of third left toe The tip of third left toe had been black for four months and a few days before admission the nail was removed because pus had formed under it. This procedure was followed by rapid extension of the infection, patches of gangrene appeared about the ankle and the foot and part of the leg became dusky in color The patient was very ill with a temperature of 100° to 104° F Before admission there had been much pain in the foot and there was no impulse in the dorsalis pedis artery Rather severe diabetes had been present for two years The urine was kept sugar free with 20 to 50 units of insulin a day A streptococcus blood stream infection was found on October 23 The patient refused amputation and died on November 1, 1928

The danger of conservative surgery is illustrated in these two case reports In a diabetic where impaired circulation and infection is present in an extremity, local surgery will often set up rapidly spreading cellulitis and moist gangrene In case 9, the danger of wound closure in this type of case is shown The promptness with which blood stream infection developed when amputation was delayed is striking

Case 11 A woman, age 35, was admitted with slight pain in appendix area, nausea and anorexia for 24 hours Untreated diabetes had been present for three years and a large amount of sugar was found in the urine Examination revealed only slight tenderness and no rigidity over the appendix The white count was 7500 with 72% polymorphonuclears Immediate operation was decided upon The appendix was found acutely involved covered with plastic exudate, the findings were much worse than the symptoms indicated The urine was kept free of sugar and diacetic acid after operation with 40 to 60 units of insulin daily The convalescence was uneventful

This case is sighted to show that symptoms of appendicitis in a diabetic although slight should demand early intervention The diabetic does not react to pain and infection as the normal individual hence the danger of spread of the infection without recognition [4] Had operation been delayed here as the symptoms ordinarily would warrant peritonitis would no doubt have developed Other acute surgical conditions of the abdomen in the diabetic should be considered in like manner It might be well here to caution against the possible error of mistaking severe acidosis in a diabetic for appendicitis Severe acidosis may cause sharp abdominal pain, nausea, vomiting and at times an increase in leukocytes The history, urine and blood examination together with other signs of acidosis and coma make the diagnosis

Summary

1 Where the circulation is adequate in a diabetic conservative treatment of surgical conditions of the leg and control of the diabetes will often save an extremity

2 In the presence of impaired circulation in a diabetic, spreading infection in an extremity should demand immediate high amputation

3 In the diabetic immediate surgical relief of infection is indicated with control of the diabetes thereafter

4 Any surgery in a diabetic, even minor, especially if infection is present, demands careful control of the diabetes before and particularly after operation

5 Where the circulation of an extremity is impaired in a diabetic local surgical treatment for infections of the leg will often set up a rapidly spreading cellulitis and gangrene.

6 Symptoms of appendicitis in a diabetic even though slight should demand early intervention

7 In the management of the surgical diabetic cooperation between the surgeon and the internist is essential

TREATMENT OF GENERAL PERITONITIS

By R. FRANKLIN CARTER, M D, NEW YORK, N Y

From the Department of Surgery, Post Graduate Hospital

THE treatment of a patient with general peritonitis is a challenge to the best in every institution All the functions of the hospital are brought into play, and nothing but the best will succeed The reward is complete recovery The situation is always dramatic and of great interest, as no two patients require the same in the exercise of judgment At the head of this action stands the surgeon upon whom the responsibility for the outcome depends There is no other situation in the practise of medicine in which judgment of what to do and when to do it plays so great a role That great teacher, experience, is still a necessity in the development of good judgment However, there are means of assistance in every complete hospital upon which dependence may be placed in arriving at a conclusion

The etiology of general peritonitis does not materially change the nature of the case except in the type of organisms present, and the individual resisting powers of the patient to the particular strain of bacteria The streptococcus and pneumococcus produce the type of general peritonitis most difficult to cope with The non hemolysing strains of the former organism singly or in company with the colon bacillus produces the type best suited for general consideration

The factors for consideration in dealing with this subject are The surgery that is to be employed to deal with the source of the infection, the prevention or the relief of ileus, and maintenance of an adequate state of nutrition In addition to the above factors in the case of pneumococcus peritonitis there is the additional feature of specific theraphy with antibody solutions This, however, is still in the experimental stage

Whenever the question of surgery in peritonitis comes up drainage soon appears, and there the discussion finally ends in dispute No problem in surgery has received more attention than this one of drainage A survey of the literature soon convinces one that the principle is fundamentally wrong either in its inception or execution The most carefully carried out experiments which show the futility in trying to drain the general peritoneal cavity for any length of time by men whose veracity and ability are not to be questioned have failed to quiet the controversy over this question The old adage, "when in doubt drain," is still quoted and no doubt practised But it appears to one that there are five rational reasons for drainage The presence in the abdominal cavity of urine, bile, and intestinal content, a gangrenous area which cannot be removed and which will later liquefy and slough away, such as an abscess wall, and in instances where hemorrhage may occur in the presence of a slow ooze from a raw surface to prevent hematoma, and when there is active bleeding either from slough or an area which cannot be securely controlled by ligature The drainage material employed has been as varied as it is possible for it to be Every type of plug and pipe has been used to prevent and encourage the flow of peritoneal exudate. Soft substances such as gauze enclosed within either rubber tissue or a soft rubber sheath are less harmful and establish a tract down to the site of the abscess as well as solid tubes except in deep cavities such as the subhepatic space or pelvic cavity In such places the channel may be left tortuous by the bending of the softer tubes by the edge of the liver or coils of intestine, and a straight sinus may be formed by the introduction of a stiff rubber tube wrapped with gauze Tubes in themselves drain for only a short time before becoming plugged with fibrin and more drainage material will escape around the drain than thru it regardless of the nature of the drain Removal of drains should not be done before the sixth to eighth day at which time the walls of the tract have been securely formed with fibrinous exudate, the wall of the abscess cavity will have begun to liquefy, and the gauze covered tube will escape from the tract without causing pain as the fibrin filled meshes are freed by liquefaction

Thoracodotomy advised and practised for a time seemed to offer a good deal in the way of eliminating toxins and pathogenic bacteria But when subjected to experiment upon animals it did not prove to be a procedure of value

Repair of the injured viscus or the removal of a gangrenous mass should be done when the patient will stand it. And as there is no yardstick with which to measure the stamina of an individual, the time and type of surgery is a matter of judgment. The patient may be lost or saved by immediate operation, the same is true for delay

The prevention and relief of distension in peritonitis is another cause for a variety of opinion and heated debate, therefore interesting The methods employed for emptying the stomach and intestine have seemed to spring from the hand rather than the head, in that the causes or what would seem to be, have received little consideration Distension is not due to the lack of evacuation of the rectum for three or four or even ten days For without irritation either within or without the gut and starvation of the musculature of the wall of the gut an individual does not distend when the bowels do not move. Ileus of this type has been termed properly, paralytic. The usual tone is disturbed, and the intestine dilates with the resulting distension of the abdomen With the exception of marked dilatation of the stomach, this distension is in general of more concern and distress to the surgeon than to the

patient Various experimental and clinical reasons have been given to account for the dilatation of the intestine Many of them seem logical upon an anatomical and a neurological basis However, when concerned with prevention and relief it seems permissible to account for the dilatation by the evident existing causes which are infection and inflammation of the peritoneal surface The fact that paralytic ileus may be caused in other ways should not detract from this contention And the fact that it occurs in general toxemias, cord and central nerve lesions should not deter one from believing that in this instance it is the result of starvation of the musculature of the intestinal wall, resulting in a partial or complete paralysis The gaseous content of the intestine is probably the result of an increase in the amount of air swallowed and a lack of ability on the part of the intestine to convert or absorb the usual products of bacterial putrefaction Dilatation of the stomach and proximal jejunum with lower intestinal content is thought to be the result of reverse peristalsis Clinically, the distension can be made to increase by adding to the irritation of the peritoneal surface that of handling and exposure to the air by irritating the mucous membrane surface with cathartics and enemata, and by further depletion of the vital sources of energy of the individual Likewise, distension may be avoided and relieved by attention to the above causes First, all operative procedures should be done with as little mauling and exposure of the intestine as possible Second, no cathartic and no medicated enema should be used Also pituritin and eserine are harmful in that they completely exhaust the tired gut muscle Partial relief and the expulsion of large amounts of gas from an intestine in this state is followed in the course of an hour by more marked distension Small doses of strychnine given during the course of the distension are of assistance as a tonic and do not produce spastic contraction Enemata of warm olive oil or saline solution are indicated when rectal examination reveals the presence of feces A small rectal tube inserted for two inches and left there will permit the escape of the gas upon reaching the rectum, also any fluid feces A caecostomy except in the presence of a mechanical obstruction does not relieve the distension The rectal tube left in place does as much

Daily colonic irrigations given with two tube method, using warm normal saline will keep the rectum and lower sigmoid free of feces and are of great assistance in getting rid of intestinal gases Also an undetermined amount of water is absorbed Previous to giving a colonic the patient should be given an injection of morphine to induce sleep if possible, while the colonic is being given

A duodenal tube inserted thru the nose and into the first portion of the duodenum will keep the stomach and duodenum from distending with feces and gas This procedure is far more effective than high jejunostomy, and is not attended by the other disagreeable features of jejunostomy operation, drainage onto and sloughing of abdominal wall and necessity for closure. Flushing the tube with warm saline solution every two hours keeps up the flow or the patient may be allowed to drink water of ordinary temperature which will flush the tube and also add greatly to the satisfaction of the patient

The restlessness and nervous irritability of the patient should be controlled completely by morphine In this way less air is swallowed and less energy consumed by meaningless movements

The foregoing matter pertaining to surgery, drainage and the control of ileus is important, but from experience it would seem that the outcome in an instance of general peritonitis depends more upon the type of the infecting organism and the maintenance of an adequate state of nutrition than upon the other factors involved The latter factor is agreed upon by all, therefore, it excites less comment and disagreement, and unfortunately less interest Too often it may be left to the judgment of the interne or even the nurse to direct the administration of food and fluid The resistance of the individual depends upon an acquired or inherited ability to deal with an invading infection One may acquire or inherit this ability to a varied degree, nevertheless this action, as all others, consumes energy Energy is dependent upon the organs of internal metabolism The organs of internal metabolism function when not diseased and when supplied with suitable raw products Therefore, the non-specific element in the action of resistance to infection is directly dependent upon the action of the organs of metabolism The source of the supply of energy producing products lies in that carbohydrate, fat, protein, minerals and fluid stored up within the tissue spaces of the body and in the daily intake of these substances thru the intestinal muscosa, and the oxygen in breathing The excretion of the end products and poisonous by-products is chiefly by way of the kidneys and lungs

Attention to this process as a whole reveals many interesting changes from the normal under the conditions existing in the presence of a general peritonitis In the presence of high temperature, severe toxemia and the destruction of tissue the metabolism is greatly increased And peculiar to this type of toxemia the source of supply lies in those products previously stored in the body spaces, as the usual port of entry is blocked The most important and readily used element, free carbohydrate, exists in relatively small amounts as glycogen Therefore, it becomes necessary to begin the administration of carbohydrate early and by other means Intravenous solutions of ten percent glucose are well tolerated,

and when free from protein cause no reaction Subcutaneous injections of three per cent solutions are readily absorbed, and are useful in those patients with failing heart muscle and edema of the lungs Its use by rectum is contraindicated in the presence of abdominal distension When only moderate distension exists twenty per cent solutions in six ounce amounts every four hours are useful except in very restless patients The rectal tube should be passed free before every fresh injection to prevent distension of the sigmoid and colon with fluid The Murphy drip method is not reliable in that fluid given in this way may cause great distension and distress without the attendant nurse knowing it By frequent retention enemata one is assured of only six ounces being present at any one time A minimum of two hundred fifty grams of carbohydrate per day for the adult should be administered when the patient has not been allowed to starve for several days If starvation has occurred the amount should be increased by increasing the intravenous solutions to twenty or even thirty per cent. The subcutaneous solutions should not be increased

Fat is stored within the tissue spaces in sufficient quantities, and no additional fat should be given Its complete use is dependent, however, upon the carbohydrate, and when sufficient carbohydrate is not available the incomplete products of fat metabolism become a menace, and the resulting acidosis so often seen in these patients is a warning and an indication for the need of carbohydrate

Protein administration by artificial means is impossible, its consumption or destruction to furnish carbohydrate is unfortunate. The vital structure of important organs of the individual is dependent upon protein and splitting of proteins to form carbohydrate necessarily weakens those organs A rise in the blood urea content in these patients is an indication for the administration of more carbohydrate

The vomiting or syphoning away of the gastric content is accompanied by a reduction in the blood chloride content Replacement of blood chlorides by the addition of sodium chloride to the solution of glucose is very important A low blood chloride is usually accompanied by an increase in the CO_2 combining power of the blood and maintaining the normal or replenishing the chlorides will usually prevent and relieve the state of alkalosis noted in these patients The intravenous glucose solution should be made up with normal saline, in this way twenty to thirty grams of chloride are given every day—when more is needed to keep the blood chloride content normal a two to four per cent saline solution can be given slowly Chlorides are absorbed readily by rectum, and when the rectum is tolerant sufficient can be administered with the retention enemata to maintain a normal blood content

Water is the vehicle for carbohydrate and chloride, but it is not a convenience It is of prime importance in both the metabolism and excretion of by-products Twenty-five hundred c c to three thousand c c per day is required, and one should begin with that much water as a basis

The organs of metabolism function when not diseased, and when furnished with suitable products This assumption involves a principle other than that of giving carbohydrate, it must be metabolized Frequent blood analysis with the blood sugar determination in patients with peritonitis who had taken no carbohydrate for several days has shown in the late stages of the toxemia a rise in the blood sugar, usually accompanied by a rise in urea While post-mortem examination has not shown the pancreas to be changed it is possible that sufficient change takes place to cause a loss of function without showing evidences of disintegration of the cells microscopically The custom of introducing iletin to the carbohydrate solutions has been adopted The blood sugar determinations taken before giving an intravenous determine the amounts of iletin This usually averages one-half that amount of iletin used for a given amount of carbohydrate that one would use in a diabetic Still considerable carbohydrate may be lost thru the urine unless that be looked for and prevented by the addition of more iletin

Chemical blood analysis is indispensable in these patients There is no other means of determining the status of the patient The temperature may go up, the pulse become imperceptible, and the wound not drain, but what can one do about it For the high temperature one can employ external cold, and force the temperature down thereby reducing the metabolism, and doing harm to the patient in that metabolism is the means of overcoming the infection One may stimulate a weakened heart muscle, but what does that do unless the heart itself is the seat of disease Everyone is familiar with the increase volume and force of the pulse after replenishing fluid and food to an impoverished circulation However, when the chemical blood analysis shows a lowering or an increase in the CO_2 combining power, one can do something definite and expect a definite response The same is true for changes in blood chlorides and blood sugar Therein lies its appeal to those who make use of it. In it we have something tangible, reasonable and fairly accurate

EDITORIAL

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For list of officers of County Medical Societies, see October first issue, advertising page XXVIII

WINTER ACTIVITIES

The development of literature on the practice of medicine by medical societies is progressing steadily and surely While the last issue of this Journal contained only two pages on Medical Society Practice, its meagerness was due to lack of time to write up the reports rather than to a dearth of practice, but the issue of October first contained nine pages, and this issue has seven pages of society activities

The medical societies of the counties, the districts and the state are more active than ever, and their records are developing into an extensive literature which will receive the recognition it deserves

INSURANCE AGAINST MALPRACTICE SUITS

Insurance against malpractice suits is under the same governmental supervision as are other forms of insurance Many physicians do not seem to know that before an insurance company can legally do business in New York State, it must conform to certain procedures But if a company does not conform to those procedures, anyone who insures in it cannot sue the company in New York State A bootleg company, therefore, seems to have certain advantages in New York State, while a physician insuring in such a company may have great difficulty in collecting his insurance These points were developed in an editorial by Mr Stryker in the Legal Department of this Journal of August 15, 1928, page 1004

New York is not the only State in which bootleg insurance is issued Michigan is confronted with the same problem The *Journal of the Michigan State Medical Society* of October, 1929, page 726, contains a warning from R M Wade, Second Deputy Commissioner of the Department of Insurance of the State of Michigan, in answer to an inquiry regarding a flattering offer made to Michigan physicians by an insurance company of Chicago Mr Wade wrote

"It is ridiculous for the company to offer such a charming amount for services which amount is to be predicated upon 5 per cent of the premiums collected in the congressional district where the doctor is located As a matter of fact, there will be no premiums from a congressional district in Michigan, as the company will not be authorized to transact its business within this state It might, however, be able to induce some residents of this state to insure with it through the mails However, if such is done and a doctor was appointed to the staff, the doctor would be representing a company not regularly authorized and the doctor would thereby place himself in the position of representing an unauthorized insurance company, which would be contrary to the existing statutes

"I most heartily recommend that you refuse to fall for their flattering offers, and I know, Doctor, that you will recommend to your associates in Detroit, to stay clear of this company's scheme In order that the department might apprise professional men of the state, we have given the press an article in regard to this matter It might be well for you to have your medical society warn its members against entering into this plan"

The same condition confronts the physicians of New York State The special committee of the Medical Society of the State of New York investigated the whole subject of insurance against malpractice suits, and recommended a plan of group insurance offered by the Ætna Life Insurance Company which is set forth in detail in this Journal of October 15 1928 page 1244

Physicians are urged to take indemnity insurance under the group plan offered by the Ætna Life Insurance Company through the Medical Society of the State of New York, and thereby avoid the uncertainty and dangers of insurance with bootleg companies

BALANCED PROGRAM OF A COUNTY SOCIETY

The County Medical Society is designed to help the physician to give medical service to the people, but there has been a development and broad evolution of what constitutes modern medical service which the physician is expected to give, and to whom he should give it A generation ago it was satisfactory that a doctor confined his activities to ministering to the sick and disabled who sought his services While the doctor recognized the existence of sickness in those who could not come to him or apply for his advice, yet he did not see how he could improve the sick person's social or financial condition so that he could act on the medical advice But now both the science and the art of practice of preventive medicine has been developed by both the medical profession and the people to such an extent that physicans are ready to give the advice and the people have provided the means to carry it out through departments of health, lay health organizations and industrial companies

The application of the principles of preventive medicine has been dependent on the development of the science and art of sociology There is now a science of the practice of preventive medicine by organizations of doctors, upon groups of people The Medical Profession consists of County Medical Societies, and the people are represented by organizations both official and lay A balanced program of a meeting of a County Medical Society will contain a section on the practice of medicine by the Society Note the reports of the meetings of the County Societies in this and other State Journals Their programs need strengthening and broadening along such civic lines of anti-tuberculosis work, the immunization of children against diphtheria, and the public health education of the people These and similar lines of activity should be included in the program of every County Society meeting

PRACTICAL MEDICAL WRITING

The effectiveness of medical writing depends on two factors

1 The occasion or opportunity which establishes a reason for the article

2 The form or style of the writing

This Journal has frequently quoted from a mimeographed "Health Officer's Bulletin for the District consisting of Sullivan, Ulster, Orange, and Rockland Counties"

This Bulletin is composed and issued by Dr F W Laidlaw, District State Health Officer, who is personally responsible for its contents His point of view is that of a rural physician who specializes in public health work His articles in the Bulletin are based on actual experiences, and he writes in the way and manner of a personal conversation His description of the relation of physicians to typhoid carriers, which is printed on page 1318 is an illustration of the ideals and standards set forth by the Committee on Public Relations of the Medical Society of the State of New York, and expressed by Dr George E Vincent in his address before the annual meeting of the State Society in 1925 on the subject 'Every Doctor a Health Officer"

LOOKING BACKWARD

This Journal Twenty-five Years Ago

The Journal Twenty-five years ago the New York State Medical Association had about 1800 members The total expense of publishing the Journal for the year was $2,795 73, and the receipts were $1,828 05 Concerning the Journal the President, Dr W H Thornton, said

"The point I wish most to emphasize is that it is of vital importance for a society to reach, to insist, to hold every man in its jurisdiction who is now or may become not merely an additional name on the membership list, but an active worker, one who feels he is part of a powerful association and by his membership and by his individual interest and work is himself contributing to the success of the organization You all know the importance of this, I wish to bring it to your minds and have you work upon it

"As an organization how can we help this along?

"A Journal helps this, frequent meetings of the County Societies help this, the addition of a social feature to our scientific meetings helps this, a large membership helps this, giving more power to the organization, more resources for its work A live, growing society is vastly more attractive than a weak, dying one

"A directory helps this, an accurate list of every man in the State, giving his name, his residence, his office hours, the date and place of his graduation, members and officers of all medical societies, is of much value and interest.

"Defense of members against malpractice suits helps

"Our Journal, for instance, is a powerful factor in our present success It is vastly superior to an annual volume of transactions"

President Thornton was also a man of vision, for he made the following suggestion which has not yet been put into effect generally

"Many of you are teachers in medical colleges It is incumbent upon you to instruct your students in regard to the proper relations of physicians to one another and the importance of becoming active workers in medical societies"

MEDICAL PROGRESS

A New Conception of Vaccinotherapy—M Solente states that the value of this resource is incontestable. There are, however, various drawbacks to the method—it is not always harmless but may entail severe reactions and the results are not constant nor are the technique and dosage standardized Finally, commercialism has been too rampant. The time is ripe for a new orientation and the author thinks there are none better able to effect this than MM Teissier, Reilly, and Rivalier, who have recently written several memoirs on the subject. The problem was at first beyond all theorizing, for who could explain why the introduction of more toxic material of specific nature could favorably influence an organism already contaminated with the same? Then Wright came forward with his opsonic index and for a time the mystery seemed to have been solved, but later experience showed that this explanation falls short. The doctrine of immunization cannot be invoked to explain cures, for some vaccines have cured without causing immunity Teissier and colleagues illuminated the subject by their study of chancroid Here antecedent immunization did not prevent infection with cultures of Ducrey's bacillus Survey of different forms of vaccine cures seems to show that no single mechanism can be invoked At least three have been isolated by Teissier and colleagues 1 Infections of the cerebrospinal meningitis type Here hardly any sensibilization develops and we cannot speak of any antigenic power of the vaccine Active doses provoke a shock-like reaction or at least shock would develop in a normal subject 2 Quite opposed to the preceding is the type in which sensibilization is present in excess—seen in undulant fever and chancroid Vaccine here causes a pyretogenic reaction. 3 A type between the two preceding, of which staphylococcemia is an example In mild cases there is no sensibilization, but in severe ones the latter is present In the mild type we have only simple protein therapy and in the severe with focal reactions we may disseminate the infection by overdoses—*Le Bulletin Médical*, July 27 1929

Variability of Bacteria—A Grumbach says the old disbelief in the plurality of specific bacteria has swung too far in the opposite direction This is seen particularly in the case of the pathogenic streptococci, of the paratyphus B, and congeners, etc. At the present time some bacteriologists are asserting that several of the other organisms which cause infection from tainted meat are only minus variants of the classical paratyphus B, with mutation involved at times By reason of the differences of opinion among the best authorities the author has submitted to special research paratyphoid A and B, the Breslau *B enteriditis*, the Gärtner bacillus, and *B suipestifer* The strains were obtained from clinical typhoid and paratyphoid with a few from meat, cheese, etc All possible tests were made—cultural methods, serological, etc. Some of the technique was borrowed from the methods of differentiation of pneumococci and streptococci in common use In a clinical study of a case of typhoid or paratyphoid fever, both bacteriology and the clinical course pointed to a type of mixed typhoid-paratyphoid infection with very doubtful participation of the two forms of *B enteriditis*, evidently disregarded by the author, who also regards the *Bacillus suipestifer* as wholly distinct from the others The clinical picture set up by the latter and by the two forms of *B enteriditis* infection has always in his experience set in with acute vomiting and diarrhea In rare exceptions paratyphoid fever may begin thus, too, but he has never seen true typhoid begin with the symptoms of acute meat poisoning He is therefore a pluralist as regards these intestinal pathogens and the study of streptococci has made him a pluralist also here as well He believes that pneumococci may be differentiated from the closely related enterococci and that certain differences in behavior among nearly related organisms are not sufficient to do away with their autonomy The separation must extend through a number of differential tests and not be limited to a single one, like hemolysis for example—*Schweizerische medizinische Wochenschrift*, July 20, 1929

Purification and Sterilization of Confined Air—According to R. Cambier, city people for three-fourths of their lives are compelled to breathe an interior atmosphere which is in various ways insalubrious Disregarding the accidental admixture of acutely toxic gases and troubles due to lack of oxygen and excess of carbon dioxide, there are certain volatile bodies in very minute quantities in the air which are able to cause malaise in those who breathe it Through their strongly reducing action they are able to destroy the ozone always present in pure air These substances which comprise both protein and non-protein recall the "miasms" of the ancients, and are said by Trillat to favor the proliferation of microorganisms The author intimates that these noxious substances are derived (in part at least) from animal bodies To com-

bat their presence all volatile substances must be eliminated from the air of the room and all germ life hindered, while the ozone which has been lost to the air must be restored Ventilation, both natural and forced, which has been our sole recourse in the past, is far from securing the desired end, and in any case is not properly carried out, for draughts result which are objectionable to many people Since according to Trillat these substances may be thrown out of the air by precipitating the aqueous vapor the first great step should be directed against the latter In hot, close rooms cold metal surfaces condense this vapor and to this resource may be added the absorbent power of charcoal and the use of ultraviolet rays. The author describes, but does not illustrate, a charcoal filter devised by himself to be used in connection with ordinary ventilation measures Air which has passed this filter is now further purified by an ultraviolet lamp which is intended to antagonize any residual germ life Room air thus treated will be found to contain the necessary trace of ozone Nothing is said of exhausting the air, but the plenum ventilation caused by the steady ingress into the room of the purified air probably makes this unnecessary —*Bulletin de l'Académie de Médecine,* July 2, 1929

Results of the Operative Treatment of Ascites—F P Weber and G B Bode of the German Hospital, London, refer to the hopelessness of medical treatment and repeated puncture, quickly arriving at the original operation of anastomosis, based on the suggestion of Talma, and its various modifications of which the best to date appears to be the implantation of the omentum in the posterior sheath of the rectus muscle (Mayo) At the present time one of the main lessons learned has been that an immediate result is not attainable and that puncture must go ahead until the collateral circulation has been fully established This may require some months, but it will be noted that the intervals between punctures grow progressively longer and the amounts of fluid which come away smaller Another important factor is the proper selection of cases for intervention A series of six cases is reported briefly in which the results of the omentopexy were excellent In all the patients there was hypertrophic cirrhosis Puncture finally became unnecessary, for although some ascites continued to appear the new collateral circulation carried it away spontaneously In a series of four cases, in which for some reason or other the Talma-Mayo operation could not be carried out, the patients recovered spontaneously after numerous punctures although the authors do not impute this result to the act of puncture itself In selection of material old and cachetic individuals are excluded and apparently atrophic cirrhosis is not favorable for the operation But so mild and safe is the intervention that one should not be too particular in excluding patients from the chance of profiting The cirrhoses of known cause seem better indicated than others, as the alcoholic and syphilitic, for here we have a chance to add some medical measures to surgery The authors do not attempt to explain the occasional spontaneous recoveries following puncture and certain intraperitoneal operations, and no evidence is presented which could indicate the unintentional formation of a collateral circulation—*Deutsche medizinische Wochenschrift,* July 19, 1929

Postanginous Sepsis—K. Kissling writes exhaustively on this affection, which is to many something new or at least something which is far more common than formerly, although Strümpell's Textbook of Medicine speaks of it as not uncommon Since 1925 much literature has appeared on this condition, largely on the propriety of ligating the veins in the attempt to ward off death Practically all of the recent literature is in German and there is no mention of the streptococcus sore throat occasionally seen in epidemic incidence in the United States, which also has a high mortality In the German affection there is no epidemic incidence but the author has notes of 32 cases treated in the Mannheim Hospital during the past 10 years Figures show that the disease is on the increase for no less than 12 cases were seen in 1928 while up to 1925 it was so rare as to be almost non-existent. Bacteriological finds are very little standardized, divided chiefly between the *Streptococcus putrificus* of Schottmüller and various other anaerobic organisms in the blood It is a notable error to attribute the septicopyemia to thrombophlebitis alone for this condition may be quite absent, and in one group of cases was only doubtfully present When this element can be excluded one is forced to think of propagation along the lymphatics It is suggested that the latter type is associated with a *Streptococcus hemolyticus* infection while the thrombophlebitic type is associated with anaerobic infection, this latter comprising the *Streptococcus putrificus,* but the question may not prove so simple as that In any case thrombophlebitis must predominate, for it was found in 19 cases, either at operation or at autopsy, while in 11 more there was a strong presumption of its presence Of 4 remaining but 2 were safely set down to lymphatic propagation, although in the material of others the distribution may have been different With so large a proportion of phlebitic cases is suggested the propriety of ligation of the external jugular at once without delay for microscopic study —*Münchener medizinische Wochenschrift,* July 12, 1929

Peculiar Infection from a Dog Bite—R Grilichess reports this case from the Hygienic

Institute of Zürich A boy of 8 was savagely bitten with but mild provocation by his pet dog which had to be beaten off Face, occipital region, neck, shoulders, and breast were badly lacerated The animal proved negative for rabies and the boy was merely immunized against tetanus In addition to the superficial wounds the middle ear became in some way secondarily infected and a foul discharge escaped from the meatus in association with mastoiditis which required a radical intervention The boy had no further symptoms and attention was now directed to the discharge which gave off a fetid and even feculent odor Along with other pathogenic flora the author isolated a fine gram-positive bacillus which was cultured and used in animal experiment. Its nature was unknown, but it recalled two pathogenic germs described in connection with canine pathology and also the ordinary Pfeiffer influenza organism Studied for over a year it underwent no real changes although it appeared in more than one form—in fact it was the polymorphous quality which suggested the resemblance to a number of other well known organisms Injected into guinea pigs it proved highly pathogenic, the lesions depending on the form of injection The position of the organism is as yet undetermined although certain forms can be excluded, such as the pasteurellæ and bacteria which cause hemorrhagic septicemia The closest resemblances are to the bacilli of canine septicemia, the hemoglobinophile bacillus of the dog, and, in one form, to the *Bacillus influenzæ* which is said to cause one type of canine pneumonia The hemolytic streptococcus which had been present in the original wounds was not found in the pus from the ear and was eliminated from consideration, while the unknown organism was present in the latter, apparently in pure culture—*Schweizerische medizinische Wochenschrift,* July 13, 1929

Muscular Hernia of the Leg—Hugo Ihde has collected twelve cases of muscular hernia of the anterior aspect of the leg He finds that little attention has been paid to this condition in the literature It occurs usually, as might be expected, in soldiers, railway men foresters and athletes There are two forms of muscular hernia traumatic and constitutional or distention hernia The latter is generally found in individuals with mesodermal weakness Of the author's cases four were traumatic and eight were constitutional Distention hernia gives rise to more subjective complaints because of the nervous tendency of the patients, the successive or intermittent increases in size, or because of secondary hernias in the aponeurosis close to the primary lesion Distention gaps in the fascia of the leg are not infrequent They bear a relation to muscular hernia comparable with that of wide inguinal canals to the inguinal hernia The diagnosis of muscular hernia is easy when bearing in mind that the condition is likely to occur in certain regions in the middle third of the leg, namely, the crest of the tibia, the muscular septum on the lateral side of the tibialis anticus, the intermuscular septum between the tibialis anticus and extensor digitorum communis, and a vertical line on the summit of the muscle belly on the anterior aspect of the leg In traumatic hernias the tumor disappears on contraction, but reappears on relaxation The diagnosis is important because of the possible sociomedical and medicolegal consequences involved Muscular hernia of the leg rarely requires operation Operation was performed on three of the author's twelve patients These were cases of constitutional hernia with very protracted symptoms The indications for operation are more absolute in traumatic hernia than in the constitutional type As a radical treatment Ihde recommends myelectomy with suture in stages of muscle, fascia, and skin Simple suture of the fascia is rarely sufficiently strong to prevent recurrences in or close to the seat of the hernia—*Acta Chirurgica Scandinavica, July* 23, 1929, lxv, 2-3

Tetanus Prophylaxis and Treatment.—R. Campbell discusses at great length the subject of tetanus prophylaxis in a Swiss Canton His conclusions are in part as follows Tetanus prophylaxis is a reality and one of the accomplishments of modern medicine An injection of 20 units of antitoxin should always be given as soon as possible Subcutaneous injections give as good reults as any and are safer If there is any reason to fear anaphylaxis the dose may be broken up, the first fraction to be injected into a vein, or two injections should be made, the first from the usual horse serum and the second from bovine or sheep serum There are no contraindications if these precautions are used and while some unpleasant collateral symptoms may develop, they are not to be feared Naturally the tetanus wound must receive the best care Tincture of iodine must be well applied and followed by iodoform and the wound must in certain cases be laid open and the Carrel-Dakin solution applied as in military wounds In the author's Canton the soil, while not heavily tetanogenic, shows considerable differences in different localities, but while this affects the prognosis materially, prophylaxis should never be omitted

O Bayard discusses the treatment of tetanus and finds the serum little use, for the central nervous system cannot take up antitoxin Oxygen and heat work against the toxin and it is well to place patients in oxygen

over-pressure cabinets, while the high temperature occurring in the disease should also be of value The author suggests the use of malarial blood in this connection However, he is quite silent on the subject of death by complications and on the fact that death repeatedly occurs after symptoms of tetanus have subsided He cites cases in which intercurrent pneumonia has apparently cured tetanus, but does not mention the frequency of pneumonia deaths in lockjaw patients—*Schweizerische medizinische Wochenschrift,* August 10, 1929

Digitalis Tolerance of Patients Suffering from Renal Insufficiency—The clinical impression has been prevalent that patients suffering from renal insufficiency do not tolerate digitalis well In order to test this belief Harold Feil and Leonard Steuer made observations on ten patients diagnosed as having chronic glomerular nephritis with varying degrees of renal insufficiency All of the patients were in hospital, and none had received digitalis previously while in the hospital The drug was administered in the form of the U S P tincture of known potency in doses comparable to those used in clinical practice, namely, 1 3 c c three times daily The drug was continued until electrocardiographic evidence of digitalization occurred or until clinical symptoms of intoxication were noted From 6 6 c c. to 12 c c were given before the T-wave altered In one instance 28 c c were given before change in the T-wave occurred The total amount of digitalis taken varied from 14 6 to 64 c c The tabulated data show that these ten patients with impaired renal function, from moderate to considerable degree, tolerated digitalis well The amounts of the drug necessary to alter the T-wave in the electrocardiogram were no less than cardiac patients usually require This observation was confirmed by clinical evidence as well—*American Heart Journal,* August, 1929, iv 6

Postvaccinal Encephalitis—This subject is discussed from the clinical side by H G Huber and from the experimental angle by E Gildemeister The former reports three new cases in children under 3 years of age, all first vaccinations All recovered although left with paralyses which show a tendency to recover In but one of the three did the spinal fluid contain vaccine Of the three cases two were certainly examples of post-vaccinal encephalitis while the third was open to some doubt In the first case symptoms of encephalitis set in as early as the 5th day while the spinal fluid was shown to contain vaccine virus In the second case the incubation period was 8 days and the patient was left with a total flaccid paralysis of the right arm The third patient did not develop symptoms referred to the central nervous system until the 24th day, which appears to be much too long an incubation period for post-vaccinal encephalitis, the maximum being apparently 15 days There were an angina and rhinitis previous to the nervous manifestations and the latter suggested a meningeal complication rather than an encephalitis proper Still the child was left with a right facial paresis which developed as usual on the vaccinated side of the body Professor Gildemeister, who took care of the laboratory aspect of Huber's cases together with a fourth from the practice of another colleague, obtained but one positive outcome from a serological test of the liquor, though two rabbits were inoculated on the cornea with positive results This sequence did not develop in the other three cases, but its absence may have been due to the interval, for while in the positive case the liquor was obtained on the 7th day after vaccination, in the other three the interval was from 20 to 24 days—*Deutsche medizinische Wochenschrift,* August 16, 1929

Prevention of Cancer—Prophylaxis, according to Professor O Teutschlander, is applied etiology It is usually assumed that it can be applied only to exogenous cancers in which evidences of a precancerous condition or chronic irritation are apparent and that this type of cancer is much more infrequent than the internal or endogenous type, but this the author denies, for cancer of the stomach, cervix, etc may be regarded as exogenous and he would reverse the common opinion by making the majority of cancers secondary to irritative factors The first step in prophylaxis is obvious—removal of such irritating noxae as are apparent to us, or if this be impossible rendering them innocuous Under this head come all occupational cancers, and organized prophylaxis of industrial diseases should, of course, take care of this group The second step in prophylaxis is the extirpation of all precancerous lesions, whether or not due to the chronic application of an irritant In many cases surgical removal is indicated on general principles and without any bearing on cancer Many of these affections are of congenital origin and belong under malformations, while others, like leucoplakia, are acquired as a result of sustained irritation The author does not believe that an undue susceptibility to cancer can be antagonized by diet, hygiene, or drugs, and our only hope from general prophylaxis lies in eugenics, for men and women with a history of cancer in the ascendants and collaterals should not intermarry—*Klinische Wochenschrift,* September 17, 1929

LEGAL

By LLOYD PAUL STRYKER, ESQ
Counsel Medical Society of the State of New York

THE DOCTOR'S DILEMMA

The perversity of human nature is well known to the medical profession In their professional relations with their patients, all too frequently they are met with lack of co-operation and sometimes a stubborn and wilful defiance of the reasonable orders which they have given for the patient's welfare Many times the failure on the part of the patient to follow the orders of the physician is followed by an aggravation of the illness and in some instances by death

Your counsel has handled many cases in which the patient, though living in squalid quarters, has stubbornly refused to go to a hospital We have seen numerous instances of patients in fracture cases refusing to have an X-ray taken Then, too, the patient's insistent refusal against operative interference has very often resulted fatally to the patient Perplexing indeed is the situation of a doctor who has on his hands a refractory patient who refuses to follow his reasonable orders

A striking illustration of the injustice which sometimes falls to such a doctor's lot, is found in an account of a case in England reported recently in one of the public prints in the City of New York Not all of the medical details are found in the report, but from the facts stated it seems that a woman became ill after eating ice cream and plums A doctor was called and he diagnosed her case as a possible appendicitis He had the patient under observation for a few days, when he decided that an operation was necessary He communicated this fact to the patient and stated that she should go at once to a hospital The woman refused to follow the doctor's advice, but the next day became so seriously ill that she was removed to a hospital and operated on by another physician, but died shortly after the operation The operating surgeon diagnosed her condition on admission as acute appendicitis and ventured the opinion that she might have been saved if an operation had been performed earlier A coroner's investigation was held, the coroner reporting that death came from natural causes The coroner, however, was not satisfied with merely performing the functions of his office, but added this gratuitous statement

"Mrs X said that she did not want to go to a hospital If the doctor had made up his mind to send her to the hospital it was not a question for the patient to decide, but one for the doctor, and the doctor should insist

"It is his duty to throw up the case altogether if his instructions are not carried out Unfortunately he did not insist I am satisfied that there was an error of judgment on the part of the doctor However, one cannot blame him for not diagnosing the appendicitis, because it was in an unusual position It was an honest mistake"

The person reporting the case in the newspaper is evidently, as any reasonable person would be, wholly in sympathy with the doctor and he protests very vigorously against the coroner s statement The newspaper account reads in part

"If a physician is convinced that a patient should be sent at once to a hospital as an emergency case and the patient refuses to go what should the physician do?

"It the patient dies everybody blames the physician It the patient gets well at home the physician is discredited and the patient brags for the rest of his or her life about how he or she defied and, in a sense, defeated the physician The physician seems to get it going or coming in such instances, and they occur in the history of every general practitioner as well as in the career of many specialists * * *

'Upon reading that dictum (the coroner s statement above referred to) a physician might well ask how he would fare if he did throw up the case after he advised removal to a hospital for an operation If the patient got well the physician would be even more discredited than if he had not taken that action but had continued to attend the patient It the patient died her or his family and friends would blame the doctor for not ignoring the patient's wishes and conducting the removal willy nilly"

The injustice done the physician in this case by the statement of one of his colleagues is apparent It is refreshing to find so vigorous a resentment against the coroner's action as that expressed in this article

CLAIMED FAILURE TO DISCOVER FRACTURE

The doctor was called to the home of a woman about thirty years of age He found her sitting in a chair, she stated that she had hurt her knee An examination disclosed a large swelling on the left knee, but there was no evidence of fracture The doctor, however, advised an x-ray picture, but the woman refused The doctor prescribed lead and opium dressings, ice bags and instructed her to rest the knee Two days later the defendant again saw the patient, when he strapped the knee and immobilized it He called again a few days thereafter and observed the strapping On this visit the woman told him not to come again, that she would come to his office if she needed him She did not come, but about two weeks thereafter she asked the doctor if he could have his car go for her, so that she could come to his office, to which request the doctor acceded An examination at that time disclosed that the swelling had gone down and the knee was re-strapped The doctor saw her twice in the next week On one occasion he re-strapped the knee and found the condition much improved

About a month thereafter the patient returned to the doctor's office with a noticeable limp, and stated that she fell and hurt her knee again The doctor examined the knee and found that there was a fracture of the patella He put a bandage on the knee and ordered her to go and have an x-ray taken This was done and the x-ray report showed a fracture of the patella with a three-quarter separation After the defendant had received this report he told the woman that she would have to be operated on and she stated that she did not have any money and could not go to anything but a public hospital The doctor said he would arrange for her to go to a hospital where she could be treated free He made arrangements and advised the patient accordingly He never saw or heard from her after that

Subsequently the patient sued, claiming that the defendant in his treatment failed to discover the fracture and improperly and negligently treated her so that she lost the use of the leg and was rendered a cripple

When the case appeared on the calendar, it was marked off and the plaintiff taking no steps in the matter, the complaint was subsequently dismissed and the action terminated in the doctor's favor

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CLAIMED NEGLIGENCE IN BREAKING OF NEEDLE

In this case the doctor was charged with negligence in the breaking of a needle while treating the plaintiff for a cataract in the left eye The complaint also charged that the defendant was further negligent in using improper injections for the malady from which the plaintiff was suffering, and that the defendant neglected to remove the cataract, but merely prolonged the cure by improper treatment, as a result of which the plaintiff was compelled to undergo an operation Damages were prayed for in the sum of $25,000

Plaintiff was a man about 58 years of age Upon examination on his first visit to the doctor's office, he was found to be suffering from retina chorioiditis of the left eye The doctor asked him whether he had ever had syphilis and he replied that he had and some years before he had had an ulcer The doctor also found on examination an epitrochlea lesion in both the plaintiff's arms The doctor advised injections of strychnine in the temples, mercury bichloride in the gluteal region and sodium cacodylate in the gluteal region and also sodium iodide by mouth The patient consented to these injections Before any of them were given the doctor instructed the patient that he must remain quiet while they were being given, as to do otherwise might result in breaking the needle

On each of the occasions when the injections were given the doctor first injected strychnine in the temple and then the injections in the gluteal region, one day of mercury and the next day of sodium cacodylate Injections were given daily for about two months, when on one occasion, just as the doctor was to give an injection in the gluteal region, the plaintiff jumped and the needle broke off, about a half inch remaining in the muscle The doctor probed for the needle, but could not find it He had an x-ray picture taken, but the picture did not disclose the needle The doctor then took the patient immediately to the hospital, where another picture was taken by the physician in charge of the radiographic department This picture showed the presence of the needle and it was promptly removed The doctor continued to see the patient and dressed the wound necessitated by the removal of the needle for about eight days, when it healed up The doctor treated the patient

thereafter for about a month, but his condition was not improving The defendant noticed that a cataract had developed and he told the plaintiff that this was a complication of the retina chorioiditis and that he might possibly be relieved by operation, but the patient refused to be operated on and the doctor never saw him again

The case came to trial and at the close of the plaintiff's case, there being no evidence of negligence produced by the plaintiff, the court, on its own motion, dismissed the complaint

CLAIMED FAILURE TO REMOVE FOREIGN PARTICLES

The complaint charged that the plaintiff a woman, sustained injuries as a result of an explosion of an iron stove, and employed the defendant to treat her injuries, but that he negligently failed to remove any of the foreign particles lodged in her body, as a result of which she was compelled to undergo several operations She also contended that as a result of the defendant's negligence she has lost the entire use of one leg and was rendered permanently disabled Damages were asked for in the sum of $35,000

The defendant received a telephone call one evening to come immediately to this woman's home, the person calling informing the doctor that she had sustained severe burns as a result of an explosion of a sheet iron heating stove Stopping only to get together the necessary supplies and instruments the doctor went immediately to her home On examination he found that pieces of the sheet iron had peppered the legs and thighs of the woman The pieces were very small, the wounds being more like the wounds of a shot gun, except one large wound on the left shin The woman's home was very dirty and the doctor advised that she go to a hospital, which she refused to do The doctor, after sterlizing his instruments, applied a local application of merurochrome to the injured parts and removed all the foreign particles that could possibly be removed at this time and then dressed the wounds The woman also told the doctor that she had had trouble with her legs prior to this accident, that she had varicose veins, and generally that she had had trouble with her blood The doctor made a blood test which was returned negative

The doctor dressed the wounds at intervals of two days for about a month, the treatment consisting of removing foreign particles as they worked their way to the surface, and dressing the wounds in the same way as he did on the first visit There was a blood clot under the skin over the left shin bone which was troublesome, but under special bandaging it finally absorbed The patient told the doctor that she never wore elastic stockings for the swelling of her legs and he gave her an elastic bandage which he showed her how to apply After he had removed all the foreign particles and the wounds were healed, the doctor discharged her At no time did she make any complaint of the treatment and the doctor never saw her again

Shortly after the doctor's answer had been filed, the plaintiff's attorney, evidently realizing the lack of merit of his case consented to a voluntary discontinuance of the action, and an order to that effect was entered, thus terminating the matter in the doctor's favor

NEWS NOTES

SEVENTH DISTRICT BRANCH

The meeting of the Seventh District Branch of the Medical Society of the State of New York, which was held in the Sanatorium at Clifton Springs on Thursday, September 26, 1929, was notable for two features, (1) An attendance of over 200,—the largest of any District Branch, and (2) the practical nature of the scientific program

A morning and an afternoon session were devoted to scientific papers, while a luncheon meeting was filled with addresses by officers of the State Society

The first scientific paper was given by Dr Louis Hamman, of Johns Hopkins Hospital, Baltimore, Md, on the subject "Coronary Occlusion" Dr Hamman reviewed our knowledge of adult heart diseases and the relations of coronary occlusion to angina pectoris, fibrillation, acute dilation, and sudden death, and showed the increasing amount of cardiac knowledge that has been attained by the use of the electrocardiograph and similar instruments of precison, and by their correlation with scientific observations in the autopsy, and the laboratory, but this knowledge is largely concerned with the end results of pathological processes, yet its practical correlation with clinical observations in the early stages of heart disease may be expected in future years

The subject of "Spinal Anesthesia" was presented by Dr Frank A Kelly, of Detroit, Mich Dr Kelly illustrated his lecture with lantern slides based on an experience with one thousand cases of spinal anesthesia The doctor gave high praise to this form of anesthesia, both as to its efficiency and its safety He compared its results favorably with those obtained by tne use of ether

The subject of "The Medical Question in Compensation Administration" was to have been presented by the Commissioner of Labor, Frances Perkins, but it was given by Lawyer Zimmer of the Department Mr Zimmer reviewed the actions of many physicians whose attitude toward the department was one of criticism He particularly mentioned the frequency of charging double rates for medical service with the expectation that the doctor's bill will be cut in any event The lawyer said that there would be little occasion for dissatisfaction if doctors would follow the procedures which are necessary, and would make out their reports promptly and completely

"The present status of the treatment of arthritis at the Mayo Clinic" was presented by Dr Leonard G Rowntree, of Rochester, Minn The doctor went deeply into the pathology of the condition, but said that heat offered the most practical means of relief He also said that the direct relation of barometric pressure to arthritis had been demonstrated in the Mayo Clinic

"The surgery of tubercular lung abscess" was presented by Dr Edward W Archibald of Montreal, Canada

The attitude of the Medical Society of the State of New York toward the newer medical questions was presented by some of the officers Dr J N Vander Veer, President, spoke of the economics of the practice of medicine and the assurance that doctors can receive fees commensurate with the standards of their medical practice. Doctors who practice up-to-date scientific medicine have no difficulty in obtaining adequate fees for their services

Dr Vander Veer urged physicians to adopt the practice of making physical examinations as advocated by the State Society This procedure is now being promoted by lay organizations, but doctors have the opportunity to practice it in their private offices This practice of periodical examinations by doctors would settle many of the points of difficulty which now exist between the medical men and the voluntary lay health organizations

Dr Vander Veer especially emphasized the immense amount of investigation and promotion now being done by the officers and committeemen of the State Society He said that the record of the work is found in the State Journal, and that the record of the activities were as important as those of individual doctors practicing medicine He therefore urged doctors to read the Journal, especially its news notes and the editorial department where the record of the work and plans of the medical societies are printed

Dr John A Card, speaker of the house of delegates, called the attention of the doctors to the special value of the indemnity insurance plan which is offered by the Medical Society of the State of New York.

Dr W H Ross, President-elect, called attention to some of the newer phases of the activities of the Medical Society of the State of New York, especially the relation of the medical profession to other health organizations

SIXTH DISTRICT BRANCH

The Sixth District Branch of the Medical Society of the State of New York held its twenty-third annual meeting in Cortland, N Y on September 27, 1929, with 126 members present Morning and afternoon sessions were devoted to scientific medicine, and the State Society officers addressed the doctors in after-dinner talks, following a luncheon at the Country Club The first number on the program was a paper on "Mesenteric Vascular Occlusion" by Dr Ross G Loop, M D of Elmira The paper brought out the fact that thrombosis of a mesenteric artery was a common cause of intestinal paralysis following abdominal operations

"Kidney Anomalies" was discussed by Dr John E Wattenberg of Cortland

The "President's Address" was given by Dr La Rue Colgrove on the subject of sanitation in Palestine, illustrated with lantern slides taken by Dr Colgrove during his recent trip through the Holy Land

The subject of "Biliary Tract Infection" was discussed by Dr John B Deaver of Philadelphia

Dr Lawrason Brown of Saranac Lake spoke on the "Early Diagnosis of Pulmonary Tuberculosis for the General Practitioner"

The addresses after the noon luncheon were on the plans and ideals of the Medical Society of the State of New York Dr Vander Veer, President, spoke on the economic side of the practice of the newer forms of medicine, especially preventive medicine, and the periodic health examination Dr Vander Veer called the attention of the doctors to the economic loss to themselves from their failure to practice these forms of medicine While the amount of sickness in general was diminished, the amount of practice lost to the doctors is more than made up by the opportunities for the newer practice of preventive medicine The doctor is compelled to consider the economics of his medical practice, and if he gives the newer forms of medical service to all classes of people, he will profit financially by his practice (See pages 1359 and 1362)

Dr Vander Veer from the wealth of detail of his knowledge of medical conditions in New York State spoke of the inroads which voluntary health associations have made on the private practice of medicine He said that there was something like five hundred voluntary organizations concerned in health in New York City These organizations are creating a field for the practice of preventive medicine by physicians, just as legitimate and necessary as the practice of curative medicine by the performance of surgical operations, and if doctors neglect these fields, they are neglecting plain opportunities for practicing medicine

Dr Vander Veer suggested that county medical societies are almost compelled to consider the subject of the medical examination of school children, the attitude of the health officers, the medical service to the poor, and similar questions regarding the practice of medicine by physicians as a group in distinction from their activities as individual doctors

Dr W H Ross, President-elect, spoke on the relations of the county medical society toward those organizations which have to do with health, especially the Boards of Health and the State Charities Aid Association These relations are being worked out by the Public Relations Committee of the State Society

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EIGHTH DISTRICT BRANCH

The twenty-fourth annual meeting of the Eighth District Branch of the Medical Society of the State of New York was held Thursday, October 3, 1929, at the Buffalo City Hospital The Eighth District Branch comprises the counties of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Last year the clinics which comprised the morning session met with such general approval and were so well attended by the men in the outlying counties, that it was decided to repeat this part of the program This year the morning session began at nine o'clock with a clinico-pathological conference conducted by Wm F Jacobs, M D, pathologist at the Buffalo City Hospital The first case presented was a case of chronic pancreatitis The clinical history of this case together with the complete laboratory reports, post mortem findings, and a complete discussion of the disease from all angles by Dr Allen A Jones of Buffalo made a valuable and interesting session

From ten to eleven there were laboratory clinics covering laboratory technique, electro-cardiogram demonstrations, metabolism tests, and transfusions, all of which were attended by groups the capacity of each clinic.

From eleven to twelve, surgical and special clinics were given by members of the staff at the City Hospital and again there was demonstrated the widespread interest of the general practitioner in approved methods of medical and surgical treatment

From twelve to one, the business meeting and election of officers were held At the business meeting the Niagara County Medical Society presented a resolution which demonstrates the advisability of county societies bringing their problems of vital importance to the state society through district branch meetings This resolution will be transmitted to each county society in the district The resolution was as follows

WHEREAS, Section 77, Article IX, Chapter Forty-Two of the Public Welfare Law passed April 12, 1929, to become effective January 1, 1930 reads "It shall be the duty of Public Welfare Officials, insofar as funds are available for that purpose, to provide adequately for those unable to maintain themselves They shall, whenever possible, administer such care and treatment as may restore such person to a condition of self support, and shall further give such service to those liable to become destitute as may prevent the necessity of their becoming public charges As far as possible, families should be kept together, and they shall not be separated for reasons of poverty alone Whenever practicable, relief and service shall be given a poor person in his own home, the Commissioner may, however, in his own discretion, provide relief and care at a boarding home, the house of a relative, a public or private home or institution or in a hospital," and,

WHEREAS, Section 43, Article VI of the Public Welfare Law provides that, "It shall be the duty of the Board of Supervisors of a County, the town board of a town, and the appropriating body of a city to make adequate provision and to take such action as may be necessary to provide public relief required by the Chapter," and,

WHEREAS, Section 84, Article X of the Public Welfare Law provides that, "When a legislative body shall make an appropriation for this purpose, one or more physicians shall be appointed to care for sick persons in their homes In a county public welfare district, such physician shall be appointed by the county commissioner In a city such physician or physicians shall be appointed in accordance with the local or general law relating to the city In a town, such physician shall be appointed by the town board. Where no physician is so appointed, the public welfare official shall employ a physician or physicians to visit sick persons in their homes whenever necessary," and,

WHEREAS, the above sections of the Law, by including "those liable to become destitute with "those unable to maintain themselves" will afford medical relief to a large additional number of persons, and,

WHEREAS, present methods of providing medical relief for such persons by sending them to the DOCTOR FOR THE POOR or of having such an official call on them in home or hospital, is an antiquated custom which lays a stigma on those receiving its supposed benefits and thus prevents the needy from applying for medical relief, and,

WHEREAS, such methods are not "consistent with a well-founded and rapidly developing sentiment among welfare workers that the family physician and family surroundings," to quote Dr Joseph S Lawrence, Executive Officer of the Medical Society of the State of New York, "are more conductive to the restoration of health than any other arrangements, no matter how well they may be planned," and,

WHEREAS, Section 84, Article X of the Public Welfare Law clearly permits the Public Welfare Officers to interpret and administer the Law in a manner as to designate the patient's family physician or physician of his choice as the responsible active attending physician in each case of those unable to maintain themselves or liable to become destitute requiring medical or surgical care.

THEREFORE BE IT RESOLVED, That the Eighth District Branch of the Medical Society of the State of New York at this regular meeting on October 3, 1929 favor the designation of the family physician or physician of the patient's choicce, rather than especially appointed salaried physicians, as the proper responsible active attending physician in each and every instance of "those unable to maintain themselves" or of "those liable to become a public charge requiring medical or surgical care," and,

BE IT FURTHER RESOLVED, That this resolution be transmitted to the Medical Society of the State of New York for its endorsement and support, and that the Welfare Officials, Boards of Supervisors, and those responsible for the assignment of these cases be memoralized to take cognizance of these resolutions

After a spirited discussion the resolution was carried

Dr James N Vander Veer, President of the State Society, addressed the meeting and discussed the many activities which the society is now carrying on, and urged a greater interest of county societies in their district branch meetings

Dr Wm H Ross, President-elect, discussed the work of the Public Relations Committee

Dr John A Card, Speaker of the House of Delegates, made an urgent plea for more members to take their insurance in the Company approved by the State Medical Society instead of the bootleg insurance companies which make promises that they cannot fulfill

After a cafeteria luncheon served in the hospital, the afternoon session was resumed at 2 15 o'clock The first paper was entitled "Changes in Medical Economics During the Past Twenty Years," by Dr W Warren Britt, which was discussed by Doctors Vander Veer, Ross and Card

The second paper of the afternoon was "Some Recent Laboratory Research on Gastric Cases," by Dr Geo H Crile of Cleveland Dr Crile gave a preliminary survey on some very interesting work which is being carried on at his laboratory, but which has not progressed far enough to warrant final conclusions

The new officers elected were, Presidnt, W Ross Thompson, M D, Warsaw, First Vice-President, Raymond B Morris, M D, Olean, Second Vice-President, Frederick J Schnell, M D, North Tonawanda, Secretary, W Warren Britt, M D, Tonawanda, Treasurer, Fitch H Van Orsdale, M D, Belmont

The auditorium was filled to capacity and the comments of many were that it was the best district branch meeting they had ever attended

W WARREN BRITT, M D, *Secretary*

FIFTH DISTRICT BRANCH

The Fifth District Branch of the Medical Society of the State of New York, comprising the counties of Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, and Oswego, held its twenty-third annual meeting in Watertown on Thursday, October 17, 1929, in the Y M C A building This District, following the plan of the Sixth and Seventh Districts, held a scientific session in the morning and afternoon with speaking by the State officers after luncheon which was held at the Black River Valley Club

The "Treatment of Uterine Prolapse" was discussed by Dr George B Broad of Syracuse

"One Year's Experience in Neurological Surgery in a General Surgical Clinic" was presented by Dr W P Van Wagenen of Rochester

"Common Disabilities of the Feet Diagnosis and Treatment" were described by Dr Armitage Whitman of New York

A paper on "The Golden Age in Public Health Work" was given by Dr William C Groat, of Syracuse, in which he described the work being done by the Syracuse Department of Health

"The Hypersensitive Heart" was discussed by Dr James P O'Hare of Boston, Mass

Dr Vander Veer, President of the State Society emphasized the many activities of the Medical Society of the State of New York and showed how they concerned the welfare of every physician in the State as well as being for the benefit of the people The only justification of medical service is public benefit, and yet medical economics must be considered by every physician The County Medical Society affords the physician the opportunity to discharge his civic duties in ways which are set forth frequently in articles in the State Journal

Dr Vander Veer urged the members to read the Journal for the sake of ascertaining the attitude of the leaders of the medical profession in regard to these newer forms of the practice of medicine, and especially in regard to the duties of county societies as groups of doctors in distinction from the actions of individual doctors The State Journal is published for the purpose of informing physicians about those forms of medical practice which belong to the medical societies of the counties and of the state A doctor cannot discharge his civic duties except as he acts with his confreres in the group called county society, which is the official, concrete expression of the more vague idea of the medical profession If doctors would read their Journal they would find how medical societies are practicing preventive medicine and will get ideas for conducting their own county societies

Dr John A Card, Speaker of the House of Delegates, urged the physicians to adopt the indemnity insurance offered through the Medical Society of the State of New York

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KINGS COUNTY

The Medical Society of the County of Kings held its first stated meeting of the autumn season Tuesday evening, October 15, in the Medical Society Building with about 175 members in attendance

The evening was practically devoted to addresses by Malcolm L Harris, M D , F A C S the President of the American Medical Association, whose address was on "The Trend of Medicine and the Cost of Being Sick" and Edward C Streeter, M D , Professor of Medical History, Harvard University, who spoke on "Leonardo Da Vinci and the Practice of Dissection Among the Florentine Artists"

In connection with Dr Streeter s address the Library had in the Reading Room on the evening of the meeting an exhibition of some of Da Vinci's works, and other early anatomical publications from its collection

Dr Harris discussed expenses "incurred" upon people when they are ill, using that word especially to show that expense is brought on them by themselves His investigations into the real necessity for medical service, the people's ability adequately to pay for it, and the facilities for dispensing such service, revealed some interesting points pertinent to medical economics

The middle class, he pointed out, are complaining although they are working shorter hours and earning more than ever before They are excusing their activities with the old political slogan, "The Luxuries of Yesterday are the Necessities of Today!" They are urged on all sides by high pressure salesmanship to buy what they do not need on the installment plan They are to be censured severely for defaulting their medical bills and continuing such purchases

Hospitals he said, are in the wrong neighborhood if they fail to be self-sutaining and do not justify their existence there Attending doctors can often cut down on bills which patients are allowed to run up in hospitals Too

frequent *x*-ray pictures, too prolonged private nursing care, failure to have convalescence completed at home, are all factors in swelling the bills of individuals confined in hospitals He decried the tendency of poorer patients who demand the care of specialists in 80% of which cases their family doctor would adequately suffice

Back in the fifteenth century the Italo-Byzantine art depicted human beings in long formless robes, showing only faces in detail, angels being a favorite character Dr Streeter traced the trend of art through that century, pointing out the contributions to anatomy from a new group of investigators—the artists, using methods which were not duplicated until our generation

The change from the richly decorative but flat mosaics of Byzantine art to an appreciation of surface anatomy noting depth in space began with Giotto He tried to give the Bourgeoisie some life-like figures in actions which they liked Stephano and Donatello improved this tendency, in fact Donatello showed knowledge of anatomy in "The Miser's Heart" which showed a complete dissecting room scene. Pollaiuolo was the first Italian artist to dissect in order to study muscles when set in motion He liked to show struggling figures with bulging muscles

School anatomies failed to show artists the mechanism of muscles in movement Public anatomies were confused affairs, so artists held post mortems sub rosa and through dissection in this manner Da Vinci was able to outstrip Vesalius in analyzing motion

Leonardo Da Vinci introduced new anatomical methods such as serial sections of the eye, and wax casts of the ventricles of the brain In his studies on the heart, he all but discovered the circulation of the blood

D E O

MEDICAL INFORMATION BUREAU

The need of an authoritative source of medical information for newspapers and the general public has been felt by the leading medical societies of Greater New York This Journal of November 15, 1928, page 1377, recorded the formation of a Medical Information Bureau under the joint auspices of the Medical Society of the County of New York, and the New York Academy of Medicine The Secretary of the Bureau, Dr Iago Galston, has submitted the following report—*Editor's Note*

A survey of the statistical summary of the Bureau's activities from November 5, 1928, to September 1, 1929, reveals the following figures

Letters received	742
Letters issued	1,085
Telephone calls made	1,202
Personal interviews granted	129

These figures, however, offer only a most inadequate picture of the services which the Bureau has been called upon to render To appreciate what the figures really represent, it is necessary to know a few of the typical written, telephone or personal inquiries addressed to the Bureau by newspapers

What is the extent and the nature of quackery common in the Negro sections of Harlem?

A doctor in England claims that many women have their middle toes removed so that they might wear fashionable shoes Is that statement correct?

Who are the "medical martyrs," and in the pursuit of what diseases did they lose their lives?

What is the bacteriophage?

What is the merit of the so-called lime cure for tuberculosis?

What is the merit of indigo in the treatment of septic infections?

How are the $200,000,000 contributed for medical research spent?

What is spinal anesthesia?

What is the status of anti-tuberculosis vaccine?

What gases caused the deaths in the Cleveland Clinic fire?

What are the effects of sunburn?

What is kala-azar?

What is the value of medical advertising testimonials?

What is the worth of the eighteen-day reducing diet?

Can "stunt flying" cure deafness?

From individuals the Bureau received equally diverse inquiries In the answering of a large number of these, time and labor-consuming personal interviews were required By mail inquiries have reached us from all parts of the world

A person in Binghampton inquired how the paternity of children can be established through blood examinations

Another asked as to the legality of sterilization in the State of New York

From Athens, Greece, came an inquiry on the use of iodized oil in the treatment of sinus infection

A physician inquired where he could buy a quantity of radium

Inquiries were received as to sanatoria for nervous cases, the legal aspects of gold pessary, cures for epilepsy, cures for paralysis agitans

From Doctor Maxim Bing, of Berlin, came an inquiry on American contributions to the study of the detoxicating function of the liver

A physician, whose four brothers were stricken, inquired for the latest treatment of trichinosis

A number of organizations (commercial and philanthropic) have made use of the Bureau's services Outstanding amongst these was the National Better Business Bureau The Better Business Bureau has been assisted by the Medical Information Bureau in formulating and issuing bulletins warning of the operations of a number of quack institutions and the like Bulletins have been issued on the Peterson Institute, on deafness, catarrh and cancer cures, on the Lesser Slim-Figure Bath, on obesity cures, on the Anita Institute for Reshaping the Human Nose, on the Vibraphone, on Therenoid, and on a number of other quack and dishonest medical advertisements

Several of the larger advertising companies (principal among them N W Ayer & Son, Batten, Barton, Durstine & Osborn), have used the Bureau in censoring their medical advertising material It is of interest to note here that two of these advertising agencies expressed themselves willing to pay for the services received

The "Times" newspaper, in numerous instances, consulted the Bureau with reference to medical advertising matter submitted to them The National Broadcasting Company has also sought the advice of the Bureau in the control of their medical programs

The Medical Information Bureau, however, has not been passive in its operations, but has sought to actively promote the ends for which it was organized Thus, for example, it arranged for the interviewing by representatives of the leading New York newspapers of the President-elect Doctor DeWitt Stetten—thus enabling him to present to the public the problems which organized medicine is facing and the manner in which it is intended to deal with them

A report on medical progress during 1929 was issued by the Bureau, and was extensively published throughout the country

Numerous services were rendered to feature writers interested in presenting to the public certain facts of a medical nature

Releases were issued by the Bureau with reference to the Anti-vivisection campaign, on a so-called case of kala-azar, on the abuses of the ultra-violet, and other items

The Bureau has also been vigilant in its opposition to medical quackery, particularly in the newspapers In the main the cooperation given the Bureau by public and commercial agencies has been gratifying The Bureau's releases were published and editorial mention made of the Bureau in practically all of New York's leading journals

The experience of the ten months has pointed out certain desirable extensions in the Bureau's functions In a number of the specialties (principally medicine, dermatology, neurology, physiotherapy and psychiatry) the number of consultants should be increased so that too much of a burden need not be imposed upon those now serving

The Bureau ought also to be in a position to issue more releases to the press During the summer months, particularly, there appears to be a large demand for scientific and medical news The newspapers are more willing to accept such material at that time than during the rest of the year More of the routine activities of the New York Academy of Medicine and the Medical Society of the County of New York should be reported to the public

A more strenuous effort should be made to secure the cooperation of newspapers and radio stations in the combat of quack advertising While the newspapers do cooperate with the Bureau on the news side of their business, they are not as receptive to the Bureau's suggestions when it affects their advertising The same, to an extent, is true of the radio station This, we are led to believe, is not chargeable to the indifference of responsible persons to the welfare of the community, but rather to their ignorance of the importance of the matter

In conclusion it should be noted that the Bureau's activities have mounted constantly, and that we may expect to grow much beyond our present proportions

SPECIAL COMMITTEE ON PERIODIC HEALTH EXAMINATIONS

An organization meeting of the Special Committee on Periodic Examinations was held in Saratoga Springs on the afternoon of September 20, 1929, immediately after the meeting of the Fourth District Branch The following members of the Committee were present Dr C Ward Crampton, Chairman, Dr W W Britt, of Tonawanda, Dr C C Trembley, of Saranac Lake, and Dr Luzerne Coville, of Ithaca. There were also present by invitation, Dr J N Van der Veer, President of the State Medical Society, Dr William H Ross, President-elect, Dr Daniel S Dougherty, Secretary, Dr James E Sadlier, Chairman of the Committee on Public Relations, Dr Thomas P Farmer, Chairman of the Committee on Public Health and Medical Education, Dr Frank Overton, Executive Editor of the NEW YORK STATE JOURNAL OF MEDICINE

The Chairman's program of action was considered, item by item As questions of policy arose, they were discussed by officers of the State and suggestions given and accepted It was decided to present this program to the Committee on Publication for printing in the Journal for the information of the members of the State Society

The more important matters decided were as follows

The President of each County Society should be requested to name a representative of his society on this subject

Dr T P Farmer offered the cooperation of the Committee on Public Health and Medical Education inviting the Committee to present and submit a plan for post-graduate instruction of physicians on Health Examinations, and offered to contact with the representatives of his Committee in all County Societies

The cooperation of the Committee on Publication was offered respectively by Dr Sadlier and Dr Ross and accepted with appreciation

The Chairman reported his request for funds and his conference with Dr Matthias Nicoll, State Commissioner of Health and Governor Milliken of the Motion Picture Producers Association of the United States, who promised their cooperation He also reported the progress of the New York County Health Examination Campaign

The Committee thereupon moved to request the New York County Society to make such record of its acts and methods as would aid in the preparation of a standard method of conducting such campaigns by County Societies

There was a general discussion as to the kind of aid from outside sources which could be accepted by the Committee

The Fact-Gathering Campaign was agreed upon as the initial work of the Committee, not, however, to delay the preparation of its other work Facts are required, first with reference to the examinee, and secondly with reference to the examination As to the examinees, it was recognized that citizens of the State vary as to sex, age, physiological age, marital status, occupation, etc It was agreed to divide this field among the members of the Committee, whereupon Dr Britt was assigned to Industry, Dr Trembley to Children, and Dr Coville to the Farmer and Agricultural conditions

A second classification relates to the examination and its medical aspects, the different parts of the body, systems, functions, symptoms, and diseases, with particular reference to pre-clinical signs It was agreed to assign as many as possible of these topics to members of the Committee whereupon Dr Britt was assigned to the Circulation, and Dr Trembley to Tuberculosis

It was suggested that an opportunity should be given to members of the State Society not members of the Committee to take and work upon assignments of this nature, assignment to a section of the field, for example, industry, farmers, religious organizations, social organizations involving the following outline for Sub-Committee Studies on Examinee Groups

1 Census report of population of group
2 Name and description of organizations affecting citizens in this group, the nature of their jurisdiction, contact, or interest
3 The main function of these organizations if not primarily health
4 A statement of their purpose
5 A statement of their methods
6 A statment of their results
7 What can reasonably be expected of these organizations
8 What is proposed for immediate action
9 What should be accomplished by May, 1930
10 What should be accomplished by May, 1931
11 What should be accomplished by May, 1940
12 Liaison officers and methods

With reference to the second series of assignments, i e, regions of the body, symptoms, diseases, etc, it was determined to lay down a general basic method of attack providing for the collection of data and research in pre-clinical signs C Ward CRAMPTON *Chairman*

THE DAILY PRESS

INSTALLMENT DOCTORING

The New York *Sun* of September 27 comments editorially on a plan of paying for medical service on the installment plan

"A corporation has been chartered in California to apply the principle of installment buying to medical and dental service If a man or woman requires treatment of the teeth, if an operation seems desirable, the finance company will take care of the charges under contract for repayment over a period of time. The success of such an arrangement would depend in large measure on maintenance of proper ethical standards by the physicians, surgeons and dentists affected

"On a small scale, dental work has been put on an installment basis by at least one organization in New York, but there has been no attempt here to finance all varieties of medical and dental service.

"There are thousands and hundreds of thousands of men and women who, merely because they have not in hand the fee required, neglect their bodies when surgical attention is indicated, passing through various phases of infirmity from slight inconvenience perhaps to complete incapacity They destroy their own chance of happiness, impair their usefulness, burden their families and friends If their needs could be attended to early under a system of financing fair to borrower and to lender they would profit greatly, and so might the community"

The New York *Sun* of October 2 prints a letter written by the Executive Secretary of the American Association for old age security in criticism of the plan, but in place of it he proposes state medicine as follows

"In practically every industrial nation on earth the problem has been solved intelligently and constructively through a system of compulsory insurance conducted by the Government, which distributes the burden of illness upon the entire community Everywhere this plan has been found a most workable and feasible one. Why shall we do the wrong thing when it is so much easier to do the right thing?

"Some ten years ago the California Social Insurance Commission made a study of the entire question Had California paid attention to its recommendations that sickness should be made a social burden through a system of health insurance it would not have to be faced with corporations which will unquestionably come to plague it, as they will probably soon come to curse other states There is only one way of solving the problem intelligently and that is through a system of health insurance, such as is now in operation everywhere."

Here is evidence frequently voiced by medical speakers, that state medicine is being promoted through propaganda put forth by persons paid by endowed organizations of a social nature.

SPECTATORITIS

A century and a quarter ago political economists said that burglary and selfishness would cease as soon as a man's daily wages would ensure him food, clothing, and shelter A hundred years later Steinmetz said that electricity by doing most of the world's work, would release nearly everybody to nearly boundless leisure which would be devoted to the higher forms of study and expression An editorial writer of the New York *Herald Tribune* of October 3 says

"The machine age, however, has already supplied an unexampled wealth of leisure, and what happens? Very much what Dr Jay B Nash has said to the recreation conference, that the average man with time on his hands turns out to be a spectator, 'a watcher of somebody else doing something, merely because that is the easiest thing' This occupation goes by the name of spectatoritis, a blanket description to cover all kinds of receptive amusement to escape boredom

"The observers of spectatoritis have gone little farther than to determine that the complaint is epidemic and that it is enervating The cure is not simple As Dr Nash says, 'it will take infinitely more planning than has yet been displayed by any city in the country to provide man with the activities which will make his leisure time an asset rather than a liability' And granting that these ideal activities should be scientifically provided, the individual would still be free to take them or leave them Spectatoritis is one more bug that civilization has manufactured to its own peril and worry"

GRADING ANNOYANCES

What annoys one person may please another Professor Hulsey Cason of the University of Rochester, has made a scientific study of thousands of persons to find what procedures and objects were particularly annoying to them The results are summarized in the *New York Times* of September 6, in reporting the proceedings of the International Congress of Psychology in New Haven, before which the Professor gave his report, and listed 501 serious annoyances He established a scale for recording the intensity of the annoyances, in which thirty was the maximum

The *Times* says

"Here are some of the annoyances the professor listed, together with an index number to the potency of their power to peeve

"A gushing manner, 18
Arguing, 23
Continually criticizing something, 23
Young person showing disrespect for older person, 26
Salesman trying to make sale, 23
A person crowding in front of me instead of waiting in line, 24
Talk of one's illnesses, 20
To see an intoxicated man, 22.
To see an intoxicated woman, 26.
Musicians making unnecessary movements while performing, 17
Hearing jazz, 6
Hearing mechanical music, 7
To hear poor singing, 17
To hear vocal practice, 11
Whistling to one's self, 3
Another person talking during motion picture performances, 18
A person looking over my shoulder at book or magazine I am reading, 14
To hear a man swear, 17
To hear a woman swear, 24
To see the bald head of a man, 2
To see or hear an animal treated cruelly by a person, 28.
To hear a mosquito near me when trying to sleep, 26.
To see or hear a child harshly treated by an old person, 28.
A dirty bed, 28
Flies, 25
Cockroaches, 24
Mice, 20
Sight of a snake, 17
To find dirt in food I am eating, 25
To find hair in food I am eating, 26
To smell liquor on breath of a person, 23"

DIAGNOSIS BY EXCLUSION

James J Montague in his department of "More Truth Than Poetry," in the New York *Herald Tribune,* often expresses medical truths in the form of humorous verse His plight described on October 2 will appeal to doctors of the more conservative group

"When I first fell a victim to soul-racking ills
I consulted a learned M D,
Expecting he'd give me such powders and pills
As would make a well man out of me
But, instead, he declared I should never regain
The health I enjoyed in my youth
Or return to my job with a smooth-working brain
Till I parted with every last tooth

When my teeth were extracted I still was distressed
With a highly imperfect digestion,
My slumber was never productive of rest,
And working was out of the question
I went to a doctor, who counted my pulse
And observed that I *might* be improved,
Though he couldn't assure beneficial results,
If I had both my tonsils removed

But after my teeth and my tonsils were gone
I still was not hearty nor hale,
A listless existence I daily dragged on,
Yet I grew more anemic and pale,
So I went to another great medical man,
Who remarked that, beyond any doubt,
I should live all the years of the scriptural span
If I had my appendix cut out

I did as he bade me, yet still I'm inclined
All onerous labor to shirk
In vain I endeavor to fasten my mind
On subjects that savor of work,
And yet I'm a little bit better, I own,
And perhaps, though you never can tell,
That after they've whittled me down to the bone
I'll be perfectly hearty and well"

BOOK REVIEWS

PROGRESSIVE RELAXATION A Physiological and Clinical Investigation of Muscular States and Their Significance in Psychology and Medical Practice. By EDMUND JACOBSON, A.M., Ph.D., M.D. Octavo of 429 pages, illustrated. Chicago, The University of Chicago Press, 1929. Cloth, $5.00

This volume draws attention to the problems of the study of the nervous element appearing in many diseases and a method of approach to the problems of fatigue, debility and lowered resistance in patients suffering from nervous hypertension. Nervous or neuro-muscular hypertension is defined as a condition marked by reflex phenomena of hyperexcitation and hyperirritation. The causes are varied, as emotional disturbances, agents reducing the vigor of the organism, pain and distress from whatever source and acute and chronic infections. After discussing what is ordinarily meant by the term neurasthenia, it is suggested that neuromuscular hypertension should largely replace this.

The general features of a conception of progressive relaxation are described and a technic for bringing this about is given in detail. The patient is trained to localize tensions when they occur during nervous irritability and excitement and to relax them away.

A connection is found to exist between "the muscular states, the proprioceptive sensory impulses and the conscious processes of the individual, apparently yielding to us a particularly intimate and detailed insight into matters concerning the relation of the mind and the body."

The author's conceptions are based upon much scientific and painstaking work. Their practical value will need to be determined. W. E. McCOLLOM

FURTHER STUDIES UPON CHRONIC EPIDEMIC ENCEPHALITIS. Edited by AUGUST WIMMER, M.D. Octavo of 174 pages, illustrated. London, William Heinemann, Ltd., Copenhagen, Levin & Munksgaard, 1929. Paper, 13/ net.

This monograph comprises three contributions from the psychiatric university laboratory and from the clinic for nervous and mental diseases of Copenhagen. The author is an internationally known neuropsychiatrist who enjoys a well merited position of eminence in the field of neuropsychiatry. The first paper, published in French, covers the amyotrophic disorders caused by epidemic encephalitis. The second paper, published in English, deals with the subject of epilepsy caused by chronic epidemic encephalitis. The last paper written in German, deals with the psychotic reactions in chronic epidemic encephalitis. The monograph is well written and highly stimulating. It should receive a warm welcome from those interested in epidemic encephalitis.

IRVING J. SANDS

THE TONSILS AND ADENOIDS AND THEIR DISEASES. Including the Part They Play in Systematic Diseases. By IRWIN MOORE, M.B., C.M. (Edin.) Octavo of 395 pages, illustrated. St. Louis, The C. V. Mosby Company, 1928. Cloth, $6.50.

This volume of 395 pages and more than 100 illustrations is written by one whose interest in the subject of the tonsil and adenoid is well known. As a result of the many years of serious thought which the author has given to his subject he has produced not only a masterly exposition of his subject but also an up to date reference work for those who may be interested.

Each chapter is so well written and so complete that little is to be desired. The destruction of the tonsil by chemical means through the use of the author's London paste is of interest and offers another means for treating readily accessible tonsils in patients who may be poor risks, for one reason or another.

A book such as this should pass through many later editions. It is therefore hoped that such minor omissions or commissions of error as the following will be taken care of in the next edition. The advocacy of the use of 4% cocain solution with adrenalin for injection purposes (p. 151) will not be met with favor in this country after the painstaking study of the toxic effects of local anesthetics by Emil Mayer and his committee. This committee condemned the use of cocain in local anesthesia tonsillectomy. Much of the special work that has been done in this country which touches upon pulmonary complications of tonsillectomy has been overlooked. The important contribution of Mosher which eliminated the bugaboo of the thymus gland should also be mentioned.

These are *however, minor,* when one considers the very many references and the completeness of the scope of the book. M. C. M.

MEDICAL INFORMATION IN SICKNESS AND HEALTH. By PHILIP SKRAINKA, M.D. Octavo of 577 pages. New York, Coward-McCann, Inc., 1929.

The author, in his preface, writes "the thought uppermost in my mind was to bring doctor and patient closer together in a spirit of amity, in a spirit of understandingness." This book on the human body and health is written in the endeavor to present to the laity the fundamental facts in relation to disease. It is well written, accurate and presents much of interest. The first four chapters treat of the human body and tell of the necessity for food and care of this complicated machine.

Communicable diseases are presented under five headings, depending upon the mode of transmission:

(1) Diseases spread by discharges from the nose and mouth,
(2) by the human excrement,
(3) by insects,
(4) by direct contact,
(5) by infected wounds.

This is an excellent method of presentation.

Following this the commoner diseased conditions of the various systems are given clearly and concisely with historical references to the history of these diseases. Many of the commoner minor conditions are described. The author has presented a difficult subject in a satisfactory and accurate manner and much benefit can be obtained by the laity by a study of this book. Typographically the presentation is excellent. The print is large and clear upon good paper. HENRY M. MOSES

AIDS TO MEDICINE. By JAMES L. LIVINGSTONE, M.D., Lond., M.R.C.P., Lond. Fourth Edition. 12mo of 414 pages. New York, William Wood & Company, 1929. Cloth, $1.75.

This small volume of more than 400 pages is primarily intended as a reference and review book for medical students. It is not intended to take the place of the larger volumes on medicine but is to be used in conjunction with them. The author has carefully written the work and introduced the newer aspects of medicine in this revision. The book is all-inclusive of the subject and has been clearly presented without useless words. The topics are divided into infectious diseases of known etiology, infectious diseases of unknown or doubtful etiology, animal parasites, diseases due to physical agents and intoxications, diseases of metabolism, deficiency diseases, then the diseases of the various systems of the body. This is an excellent handy reference book in medicine. HENRY M. MOSES

SURGICAL CLINICS OF NORTH AMERICA. Vol. 8, No 6 December, 1928. (Pacific Coast Surgical Association Number) Index Number Published every other month by the W B Saunders Company, Philadelphia and London. Per Clinic Year (6 issues), cloth, $16 00 net, paper, $12 00 net.

This issue is dedicated to the memory of the great anatomist and surgeon, John Hunter The surgeons of the Pacific Coast have contributed a large number of good articles on a variety of subjects to bring this volume up to the usual high standard. The selection of articles shows good judgment on the part of the Editors, so that both practitioner and specialist will benefit by the material presented

GEO. WEBB

SURGICAL CLINICS OF NORTH AMERICA. Vol 9, No 1 February, 1929 (Mayo Clinic Number) Published every other month by the W B Saunders Company Philadelphia and London. Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12.00 net

This issue needs no recommendation. It comes from the Mayo Clinic. A great variety of subjects are discussed in the characteristic Mayo clinic fashion Only the most reliable and tested methods are recommended. Considerations and theories that have proved their value in the huge turnover of the clinic have found their way into this volume. The illustrations are numerous and very instructive.

GEO WEBB

INTERNATIONAL CLINICS Edited by HENRY W CATTELL, A.M., M D Thirty-ninth Series, Volume 1 Octavo of 303 pages, illustrated. Philadelphia and London, J B Lippincott Company, 1929

We are treated to three excellent articles by Lewellys F Barker in this issue of the International Clinics The bacteriophage receives attention from the famous d'Herelle. Poliomyelitis is elucidated by Flexner Roberts writes a good paper on pellagra. The progress of medicine during 1928 is set forth by Coupal On the whole one of the best issues of this standard publication.

A. C. J

A HANDBOOK ON DIABETES. By BYRON D BOWEN, M D 12mo of 89 pages. Buffalo, The Hammond Press, 1928

This is another book written for the diabetic patient explaining the principles of the disease and general rules for treatment. It contains a chapter on general hygiene which is quite full, especially with regard to circulatory disturbances The chapter on "how to give insulin to yourself" is well illustrated and should be of considerable help to a patient. Food tables, methods of figuring a diabetic diet and recipes conclude the book.

W E. McCOLLOM

RECENT ADVANCES IN DISEASES OF CHILDREN By WILFRED J PEARSON, D S O, M.C., and W G WYLLIES, M D 12mo of 593 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1928 Cloth, $3 50

This is one of a series of books on recent advances in the different departments of medicine. The preface distinctly states that this book is not intended to compete in any way with existing text books on the subject. The prime notion of the authors is to formulate principles for solving the problems of disease rather than merely to collect and record the work of others The small compass of the book naturally prevents a full discussion of any one subject. Its main value is for the general practitioner desirous of brushing up on recent developments in Pediatrics References to literature are necessarily limited by the condensed form of the text

It would not seem to the casual reader that this book possesses any great advantage over others of a similar type that have appeared within the last year or so

WM HENRY DONNELLY

TEXTBOOK OF CLINICAL NEUROLOGY For Students and Practitioners By M NEUSTAEDTER, M D Octavo of 602 pages, illustrated. Philadelphia, F A Davis Company, 1929 Cloth, $6 00

As we read the book, we appreciate that the author is drawing upon the data accumulated from his large personal experience A book is the sum total of a writer's experience, or it should be, and not simply a summary of the literature although the latter is essential in a well rounded work. The author has definitely set out with this object in view and this impression is created as the book is read.

The reviewer agrees that the matter is presented briefly and to a great extent clearly, although he feels that the author has sacrificed clearness for brevity at times. He is often dogmatic in his statements when there is no real occasion to be so

The general makeup of the book, the quality of the paper, and the size of the type create a feeling of satisfaction. A valuable feature of the work is the unusually large number of illustrations both of clinical cases and of pathologic specimens This is one of the outstanding points and should have a very strong appeal to the student. The author is to be congratulated because of his attention to the details of therapy The neurologist is often criticised for his therapeutic failures, but one will find many helpful suggestions for treatment in this work, which may lighten the severity of the criticism.

The book is well worth adding to one's library It will not appeal to the specialist as much as it will to those for whom it was written, the medical student and the general practitioner

HAROLD R. MERWARTH.

I HUMAN CONSTITUTION Its Significance in Medicine and How it May Be Studied II The Influence of Sex in Determining Human Disease Potentiality III The Patient and His Physician By GEORGE DRAPER, M D Octavo of 75 pages, illustrated. Baltimore, The Williams & Wilkins Company, 1928 (The Beaumont Foundation Lectures—Series No 7)

The average physician, when he thinks of a disease, is especially concerned with the exciting agent of that disease He is interested in the typhoid bacillus, the meningococcus, the spirochaeta pallida With the special peculiarities of the individual attacked by these germs, he has but little or no concern In fact, most physicians know very little about the different types of man with their various resistances and susceptibilities towards disease. This, however, is what engages the attention of Draper To the study of it he has devoted many years He is interested not only in the fact that John Jones and William Adams are suffering from meningococcus meningitis, but he looks at these men, notes their build or constitution, and knows, as a result of this inspection, that though both are suffering from the same disease, one, having a certain body configuration, will probably die of the meningitis, whereas, the other, with a different body configuration, will, although as sick to-day as his fellow sufferer, probably recover

Most of us know a little about a typus phthisicus and a typus apoplecticus Draper knows a great deal more about the types and constitutions of men, and gives us a little of his knowledge in these three lectures The reviewer highly recommends this book to physicians, since in it the author, in a beautiful philosophical way presents an aspect of the battle between man and sickness on which most physicians but seldom meditate

ISRAEL H MARCUS

OESOPHAGEAL OBSTRUCTION ITS PATHOLOGY, DIAGNOSIS AND TREATMENT [Based on the Jacksonian Prize Essay of the Royal College of Surgeons of the England for 1924 (Published by Permission of the Council) and Including a Hunterian Lecture Delivered at the Royal College of Surgeons in 1926] By A. LAWRENCE ABEL, M.S (Lond.), F.R.C.S (Eng) Quarto of 234 pages, illustrated. New York. Oxford University Press, 1929

This is undoubtedly one of the most valuable contributions to the subject which has appeared The author has been most painstaking in his early chapters on anatomy, physiology, pathology and general diagnosis and treatment and his method of introducing practical clinical points in these chapters, make them much more interesting reading than is usual for such descriptive matter As practically all esophageal lesions are, or later become, obstructive, the book really covers the whole realm of esophageal diseases The different subjects are treated in a clear, concise manner, important points are brought out by beautiful arrangement of the material from a typographical standpoint, and the illustrations are unusually distinct and helpful.

The author evidently bases his opinions on a very large personal experience, as well as quoting from the literature. At the end of each chapter is a complete bibliography while describing the theories and technique of all methods of treatment, he always recommends what he has found to be most effective, and his results seem to coincide very closely to results observed in this country

In the last chapter he makes a strong plea for radical operative removal of esophageal carcinoma

This is a book for specialist and general practitioner alike, its index making it a particularly valuable feature for the latter

A.

THE HEALTHY BABY The Care and Feeding of Infants in Sickness and in Health. By ROGER H. DENNETT, B.S, M.D New Edition 12mo of 266 pages. New York, The Macmillan Company, 1929 Cloth, $1.25

As would be expected from the character of the author, this is one of the better of the baby books for mothers

The reviewer wishes he could be as confident as the author in his ability to make patients immune to colds, and he does feel that his lateness in giving and adding most foods is exaggerated conservatism, but it is safe advice, and in most of his recommendations one must agree or consider his criticism trifling

The book can safely be recommended to mothers

W D L.

DEVILS DRUGS AND DOCTORS The Story of the Science of Healing from Medicine Man to Doctor By HOWARD W HAGGARD, M.D Octavo of 405 pages, illustrated. New York and London, Harper & Brothers, 1929 Cloth, $5.00

For the one who has an interest in the "antiques" of medicine but prefers to do his research vicariously, this rather unusual volume presents as fine a collection of old wood-cuts and engravings as could be found in many a dusty hour among the stacks of a large medical library

The progress of medicine and its influence upon civilization are traced from the devil-doctor, the priest and the medicine-man of the ancients, through the horrors of the middle ages with its Doctors Sangrado its barber-surgeons and the refined cruelty of its mid-wives, to the modern health crusader and preventive medicine.

The text is well arranged and a complete index makes the work a valuable hand-book whereby the mouthings of the present-day cultists, faddists and "anti" societies can be held up to ridicule through the medium of the deadly parallel

J L. N

MODERN MEDICINE. Its Theory and Practice in Original Contributions by American and Foreign Authors Edited by SIR WILLIAM OSLER, Bart., M.D Third Edition. General Index. Octavo of 126 pages Philadelphia, Lea and Febiger, 1928. Cloth, $1.00

This general index to the six volumes of this set adds to the completeness of the work and enhances its usefulness It makes more readily accessible the material contained in the various volumes upon subdivisions of the different subjects

F

DIAGNOSIS AND TREATMENT OF DEFORMITIES IN INFANCY AND EARLY CHILDHOOD By M F FORRESTER-BROWN, M.S, M.D (Lond) Octavo of 199 pages, illustrated. New York, Oxford University Press, 1929 Cloth, $4.15 (Oxford Medical Publications)

Here is a little gem. A concise volume of 190 pages with plenty of illustrations, boiled down and robbed of all verbiage The pediatrist will welcome this addition to his library It contains a great deal of practical information which he frequently has difficulty in weeding out of the large textbooks on orthopedic surgery It is devoid of statistical tables, historical introduction, and complicated references One doesn't choose to catalogue this volume as a "Notebook," but at times a "Notebook" on a subject is infinitely more usuable than its parent source, and sometimes an author of such has a greater task than the writer of a treatise.

We believe that Dr Brown is Maud Frances Forrester-Brown who studied in Boston The introduction by Sir Robert Jones re-inforces that idea as Sir Robert states that "The author is a disciple of Sir Harold Stiles of Edinburgh and Dr Goldthwait of Boston"

Dr Brown has a splendid conception of bone and joint mechanics, and uses practical methods of applying these principles to the deformities discussed The book has a sincere message to the general practitioner, school doctor, and child welfare worker, along the lines of preventive orthopedics. In this respect the work is an innovation and ought to appeal strongly to the orthopedist as well

One line produced a smile the author was suggesting that plaster of Paris be rubbed into muslin by means of a light trowel—"such as are sold at Woolworths" We never expected to see this great concern enter the field of surgical appliances and attain the distinction of being mentioned in a tome on orthopedics.

D E. M.

SURGICAL PATHOLOGY By CECIL P G WAKELEY, F.R.C.S, and ST J D BUXTON, M.B, B.S Octavo of 904 pages, illustrated New York, William Wood & Company, 1929 Cloth, $12.50

The reviewer believes that this book is a valuable contribution to the working library of surgeons and internists. It is remarkably well up to date as shown by references to Ewing's views on radiosensitivity of tumors, Masson's new theory of melanomata and other subjects under current discussion. The section on the thyroid comprises 46 pages and deserves careful reading Other notable sections are those on the stomach, cholecystitis, chronic appendicitis, endometrial implants, the reticulo-endothelial system, the spleen, bone diseases and brain tumors The author gives the latest views on these subjects The more common diseases are fully discussed including symptomatology where it seems of value. The author has a true gift for writing word pictures of gross pathology At the end of each chapter is a short list of references to recent English literature.

The book is profusely and beautifully illustrated and is a fine example of the publishers art. The reviewer heartily commends this book to the surgeon who wants an up-to-date working pathology by a man who writes well and knows his subject thoroughly

E. B SMITH

OUR NEIGHBORS

PUBLIC RELATIONS WORK IN IOWA

The Iowa State Medical Society has taken a forward step along the lines advocated by the Committee on Public Relations of the New York State Medical Society The October issue of the *Iowa Journal* says

"There has recently been a forward looking development within the Iowa State Medical Society in the way of cooperation with the public health movement In September of last year the Society acting through its Councilors put itself on record as follows

"'Be it resolved by the Council of the Iowa State Medical Society that members of the Society should take an increasing part in all public health work, and especially in all lay organizations having to do with public health, prevention of disease, ' Many steps have been taken to realize this plank in this platform A full time executive department has been set up charged partly with the duty of the promotion of preventive and educational health work This department has been the means of bringing together in important conferences representatives of various statewide organizations which concern themselves with public health A speakers' bureau is being organized with the idea of offering to various local groups physicians who can speak with authority on public health subjects

"In short the medical profession of Iowa has entered on a policy of placing at the disposal of the reading and listening public its scientific medical knowledge interpreted in terms to fit the popular receptivity This happy liaison between medicine and public health is extending rapidly into local areas In at least a score of counties physicians are officers of county public health organizations

"A study made of the public health activities of medical societies shows a wide variety of results of such cooperation Among the things done by these various societies are the following held tuberculosis and heart clinics as one of the regular society programs, promoted employment of public health nurses, conducted weekly health columns in newspapers, aided in diphtheria immunization, cooperated with parent-teacher associations in the summer round-up examinations, endorsed and actively participated in the Christmas seal sale, made use of its members as a speakers' bureau on public health subjects, and interested themselves in various community health projects such as milk inspection, bovine tuberculosis eradication, the early diagnosis campaign and health work in schools

"Physicians who are serving their communities by taking part in public health work have done so because of the sincere desire to be of service, but as Dr George Vincent of the Rockefeller Foundation says 'they have discovered that an increased community interest in personal hygiene, school health, maternal and child welfare is sending more and more patients to private practitioners The public health staffs become in a sense agents for the doctors, who in turn man and strengthen the institutions of prevention'

"If this unanticipated and collateral result has happened, that is as it should be The voluntary public health movement is not concerned with state medicine—in fact the growth of the voluntary movement is a deterrent to the progress of the state medicine idea Its policy is to recognize the private practitioner, especially the family physician in rural communities, as an increasingly necessary and important essential in community life It seeks to better his facilities and to increase his opportunities for service"

BASIC SCIENCE LAW

An editorial in the September issue of *Northwest Medicine*, has the following discussion of the Basic Science Laws, which have been passed by several states

"Interest in the passage of basic science laws has become noticeable in various parts of the country during recent years These laws have been administered for sufficient length of time in Connecticut, Wisconsin, Minnesota, Nebraska and Washington to enable one to arrive at some conclusions regarding their efficiency Recently Arkansas has also joined the list of basic science states

"Results which have been obtained from the administration of the basic science law in Washington offer a striking illustration of what may be attained from this sort of legislation Kelly considers the Washingtn law probably the worst that has ever been tried since it specifies that examinations will apply to all persons applying for license or certificates for practicing medicine or surgery, osteopathy and surgery, chiropractic or drugless therapeutics, thus, as he states, not only recog-

(Continued on page 1356—adv xii)

Sooner or later

That baby must be weaned!

"The fact confronts us that the mother who has enough milk for her baby till the fifth or sixth month is in the great minority"
JOSEPH BRENNEMAN M.D *Abt's 'Pediatrics"* Vol 2

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(*Continued from page* 1354)

nizing cults but establishing a legal classification for them One must not overlook the fact that these cults have been legalized by legislation and examining boards appointed for each of them by name Such legislation was enacted during the war when the doctors of the state were serving in the army or navy and none had a voice in the legislative session when these laws were enacted Ten years later the basic science law was passed, largely as the result of the activity of the public health league

"The following figures will be of interest, showing the results from the administration of this law During 1925, following examinations before their respective boards, licenses were issued to 115 physicians, 55 chiropractors, 19 osteopaths, 10 drugless healers During 1926 the figures were 113 physicians, 42 chiropractors, 35 osteopaths, 27 drugless healers During 1927, before the basic science law became effective on June 1, the numbers were 47 physicians, 29 chiropractors, 38 osteopaths, and 17 drugless healers At the first basic science examination in July, 25 physicians passed with no chiropractors, osteopaths or drugless healers At the two examinations under this law in 1928 there were successful 101 physicians, 4 chiropractors, 9 osteopaths, no drugless healers At the 1929 examinations 95 physicians passed with 5 failures, 9 chiropractors with 12 failures, 8 osteopaths with no failures No drugless healers were successful and 4 failed

"These results indicate the restriction which may be expected in the numbers of irregular practitioners, where the basic science law functions Already it has been announced that the existence of such laws has proved the greatest discouragement for the so-called schools of the cults If they were universally adopted, it would doubtless become a great impetus toward the elimination of these half-baked institutions of learning, and would serve as an inspiration for those desiring knowledge of the healing art to acquire such education from high grade and well established scientific institutions"

THE MISSOURI JOURNAL

The annual report of the Committee on Publication of the Missouri Medical Association, printed in the July issue of the *Journal* states

"Twelve issues of the *Journal* have appeared during the year and with few exceptions the issue was in the hands of the members on or before the first of the month We are now in Volume 26, the twenty-sixth year of the publication of the *Journal*

(*Continued on page* 1358—*adv* rn)

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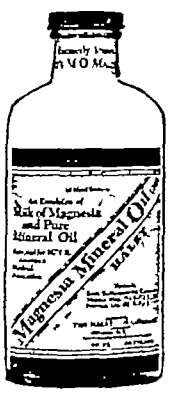
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(*Continued from page* 1356—*adv xii*)

"During 1928 the *Journal* contained ninety original articles, fifty-eight editorials, one hundred and fifty-nine reports of county societies, the Annual Proceedings of our 1928 meeting and the reports of other societies such as Washington University Medical School, Southwest Missouri Medical Society and the Kansas City Academy of Medicine The Women's Auxiliary has sent in twenty reports which were published

"Volume 25, January 1928, to December 1928, contained a total of 596 reading pages, an average of 49⅔ pages to each issue, and 486 advertising pages, an average of 40½ advertising pages in each issue, an average of a little more than 90 pages in each issue

"The *Journal* received a total of 100 books for review representing $474 in price 29 books were sent to the St Louis Medical Society Library, 45 to Jackson County Medical Society Library, and 6 to the library of the Medical School of the State University, 54 of these being reviewed during the year Reviews of 114 books were published in the *Journal*

"For illustrations in the *Journal* the total cost was $489 63

"The *Journal* earned in advertising an income of $9,507 19 The expense of printing and mailing the *Journal,* including cost of illustrations was $7,950 64, leaving a net profit of $1,550 55

"While we believe that each and every member who feels that he has a grievance against the Association should have the privilege of a hearing, yet we very much doubt whether the proper place for this hearing is in the columns of the *Journal,* but that he should appear before the House of Delegates whose stipulated duty is 'To make careful inquiry into the condition of the profession of each county in the State'"

DIAGNOSTIC CLINICS IN KENTUCKY

Diagnostic clinics under the auspices of the physicians of Kentucky are described in the October *Journal of the State Medical Association* as follows

"During the past year there has been a considerable increase in the number of county societies which have held diagnostic clinics along the various lines which have been endorsed in our reports for the last ten years This has been particularly true in tuberculosis, and no other factor has been of greater assistance in reducing the sick and death rate from this serious disease than these clinics

"Numerous diagnostic clinics for crippled children have been held by various societies in co-operation with the Kentucky Crippled Children Commission, associated with Rotary and Kiwanis Clubs, Shriners and other similar organizations It is a pleasure to again commend

(*Continued on page* 1360—*adv xvi*)

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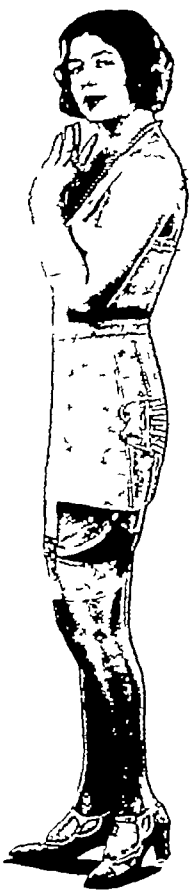
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WILKES BARRE

(*Continued from page 1358—adv xiv*)

this very effective work under the fine leadership of Miss Marian Williamson, who has so long and effectively served the people of Kentucky Hundreds of children are being restored to usefulness that had heretofore been doomed to a life of invalidism and suffering

"Many county societies have held trachoma and other eye, ear and throat clinics for the indigents in their population Such clinics are under the exclusive control of the county society holding them and they have unquestionably popularized such simple operative procedures, particularly amongst the indigent school children, and have made hundreds of the more fortunate of our people seek similar services Trachoma is rapidly disappearing For the first ten years after this work was organized under the leadership of Doctor John McMullen, of the United States Public Health Service, anywhere from 50 to 100 patients were operated on at the various clinics, and it was necessary to establish temporary trachoma hospitals in many points in the State over periods of several years

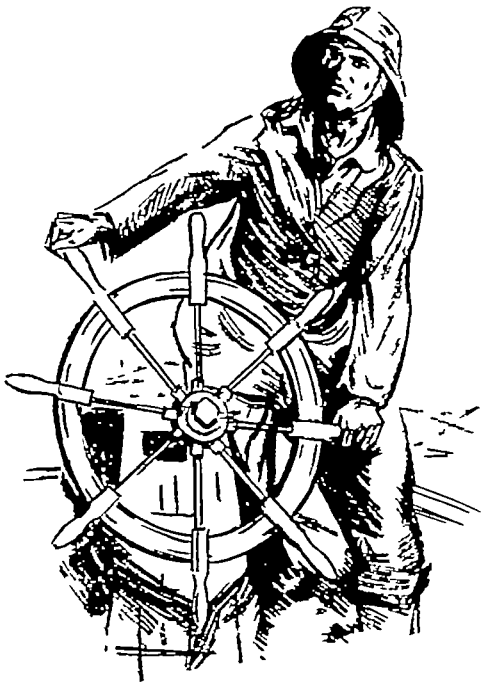
"For the seven of the past eight years the General Assembly has continued its appropriation for the support of the Bureau of Maternal and Child Health Under the fine leadership of Doctor Veech and her associates in this Bureau, with the splendid co-operation of the entire profession throughout the State, the maternal death rate has been reduced practically a third, and infant mortality almost a half This is the best answer to the critics of the Sheppard-Tower legislation, which has always met and merited the unanimous approval of this Association"

PUBLIC RELATIONS IN PENNSYLVANIA

Dr William T Sharpless, in his presidential address before the annual meeting of the Medical Society of the State of Pennsylvania, on October 1, 1929, discussed the relation of physicians to voluntary health agencies as follows

"Toward the unofficial or voluntary health organization we also have a duty Our profession cannot afford to withhold its support from any intelligent and earnest body of people working for the public good To do otherwise would open us to the charge of insincerity when we claim that we are the only profession trying to do away with the condition by which we live—namely, disease The work which these lay organizations are trying to do is essentially medical work It belongs to medicine and it needs the direction that physicians can best give There should be no antagonism between the two They

(*Continued on page 1362—adv xviii*)



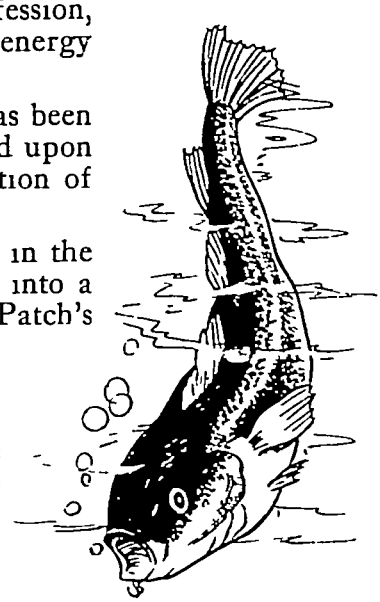
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IN New England the cod is more than a fish It is a tradition And in New England we claim credit for much of the research that resulted in the modern, palatable, vitamin-potent cod liver oil which has been of such value to the medical profession, not only in combating rickets but in building up energy and stepping up resistance to disease

There is no substitute for cod liver oil, and it has been definitely established that its value does not depend upon the presence of one vitamin, but on the combination of Vitamins A and D.

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X ray Showing Rickets



X ray of same hand one year later Rickets Healed

Successful Treatment of Rickets—

Successful Prevention of Rickets is not a matter of theory or guess work The relationship between the administration of cod liver oil and the formation of sound, healthy bones is almost as vividly demonstrable by the X-ray as is the difference between a broken bone and a normal one

The X-ray photograph at the left shows severe rickets The X-ray photograph at the right is of the same hand one year later showing rickets completely healed by the administration of Nason's Cod Liver Oil

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Name

Address

My Druggist's Name

(N Y J 11 29)

(Continued from page 1360—adv xvi)

can supply the enthusiasm and the administrative knowledge which many of them have been taught The medical profession can furnish the medical knowledge that is essential to the efficient working of the whole plan We can work together in promoting immunization against disease, in establishing and conducting public-health clinics where prenatal care can be given, where mothers may be taught how to rear their babies and how best to guide them through childhood and adolescence, where periodic health examinations can be made to detect the beginnings of disease and disability, and so a nation of healthy and physically efficient men and women may be reared to carry our country on to its great destinies

"Many minds are haunted by the specter of state medicine in such a program, and others believe it would take away the revenue that the physicians receive This is usually answered by the statement that the quite extensive application of these methods has not affected the physician's revenue, in fact never before, at least in modern times, has the practice of medicine been so good a business as it is today, and we need not fear that well-qualified men who are willing to live simply and work hard (and these conditions are good for all of us) will suffer for want of adequate compensation If the plan outlined and urged by sanitarians and philanthropists alike will result in improved health to our nation, medicine will have to adjust itself to the change Many factors, however, enter into this problem which cannot be discussed here They receive a full consideration in an excellent article published in the Proceedings of the College of Physicians of Philadelphia for this year by Dr Allen W Freeman, of Baltimore, to which all who are interested are referred"

LARGE MEETING OF A SMALL SOCIETY

The *Illinois Medical Journal* of October contains a description of two remarkable meetings arranged by the Schuyler County Medical Society of Illinois The description is as follows

"The Schuyler County Medical Society is one of the smallest societies in the state There are only eight members One year ago the society decided to hold a big annual meeting One hundred and ten physicians attended the meeting This year they decided to have a bigger meeting, September 26 The total registration at the meeting was one hundred ninety-one, a mark attained by but few of the medical societies of Illinois regardless of their size The meeting held at Rushville was well planned in every way Over four hundred invitations were sent to phy-

(Continued on page 1364—adv xx)

"Getting Enough to Eat—

and then getting rid of it, are two of the great problems of life," says E W Howe, sage of Kansas

THE relief of intestinal stasis ceases to be a problem to the physician who uses Agarol, the original mineral oil emulsion with phenolpthalein, because Agarol may be safely used under any condition in medical practice

Agarol contains no sugar—safe in diabetes, no alkali —does not interfere with digestion, no excess of oil— to cause leakage Just the right proportion of ingredients to afford these desirable actions

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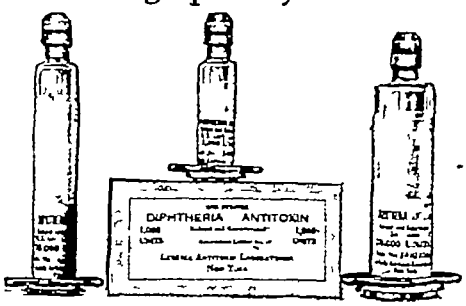
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(*Continued from page 1362—adv xviii*)

sicians in fifteen counties of central Illinois The meeting opened with a very fine dinner at the Community House in Scripps Park adjoining the city of Rushville Colonel Chas D Center, Councilor of the Sixth District from Quincy acted as toastmaster and chairman of the meeting

"Dr Herman L Kretschmer, Professor of Urology at Rush Medical College, gave an illustrated talk on "Tuberculosis of the Kidney," instructive, interesting and authoritative

"Dr James H Hutton of Chicago gave an illustrated talk on "The Common Endocrine Disorders," which was unusually illuminating, avoiding the usual 'show cases' mentioned in the talks usually given on this subject.

"The third paper on the program was by the state president-elect, Doctor William D Chapman of Silvis, on 'Puerperal Care' This was an able discussion of an important subject and was of great interest to all present. The subject was selected because the Illinois State Medical Society believes that more obstetrical subjects should be discussed at society meetings, as practically every physician in the state is vitally interested in these problems

"It is the intention of this small society to continue these annual meetings and make them larger and better than ever before Miss Jean McArthur, secretary of the educational committee of the Illinois State Medical Society, was present She had rendered much assistance to the society in advertising the meeting as well as arranging the interesting program"

PUBLIC RELATIONS COMMITTEE IN RHODE ISLAND

An editorial in the October *Rhode Island Medical Journal* discusses a public relations committee as follows

"The Medical Societies, state and local, are in a position to help solve the problem if their members and officers will only devote some thought and study to the problem In Providence, a health survey has recently been conducted by a reliable national association and the Providence Medical Society has shown a very friendly and co-operative attitude in securing the data and furnishing opinions The survey report will soon be published, but the recommendations will accomplish little unless the Society further assists in putting into operation such of these recommendations as are sound and feasible It is probable that the report of the Health Survey will carry a recommendation that the Providence Medical Society appoint a public health relations committee which would stand ready to co-operate

(*Continued on page 1366—adv xxii*)

Why Milk of Magnesia with Petrolagar

IT is widely and successfully used in the management of gastric conditions due to hyperacidity accompanied by constipation.

Petrolagar-with Milk of Magnesia (green label) has a prolonged neutralization effect, a low exciting power, if not an inhibitory action on the production of HCL.

A combination most acceptable to internists. Some have reported a marked reduction in the dosage of alkalies, otherwise required to bring about neutralization.

Petrolagar-with Milk of Magnesia has a soothing and alleviating effect on granulation tissue or ulcer surface.

Also for general purposes as a laxative, Petrolagar-with Milk of Magnesia (green label) is preferred by many practitioners because of its increased activity over Petrolagar-Plain. This is due to the presence of milk of magnesia, 8 per cent.

For the convenience of the physician in the treatment of various conditions accompanying constipation, Petrolagar is issued in four types. Petrolagar-with Milk of Magnesia is identified by the number "3" and bears a green label.

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Physiologically tested leaves made into physiologically tested pills

Convenient, uniform and more accurate than tincture drops

Prescribe *"original bottle of 35 pills"* which protects the contents from exposure from the time of manufacture to the time of administration This further insures dependability of action

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Mercurochrome-220 Soluble

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It does not burn, irritate or injure tissue in any way

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(*Continued from page* 1364—*adv xx*)

and consult with a committee or committees which will undoubtedly be appointed to follow up the recommendations of the Survey Such a committee of the medical society would be in a position to help safeguard the interest of private practitioners and at the same time to assist in the development of all worth while public health measures It is quite probable that the President of the Providence Medical Society will recommend the appointment of such a committee Obviously such a committee will carry considerable responsibility and will have many knotty problems to settle Moreover, it will be necessary that this committee should be a live one which will follow all matters relating to local health matters"

PUBLIC HEALTH INSTITUTE OF CHICAGO

The medical journals have frequently commented on the expulsion of Dr Louis E Schmidt from the Chicago Medical Society last spring, but the reasons for his expulsion were not clearly stated Now, however, the *Illinois Medical Journal* in its October issue, quotes at length from an article in a news-magazine called the *Nor'wester* which published the reasons why the doctor was expelled The article is too long to be reprinted in this Journal, but the following abstracts will show its trend

"Through this exaggerated and unethical advertising the Public Health Institute has acquired thousands and thousands of patients It is an established fact that hundreds of people, scared by the institute's advertising of the dangers of venereal diseases, went there merely for an examination, to satisfy their minds that they were all right

"The Institute does not treat gonorrhea or syphilis when complications have arisen, because they haven't the specialists on the staff or the equipment These cases are sent out to recommended doctors Furthermore, the treatment of complicated cases requires more skill and time than they are able or willing to do

"Such an institution as the Public Health Institute is not needed in a city like Chicago where there are enough doctors, hospitals and free clinics to take care of thrice the amount of work now handled by them, at less cost and more safely The claim of The Public Health Institute that it renders cheaper medical service is something that has yet to be proved—thousands of doctors do this work at less cost and do it immeasurably better For the very poor there are hundreds of clinics and philanthropic agencies"

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MEDICAL EXAMINATION FILM IN IOWA

The September issue of the *Journal of the Iowa State Medical Society* has the following description of a medical film

"'Many Happy Returns' is the title of a movie film purchased by the Iowa State Department of Health to be sent free to county medical societies and other organizations for their use This film demonstrates the benefits accruing from the complete periodical physical examination It also depicts the process followed in making a complete physical examination

"The story will not be interesting in a medical way to physicians, but the story or plot, carried by the picture, will hold the attention of lay audiences bringing home to them the necessity and benefits of such examination at least annually (on their birthday) and indicates a method of keeping well and fit, thereby prolonging their lives and extending their period of usefulness as well as pleasure

"Any medical society desiring the use of this film should write to the State Department of Health The film is of standard size and can be used in the standard machine used for motion pictures Medical societies desiring to keep the film for several days to a week for use in local picture houses should specify the length of time when they make their request"

DEFENSE OF PHYSICIANS IN OREGON

The following item from *Northwest Medicine* for August is from the report of the Committee on Public Defense, and sets forth the defense of physicians in malpractice suits

"This report is for the period from September 20, 1928, to May 16, 1929 At the time of our last annual session there were eleven suits pending against members Five new actions have been instituted, making a total of sixteen cases

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"In the sixteen cases under consideration, two have been nonsuited in favor of the physicians, two have resulted in jury verdicts for the physicians, and two verdicts have been rendered in favor of the plaintiffs, one for $7,500 00 and one for $1,000 00 Both of the latter cases will be appealed, and it is possible that they may be ultimately decided in favor of the physicians Ten suits are still pending, but many of these are very old cases, and it is unlikely that over half of them will ever come to trial

"The committee again urges every member to provide himself with a liability policy at the low rate available through special arrangement with the large insurance companies"

MEDICAL SOCIETY PRACTICE IN WISCONSIN

How the Outagamie County Medical Society is practicing medicine is told in the October issue of the *Wisconsin Medical Journal* as follows

"The county nurse discussed with the members of the county medical society the possibility of securing a physical examination for all school children including any preschool children that might be brought to the school at the time of the examination

"The county medical society discussed it and following the discussion the county medical society sent a representative committee to the county board for the purpose of presenting this whole matter to them for consideration The county nurse discussed this question with members of the county board in addition to the presentation made by the Committee of the county medical society, with the result that the county board of supervisors appropriated a sum of $2,000 00 for this purpose

"The medical society stated that they would hold these examinations at the school house and would do the entire group for the sum appropriated"

NEW YORK STATE JOURNAL of MEDICINE

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CARDIOVASCULAR EFFECTS OF DIRECT INJURY TO THE CHEST

MORRIS H KAHN, M.A., M D, and SAMUEL KAHN, B S, M D, NEW YORK, N Y

THE superficial position of the heart and pericardium directly behind the sternum and the adjacent cartilages exposes them to danger from injuries to the anterior chest wall With or without injury to the ribs, or even without obvious external bruising, an external blow may produce very serious damage to the intrathoracic structures Corresponding to the injuries that take place to the lungs, liver, kidneys or spleen in serious accidents, it may be plausibly surmised, the heart will suffer similarly the effects of sudden concussion or compression. The character of these effects will depend upon the status of the heart cycle at the moment of the accident, the resilience and resistance of the thoracic wall, and the form, momentum, and direction of the injuring force The mechanical process in such accidents is subtle, of course, and the clinical picture often very difficult to understand

The principal clinical types of traumatic heart lesions that occur in consequence of direct and indirect violence may be classified under the following headings

I. Direct Injuries
- A Contusion and concussion of the thorax
  - 1 Injury to the pericardium
  - 2 Auricular fibrillation
  - 3 Extrasystolic arrhythmia.
  - 4 Heart block
  - 5 Injury to the valves of the heart
  - 6 Injury to the aorta
  - 7 Injury to the musculature
  - 8 Rupture of the heart
  - 9 Miscellaneous types
- B Penetrating wounds
  - 1 Fatal
  - 2 With recovery and post-traumatic effects

II Indirect Injuries
- A From falls with no direct injury to the chest
- B Heart strain

Inasmuch as pathological examination of the heart tissue in the milder form of accident to the thorax is not possible, we can only consider these cases from the standpoint of analogous experimental studies It is only from the symptoms and the clinical evidence of disturbance of rhythm, or other functional changes, that we can estimate the extent and determine the localization of the lesions In severe cases, in which the clinical evidences are marked, or in cases that terminate fatally, an exact discovery of the damage produced is ofttimes obtained by autopsy

Injuries to the thorax are common occurrences in various industries This applies particularly to all those occupations in which objects are moved about, pulled forcefully out of piles, or thrown from one place to another Being run over by a vehicle is one of the most frequent causes An equally frequent accident is the crushing of the chest when a person is caught between two colliding vehicles, or between one such and a stationary object A hazard also lies in unprotected straps around the wheels of machines Falling directly to the ground as in tripping is a common cause of thoracic injury Injury to the heart may also be produced indirectly according to the natural laws of inertia when one falls down a varying distance, in which case the force is applied directly to some part of the body other than the chest Less frequent are the intrathoracic injuries produced by penertating objects such as bullets, knives, or the sharp fragments of fractured ribs

Contusion and Concussion of the Thorax with Intrathoracic Injuries

A blow to the region of the heart may cause a contusion of the precordial tissues sufficient to extend to the parietal layer of the pericardium If this is the full extent of the damage, the symptoms may be slight and complete recovery may follow in a few days But in some cases, the effect of the injury is not localized to the mural tissues As the thoracic wall is markedly yielding, a severe blow or sudden compression may momentarily alter the shape and volume of the intra-

From the Department of Cardiovascular Diseases, Beth Israel Hospital and the State Department of Labor—New York City

thoracic space Such a distortion may involve a displacement of the heart and mediastinum, and may be very severe, producing the symptoms of shock, and even resulting in death This may happen with surprisingly slight, or even with no, evidence of external injury to the thorax

To illustrate the obscure clinical effects often produced by direct violence to the chest and the practical importance of these cases from the standpoint of the ensuing disability and the compensation liability, the following case is briefly summarized

Jeremiah McC, an automobile mechanic aged 55, was struck by the fender of a suddenly propelled truck, in the region of the left lower ribs and left groin When he regained consciousness he found himself seated against a fence to which he had been carried He had intense pain in the left lower abdomen and an aching, numb sensation in the left hypochondriac region There were no abrasions of the skin, no bleeding from any part of the body, and no ecchymoses He had no cough or hemoptysis, no vomiting, melena or hematuria He returned home by trolley, walking two blocks without assistance, and went to bed That night the sharp localized pain in the left lower ribs became worse, especially on deep breathing, and there was some local tenderness He felt dyspneic, especially in the recumbent posture and had palpitation at times Two days later, pleurisy was diagnosed

One month after the accident, the patient had a sudden severe, localized gripping pain over the left lower ribs, considerably below the region of the breast He did not faint, but was relieved by hypodermic medication Similar attacks of momentary localized pain recurred, not radiating to the arms, neck, or chest, with pallor and cold sweat, followed by palpitation He had slight dyspnea and palpitation on moderate exertion, and was unable to breathe easily in the recumbent posture The tenderness over the ribs finally disappeared He was not examined at this time

Physical examination four months after the accident showed the left border of the heart just outside the nipple line, 10 cm from the median line The right border percussed 4 cm from the median line The apex beat was palpable in the fifth and sixth spaces in the nipple line The sounds at the apex were good and the basal sounds were normal There were no murmurs and no tender spots on the chest wall There was an area of pain over the fifth and sixth left interspaces corresponding to the region of the heart apex The blood pressure was 122/70 There was no evidence of pleural affection The electrocardiogram showed a rate of 66 and was otherwise negative

One year after the accident, the patient appeared in good condition and for a length of time had not had any further attacks of pain or discomfort in the chest He still claimed some disability on account of the shortness of breath, but clinical evidence did not indicate any further disability from the accident

Summary—In this case, the injury produced apparently no permanent affection of the heart, although the symptoms and the attacks that the patient suffered from may be attributed to some direct trauma to the heart The nature of the temporary damage produced is not clear

Involvement of the Pericardium

The pericardium may react to a contusion or concussion of the chest with the development of acute pericarditis This is often fibrinous in character, and often with slight effusion Pericardial injury may develop following a sudden fall or lurch forward in which the chest is struck against a projecting surface or edge A blow to the chest by a missive or a fist, as in boxing, may be the history Accidental traumatic pericarditis has to be differentiated from that form which occurs in an attack of sudden coronary closure or so-called stenocardia

The following case under our observation presented the question of traumatic pericardial involvement

Edward A K aged 49, tripped and was thrown heavily forward to the ground Later in the day, he felt some tightening in the chest and had a little difficulty in breathing That evening he complained of shortness of breath which became worse the next day He remained in bed for a month after the accident with a diagnosis of acute pericarditis

Physical examination a month later showed marked dyspnea, with a slow pulse of small volume The heart sounds were somewhat muffled There was no evidence of endocarditis and no symptoms or signs to suggest myocarditis The lungs were negative and the liver was not enlarged About five months after the accident, cardiological examination showed the heart to be moderately enlarged, with the right border 4½ cm and the left border 11 cm from the median line in the fifth space The apex beat was not visible nor distinctly palpable, and was heard best in the fifth space inside the nipple line, at a regular rate of 78 per minute The second aortic sound was slightly accentuated The brachial arteries were somewhat tortuous and the blood pressure was 140/95

The electrocardiogram showed normal sinus rhythm, left ventricular preponderance, inversion of the *T*-wave in lead I, and the *P*-wave isoelectric in lead III Teleroentgenogram showed the heart enlarged to the right and left with definite hypertrophy of the left ventricle The ascending aorta was not dilated

The claimant resumed lighter work for five months or more before he died rather suddenly He had not consulted a physician for these five

months prior to his death Autopsy was not obtainable

Summary—There is definitely a history of an accident to the chest followed promptly by cardiac symptoms and the development of pericarditis Whether or not the co-existence of acute coronary closure figured in its production must remain speculative Five months after the accident, there was enough indication in the cardiac enlargement, hypertrophy of the left ventricle, dilatation of the ascending aorta, arteriosclerosis in the aorta, and changes in the electrocardiogram from which to conclude that there was some pre-existing affection of the heart Yet, after the death of the claimant and from the available data, one cannot escape the suspicion that as a result of the accident, there was injury to the heart which produced pericarditis

Auricular Fibrillation

It is well known that bodily effort or physical stress may produce auricular fibrillation[1] In these cases, the onset in point of time is clearly defined, immediately following and definitely associated with unusual labor

But the literature is very scant concerning instances of auricular fibrillation that follow direct violence to the chest.[2] What the pathological changes are that produce this condition, one cannot declare with certainty However, the possibility of sub-epicardial ecchymosis in the auricular muscle must be considered The cardiac damage in these cases is not disputable The symptoms produced by its development are quite conspicuous, promptly causing more or less total disability It is known that fibrillation diminishes greatly the cardiac output as a result of which, symptoms of deficient cardiac function develop[3] —dyspnea, palpitation, occasional sticking pain in the precordium or just below the left breast as well as the development of cough due to pulmonary stasis and edema of the legs

The accidental occurrence of auricular fibrillation will go on to spontaneous recovery in a short time, or to recovery following a period of rest and the use of special medication, or may be followed by recurrence with the persistence of the heart arrhythmia In fact, once established, auricular fibrillation has a tendency to recur or even to become permanent

Illustrating this type of occurrence is the following case which has been under our observation for some time

Joseph G., a tall, well-nourished young carpenter, aged 33, was struck across the front of his chest as he was looking up, by a plank of lumber which fell on end from a building scaffold 18 feet from the ground He fell backward, momentarily dazed, stood up for a few minutes feeling very weak and leaning against the building for support There was diffuse soreness in his chest, and he 'breathed hard as if all out of wind" He then continued lighter work with intervals of rest. When walking he felt weak and dizzy, and stumbled in his gait He worked half of the following day During two weeks of hospital observation, he felt weak, with pressing pain across the front of the chest.

Three months after the accident, his heart showed no enlargement and no murmurs, but showed rapid auricular fibrillation and a low blood pressure—104/78 There was no evidence in the history and in the physical examination of any previously existing heart condition *X*-ray examination was also negative The electrocardiogram showed coarse auricular fibrillation and tachycardia, but no ventricular preponderance and no indication of any pre-existing valvular disease After a preliminary period of rest and digitalis medication, the patient was given three grains of quinidine sulphate every three hours for several days There occurred quite remarkable improvement with the resumption of normal sinus rhythm The symptoms promptly disappeared The patient was able to walk about with progressive improvement and increasing strength so that six months after the accident, recovery was considered quite complete He then suddenly developed symptoms attributable to another attack of fibrillation This subsided under rest and digitalis medication

Summary—In this case, cardiac symptoms including the feeling of distress and soreness across the front of the chest, followed immediately upon the recorded accident In point of time, the onset is therefore clearly and directly associated with the injury We therefore believe that the condition of the patient had a direct relationship to the accident As negative evidence, there were not present in the history or physical examination any of the other causes such as rheumatism, syphilis, arteriosclerosis, Graves' disease, or any toxemia which might induce auricular fibrillation There was no valvular lesion or cardiac changes incidental to a lesion, such as hypertrophy, accentuation of the basic sounds, or ventricular preponderance in the electrocardiogram

The pathological changes that may have taken place from the injury are necessarily speculative The possibility of subepicardial ecchymosis in the auricular muscle is to be considered The process takes a long time to heal and therefore the auricular fibrillation may last an indefinite period of time

The electrocardiograms taken in this case are of interest (See Figs 1 and 2)

During the preliminary period of observation the electrocardiographic records (A) showed rapid, coarse auricular fibrillation with an average rate of 150 per minute Premature beats occurred arising probably in the region of the A-V node

Two weeks afterwards (B) sinus rhythm had been restored and the effect of digitalis had worn

thoracic space Such a distortion may involve a displacement of the heart and mediastinum, and may be very severe, producing the symptoms of shock, and even resulting in death This may happen with surprisingly slight, or even with no, evidence of external injury to the thorax

To illustrate the obscure clinical effects often produced by direct violence to the chest and the practical importance of these cases from the standpoint of the ensuing disability and the compensation liability, the following case is briefly summarized

Jeremiah McC, an automobile mechanic aged 55, was struck by the fender of a suddenly propelled truck, in the region of the left lower ribs and left groin When he regained consciousness he found himself seated against a fence to which he had been carried He had intense pain in the left lower abdomen and an aching, numb sensation in the left hypochondriac region There were no abrasions of the skin, no bleeding from any part of the body, and no ecchymoses He had no cough or hemoptysis, no vomiting, melena or hematuria He returned home by trolley, walking two blocks without assistance, and went to bed That night the sharp localized pain in the left lower ribs became worse, especially on deep breathing, and there was some local tenderness He felt dyspneic, especially in the recumbent posture and had palpitation at times Two days later, pleurisy was diagnosed

One month after the accident, the patient had a sudden severe, localized gripping pain over the left lower ribs, considerably below the region of the breast He did not faint, but was relieved by hypodermic medication Similar attacks of momentary localized pain recurred, not radiating to the arms, neck, or chest, with pallor and cold sweat, followed by palpitation He had slight dyspnea and palpitation on moderate exertion, and was unable to breathe easily in the recumbent posture The tenderness over the ribs finally disappeared He was not examined at this time

Physical examination four months after the accident showed the left border of the heart just outside the nipple line, 10 cm from the median line The right border percussed 4 cm from the median line The apex beat was palpable in the fifth and sixth spaces in the nipple line The sounds at the apex were good and the basal sounds were normal There were no murmurs and no tender spots on the chest wall There was an area of pain over the fifth and sixth left interspaces corresponding to the region of the heart apex The blood pressure was 122/70 There was no evidence of pleural affection The electrocardiogram showed a rate of 66 and was otherwise negative

One year after the accident, the patient appeared in good condition and for a length of time had not had any further attacks of pain or discomfort in the chest He still claimed some disability on account of the shortness of breath, but clinical evidence did not indicate any further disability from the accident

Summary—In this case, the injury produced apparently no permanent affection of the heart, although the symptoms and the attacks that the patient suffered from may be attributed to some direct trauma to the heart The nature of the temporary damage produced is not clear

Involvement of the Pericardium

The pericardium may react to a contusion or concussion of the chest with the development of acute pericarditis This is often fibrinous in character, and often with slight effusion Pericardial injury may develop following a sudden fall or lurch forward in which the chest is struck against a projecting surface or edge A blow to the chest by a missive or a fist, as in boxing, may be the history Accidental traumatic pericarditis has to be differentiated from that form which occurs in an attack of sudden coronary closure or so-called stenocardia

The following case under our observation presented the question of traumatic pericardial involvement

Edward A K aged 49, tripped and was thrown heavily forward to the ground Later in the day, he felt some tightening in the chest and had a little difficulty in breathing That evening he complained of shortness of breath which became worse the next day He remained in bed for a month after the accident with a diagnosis of acute pericarditis

Physical examination a month later showed marked dyspnea, with a slow pulse of small volume The heart sounds were somewhat muffled There was no evidence of endocarditis and no symptoms or signs to suggest myocarditis The lungs were negative and the liver was not enlarged About five months after the accident, cardiological examination showed the heart to be moderately enlarged, with the right border 4½ cm and the left border 11 cm from the median line in the fifth space The apex beat was not visible nor distinctly palpable, and was heard best in the fifth space inside the nipple line, at a regular rate of 78 per minute The second aortic sound was slightly accentuated The brachial arteries were somewhat tortuous and the blood pressure was 140/95

The electrocardiogram showed normal sinus rhythm, left ventricular preponderance, inversion of the *T*-wave in lead I, and the *P*-wave isoelectric in lead III Teleroentgenogram showed the heart enlarged to the right and left with definite hypertrophy of the left ventricle The ascending aorta was not dilated

The claimant resumed lighter work for five months or more before he died rather suddenly He had not consulted a physician for these five

sonable to exclude direct trauma to the heart as a related cause of the extrasystoles No one can gainsay that the injury was not a factor in causing the extrasystoles

Heart Block

The location of the trauma in the myocardial structure will determine the functional disturbances or arrhythmia that may develop Cases of heart block have been reported from direct injury to the chest Of course, with penetrating wounds the effect of an injury in the region of the bundle of His produces clinically what in the physiological laboratory is recognized as the Erlanger ligature But the condition of heart block may follow trauma to the precordium without any penetrating wound, or even with no obvious injury

Rosenson reports a case of temporary partial heart block in a boy aged 10 who had received a hard fist punch over the precordium [5] Following the blow, he complained of weakness and a peculiar fluttering sensation over the region of the heart. He was unable to walk, felt faint and was carried to bed Two days later, on attempting to walk, he fell and was unconscious for a few minutes Two weeks after the injury to his chest, he still suffered slight dyspnea on exertion. The heart showed no enlargement There was a pulmonic systolic murmur, functional in character The sinus rate was 120 The electrocardiogram showed varying grades of heart block with a rapid auricular rate The *T* wave was inverted in lead III The conduction time was 0.28 of a second Within a month after the accident, with rest in bed, the child made a complete recovery The electrocardiogram indicated return to normal rhythm

Injury to the Valves of the Heart

Injury to the front of the chest, with or without injury to the ribs or even without obvious external bruising, may cause rupture of one of the valves in the heart The causes noted are blows on the front of the chest, compression between wagons, kicks, and falls from a height. With the increase of automobile casualties, valvular injury is not infrequently the result of accidents in traffic

Rupture of an aortic or mitral valve may be produced experimentally by smiting the walls of the thorax in animals, or in the cadaver as in the experiments on the cadaver reported by Potain and his co-workers [6]

In the mechanism of such an accident, the external blow violently compresses the thoracic cage The glottis may be closed in deep respiration and the thorax held rigid We may conceive of a violent concussion of the distended aorta just at the moment of full ventricular systole Under such circumstances, rupture of an aortic cusp might take place

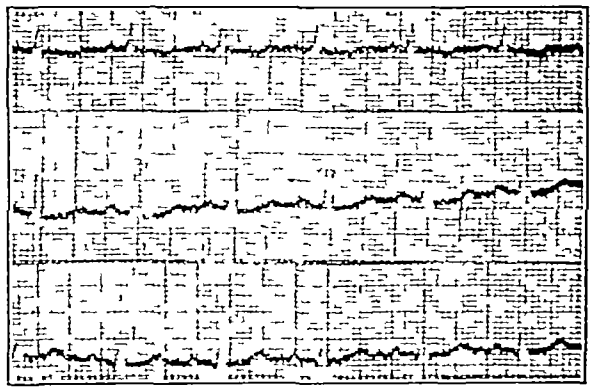


FIG. 3 Paul H.—*Electrocardiogram showing apical ventricular extrasystoles*

In this category of aortic valvular lesion, following direct injury to the chest belongs the interesting case that is reported below

John O., a robust fellow, aged 26, had been working as a laborer for some years One afternoon, while he was supporting with his outstretched arms a two-ton platform standing on edge on the floor, it fell over toward him He was thrown supine, the weight of the platform falling against his chest It was raised and the patient pulled away from under it unconscious; he so remained lying on the floor for about five minutes When he roused, he felt severe aching pain across the front of the chest and in the epigastrium He also had difficulty in breathing, but suffered no palpitation, cough, hemoptysis, or dizziness at that time He was then taken by ambulance to a hospital

The chest showed no deformities, no evidence of external injury and no ecchymosis There was diffuse tenderness over the midsternal region, the second and third left ribs, and also over the xyphoid region No fractures had taken place

Physical examination three months after the accident showed the heart to be markedly enlarged to the left and right The left border was 12 cm from the median line, outside the nipple line, the right border was 7 cm from the median line in the second, third, and fourth spaces The apex beat was heaving, in the fifth space below the left nipple Over the apex and precordium, radiating upward to the aortic area and toward the vessels of the neck there was a loud blowing systolic murmur replacing in good part the first heart sound Over the base there was heard a short diastolic blowing murmur There was present a Corrigan radial pulse and also a visible capillary pulse Over the femoral artery there was heard the pistol-shot sound of ventricular systole and just preceding this was another systolic sound There was visible brachial pulsation with evidence of slight brachial and moderate temporal tortuosity The brachial blood pressure was 140/34, while the popliteal blood pressure

off the electrocardiogram showed a rate of 75 per minute No premature beats occurred The P wave was rather sharp and peaked

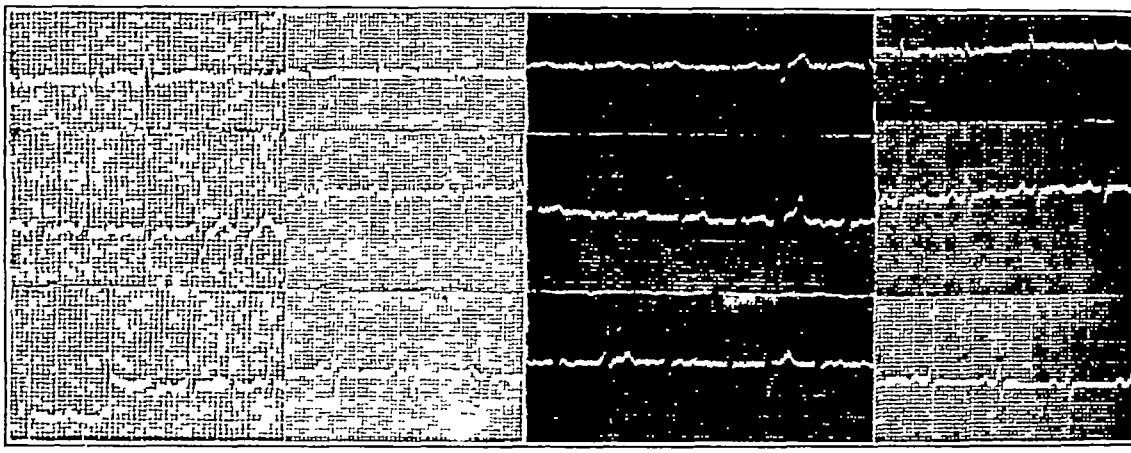


FIG 1 Joseph G—*Electrocardiogram three months after direct injury to the chest and heart*

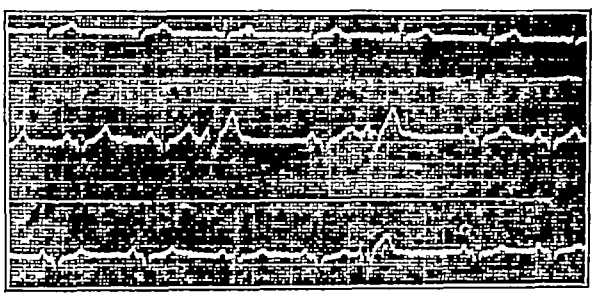


FIG 2 Joseph G—*Three months after restoration of sinus rhythm*

A few months later, without medication, the patient suddenly developed an attack of fibrillation (C) that lasted a week and subsided under digitalis medication (D)

Extrasystolic Arrhythmia

Perhaps the most frequent form of irregularity of the heart action that takes place is that known as extrasystolic arrhythmia, in which premature beats interrupt the normal heart rhythm These may arise in the auricle or at any point in the ventricular musculature The usual cause for their occurrence is focal myocardial irritation at one or more points, due either to rheumatic inflammation or to coronary changes A less common cause for their occurrence, however, lies in the lesions produced in the cardiac tissue by heart strain,[4] by direct injury from blunt violence such as blows to the chest, or by indirect injury as in falling from a height

Where trauma is under consideration as a cause of this form of irregularity, it may be held liable by the process of exclusion In young people, toxic and infectious causes have to be eliminated as possible factors In older people, arteriosclerosis usually complicates the picture. It is therefore the clinical relationship between the accident and the development of this form of irregularity that guides us to the establishment of a causal association

The following case serves as an example in which the consideration of this condition comes into play

Paul H, a young carpenter twenty years of age, fell three floors down an elevator shaft to a planked flooring He regained consciousness in a hospital where the lacerations of the face and head were treated He had pain across the back of the right side of the chest, but no other external evidence of thoracic injury Although there were no other effects of intracranial trauma, he had some dizziness, unsureness of gait, and deeper injury to the nasal bones for several days after Following the accident, he began to feel slight dyspnea on exertion and palpitation which was worse at night or on standing up

Examination of the heart showed an occasional ventricular premature beat in a rate of 70 per minute The sounds were all clear and of good quality There were no other signs of intrathoracic involvement

Polygraphic and electrocardiographic tracings showed the extrasystoles arising from one focus near the apex of the heart. There was moderate sinus arrhythmia, but no ventricular preponderance (See Figure 3)

Summary—In this case, assuming that the extrasystoles were not present before the accident, there are two possible sources, both in consequence of the trauma, from which one may expect the development of extrasystoles One is a central focus due to the injury to the brain, and the other is direct trauma to the heart In the absence of other central or cerebral symptoms, this origin may be excluded The severity of the direct injury to the chest makes it almost unrea-

after the accident, he could not lie on either side, and later could not lie on the left side

Physical examination a year and a half later showed the heart not enlarged, and the sounds at the apex of good quality Over the aortic area, there was a soft blowing systolic murmur, but no basic accentuations There was a tender spot on the third left rib, two inches from the median line, and also tenderness over the sternum just below the manubrio-gladiolar junction The temporals were tortuous, and the blood pressure was 132/90

A teleroentgenogram showed the cardiac shadow normal in size and configuration, but the aorta appeared moderately elongated with slight prominence of the descending portion of the arch

One year later, the patient developed angina pectoris with repeated typical attacks of pain in the precordial and sternal regions, radiating to the left arm There was weakness and inability to move about with comfort Examination showed a pulse rate that increased considerably on slight exertion, and a low blood pressure Otherwise the physical examination showed no new evidence The electrocardiogram which had previously been negative, at this time showed a conspicuous alternation of the *R* wave Otherwise the waves would be considered entirely normal

The disability was adjudged total and permanent

Summary—The clinical sequence of events is definite Following direct injury to the chest wall, the patient became unconscious The subjective symptoms that followed are the main guide and evidence of some affection behind the sternum Involvement of the aorta or heart, and even laceration or contusion with ecchymosis, may occur following severe injury Over the aortic area, there was a soft systolic blowing murmur There was a tender spot on the third rib, two inches from the midline as well as below the manubrio-gladiolar junction This, together with the r-ray findings, suggests the possibility of aortic involvement There is evidence of slight general arterial changes which are no doubt of the same type as the aortic lesion and entirely independent of the injury The later development of angina pectoris is corroborative evidence of the localization of the traumatic lesion The atheromata in the aorta following the injury obviously spread to the coronary arteries and induced the attacks of angina pectoris

It is mainly, however, by the record of the injury and the patient's symptoms that we are compelled to conclude that there was damage to the aorta with subsequent cardiac symptoms and angina pectoris—all on the basis of the accidental lesion There may also have been injury to the connective tissue at the base of the heart, in the region of the insertion of the large vessels into their pericardial covering This is speculative, however The duration of the symptoms is usually much prolonged It often takes years before the patient can resume strenuous activity, and the pain often recurs

Rupture of the Heart

The relation of trauma to rupture of the heart is well recognized, particularly when it concerns penetrating wounds Traumatic rupture is generally due either to gunshot wounds or to stab wounds These will be taken up at the end of this section We shall here concern ourselves with rupture of the heart due to non-penetrating injuries This may follow a blow, a fall, or a compression injury to the chest, as well as violent effort some time after the injury has been received

The symptoms of rupture of the heart are in reality the terminal phenomena that take place They usually consist of the momentary symptoms of collapse and sudden death The mechanism for the occurrence of death depends upon the intra-pericardial pressure When the pressure in the pericardium becomes equal to that in the right auricle, blood no longer enters the heart from the systemic veins and death promptly ensues

Krumbhaar and Crowell report a very interesting case, with autopsy findings, showing a very pointed relation of the trauma to rupture of the heart" A man, aged 38, of dissolute habits, during a drunken debauch at Atlantic City, fell heavily against a box for mixing mortar, hitting the edge against his precordial area When seen several days later, he had considerable precordial pain, but no diagnosis was made No further details were available except that death occurred suddenly At autopsy, the pericardial cavity was filled with clots of blood About half way up the outer wall of the left ventricle in the visceral pericardium, was a transverse tear, 3 cm in length which extended into the myocardium for about two-thirds of its depth Histologically, the coronary arterioles were reported as occluded, and the myocardium near the rupture was acutely necrotic

It is probable in this case that trauma played a prominent part by injuring the coronary artery with subsequent thrombus formation Rupture occurred "spontaneously" as a result of the thrombosis

Penetrating Wounds

Besides rupture and laceration of the organ produced by contusion and crushing injuries, external penetrating wounds of the heart occur passing through one or more of the heart walls Gunshot wounds constitute a large percentage of the penetrating wounds of the chest In addition to these, fractures of the ribs and sternum play an important role In these cases, the sharp end of a broken fragment may directly lacerate

was 180 systolic and heard faintly to 250, the diastolic pressure sound was heard at zero

Radiographic examination revealed some pulmonary congestion on both sides The heart was horizontal in position, enlarged to the right and left The left ventricle was rounded and prominent The retrocardiac space showed the descending aorta There was no definite evidence of enlargement of the left auricle, as demonstrated by contrast-filling of the esophagus The findings pointed to enlargement of the left ventricle and right auricle, and suggested enlargement of the right ventricle

The blood Wassermann reaction was *four plus*

The subsequent progress of the case was very rapid Pain and distressing pressure across the chest became more and more marked compelling the patient to sit up almost all day and all night Frequent attacks of cardiac asthma developed with enlargement of the liver, congestion of the pulmonary bases, and progressive edema of the legs The mild antiluetic treatment that was instituted was not of any help, and from the observation, did not contribute to the sudden death which occurred four and a half months after the accident Unfortunately, no autopsy was obtained

Summary—From the history of the severity of the injury, in the accident, one is compelled to adduce a causal relationship between it and the condition of aortic regurgitation ending in cardiac failure and death Because of the four plus Wassermann reaction, we cannot be certain in this case that the heart was normal before the accident A previously diseased valve is more susceptible to traumatic effects than a sound valve

The duration of life following traumatic rupture of a valve is very variable Immediate death may occur Temporary recovery may be sufficient to allow for the resumption of light work Even healing may occur Prognosis is better in cases with a pre-existing valvular regurgitation, as in these the heart has already undergone compensating hypertrophy

Injuries to the Aorta

Besides injury to the aortic cusp, the wall of the vessel frequently suffers in accidents due to direct violence to the front of the chest A blow on the chest, a sudden fall, or the jar of an accident may cause rupture of the aorta with the formation of a dissecting aneurysm This has been recognized since the time of Vesalius Usually, the cases present the symptoms of ordinary saccular aneurysm of the aorta, but in one case recorded by Allbutt, there was dilatation of the aorta In aneurysm of the abdominal aorta, trauma is a very common etiological factor The essential pathology consists of a split of the intima and inner portion of the media, a dissecting aneurysm may follow with healing or with a rupture, a saccular aneurysm may form, or the wall of the aorta may rupture completely

Injury to the Heart Musculature

A number of cases in the literature indicate strikingly that small foci of myocardial damage may develop as the direct result of external violence

Whenever a colliding force has been directed against the precordial region of a patient, the possibility of myocardial damage must be kept in mind If fracture of the ribs or injury to the pleura have occurred such suspicion becomes emphasized The presence of irregular action which supervenes upon violence to the heart is a significant sign Although the pain has no particular characteristics, it is usually localized over the injured area and sometimes radiates to the left axilla or below the left breast In most mild cases of myocardial damage due to external violence, the signs of a transitory pericarditis develop Usually the heart sounds are lessened in volume and deficient in muscular quality, although no murmurs need be present Particularly significant is the persistence of a rapid heart rate in the absence of fever The irregularity of the pulse and its variability of rate are very important

We may include the following interesting case of ours in this group

Christino G, aged 45, had been pushing a hand truck for two years without pain or discomfort One day, a very heavy load falling from a height weighted the far end of the hand-truck, catapulting the handle end upward The cross-bar struck the patient across the sternum, just at the manubrio-gladiolar junction He took two or three steps back, fell to the ground unconscious for a few moments, and was dazed when he got up He felt a severe burning pain in the midsternal region, with dyspnea and distress in taking a satisfying breath The burning was also felt in the mid-dorsal region, but did not radiate to the arms, neck or other points of the chest There was also dizziness after moving

One month later, he developed inconstant pain in the left nipple region for which he stayed in bed for one week He returned to bed at times with a burning sensation in the middle of the chest, and a sticking pain in the nipple region He became fatigued easily and had faintness at times after the accident At times, he also felt a sudden rapid palpitation, especially during the night and slept only spasmodically, waking with pain, burning sensation, dyspnea, and cough There was no wheezing nor hemoptysis Gradually, the burning sensation lessened and he then felt the sensation of a lump in the midsternal region At times, he also had pain in the same region on deep breathing For seven months

trating violence, small foci of myocardial damage may develop

14 It must be recognized that milder injuries of the myocardium may take place consistent with life over a varying length of time

15 Rupture of the heart may follow non-penetrating injuries to the chest, as well as violent effort some time after the injury has been received

16 The symptoms of rupture of the heart are in reality the terminal phenomena that take place They usually consist of the momentary symptoms of collapse and sudden death

17 The mechanism for the occurrence of death depends upon the intra-pericardial pressure When the pressure in the pericardium becomes equal to that in the right auricle, blood no longer enters the heart from the systemic veins and death promptly ensues

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STUDIES IN INTESTINAL INTOXICATION 2

Bacterial Complement Fixation Tests in Infections of the Gastro-Intestinal Tract.—Improved Technic and New Therapeutic Application.

By CLARENCE W LIEB, A.M., M D and GEO H CHAPMAN, B.A.Sc., NEW YORK, N Y

COMPLEMENT fixation reactions have been used with a moderate degree of diagnostic success in some types of gonorrheal infection, tuberculosis, glanders and to a small extent in a number of infections due to other bacteria and protozoa, particularly amœba A few workers have used complement fixation as an aid to the diagnosis of infections in which some group of streptococci might play an etiological role In so far as we are aware, complement fixation reactions in bacterial diseases of the gastro-intestinal tract have not been studied with the degree of thoroughness which the importance of the subject demands We might even go as far as to say that bacterial complement fixation tests, as usually performed, are considered of doubtful diagnostic value.

By a technic, which is outlined below, we believe we have been able to make these reactions of considerable diagnostic value in all chronic infections and particularly in infections of the gastro-intestinal tract Our experience justifies the conclusions that focal infections, primarily outside the alimentary tract, play a statistically minor role in the production of chronic disease and that wherever the primary infection may be, secondary infections of the gastro-intestinal tract may eventually develop through hematogenous or gravitational sources

Our criticism of the usual bacterial complement fixation technic is directed toward the failure of proper antigenic titration and the small number of antigens used Instead of a single antigen, we originally employed 135 and used them on every blood examined over a period of two years Since our object was to develop a test which could be used clinically, we finally pooled these into groups and found that these group antigens gave us more diagnostic information than had previously been obtained by the single strains It was difficult for the average practitioner to understand a laboratory report covering nine pages and the titre of the antigens was extremely difficult to control Consequently we finally adopted the following series of group antigens

Antigen number	Name	No. of strains in antigen
1	Aerobacter aerogenes	5
2	Typical non-hemolytic coli	5
3	Atypical non-hem. coli	5
4	Narrow hemolytic coli	6
5	Wide hemolytic coli	6
6	Salmonella group	6
7	B typhosus	1
8	Dysentery group	9
9	B pyocyaneus	2
10	Proteus	4
11	Alcaligenes	4
12	Friedlander	3
13	Diphtheroids	3
14	C. welchii	7
15	Other anaerobes	8
16	Streptococcus viridans	7
17	Non-hemolytic streptococci	3
18	Hemolytic streptococci	5
19	Non-hemolytic enterococci	4
20	Enterococcus viridans	4
21	Hemolytic enterococci	4
22	Staphylococcus albus	4
23	Staphylococcus aureus	4
24	Gonococcus	7
25	Neisseria (meningococci and catarrhalis group)	5
26	Monilia	3
27	Hemophilus (influenza, etc.)	2

Each one of the single strain antigens had been standardized over the period of two years before being used in the test and each strain was added to the pooled antigen in proportion to its titre

We found that, by the usual methods of complement fixation, a given bacterial antigen might give a strongly positive result with a given blood, but if other bacterial antigens were also employed, they would also give positive results This is

the tissues of the heart The seriousness of these injuries depends upon the amount of trauma inflicted upon the intrathoracic structures

Freese reports a case of a negro who was stabbed and immediately operated on while he was unconscious, with feeble respirations, imperceptible pulse, widely dilated pupils, and cold perspiration [8] There was a wound half an inch long, in the fourth space to the left of the sternum After removal of part of the fourth and fifth left ribs and the costal cartilages, a wound of the pericardium was seen exuding blood When the clot was removed from the pericardial sac, the heart wound was seen in the posterior wall of the left ventricle, a little above the apex This was sutured, the pericardial wound closed, and the musculo-cutaneous flaps replaced on the chest wall The patient recovered without any subsequent cardiac embarrassment.

Under this heading belongs also the consideration of the question of injuries to the blood vessels in the thoracic wall These frequently complicate penetrating wounds The internal mammary artery and intercostal arteries may give dangerous and even fatal hemorrhages within the chest The rupture of the larger vessels in the thorax such as the superior vena cava has also been discovered following penetrating wounds

In one case, reported by Stephens, a man of 42 fell into a cellar, fracturing the sternum at the sternal angle [9] On opening the chest, a marked extravasation of blood was found behind the site of the fracture, due to a tear in the superior vena cava

There is a case reported by Fisher of a negro 24 years old who was stabbed just within the left nipple [10] He was in extreme shock with cold skin and barely palpable pulse Under ether anesthesia, blood was found to escape from a wound in the pericardium and an attack of paroxysmal ventricular tachycardia was observed There was also a penetrating wound over the left ventricle, one inch long which was grasped and sutured The patient recovered

There are recorded in the literature several such interesting cases Some of them are of stab wounds which required suture and resulted in complete recovery

Compensation Criteria

In considering the subject of trauma to the thorax with intrathoracic cardiovascular injury from the point of view of the compensability of the accident, several important criteria must be established

1 From a labor standpoint, the heart is healthy if a man is able for a long period of time to pursue his occupation without distress and without long periods of absence from work

2 If, following direct or indirect violence to the chest, signs of an intrathoracic cardiovascular lesion develop, which are incapacitating, they must be considered the result of an aggravation of a previously-existing asymptomatic lesion, or the result of damage to a previously normal heart

3 As in heart strain, the time that elapses between the accident and the development of disabling symptoms is very short There must be immediate pain with its concomitants—dyspnea, rapid irregular pulse, faintness, and cold sweat, and immediate partial or total disability in order that causal or aggravating relationship be clearly established Temporary improvement with return to usual or lighter work, followed by a recurrence of the condition may occur But, in these cases, the re-appearance of the symptoms and signs should be attributed to the original injury

Summary

1 The superficial position of the heart and pericardium directly behind the sternum and the adjacent cartilages exposes it to dangers from injuries to the anterior chest wall

2 With or without injury to the ribs, or even without obvious external bruising, an external blow may produce very serious damage to the intra-thoracic structures

3 The principal clinical types of traumatic heart lesions that occur in consequence of direct and indirect violences are classified

4 The pericardium may react to a contusion or concussion of the chest with the development of acute pericarditis

5 Auricular fibrillation may follow direct violence to the chest.

6 Extrasystolic arrhythmia may arise following damage produced in the cardiac tissue by direct injury to the organ from blunt violence such as blows to the chest, or indirect injury as in falling from a height

7 The location of the trauma in the myocardial structure will predicate the functional disturbances or arrhythmia that may develop Cases are reported of heart block from direct injury to the chest

8 Injury to the front of the chest, with or without injury to the ribs or even without obvious external bruising, may cause rupture of one or more of the valves in the heart

9 The mechanism of the production of such injuries is discussed

10 Illustrative cases are reported by the authors The most important clinical characteristic of these cases is the immediate development of physical signs referable to the valvular lesion

11 Besides injury to the aortic cusp, the wall of the vessel frequently suffers in accidents due to direct violence to the front of the chest, with the formation of a dissecting aneurysm

12 A pre-existing aneurysm may rupture in consequence of direct blunt violence to the thorax

13 A number of cases in the literature indicate strikingly that due directly to external non-pene-

feces and many groups of B coli gave positive fixation with her blood

It may be argued that there is an excess of B coli reactions in the above cases of arthritis (which is usually considered to be of Streptococcal origin) Four of them were patients who had been unsuccessfully treated with very complete courses of streptococcus vaccines by another physician and since they are doing well with vaccines made from the organisms indicated by our tests, we think that this clearly indicates that the above results are accurate

In addition to these, the following cases may be of interest Dr A F G had diabetes, duodenitis and arthritis His blood gave positive reactions to streptococci and Micrococcus catarrhalis The gall bladder was drained It was found to contain mucus in increased amounts and, when this was cultured, we obtained a pure growth of Micrococcus catarrhalis

Miss C C, who gave a history of having had dysentery, was found to have negative blood tests for the dysentery group but positive ones for C welchii and slight reactions for an occasional B coli group and for enterococci The stool showed non-toxic strains of B coli and a non-toxic strain of Aerobacter aerogenes This latter organism is usually extremely toxic and is found very frequently in kidney infections In view of this fact, it was interesting to observe the blood reactions to its group They were quite negative There was a moderate increase of C welchii in the stool and this finding, suspected from the positive blood tests was strengthened by the fact that the stool was very acid (pH 5 3) and was yellow Most infections by C welchii have an acid stool while those due to other anaerobes veer toward the alkaline side

Mrs C W M is an excellent example to illustrate that the electrophoretic index of toxicity is a constant one for each strain On January 7, 1929, her stool contained an almost pure culture of B coli with an index of 56 5 On April 5, 1929, it contained an almost pure culture of the same organism with an index of 58 Allowing for a slight experimental error, these results agree very closely The intestinal tract was not the primary focus of her infection It was subsequently found in the tonsils which revealed a pure culture of non-hemolytic streptococci Her blood was positive for streptococci but negative for B coli

Mrs W LeG had a diagnosis of cholecystitis The blood urea was 40 mg and the icterus index 17 The urine contained an occasional hyaline cast The stool was examined on May 11, 1928, but no bacteria were recovered on culture A small amount of mucus was present As will be pointed out later, this suggested a streptococcus infection of the duodenum On November 2, 1928, we isolated a few B coli of moderate toxicity but no other aerobes However, the anaerobic blood agar plates contained a large number of streptococci On April 5, 1929, a specimen of blood was submitted for bacterial complement fixation All antigens of streptococci gave positive results as also did typical B coli and hemolytic coli The patient was operated on April 11 and a culture of the excised gall bladder was negative Since she had been given considerable vaccine treatment based on our methods, we suggest the possibility that the inflamed gall bladder had been sterilized as a result of the treatment and that the pain in the upper right quadrant was due to the effect of the adhesions

Too little emphasis has been placed on strain differentiation in bacteriological diagnosis The labeling of a culture with a specific name is not sufficiently precise in view of the difference in toxicity of various strains in the same species This is particularly true of streptococci and B coli By means of improved cultural methods, the toxigenic index and bacterial fixations, we are now able to control bacterial identity with a nicety and accuracy which was lacking in older methods These studies suggest that secondary infections are often quite as important as the primary ones and that in a given case of colitis or arthritis we may be dealing with multiple infections This is suggested especially in some cases in which C welchii may entirely dominate the intestinal picture, bacteriologically speaking, and yet may produce no toxic symptoms whatsoever But when a toxic strain of B coli is present, which, by its toxic effect on the mucous membrane, breaks down this defensive mechanism, then welchii toxins are readily absorbed with resulting signs and symptoms Is it not logical also for us to draw the conclusion that a general lowered resistance paves the way for the invasion into the tissues of more than one group or strain of bacteria?

One of the most striking results of this research was the finding, in a small percentage of patients, of a relative absence of the usual intestinal bacteria from their stools These patients were repeatedly examined over a period of many months with the same results, proving that the phenomenon was fundamental with them No increase in bacteriophage could be demonstrated in their stools, and their gastric acidities fell within normal limits The source of the relative sterility was finally attributed to the duodenum These patients often gave strong complement fixation with streptococcal antigens but poor fixations were observed with the B coli groups We concluded that streptococcus toxin elaborated in the duodenum, was preventing the proliferation of B coli and other organisms Bacterial antagonism is a very important factor in intestinal bacteriology We have seen instances where Micrococcus catarrhalis streptococci and staphylococci in an infected duodenum had prevented the growth of B coli in the intestine We believe that the good results of proper implantation of B coli are due

due to the fact that all bloods contain varying amounts of a substance which will give positive results with any bacterial antigen If this substance is present in excess, all the results will be positive, if it is deficient, the results will be negative, if it is present in average amount, the results will be a little more reliable

Our method is to titrate this substance with a single antigen composed of aliquot parts of the entire 135 single antigens Some bloods will give negative results with this antigen, others will give positive results even if an amount of complement, equal to twenty times that usually employed, is used The amount of complement necessary to neutralize this tendency is accurately determined and is the amount employed in the test With these modifications, the test is similar to most standard methods We are at present attempting to adapt the technic to the Kolmer method

The value of this modified test is that, using antigens composed of various types of intestinal and other bacteria, we are able, with considerable accuracy, to determine which species of bacteria has invaded the body For instance, in a streptococcus infection of the intestinal tract, it is often impossible to demonstrate streptococci in the feces C welchii is quite constantly present in feces, but it is possible, by complement fixation tests in the patient's blood using these bacteria as antigens, to determine if he is harboring a toxic or a non-toxic strain of this organism

The results obtained by the electrophoretic test for toxicity previously described and by the modified bacterial complement fixation test using all the 27 antigens (for safety, we insist on using the entire series of every specimen examined) are remarkably consistent Examples of the application of these two tests are given below (table I) The term "corresponding antigenic group" refers to the stock antigen made from strains which are similar to the one mentioned as being isolated from the patient's feces For example patient G F L had asthma due to streptococci and even minute doses of this organism caused severe paroxysms No toxic strains of the B coli group were isolated from the feces On the other hand, Mrs J had mucus colitis due to B coli Many toxic strains of B coli were isolated from her

TABLE I

Initials	Bacteria Isolated From Feces			Bacterial Complement Fixation (Stock Antigens)		Clinical Diagnosis
	Type of B Coli Found	Index	Toxicity from Index	Corresponding Antigenic Groups	Other Groups Positive	
H E M	Atyp	46	Toxic	Slight	Streptococci	Phlebitis
Mrs J	Typ Atyp Atyp Wide hem	55 53 61 53	Moderate Moderate Doubtful Moderate	Moderate Strong Strong		Colitis
G F L	Typ Atyp	73 62	None Doubtful	Very weak Strong	Streptococci	Asthma
F B	Typ Wide hem	45 59	Very toxic Slight	Strong Moderate	Dysentery and Welchii	Colitis
Mrs P	Typ Atyp Aerog	80 109 82	None None None	Negative Negative Negative	Prot, Pyoc, Fried, G C	Gonococcus Arthritis
Mrs C L	Typ Wide	68 76	None None	Moderate Strong	Enterococcus Viridans (not Streptococci)	Enterococcus Arthritis
A S	Typ	46	Toxic	Moderate	Staph and Strep	Arthritis
Mrs C B	Aty Nar Hem Aerog	75 59 52	None Slight Moderate	Moderate Strong Strong	Most intestinal Bacteria (not Streptococci)	Arthritis
Mrs P A J	Typ	49	Toxic	Strong	Staph Alb (Strep neg)	Treated colitis (After successful dietetic treatment)
Miss C C	Typ	45	Very	Strong	Enterococcus Vir (S Vir Negative)	Arthritis and Colitis

lost in the smoke These injurious results are proven and are not debatable The only debatable part is when some one tries to put these losses in dollars and cents, but the cost remains very great, no matter how one calculates it. So far all have agreed What will we do about it?

The most important step in the prevention of smoke is the education of the public particularly as to the cost of smoke The new policy of enlisting the cooperation of civic organizations such as we have in New York namely, the Chamber of Commerce, Merchants' Association, Fifth Avenue Association, and some twenty others has been of invaluable aid If the members of every organization would eliminate smoke, it would aid greatly and perhaps almost entirely eliminate the problem

The education of engineers and firemen and others who burn coal is greatly needed A placard instructing in the method of stoking and firing is being distributed in all the plants It will show good results in a very short time There has been a great increase in the use of bituminous coal—about six times as much as was formerly used All bituminous coal smokes, some more than others There is plenty of anthracite, at but little more cost than a poor bituminous coal, but in those cases where great heat is desired quickly, it cannot be used except with a tremendous blowing apparatus which blows so many cinders out of the stack that it is worse than the dense smoke

Proper stoking and firing would reduce greatly smoke and soot, in some cases almost entirely, but, for home use, smokeless fuel should be used which eliminates smoke entirely, such as electricity, gas, coke and fuel oils It is simply a question of cost It must be remembered that if one were to use gas, for instance, this would eliminate the cost of delivering coal, and still further, the cost of storing it, also the cost of the removal of ashes

The law governing the discharge of smoke in New York City is as follows

Authority Charter

"Sec. 1168 The duty of the Board of Health is to enforce the law applicable in said district to the preservation of human life or to the care, promotion, or protection of health, and includes all laws relative to cleanliness, and to use all reasonable means for ascertaining the existence and cause of disease or peril to life and health, and for averting the same

"Sec 1172 Said Board of Health is hereby authorized and empowered from time to time to add to and to alter amend or annul any part of the said Sanitary Code The Board of Health may embrace in said Sanitary Code all matters and subjects to which, and so far as, the power and authority of said department of health extends, not limiting their application to the subject of health only

"Sec 1229 Definition—In the definition of the word nuisance are these words—"whatever renders the air unwholesome is a nuisance"

"Sec. 1887 A wilful omission or refusal of any individual, corporation or body to forthwith abate any nuisance shall be a misdemeanor"

SMOKE

Authority Sanitary Code

"Sec 211 Discharge of dense smoke prohibited—No person shall cause, suffer or allow dense smoke to be discharged from any building, vessel, stationary or locomotive engine or motor vehicle, place or premises within the city of New York or upon the waters adjacent thereto, within the jurisdiction of said City All persons participating in any violation of this provision, either as proprietors, owners, tenants, managers, superintendents, captains, engineers, firemen or motor vehicle operators or otherwise, shall be severally liable therefor

"Sec 212 Nuisance caused by the discharge or escape of cinders, dust, gas, steam, or offensive or noisome odors prohibited.—The owners, lessees, tenants, occupants and managers of every building, vessel or place in or upon which a locomotive or stationary engine, furnace or boilers are used shall cause all ashes, cinders, rubbish, dirt and refuse to be removed to some other place so that the same shall not accumulate, nor shall any person cause, suffer or allow cinders, dust, gas, steam, or offensive or noisome odors to escape or be discharged from any such building, vessel or place, to the detriment or annoyance of any person or persons not being therein or thereupon engaged

"Sec. 181 Misfeasance and nonfeasance—No person shall, knowingly, or carelessly or negligently, do or contribute to the doing of, any act dangerous to the life or detrimental to the health, of any human being, provided, however, that the foregoing provisions of this section shall not apply to a necessary act authorized by laws, nor shall any person omit to do any reasonable and proper act, or take any reasonable or proper precaution, to protect human life and health"

The Department of Health then is concerned with nuisances,—those conditions that are an injury to the health and comfort of the population In the matter of fire heat, so long as no nuisance is made the Department cannot be concerned as to what a person burns Hard coal, soft coal, or any other material, even garbage, provided no smoke, dust or odors are made, to the injury or annoyance of others So no law can be made against the burning of soft coal, because burned under proper conditions, it can be consumed without causing a nuisance, and any law prohibiting the use of soft coal, or any other

to the suppression of toxic strains in the colon by the metabolic by-products of the non-toxic strain Another example of this antagonism is noted in the changed intestinal flora in pneumonia which returns toward normal with an improvement in the patient's condition It is well known that in examinations of feces for typhoid bacilli, it is important to make the examination with the least possible delay since they are rapidly killed if left in situ The antagonism of L acidophilus and some putrefactive anaerobes needs no comment

It may be mentioned here that the reaction produced by the intestinal bacteria plays an important role in this antagonism Certain strains of C welchii and B coli produce a very marked acidity on a mixed diet

These studies have begun to open a new field for investigation They were applied in any case where it was necessary to find out if the intestinal tract contained a changed flora of a type that would be responsible for the patient's condition Obviously, this method of study can be applied in other directions It has given us valuable clues in searching for causes in some cases of diabetes, nephritis, mental disturbance, and especially where hidden foci were suspected

Conclusion

Electrophoresis and bacterial complement fixation have been applied to a study of the intestinal flora It is possible, by these methods to differentiate a normal from an abnormal stool The exact type of bacteria and, generally, the actual abnormal strain can be readily identified A combination of the two tests is very highly recommended in preference to either one alone The correlation and agreement between the two tests are remarkably close

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SMOKE

By THOMAS DARLINGTON, M D , NEW YORK, N Y

THERE are a number of serious health problems which, though they have engaged the attention of health authorities and also the public, still remain unsolved Among these we find the control of the smoke nuisance By smoke I mean the visible passage of soot from chimneys and smokestacks usually caused by burning of soft coal In other words, it is that cloud that comes from a chimney and is composed principally of several gases carbon monoxide, carbon dioxide and several of the hydrocarbon series, besides sulphuric acid, ammonia, unconsumed carbon, and several other products The visible part is usually called "soot" Here let me make two observations First, that this is a problem that does not relate to health only, and secondly, that the enactment of a law does not and cannot always abate nuisances The continuance of the smoke nuisance is partly because of indifference of the public unless one is seriously affected, partly because of lack of study of the subject, and partly from lack of education

Why should we be interested in the smoke problem? What harm does it do? The harm is so well understood that it should not be the subject of controversy First, it is injurious to health It affects the eyes, nose, throat and air sinuses, lowering the resistance of these parts to disease It affects the respiratory tract and the bronchial tubes That the soot reaches these tubes is readily seen by the blackish mucus coughed up in the morning In the lungs themselves the carbon particles become imbedded, and in time the lungs change from their natural pink to a black color The irritation of the smoke and particles produces scar tissue and in time interferes with the normal action of the lungs

In addition to its effect on health, there is loss of sunlight with its violet rays, due to the screening of the sun by the smoke—particularly so on foggy days

It is needless for me to talk of the necessity and advantages of sunlight They are all too well known Hundreds of persons now purchase violet ray electric lamps to take the place of sunlight, the loss of which is due partly to smoke Of course our method of residing in dark apartments and our high buildings helps to shut off sunlight

The diminution of light increases the cost of living by making necessary more electric lighting Smoke increases the cost of living also through the increase of laundry and cleaning bills It depreciates home furnishings, such as carpets, curtains, furniture, books, etc , thus greatly increasing our cost of living To make ends meet we must, therefore, work harder, with less recreation and more irritation to our nervous system, thus shortening life

Smoke injures buildings The sulphuric acid soot eats into the stone, destroys the stone itself, and discolors it In some places smoke is destructive of real estate values Experiments have shown that smoke greatly injures vegetation, destroying trees and shrubs, in our parks and our highways, and seriously injures market gardens in the vicinity of a city, thus again increasing the cost of living Besides all this, one of the greatest losses is the unburned carbon

* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N Y , June 5, 1929

person who accompanies him or her to the hospital. Sometimes additional information can be obtained from visitors who come in later

Physical Examination—A general, thorough physical examination is important. Special attention is paid to examination of the head, including a fundoscopic and otoscopic study A very complete neurological survey is also made The blood pressure is taken as soon as possible after admission and repeated at definite intervals

Laboratory studies should include the following items

1—Urine.

A study is to be made of a catheterized specimen obtained as soon as possible after admission

2—Spinal Fluid

The great importance of lumbar puncture in coma cannot be overestimated A study of the spinal fluid should include, physical appearance, amount, pressure, cytology, smear and culture for search of organisms and a chemical analysis for albumin, globulin and sugar, Wassermann where indicated, Colloidal gold where indicated.

3—Blood Examination A study of the blood chemistry is of the utmost importance, especially non-protein nitrogen and sugar Wassermann where indicated Other items for blood study may be investigated if indicated

4—Gastric Analysis A careful study of the stomach contents is very important, especially where there is a question of some form of poisoning

5—*X*-ray of the skull has been found to be a most necessary step, especially in the diagnosis of fracture of the skull

We believe that by following a definite routine in coma we can more often arrive at a correct diagnosis There is room for a more careful survey of various aspects of coma and we are following this routine for a time and hope to be able to make some valuable tabulations

Coma Routine

The following are illustrative cases of this routine

Case 1—Male, white, age 30-40 *History* Had been drinking heavily, then said to have had what resembled an epileptic seizure *Physical Examination* Deep coma Pupils dilated Breath smelled strongly of alcohol Pulse very rapid, poor quality Reflexes exaggerated *Urinalysis* Reaction acid Specific gravity 1032 Albumin four plus Microscopic Hyalin granular casts and numerous pus cells *Spinal Fluid* Bloody, all tubes *Blood Chemistry* non-protein nitrogen 43, sugar 145

Clinical Course—Thirty-six hours after admission the patient developed a flaccid paralysis on the left side Temperature rose to 106 and he died

Clinical Diagnosis—Cerebral hemorrhage

Autopsy—Revealed fracture of the skull, contrecoup laceration of the brain, cerebral compression, hypostatic pneumonia and fatty infiltration of the liver

Cause of Death—Fracture of the skull

Case 2—Middle aged male, white *History* Not obtainable *Physical Examination* Coma Odor of alcohol Cheyne Stokes respiration Lungs apparently clear Heart sounds of fair quality, no murmurs or enlargement Blood pressure 110/80 Abdomen negative, no masses Knee jerks active Arm jerks active. *Ophthalmoscopic Examination* Pupils widely dilated, do not react to light Bilateral choked disc *Spinal Fluid* Blood tinged, three tubes

Clinical Course—Developed Cheyne Stokes respiration and died one hour after admission

Clinical Diagnosis—Acute alcoholic poisoning

Autopsy—Subdural compression and subdural hemorrhage from spontaneous rupture of a dural vein Chemical analysis of brain negative for ethyl or methyl alcohol

Comment

The above cases are cited briefly to illustrate the importance of following the *coma routine* in detail In each instance, if the skull had been radiographed, a correct diagnosis would have undoubtedly been made

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ACUTE INTESTINAL OBSTRUCTION*

By JOHN B DEAVER, M.D., PHILADELPHIA, PA.

The pleasure of addressing the Medical Society of the State of New York is greater than I am able to express in words, all the more so, since having previously had this privilege, I have a pleasant sense of familiarity in being with you again today

Intestinal obstruction, upon which your Secretary asked me to speak, is a far-reaching subject, and at the same time represents one of the most important acute abdominal conditions with which the surgeon has to deal This is particularly true, inasmuch as prompt decision followed by prompt action is demanded, if the best interests of the patient are to be served

* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N Y June 5, 1929

material that does not create a nuisance, would be unconstitutional

The question of what is burned is largely a question of economy, whether coal, oil, gas, or other materials The question of the kind of fuel and the kind of furnace or smoke consumer, or any particular patent process, is a question for the individual owner, and his architects and engineers to decide, and not the Department of Health For a public official to decide such a matter is highly improper and illegal Yet such a plan was proposed!

A general revision of the code took place in the year 1899, and an absolute prohibition against the discharge of all smoke was put into effect On August 28, 1904, a Brooklyn manufacturer who had been arrested sued out a writ of habeas corpus which brought the validity of the ordinance before the Supreme Court in the Second Department Mr Justice Dickey, before whom the matter was argued, held the ordinance void, unreasonable and in restraint of trade, and said

"That part of the Sanitary Code of the City of New York which forbids any owner, lessee, tenant or others where business is run in the city to allow smoke to escape from such buildings, and makes it a crime to do so, is unreasonable, in restraint of trade and against public policy and void The mere permitting of harmless smoke to come out of a chimney cannot be made a crime Such an ordinance as this, if strictly enforced, would close every manufacturing establishment in this city It is well within the power of the Board of Health to prevent the use of soft coal or the burning of any noxious thing creating a nuisance or interfering with the health of the public, but this is no such ordinance"

Thereafter section 181 was adopted and the discharge of "dense smoke" prohibited Because of this decision it was believed to be the most practical method of dealing with smoke conditions in New York City A similar regulation had been sustained by the highest courts of other States

This decision would protect public health better if it would not consider smoke harmless and state that the Board of Health has the power to prohibit the burning of soft coal—both of which statements are, in my opinion, not scientifically or legally sound In New York City the problem is still further complicated from the fact that when the wind blows from the West—and it usually does—a considerable amount of smoke over New York comes from a neighboring state, over which we have no control It is hoped to remedy this through a Board composed largely of members of the Chambers of Commerce of both states

The Court of Special Sessions in the case of The People v The New York Edison Company, at the June Term, 1913, pronounced this ordinance unreasonable and invalid An appeal was taken to the Appellate Division of the Supreme Court, First Department, and the decision of the Special Sessions was reversed and the ordinance upheld

This opinion did not fully clarify the situation insofar as the court did not in the opinion lay down the law that dense smoke, no matter when or where emitted, is a violation of law On the contrary that when it is unavoidable or accidental or of a momentary nature, it would not be a violation of this section Therefore, each case must be decided by the court

The principal difficulty with the law as to its efficacy and enforcement and of obtaining convictions under it, is with the words "dense smoke" What is dense smoke? According to law, that which one cannot see through—opaque

While these words remain in the law, smoke cannot be eliminated entirely except through education of the owners of the buildings, tugs, engines, locomotives They must voluntarily control this nuisance, because of public opinion or love of one's neighbor

The solution of this great problem rests with scientific leaders in the field of engineering who must perfect appliances by which industry may burn any type of fuel without creating smoke And to this end the Commissioner of Health of New York City has requested the aid of scientists connected with Stevens Institue of Technology and New York University and other learned bodies, to lend their aid and assistance

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A COMA ROUTINE

By LOUIS F BISHOP, JR, M D, and EMANUEL APPELBAUM, M D., NEW YORK, N Y

From the Fourth Medical Division of Bellevue Hospital, New York City

THE number of partially and fully comatose people admitted to Bellevue Hospital is unusually large They all afford interesting diagnostic points, and a rapid solution of the problem is often imperative It is with this idea in mind that we have undertaken the study of a large group from various angles

For some time we have felt that unless a systematic routine is followed in the investigation some very important items may be overlooked We believe that the following *coma routine* is simple and practical

History—The history has, of course, to be obtained from sources other than the patient It is important, therefore, to get as detailed information as possible from the relative or other

hesitate to operate in peritonitis with overlying muscular rigidity, while I may have some hesitancy in operating where the belly walls are soft and not under tension The peritonitis in the case under discussion, being an early one I immediately opened the abdomen under intraspinal novocain anesthesia I found both early peritonitis and partial obstruction, and was able to separate the adherent coils of bowel, two of which were acutely angulated with partial occlusion of their lumina I aspirated the pelvis obtaining puruloid material, smears of which were negative for virulent organisms Recovery was prompt and uninterrupted except for a slight wound infection The patient came to see me a few days ago saying how well she felt and how well able she was to look after her practice There is no doubt, in my mind, that without surgical interference the doctor would probably have perished

Incomplete obstruction may occur in paroxysmal attacks due to diverticulitis or recurring diverticulitis of the sigmoid In my experience, if the condition can be definitely recognized as an inflammation of a sigmoid diverticulum and is seen early, it should be treated conservatively, that is, by anatomic and physiologic rest There are certain conditions where conservatism is paramount and this is one of them, but in the majority of acute abdominal disorders radicalism will win out

In the experience of the Lankenau Clinic, and I dare say in that of other clinics, the most common cause of acute intestinal obstruction is adhesions The majority of these cases occur after operation, while the others follow a peritoneal inflammation from different causes This has occurred often enough with us to suggest to the surgical interns that when a patient is admitted with an acute abdomen, whose walls show a scar, the result of a previous operation, to think first of the appendix until it is ascertained that the scar is the result of an appendectomy, and then next to think of intestinal obstruction Should the operation not have been for the appendix, continue to think of the appendix until by examination it can be ruled out, then think of intestinal obstruction as well as prepare the patient for operation

Following any abdominal operation, no matter how simple, adhesions may and occasionally do occur They are met with in the way of strands, bands, and sheets adherent to neighboring coils or to a single coil of bowel to the parietal peritoneum at the site of the abdominal scar, to the great omentum, or to the mesentery beneath which a coil of small bowel may become obstructed These bands usually arise from attacks of local peritoneal inflammation, most commonly around the cecum and the appendix, at the site of an ulceration of the bowel, inflamed mesenteric glands, tubercular peritonitis, abdominal operations as already noted, operation for external herniae and injuries The size, length and attachment of these obstructive bands vary, and the location of the inflammatory focus to which they owe their origin determines the site of attachment They will be found between structures that by natural proximity have become adherent to the primary seat of inflammation, between two portions of bowel, between bowel and abdominal wall, bowel and mesentery, or between omentum, bowel, and other viscera Adhesions between the bowel and the mesentery or omentum are more likely to become attenuated forming a cord or cords so that strangulation of a loop of intestine is very apt to occur and an adherent epiploic appendage, the tip of the appendix, or a Meckel's diverticulum may simulate adhesions in causing obstruction

A tiny adhesion between two limbs of small bowel making a small aperture through which a coil of neighboring bowel passes is not an uncommon cause of obstruction, simply snipping the adhesion with the point of the scissors will release the obstructed bowel making the operation, if done early, of little moment An adhesion attached to the surface of a coil of small bowel opposite its mesenteric attachment may result in torsion of the mesentery and rapid strangulation of the bowel An adherent band, likewise, may become attached to the lateral wall of the bowel eventually resulting in the formation of a diverticulum and an arch that sooner or later, by angulation of the involved portion of the bowel, or incarceration beneath the arch, may cause complete obstruction A Meckel's diverticulum acts in the same manner in producing obstruction I could prolong this discussion on the freaky behavior of adhesions, but let these few examples suffice to show the important part they play in the etiology of acute obstruction The presence of multiple adhesions offers a more complex, and at the same time a more serious problem, sometimes requiring one or more anastomoses if extensive resection is to be avoided Surgery, for the relief of an acute obstruction caused by a single and small adhesion, may be likened to the surgery for a strangulated femoral hernia, that is, it must be done early in order to ward off gangrene of the bowel

Infiltration of a limited portion of the wall of the small bowel that lessens the size of its lumen and inhibits peristalsis, the most common example of which is a pelvic suppurative appendicitis is a factor in causing obstruction We often find the terminal ileum adherent in

Acute intestinal obstruction occurs as an obstruction of the blood-vessel circulation and of the fecal circulation, both of which are arrested, while chronic obstruction, as a rule, affects only the circulation or onward passage of the contents of either the large or the small bowel

Acute obstruction may be internal, external, acquired, congenital, or traumatic Internal obstruction, as its name implies, occurs within the peritoneal cavity so that the lesion is not evident to clinical inspection and can be located only after incising and opening the abdomen An external obstruction, the most common example of which is an external hernia, can be seen if it is looked for I make this reservation because I am occasionally asked in consultation to see a supposed internal obstruction, and on examining the sites of the hernial orifices, find a strangulated hernia Therefore, I say before making a diagnosis of internal obstruction always examine the hernial orifices With this statement, except to say that when a strangulated hernia is believed to have been reduced because the swelling has disappeared, an example of reduction en bloc, and the symptoms and signs of obstruction are still present, the abdomen should be opened at once I shall dismiss the subject of hernia and proceed to the discussion of internal obstruction

While internal obstruction may be congenital or traumatic, it is usually acquired, its causes in their order of frequency being adhesions, bands, peritoneal sheets, infiltration of the bowel wall, intussusception, incarceration in a peritoneal fossa, passage of a loop of bowel through the foramen of Winslow, a congenital or an accidental hole in the great omentum, in the mesentery, or in the meso-colon, twist or torsion of the great omentum, of the mesentery, or of the meso-colon, or by foreign bodies and pressure from without

Thrombosis of the mesenteric arteries may lead to acute symptoms closely resembling those of acute intestinal obstruction, while a venous mesenteric thrombosis will mimic the more chronic type of obstruction Very few cases are reported in the literature, those that are described were diagnosed at laparotomy and all of them were fatal

Although intestinal obstruction is usually complete, it may be incomplete or intermittent as in peritonitis due to an inflammation of the appendix, or of a Meckel's diverticulum, or in diverticulitis and recurrent diverticulitis of the sigmoid The last named is a rare example of incomplete non-mechanical obstruction of which I have seen an example It may be the result of disturbance of the sympathetic nervous system, or inhibition of nerve action by trauma in connection with a deep infection of the abdominal wound after an extensive operation In either case the condition corrects itself in a few days If caused by wound infection it subsides after the wound has been widely opened and drained, and when due to trauma of the nerve supply after an extensive and prolonged operation, it also subsides spontaneously In either case the anxiety of the surgeon is increased until there is evidence of a change for the better I have often been worried in these cases, but the absence of the characteristic pain of mechanical obstruction—nausea or vomiting, and stormy peristalsis—have been reassuring These cases may be classed as pseudo strangulation Marked, and occasionally persistent abdominal distention is sometimes seen after removal of a kidney through an extra-peritoneal approach This is another example of nerve disturbance, the explanation being that the abdominal walls are supplied by certain dorsal nerves from the trunks of which are derived the spinal nerve contributions to the splanchnic trunks, and the latter, as we all know, share in the formation of the great abdominal sympathetic plexus This explains the arrest of peristalsis sometimes occurring from irritation of the skin Incidentally, I may say that maintaining and increasing the abdominal temperature by diathermy during and after the operation will help to prevent this occurrence

Intermittent, incomplete obstruction, as occasionally seen in postoperative peritonitis and in peritonitis caused by appendicitis, a Meckel's diverticulum or a sigmoidal diverticulum, presents the questions (1) diagnosis of obstruction, and (2) the advisability of operation for relief of the obstruction, upon the correct solution of which may hang the fate of the patient I have, upon more than one occasion, had to decide this question In fact, comparatively recently, this arose in the case of a friend after operation for the release of very extensive adhesions following a pelvic operation done several years before. The patient, a doctor, apparently was getting along very nicely for two days when she developed inability to pass gas, frequent paroxysms of abdominal pain, nausea, increased temperature and pulse rate, a moderate leucocytosis and increased polynuclear count, diffused tenderness and rigidity, hyper-active, stormy peristalsis around, and hypo-peristalsis over the area of involvement These signs and symptoms influenced me to conclude I was dealing with an early peritonitis, since the muscles overlying the peritonitic area were rigid, and partial obstruction, the result of adherent coils of small bowel Muscular rigidity is the accompaniment of early peritonitis as against muscular relaxation or at least more or less flexibility of the muscles, in late peritonitis In passing, I may say I rarely

ing the dictum,—instead of watch and wait,—look and act

Obstruction at the site of one or other of the peritoneal fossae is rare, in my experience at least, although we have occasionally seen it in our clinic The peritoneal fossae owe their importance to the fact that by gradual enlargement they may harbor the greater part of the movable small intestine leading to the formation of an intra- or retro-peritoneal hernia The most important of these fossae are the duodeno-jejunal, the intersigmoid and the fossae around the cecum, namely the ileocolic, superior ileo-cecal, the inferior ileo-cecal and, finally the most important,—the subcecal or retrocecal fossa, due to the fact that it often is the site of the appendix When an inflamed appendix occupies the retrocecal fossa, the peri-appendicular inflammation occasionally results in occlusion of the orifice of the fossa, this being one of the reasons for believing the appendix to be congenitally absent Incidentally, I may say, I have never met with this congenital defect, although I have occasionally thought of it until I opened the closed-off fossa to find the appendix located therein Primary and residual appendiceal abscess, the latter the result of a retained fecal concretion does occur here

If the mouth of the retrocecal fossa were small, which it rarely is, it could be readily seen how a knuckle of small bowel might become incarcerated or strangulated In a few cases of obstruction (bearing in mind the role these fossae sometimes play in intestinal obstruction), in searching for the site of strangulation, it is not uncommon to have to disembowel in order to be sure that the site of the obstruction has not been overlooked

A danger point is an unusually large intersigmoidal fossa in the angle formed by the horizontal and vertical limbs of the sigmoid mesocolon When strangulation occurs at one or other of these points, it is not always possible to determine the exact position of the peritoneal pouch at the time of the operation

High intestinal obstruction, as instanced by hernia through the foramen of Winslow, constitutes one of the most formidable examples of acute obstruction I have seen practically all of the upper small intestine occupy the lesser peritoneal cavity, it having entered the cavity by way of an abnormally large foramen, with strangulation of the afferent and efferent limbs by the margins of the foramen Needless to say, the diagnosis of this type of lesion is not made clinically, although I recall at least one instance where due to persistent vomiting, together with an epigastric swelling and extreme tenderness, short respirations, rapid pulse lividity, the condition was thought most probably to be acute pancreatitis, but at the same time, the very severe pain, stormy peristalsis over the area normally occupied by the stomach, raised the question of obstruction The patient was immediately operated upon The diagnosis was confirmed and recovery followed

Sometimes, as the result of an antecedent accident, a slit is produced in the mesentery, through which a loop of bowel slips and becomes strangulated The opening in the mesentery, however, may be congenital I have seen acute obstruction of this origin Not long ago a man was brought to the clinic in a dying condition from obstruction Post mortem showed a strangulated and gangrenous knuckle of small bowel engaged in a congenital hole in the mesentery of the ileum The history showed that he had had one attack somewhat similar to the fatal one, but which had relieved itself spontaneously At operation, if a congenital hole is found in either of the mesenteries, it should be closed, also openings accidently made in the great omentum during manipulation, especially in freeing the adherent omentum

An operation for volvulus of the sigmoid which I have devised and have already reported, is anastomosis of the roots of the limbs of the sigmoid This can be done only before gangrene has occurred and where reduction of the twist is possible I have now performed this operation often enough, and without a fatality, to recommend it, believing as I do that it will prevent a recurrence If one contemplates subsequent removal of the redundant sigmoid the secondary operation is made much safer, and in our clinic has given good results

These are all clinical entities, more or less common, but which cannot always be differentiated clinically The diagnosis of obstruction, however, should not be difficult to make

Acute intestinal obstruction always begins with pain and is always followed by vomiting, the character of the vomitus being pathognomonic It is so significant that even to the less experienced observer, when it occurs in the presence of acute intermittent abdominal pain, together with inability to pass flatus, there should be little doubt about the diagnosis of acute obstruction Following the onset of the pain there is nausea, and if the obstruction is not soon relieved vomiting occurs The vomitus at first consists of gastric contents and in a short time is followed by regurgitation of duodenal contents and later of the contents of the upper small intestine Vomiting occurs earlier and is more persistent in high than in low obstruction

When there is some doubt as to the char-

the pelvis so acutely angulated as to cause obstruction, in which on account of the density of the adhesion and the softened bowel wall it would not be wise to release the attached bowel for fear of tearing it, thus necessitating resection under most unfavorable circumstances Immediate relief and future safety are best attained by anastomosing the normal bowel proximal to the infiltrated portion, preferably to the cecum or to the transverse colon close to the hepatic flexure Also when the terminal ileum forms a part of the wall of a pelvic abscess and is so infiltrated as to render it stiff and functionless, an anastomosis, as just described, assures against immediate or remote and possibly fatal obstruction and makes for an early, smooth convalescence Prompt action prevents early as well as late obstruction When the latter occurs, as it often does, the medical consultant, who if he has not seen similar cases and does not know the fatal risk of delayed operation, is called and, as a rule, advises trying remedies that not only cannot possibly do any good, but stay the surgeon's hand, until he finally awakens to the fact that operation must be performed By this time the patient has only a minimum chance to get well, as the toxemia has placed him almost, if not entirely, beyond the realm of a surgical recovery This, I consider, a pitiful and unjustifiable blunder, placing the surgeon in a most uncomfortable and embarrassing position and robbing the patient of his best chance to get well

Infiltration of the terminal mesentery of the ileum following extension of an appendiceal inflammation may cause obstruction several months after the attack of appendicitis, due to foreshortening of the mesentery, contraction and acute angulation of the ileum I have seen this often Just within the last several days I have operated on such a case where the appendix had not been removed at the primary operation, thus leading to the correct interpretation of the pathology causing the obstruction

The behavior of exudates that subsequently form adhesions, bands, and membranous peritoneal sheets is truly remarkable Those of us who have made many thousands abdominal operations know this only too well They are sometimes truly freakish causing intestinal entanglements that are both embarrassing to differentiate and difficult to disentangle

Another perplexing condition sometimes encountered and closely resembling the bowel in appearance, is cystic degeneration of part of the great omentum forming part of the obstructive mass Under these circumstances, I have seen the surgeon staggered, when, after having opened the cystic omentum he was unable immediately to decide whether or not he had opened the intestine

I hope that detailing these experiences may be useful to some of you who have not yet met with this and similar anomalies It is oftentimes difficult to interpret the real state of affairs in obstruction in the presence of partial descent or incomplete rotation of the obstructed bowel or in cases where the large bowel has an incomplete peritoneal covering These are difficulties which add to the surgeon's responsibilities It also emphasizes the value of a large experience in surgical work The late Dr David Hayes Agnew, remarked on one occasion that after having practised surgery for more than fifty years he wished he could live twenty-five years longer for then he might be of some use to his patients

I need say little of intussusception, which occurs mostly in children, and is generally well understood The diagnosis, with few exceptions, if one has this in mind, is not likely to be overlooked At any rate, when called to see a child seized with acute, intermittent, abdominal pain, abdominal rigidity, vomiting, tenderness, and is passing blood and mucus by bowel, intussusception should first be considered The presence of an abdominal tumor cannot be made out in all cases, neither by abdominal nor by rectal examination, except in late cases Operation is the indicated treatment, but this is often deferred in favor of a trial of expectant treatment, a disastrous decision, as there is little to expect from it but death Early operation, in the majority of cases, permits of reduction, while late operation will demand bowel resection which too often spells fatality Two conditions that are often confused with intussusception are gastroenteritis and acute, fulminating appendicitis with diarrhea

Acute obstruction occurring during convalescence from a previous abdominal operation, usually after an acute appendicitis, in our experience is not very unusual In the Children's Hospital of the Mary J Drexel Home, my brother, Dr Harry C Deaver, and myself, have had one series of thirteen such cases all of which recovered. Operation was made immediately after the appearance of the following symptoms and signs onset of acute paroxysmal pain, nausea, stormy peristalsis, absence of flatus In all of these the findings were either constriction by an adhesive band or an adherent coil of bowel Recently an intussusception occurring three days after an operation for gangrenous appendicitis in which, needless to say, immediate operation for the obstruction was followed by recovery These results argue for immediate opening of the abdomen in the presence of suspicious symptoms and signs even in the absence of absolute certainty as to the diagnosis, support-

of peristalsis is typical Hypoperistalsis, on the other hand, while it indicates that the most active part of the storm has abated, tells us that its remote effects are still present in that the condition is rapidly going on to complete obstruction and, if operation is not made, to peritonitis, bowel paralysis and toxemia, followed by the absence of peristalsis or the silent belly, the omen of death If what I have just said is true, is not auscultation of great value in diagnosis?

Locating the site of the obstruction at operation is usually not a difficult matter, although at times there may be some trouble in doing so

In the Lankenau Clinic it is our practice, which I take it does not materially differ from that of other clinics, after opening the abdomen first try to locate the coils of collapsed bowel and when found to follow the collapsed bowel to the site of the obstruction It is when the intestines are markedly distended that there is difficulty When the collapsed bowel is not readily found we immediately eventrate the small intestine, enveloping the intestine with large moist pads wrung out of hot saline solution In this way only a few minutes will be required to expose the site of the obstruction after which the intestines are replaced and the obstruction relieved The use of diathermy during operation is beneficial

In the attempt to empty the distended bowel, we very rarely find it necessary to make an enterostomy, which, of course, adds materially to the risk of infection Neither do we make a permanent enterostomy, leaving the obstruction to be dealt with at a second operation Our aim is to complete the operation at one sitting This practice we have found to be successful Piece-meal surgery in this class of case, has never appealed to us This may not be in conformity with the practice of other surgeons, but with us it has been satisfactory Milking the intestines to empty them through an enterostomy opening is apt to be followed by that bugbear,—gangrene. This practice causes mottling of the intestine due to foci of bleeding beneath the serosa, which invites gangrene

In speaking of enterostomy I wish to include jejunostomy The difficulty of draining bowel which has lost the power of contraction is very great No method is entirely satisfactory In the Lankenau Clinic, we believe we get the best results with the duodenal tube or the jute tube carried into the stomach through the nose By retaining either of these tubes for some time we get satisfactory continuous drainage of the upper intestine We have, on occasion, kept the jute tube in for three or more days, having it aspirated and irrigated with warm saline solution I realize that those who practice jejunostomy or enterostomy usually do it only in late cases and the results are notoriously bad, the patient dying of starvation and toxemia As in other clinics, we also give gas bacillus serum but our results thus far have not been encouraging. In the cases of the paretic bowel in which the differential diagnosis between the toxemia of obstruction and of late peritonitis is impossible, anti-gas or the Welch Bacillus serum is being advocated by some surgeons In the Lankenau Clinic, our experience has not been large enough to warrant a definite expression of opinion as to its value The reason we do not use the serum more often is because of our good results in operating obstruction cases early and in treating our peritonitic patients by anatomic and physiologic rest, and with continuous drainage with the jute and duodental tubes supplemented in some instances by lavage Neither jejunostomy nor the gas bacillus serum can take the place of timely operation, which I feel it my duty to advocate with all the force I possess Stop hair-splitting diagnoses in questionable cases and open the abdomen I admit that study of the blood chemistry,—the state of chlorides, etc, is essential in a certain type of case but it can not replace timely operation

Since study and experimental work, especially that of Orr and Hayden, have demonstrated the importance of alkalosis as a clinical entity and as a postoperative phenomenon, the subject has naturally attracted attention It is a well-known fact that one of the causes of the condition is high intestinal obstruction particularly in the duodenum or at the pylorus It may be either preoperative or postoperative The syndrome is a combination of that of shock and uremia, but the dominating sign is tetany There is marked tremor or tetany, dehydration, marked increase in hemoglobin and red blood corpuscles, vomiting of watery bile-stained fluid, low blood pressure, asthenia, increased urea nitrogen and creatinin, albuminuria, casts, and a very marked rise in the carbon dioxid combining power of the blood and a consequent decrease in blood chlorides

The first and important thing in these cases is to relieve the obstruction by surgical means, after which acid therapy is indicated, consisting of hydrochloric acid by mouth and increasing free chloride ions by giving calcium and ammonium chloride per rectum

This condition should be kept in mind in postoperative intestinal obstruction, and since it can be diagnosed only by carbon dioxid estimation, it is obvious that this test should be frequently made in order to make an early diagnosis so that suitable treatment can be instituted early and a fatal outcome possibly avoided

acter of the material vomited it is the practice, in our clinic, to drain the stomach with a jute tube carried through the nose where it is retained and aspirated at frequent intervals, and if dark, foul smelling material is obtained, immediate operation is indicated Very often a nurse and occasionally an intern, especially if he has just come on the service, when told to wash out the stomach or introduce a jute tube will be surprised and tell you the patient has just vomited, and inspection will show a bulging, prominent epigastrium not unlike the fullness of the hypogastrium that indicates a distended bladder, notwithstanding the fact that the patient is passing urine In the case of the former, the introduction of the stomach tube will be followed by the outflow of a large amount of material, and in the latter introducting a catheter will drain off a large amount of urine I have frequently made a tentative diagnosis of obstruction of the bowel as well as of the neck of the bladder by this simple practice I believe such simple means of making a diagnosis are often quite successful and certainly are worthy of keeping in mind

Inspection of the abdomen in acute obstruction does not, as a rule, give us the same valuable information as in chronic obstruction where the outlines of individual dilated coils with the peristaltic waves as they pass along give the ladder-rung appearance to the anterior abdominal wall If, in such an abdomen, peristalsis is quiet at the time the examination is made, palpation will excite an attack of pain following which one can often see the outlines of coils of bowels and, furthermore, with the hand in contact with the surface of the abdominal wall, the coils of bowel can be felt alternately hardening and softening These signs are so characteristic of the condition as to warrant a diagnosis The only type of acute obstruction, on the other hand, where inspection always reveals valuable evidence is in the case of an acute obstruction supervening upon a chronic obstruction

We must not lose sight of the fact that the very early symptoms of acute, primary intestinal obstruction are common to those of other acute abdominal conditions, in that the pain is first referred to the epigastrium, for example, as in acute, perforated, peptic ulcer, acute pancreatitis, fulminating, perforative appendicitis, acute phlegmonous fulminating, perforative cholecystitis, lead colic, food colic, etc

Paroxysmal pain, however, is more suggestive of obstruction The point of reference of the pain is not always in the epigastrium, but it may be at the site of the obstruction at which point there will be muscular rigidity and marked tenderness to palpation I have noted this in a small percentage of cases, but the distinction is not often made except by a very intelligent patient, more particularly if the patient is an experienced medical man While we are apt to be reluctant to be influenced by such an unusual statement, this observation has, in several cases, influenced me to open the abdomen directly over the point of reference and to find the site of the obstruction

Distention appears later in high than in low obstruction, with the exception of acute volvulus of the sigmoid, which if pronounced, always more or less befogs the picture Therefore, he who sees the patient very early has an advantage of the consultant who, I regret to say, usually sees the patient late Marked distension makes for a less favorable surgical prognosis

Palpation in acute obstruction ordinarily reveals little Percussion is of more moment, especially early in the case before there is general distension, for then one or more coils of distended bowel may act as a guide to the probable site of the obstruction In the very late case, where peritonitis has entered upon the scene, palpation and percussion will detect fluid, a finding which is more useful in making a prognosis than a diagnosis Digital examination of the rectum shows ballooning

Auscultation I regard of great value in the diagnosis of obstruction and incidentally, I may say also, in the diagnosis of the different varieties of peritonitis I have always stressed this in teaching students In the diagnosis of abdominal diseases auscultation is of as much importance to the surgeon as it is to the physician in the study of chest diseases I fear, however, the physician is in danger of losing this art as he now depends so much on the *x*-ray While the value of the latter is unquestioned, we must not lose sight of the value of auscultation and of the aspirating needle in conditions of the chest Don't let us give up man power for machine power The same applies to *x*-ray study of acute obstruction I have not lost faith in the superior value of the use of our especial senses in diagnosis It was said of the late Dr J M DaCosta, a noted Philadelphia diagnostician, that he could hear the echo of a rale Present-day methods cannot eclipse, if equal, the attainments of such men

Auscultation enables us to distinguish the different types of peristalsis,—normal—hyper—hypo—or its absence or merely the tinkling, so suggestive of beginning bowel paralysis In the absence of peristalsis and when only tinkling is heard, the pulsations of the abdominal aorta are abnormally loud Early in acute obstruction there is stormy, tumultuous, hyperperistalsis occurring in waves, starting suddenly and ending abruptly, resembling ocean waves during a severe storm This type

You will note that this regulation applies to all reportable diseases except chancroid, gonorrhea and syphilis—and that its application to tuberculosis is limited to a slight degree

We wish at this time to call attention to diphtheria in connection with this regulation

The Report.—When you receive a report of a case of diphtheria, see that it is sent to Albany AT ONCE, *don't hold any reports until the end of the month* But be sure that the report is *complete* Note the question, "Had patient received toxin-antitoxin?" See that this question is answered, if the reporting physician has neglected it, use the telephone and find out about it, and fill in the answer yourself

The Diagnosis —It is "up to" you to satisfy yourself as to the correctness of the diagnosis A positive culture alone does not settle a diagnosis, neither does a negative one alone do so Take into consideration all the evidence. The effect of antitoxin is a very valuable piece of evidence.

The Investigation —See that the case is really investigated Filling out an investigation card does not necessarily mean that a case has been investigated at all Some of the work done along this line should not be dignified by the term "investigation" at all—it's only filling out a card Pertinent information along certain lines is needed, not merely something to fill spaces on a blank

As we have stated on several occasions, visits are made to cases of communicable disease for several definite purposes

1 To secure data from which to determine the source.
2 To ascertain to whom that case may have already communicated the disease — the contacts
3 To instruct in regard to preventing further transmission

The Date of Onset —This is the most important factor—the one upon which the entire investigation depends *Never accept the reported date of onset without inquiring as to its correctness*

If you have a nurse who appreciates the value of securing the true date of onset and then knows how, by taking into consideration the maximum and minimum periods of incubation, to estimate the period during which the infection must have been received, you are in a position to do real communicable disease work Right here, however, it is only fair to say that some health officers should polish up their ideas along this line

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THE PSYCHIATRIC ASPECT OF DRUG ADDICTION*

By MOSES KESCHNER, M D, NEW YORK, N Y

IT was not until the close of the last century that it became apparent that descriptive psychiatry was inadequate as a method of approach to the proper understanding of individuals afflicted with mental disease At this time it began to be realized that the mentally ill must be studied from the points of view of constitution and personality, and that their symptoms must be subjected to interpretative and analytic investigations

The study of the psychiatric aspects of drug addiction is just beginning to emerge from the descriptive stage and the psychologic interpretation of the various mental manifestations of this disease is beginning to prepare the way to a genetic approach to the problem Efforts are now being made to understand the drug addict by studying his reactions and behavior, because a proper appreciation of these also sheds light on character and habit formation Human behavior, character and habit formation cannot be understood without the aid of genetic and dynamic psychology which considers man a biologic unit unceasingly adjusting himself to his environment in a manner most adaptable for developing and expressing the energy and strivings within him

Dynamically our entire mental life is a series of reactions to stimuli derived either from within or from without The selection of the particular reaction is based upon laws which govern all body activity In other words, given a certain stimulus, the reaction that follows is one which promises, in the light of experience of the individual, to offer the most favorable opportunity of securing satisfactory adjustment according to the fundamental laws of the maintenance of life There are several such types of reaction, of these the emotional type is perhaps one of the most important, because it represents a very vigorous adjustment of all the effector mechanisms of the organism towards meeting some particularly momentous situation The more important biologically the situation, the more prompt and decisive must be the reaction Many of these emotional adjustments may be primitive in nature and inseparable from the situation

*Read before the Eastern Medical Society April 12 1929

The mortality of acute intestinal obstruction is high—entirely too high,—the chief reason being late diagnosis and late operation The early symptoms and signs of acute intestinal obstruction have not been sufficiently stressed, particularly in the older text books, and I regret to say at the present day, not always either by the spoken or the written word Fecal vomiting should not be regarded as a sign of acute intestinal obstruction, but the sign of the end—result of the obstruction,—death The early symptoms, if not also the signs of early acute obstruction are familiar to most of us but the question is, are most of us sure enough to advise immediate operation? Naturally he who has had a large experience in active and in consultant practice should have little hesitancy in arriving at a decision To the less experienced, especially the practitioner in rural districts with limited opportunity for seeing such cases, the decision will not be so easy, unless he has been fortunate enough to have served his internship in a busy clinic and has remembered what he there learned

Time has not permitted considering every phase of so wide a subject as acute intestinal obstruction I have tried to call attention to the more common types of the disorder and some of the difficulties it presents If I have succeeded in clarifying a few obscure points and in interesting you, I shall feel well satisfied

DIPHTHERIA PREVENTION

The number of recorded anti-diphtheria immunizations in the counties of Sullivan, Ulster, Orange and Rockland for the first six months of the year 1929 is shown in the following table

	Ages					
	1-4	5 9	10 14	15-19	20-ov	Total
Sullivan	287	348	237	62	6	940
Ulster	414	374	170	11	5	974
Orange	1,291	1,086	507	69	4	2,957
Rockland	441	829	305	23	10	1,608
	2,433	2,637	1,219	165	25	6,479

Considering the work previously done, the foregoing record is one to which the West Hudson District can "point with pride" But it is imperative for the work to continue

Look at the record of births for the first six months of this year

Sullivan	214
Ulster	573
Orange	903
Rockland	454

If we expect to hold the advantage we now have over the disease, more children must be treated, and don't wait until next spring

No other public health activity of modern times has shown the value of health officers, so well as the work of diphtheria prevention Nothing has done more to separate health officers, in the mind of the public, from the inspection of rubbish heaps and the burial of dead dogs And yet occasionally a health officer asks, "Do I have to do this T-A work?" Ye gods and little fishes!

Start the nurse rounding them up now and make the record of the district for the last six months as good as the first.

* * * *

Every health officer in the district should read and meditate upon, and then proceed to carry into effect, Regulation 13 of the revised Chapter II of the State Sanitary Code So as to save you the trouble of looking it up, we are giving it here

"It shall be the duty of the health officer, either personally or through a qualified representative, immediately upon receiving a report of a case of communicable disease, other than chancroid, gonorrhea, or syphilis, or as soon thereafter as possible

(a) To make such an investigation as the circumstances may require for the purpose of verifying the diagnosis, ascertaining the source of infection and discovering contacts and unreported cases,

(b) To collect and submit, or cause to be collected and submitted, for laboratory examination such specimens as may furnish necessary or desirable information in determining the source of infection or to assist in diagnosis,

(c) Except in tuberculosis, to give to a responsible member of every household living in the building in which such case exists or was taken sick, such appropriate circular as may be issued or approved by the state commissioner of health,

(d) To assure himself that proper bedside disinfection is being employed, to instruct a responsible member of the household of the means to be taken to prevent further spread of the disease and to put into effect those other recognized measures which tend to reduce morbidity and mortality"

From the Health Officers' Bulletin of Dr F W Laidlaw, District State Health Officer

morphinism very little failure of memory, although diminished attention, incoherence of ideas and easily fatigued intellectual capacity are not uncommon

In chronic cocainism there also occur incapacity for mental application, great irritability and restlessness, impaired judgment, and at times delusions, especially of marital infidelity These symptoms may be followed by confusion with hallucinations, but more characteristically by a paranoid state It is well to remember that in cocainism the abstinence symptoms (headache, nausea, vomiting, loss of appetite, diarrhea, tachycardia, hypotension, diminished secretion of urine, abdominal and muscle cramps, restlessness and insomnia) are not as severe as in morphinism, and may not appear for several days when there sets in a profound depression, tearfulness, moaning and sighing with general demoralization The persecutory delirium may persist for a long time and render the addict a very dangerous individual

The relation of drug addiction to crime has recently been intensively investigated by Lawrence Kolb This author's conclusions, in complete accord with our own personal experiences, are that opium and heroin inhibit aggressive impulses and therefore make psychopaths less likely to commit crimes of violence Kolb also finds that cocaine, up to a certain point, makes criminals more efficient as criminals, beyond this point it brings on fear and delusions during which the addict might murder a supposed pursuer Inasmuch as libido and potency are usually partially or completely abolished in drug addicts sexual delinquencies are rather rare except for homosexual expressions of regression and narcissism

Looking at drug addiction from the points of view as discussed above, the indications for rational therapy are clear-cut and definite To meet these indications successfully is not a one-man' job The therapeutic problem demands 1 The necessity for more than ordinary care in prescribing habit-forming drugs in the daily routine of medical practice. 2 The necessity for individualization and good medical judgment during the period of withdrawal, in the attempt to overcome the deleterious effects of the respective drug on the somatic components of the organism 3 The necessity for treating the addict for his habit—for his craving for the drug This phase of the problem presents the greatest difficulties, because the approach to it must be wholly psychiatric and educational Fourteen years of clinical experience with drug addicts has convinced me that there exists no 'short cut" therapeutic method by which these individuals can be 'cured of the *habit*" If our conception of the pathogenesis of drug addiction is true the fallacy of employing medicinal agents to overcome the habit is obvious The treatment from which permanent success can be expected must be one of re-education and re-habilitation In this connection it may be recalled that very recently Light and Torrance have shown that morphine addiction, contrary to the general opinion, is not characterized by impairment of physical fitness aside from the addiction per se Except for a slightly lower hemoglobin and red blood cell count and slightly higher figures for cholesterol and lactic acid in the blood serum, drug addicts do not differ materially on the physical side from normal individuals These findings, if confirmed, are of the greatest significance because they indicate that when it will be possible to relieve the drug addict of his craving for the drug, complete rehabilitation may be expected

itself, in which case the modes of reaction are provided by inheritance, or they may be acquired as a result of the individual's experience through changes in the environment, and since much of this is hostile a constant struggle during the process of adjustment is inevitable

The mental equipment of man has evolved in such a way that the whole experience of the individual becomes a determining factor in his reactions There is a strong tendency for certain modes of reaction especially those established by the individual's experience to become standardized, or habitual We must, therefore, recognize that there is going on within man a constant organization of his experiences of situations and of his reactions to them with the tendency to establish more and more definitely certain habits of adjustment

Obviously habit formation is greatest in the earliest years of life Because of plasticity at this age, children's personalities can, by early training and proper guidance, be moulded and remoulded and have healthful habits easily inculcated in them, and it is during adolescence when the instinctive and emotional cravings seem to be at their greatest height that both of these must be sublimated along well established and socially approved channels

Viewing life in this light the importance of studying each individual as a complete personality by determining his views, fears, reactions, cravings and desires becomes self-evident Investigations of personalities of drug addicts along these lines show that the addiction represents a substitution or compensation for thwarted desires or ways out of annoying and unpleasant situations—it represents an escape from reality and from the disagreeable conflicts and struggles of life

For clinical purposes drug addicts may be divided into two groups 1 Those who become victims to a physician's prescription in the course of a painful somatic or mental illness, or for insomnia 2 Individuals who drift into narcotism because of bad company, pleasure, curiosity, desire for a thrill, or because they are unable or unwilling to face individual problems, difficulties, disappointments and defeats These constitute by far the largest number of drug addicts The individuals in this group are inherently mentally unstable, especially in the emotional sphere They represent the various types of constitutional psychopathic inferiority They are, as Haviland says, "persons in the twilight zone of mental ill-health" Some of them have a tendency to outbursts of excitement and abnormal behavior, or to fits of depression after the most trifling annoyances Individuals with this type of personality being unable to give an outlet to their extraordinary psychic tension in a spiritually productive way, take refuge in drugs which by obtunding their finer inner feelings relieve their pathologic tension Possessed of abnormal powers of imagination they live in a world of phantasy, in which they forget the past and think hopefully, or not at all of the future They are motivated almost entirely by the desire of the moment and are unable to follow any sustained plan of thought or action They have no regard for the truth and resort to all kinds of deceit, especially in their efforts to obtain their necessary habit-forming drug Although most of these personalities are congenital, here and there one encounters a case that has been acquired following some organic cerebral disease or intoxication The congenital as well as the acquired types constitute the so-called "misfits of society" from whom there is recruited the vagabond, the chronic alcoholic, the drug addict, the drug peddler, the habitual criminal and the sexual pervert

Metallic and endogenous poisons produce their baneful effects primarily on the physical organism, the mental effects being secondary Narcotic, or habit-forming drugs produce degenerative effects primarily on the mind and on character, they disturb normal reflex activity in both the sensory and psychic spheres Because of the overwhelming dependence of the instinctive and emotional life on a properly adjusted vegetative, endocrinous and neuronic functioning, chronic disturbances of these, induced by the prolonged use of narcotics, sooner or later interfere with all bodily activities and produce more or less permanent changes in the individual's personality and character, especially in his ethical adjustments Whereas lack of energy and of will power and a feeling of helplessness, fear and discouragement are characteristic of almost all psychopathic individuals, these are most evident in morphinists The latter become pitiably inadequate and utterly unable to meet the ordinary demands of the business of living It is the consciousness of this mental inadequacy that causes them to seek a stabilizer and support, this they find by increasing the dose of their obtunding drug

The clinical picture of drug addiction revolves itself around a symptom-complex referable to the brain, vegetative nervous system and perverted metabolism Acute psychic disturbances develop more often as a result of abstinence than of continued use They manifest themselves most frequently as depressed, less often a manicky and rarely as paranoid states As in other toxic conditions there may be present mental confusion with a tendency to various forms of hallucinations In contrast to the alcoholic psychoses there is in

estimated, especially as we enter upon the domain of preventive medicine"

This address, delivered when our honored guest had been in practice for four years, indicates the home atmosphere, vigorous, unafraid, and forward looking, into which he was born in the year 1854, in Ontario County Receiving much of practical education within the walls of his home at the hands of his father and mother, he evidenced his early leanings toward the study of medicine He graduated from Amherst College in 1876, and studied medicine for a year in the University of Buffalo, but graduated from the College of Physicians and Surgeons in 1879

Dr John H Jewett was President of the Ontario County Medical Society in 1903, thus favoring his confreres with his guidance and counsel from the rostrum, as well as from the floor, in an humble but forceful manner Realizing the advances as they rapidly have been developed in the science of medicine, he was the first to introduce and to use the x-ray in Ontario County In this, as in all other lines he has kept abreast of the medical knowledge which it is ours to seek and to learn

For twenty-five years did Dr John H Jewett practice without the aid of hospital facilities It was by his wisdom that his patients were afforded hospital care, and now another twenty-five years has he practiced in the Thompson Hospital, of whose Executive Committee he was Chairman for a number of years

What epoch making events has our guest witnessed since the day of his graduation fifty years ago! He has seen the slow but sure evolution of Pasteur's work clarifying the theoretical reasonings of disease coming from miasma, sewer gas, and filth, and the realization of his own father's prophetic words as to preventive medicine The physician in the smaller community now has much to aid him in his individual practice—the Hospital and the Laboratory, the trained nurse and the trained family are now valued assistants to help defeat death's inevitable purpose

But as our knowledge grows the more, just by so much more does there seem to be the lengthening the end of the rain-bow of medicine which we seek to obtain without the probability of ever reaching This end was not reached in his time, it is not in sight in our time, and peering through the vista of coming years, it is yet too distant to discern

Dr Jewett, you express the realization of some of the ideals and aspirations which you acquired in the days when you listened to the words of your father forty-five years ago Your days have been full of work well done, not alone in your community and city as a physician, but in those broader fields of which your beloved father spoke so many years ago as President of the State Society We salute you on this your fifteth birthday in your County Medical Society

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THE DIAGNOSIS OF PULMONARY TUBERCULOSIS FOR THE GENERAL PRACTITIONER*

By LAWRASON BROWN, M.D., and JOHN N HAYES, M D., SARANAC LAKE, N Y

THE diagnosis of pulmonary tuberculosis is often made to appear more difficult than it really is in the majority of cases Many papers have been written on its early diagnosis in which various minor abnormalities have been emphasized and perhaps some general practitioners have been confused by the multiplicity of signs which may lead to the discovery of the disease in its early stages It is possible that the busy doctor, with his limited time and facilities, has been led sometimes to believe that the diagnosis is often beyond his ability This is far from true In the majority of cases the family physician has the first opportunity to make the diagnosis It should be recognized that the disease when it is diagnosed is very often not in the minimal stage People have a natural tendency to postpone going to a doctor, to stick to the job as long as they are able, in the hope that minor symptoms may disappear shortly, perhaps with the next vacation J C Fowler, in fact, says that in England the working man cannot afford to be an early case of pulmonary tuberculosis, i e, his sense of responsibility to his family and to his job prevents him from consulting a doctor about symptoms which to him are more annoying than serious For this reason most of the patients referred to us and recently diagnosed have not early disease, they have signs which are easily recognized, and they would have been diagnosed earlier if they and their physicians had paid more attention to symptoms

The most important factor in diagnosing the disease is to remember that tuberculosis is very common, to have in mind the possibility of its presence To dismiss a patient having mild pains in the chest with a hasty diagnosis of neuralgia is as culpable as failing to think of appendicitis when the patient complains of pain in the ab-

* Read at the Annual Meeting of the Medical Society of the State of New York at Utica, N Y June 6 1929

A HALF CENTURY OF MEDICAL LEADERSHIP

By JAMES N VANDER VEER, M D, ALBANY, N Y

Abstract of the anniversary address by the President of the Medical Society of the State of New York at the celebration of the fiftieth year of membership of Dr John H. Jewett, A B, M D of Canandaigua N Y, in the Medical Society of the County of Ontario, on October 8, 1929

THE Medical Society of the County of Ontario has a custom of honoring their members who have completed a half century of membership, which might well be emulated by other county societies of our state

In 1904 it celebrated the Fiftieth Anniversary of the membership of Dr J R Pratt, Jefferson '51, and Dr W S Hicks, University of Buffalo, '51, and the speakers were Dr W W Keen, now 92 years old, representing Jefferson Medical College, and Dr Roswell Park, deceased, representing the University of Buffalo

In 1907 the Society held a celebration for Dr L F Wilbur, Harvard '54, and honored Dr Herbert Burrill, then Professor of Surgery at Harvard, and President of the A M A, by having him as the guest and speaker

Again in 1909 Dr M R Carson, Albany, Medical College, '57, was felicitated by Dr Albert Vander Veer, now in his 89th year, a former President of the Medical Society of this State, and father of the present speaker And now in the year 1929, you have chosen me to deliver the felicitations and good wishes to Dr John H Jewett, College of Physicians and Surgeons, Class of 1879, while his son, Dr C Harvey Jewett, occupies your presidential chair

This occasion is the more momentous because your President is the third generation of a family of physicians, for he is the grandson, and the man whom we are honoring is the son, of Dr Harvey Jewett, who practiced medicine in Canandaigua for so many years, and was a member of the Ontario County Society, and was President of the Medical Society of this State in 1883 His wisdom and foresight are shown by his address on the subject

"Some of the Perils of Life from Preventable Diseases" which he delivered on February 7, 1883, when he was President of the Medical Society of the State of New York, in which he said

"The health, happiness and prosperity of mankind must be intimately and inseparably connected with, and dependent upon, their sanitary condition Our occupation would be diminished in an essential degree if the art of preventing disease was thoroughly understood and universally practiced A difficulty arises here namely the inability of the majority of practicing physicians to properly advise their patients and patrons, in sanitary matters, owing to their own ignorance of the first principles of sanitary science We want men in every country district of the land, as well as in every city, who shall be worthy, the name of professional gentlemen, who, in general information and culture, though mingling largely or solely with the uneducated, shall be among them and not of them, and who, by reason of the power which knowledge and mental discipline gives, shall be leaders among the people in every good enterprise, and give a dignity to and a respect for the profession of medicine which, I regret, it does not fully possess today Though less in numbers because of the necessities of the case, when preventive medicine shall have attained its destined eminence, we shall hold a prouder position, and be more than ever the benefactors of the race"

It is interesting to note Dr Jewett's comments on the subject of bacteriology, which in 1883, was in the beginning of its development

"It would be impossible to discuss the perils to life from preventable diseases and protection from those perils without briefly referring to that theory of the origin and spread of contagious diseases now so widely known as the germ-theory Certain minute vegetable forms of life, known as bacteria, of various forms and possessing the power of rapid multiplication, and of being carried in the atmosphere as spores, are today claimed by many competent observers to be the active agents in the causation and spread of contagious and infectious diseases So captivating is the thought of accounting for disease in this simple way, that some observers, as well as some who are mere theorists, have, I fear, suffered their enthusiam to get the better of their cool calculating judgment Ever conflicting and positive statements, which are the fruit of carefully conducted experiments to determine the relation of this or that particular form of bacterium to this or that disease, continue to bewilder the mind of the conservative medical man, as well as to mystify the masses of scientific thinkers outside the ranks of the profession At present it becomes us to receive with caution the reported results of all such experiments, and the theories formulated therefrom, and while we accept some things as proven relative to this theory of vegetable disease-germs, to bear in mind that much which is claimed by some, may still be fairly placed in the realm of the unproven, though perhaps eminently probable The importance of determining whether these vegetable germs found in connection with certain contagious diseases are the cause or effect of the diseased condition cannot be over-

tuberculosis process, but over the upper third they are almost always due to tuberculosis Especially is this so if they have been heard on several occasions Rales can be heard in only about 50 percent of patients with pulmonary tuberculosis in the minimal stage In those without rales, slight dullness and altered breath sounds may be localized at one apex and indicate the need of a roentgenogram but the indication may be founded on the symptoms alone

The importance of the r-ray in arriving at a diagnosis of pulmonary tuberculosis cannot be over-estimated Too many patients with some suspicious elements in the history are not being given the advantage of this, in some cases the only, means of arriving at a correct diagnosis In children and in those in intimate contact with the disease this may be the case. More mistakes are made by placing too little reliance on roentgenograms than by requesting them too often The physician who relies on a laboratory will find much to stimulate his interest by taking the opportunity to look at the films of his patients He will soon learn what constitutes a good film and will learn to appreciate the difficulties of the roentgenologist A single film may help to make the diagnosis in most cases but stereoroentgenograms are usually necessary in early disease If the practitioner takes his own films he should be careful not to minimize unduly shadows at the apex, for, as with physical signs, the findings are usually above the third rib and the fifth dorsal spine They consist of irregular mottling of varying densities

Following these criteria the practitioner should not find the diagnosis of pulmonary tuberculosis difficult in the majority of cases It is important to remember that it is the common debilitating disease, and that symptoms pointing to the lungs demand that it should be sought for A history of haemoptysis of a drachm or more, or of pleurisy with effusion should make one suspect tuberculosis Tubercle bacilli in the sputum, especially if found twice, always spells tuberculosis Rales and a typical parenchymatous shadow in an r-ray plate above the third rib almost always compel a diagnosis of tuberculous disease of the lungs

domen While it is true that the mortality rate has fallen rapidly in recent years its incidence, or morbidity, rate has fallen little, if any, and it is still the common debilitating disease Of its modes of onset, the two most striking, and therefore most easily recognized, haemoptysis and pleurisy with effusion, each account for only seven per cent (Heise) Haemoptysis of a drachm or more, if mitral stenosis can be eliminated, is almost always due to pulmonary tuberculosis Less striking, and therefore more likely to be minimized, is blood-streaked sputum Bleeding of this amount is too frequently attributed to inflammation of the throat or gums It may be derived from these sources but by giving this opinion without being certain of the pulmonary condition a physician may lull, unfortunately, the suspicion of his patient When there is sputum tinged with blood, an examination of the lungs is always necessary Similarly, pleurisy with effusion occurring, as we say, idiopatically, by its usual severe onset and well-known association with tuberculosis of the lungs usually leads to a correct diagnosis, but how often a mild dry pleurisy fails to arouse suspicion of the lungs Slight pleural pains may be complained of as a heavy feeling in the chest, or a catch on deep breathing, or a dull ache and they should lead the examining physician to think of pulmonary tuberculosis

Less definite, however, than haemoptysis and pleurisy are modes of onset called insidious and catarrhal which occur in eighty percent of the patients entering Trudeau Sanatorium (Heise) In these the diagnosis is more likely to be delayed The patient is not startled into consulting a doctor early because the symptoms at first are mild and often do not point to the lungs as their source And, unfortunately sometimes, when the patient does go to his doctor the latter does not think of tuberculosis as a possible cause If one is on the lookout for the disease the taking of only a short history will often be very enlightening because most people need guidance in unravelling these minor complaints Among these may be mentioned a slight but gradual loss of weight which the patient has not been able to regain while following his usual habits, a sense of fatigue which he notices because he is more tired than usual after the day's work or because he awakens in the morning unrefreshed Often this patient goes to or is brought to, a doctor because relatives or friends have been telling him that he appears to be "run-down" and pale He may speak of his mental tiredness and if his wife wanted to she could tell of his unusual irritability Such patients are commonly given the diagnosis of "nervous breakdown" Among other early symptoms may be mentioned repeated colds, a failure to regain weight and strength after an attack of grippe, persistent slight morning expectoration or frequent clearing of the throat These symptoms are too often attributed to excessive smoking Many patients with "indigestion," flatulence and loss of appetite have pulmonary tuberculosis In fact in this disease the general symptoms rather than those definitely respiratory in origin are very frequent in the early stages and close questioning is often necessary to elicit subordinate complaints

The physician who keeps in mind the frequency of tuberculosis will more often ask for a specimen of sputum It is worth remarking that some patients who say that they have no sputum will nevertheless raise a little phlegm in the morning The State supplies containers and makes examinations free of charge and there is no excuse for failing to request a specimen from anyone who has an obscure condition and who can raise sputum, preferably in the morning The ease of making a diagnosis by this means will often surprise the doctor who has not been in the habit of making such requests It is disheartening to read that of 7478 cases of pulmonary tuberculosis reported in this state in 1926 only 45 percent had a sputum examination (N Y State D of H News, May 30, 1927) The Sanitary Code (Reg 2a Chap III) requires sputum examination in all suspected cases When sputum examinations have been done in such a low number of tuberculous cases how many less have been done in cases diagnosed as chronic bronchitis! When a patient is passing through his second attack of bronchitis during the winter this simple test is especially indicated The physician should not be satisfied with one negative report and in some cases should require special methods of examination

Another simple test which is often neglected, the use of which is very helpful in the diagnosis of this disease, is the recording of the temperature A patient who is suspected of having pulmonary tuberculosis should take and record his temperature at 8 00 A M, noon, 4 00 P M, and 8 00 P M One should not await the onset of chills and sweats The record of a week showing a daily, afternoon rise of 99 5 should throw some doubt on a tentative diagnosis of chronic bronchitis I have never seen a patient who could not quickly learn to use this simple test

Examination of the chest for abnormal signs is considered by some to be a very difficult art, but actually it is not so The confusion rests in the fact that too much emphasis has been laid on indefinite and minor changes from the normal Rales are the important sounds to search for If they cannot be heard with quiet breathing one should have the patient expire moderately, then cough, and then breathe in sharply If present, they will usually be heard by this means The location of rales is important, heard over the base of the lung they usually denote a non-

CLINICAL REPORTS

There has come to this Journal a new publication called the "Pediatric Bulletin," whose fifty-eight pages of reading matter are composed on a plan rather unique and interesting It is issued by the staff of the pediatrics department of a general hospital—the Brownsville and East New York Hospital of Brooklyn—whose cases are typical of the same severe forms of child sickness which are seen by the general practitioner

The new publication consists largely of case reports written in a brief, clear manner If a physician wishes to learn how to practice medicine, his first choice of method would be to see cases assembled in a hospital, and his second choice would be to read the reports of the cases If a doctor will read the printed reports with the same mental concentration that he applies in seeing the cases, he would get as much benefit as he does from bedside teaching

Clinical reports similar to those in the new publication will be welcomed by the NEW YORK STATE JOURNAL OF MEDICINE, for its pages are open to descriptions of the essential facts of cases which have been subjected to intensive study There is always room for such reports, and the editors will use them in every issue They are especially useful in completing a page, a quarter or half of which is left vacant in the final make-up, but in addition a page or two of such reports in every issue would appeal to the members of the Medical Society of the State of New York.

If this Journal should print reports from only one hospital in each issue, each one of the 294 New York hospitals listed in the Directory could appear only once in twelve years, but the editors will be satisfied to receive three or four reports each month from any source, either hospital or private practice or special clinics

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PRACTICE OF MEDICINE BY COUNTY MEDICAL SOCIETIES

The scope of the practice of medicine has been broadened in the last two decades until now the family physician may not be aware of its extent unless he deliberately surveys the field in the light of Medical Progress

A generation ago the field of medicine was lighted with torches set here and there, leaving dark spaces unrevealed Almost the only bright form of torch was that of curative medicine, but it did not penetrate into great areas of mystery, such as those of diphtheria and syphilis

Medical Progress next developed torches which penetrated the regions of bacteriology and serology, and spread a glow of light over the entire field of medicine Then was developed the practice of preventive medicine, dealing with unhealthful conditions in their early stages before they became crippling

The torches of curative medicine will always gleam brightly, attracting those who are in immediate need of medical assistance, but the steady glow of preventive medicine makes little spectacular appeal, and the people generally need to have its existence pointed out to them Doctors meet its glow in whatever direction they turn, and the people assume that it belongs to them like the light of the moon But the impression is slowly dawning on both physicians and people that they must fan the glow into the flaming torch of the active practice of preventive medicine

The development of preventive medicine has run parallel with that of the electric light Fifty years ago Thomas Edison developed a flickering electric light, while Louis Pasteur lighted the uncertain torch of bacteriology Today the torch of preventive medicine will burn as steadily and reliably as that of the electric bulb But while the people are eagerly demanding the electric light, they are not besieging the offices of the doctors in order to secure the benefits of preventive medicine In fact, many still fear vaccinations and other forms of preventive medicine just as they feared electricity thirty years ago Physicians today face the same problems that Edison faced a half a century ago, and they will solve them just as Edison did, along two lines

1 They will train men in the production and application of the newer medical lights

2 They will educate the people to demand the benefits of the lights

There is now a very real threat that what happened to the manufacturers of tallow candles and kerosene lamps may happen to physicians and surgeons who fail to prepare themselves to practice preventive medicine But fortunately physicians will not need to throw away their old equipment and install new sets of expensive apparatus They need only to turn their attention to the newer forms of practice It might be wise that, like business men, they conduct free demonstrations of the practice of preventive medicine for the benefit of their own numbers Certainly demonstrations and clinics will be necessary for their advertising value in impressing the people with the desire for preventive service

But physicians will not need to create a demand for the practice of preventive medicine as Edison was forced to do in order to sell his new lamps

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For list of officers of County Medical Socities, see October first issue, advertising page XXVIII

A HALF CENTURY OF SERVICE

To be a faithful member of a County Medical Society for half a century is an honorable distinction worthy of special recognition The Ontario County Medical Society has given such a recognition to Dr John H Jewett, of Canandaigua, as described on page 1413 of this Journal, and the address of Dr J N Vander Veer, President of the State Medical Society, is printed on page 1394 But there is an additional significance to the celebration, for Dr Jewett belonged to the second generation of three generations of physicians To be born with the inheritance of the fundamental qualities necessary to practice medicine is of special value to the public as well as the individual doctor

MEDICAL PROGRESS

Acute Pancreatitis — William Linder and Louis J Morse analyze 88 cases of acute pancreatitis with especial reference to diagnosis, and hold that the conception that this disease can be diagnosed only at necropsy, or on the operating table, is no longer tenable Etiologically, acute pancreatitis may result from pyemic involvment, by contiguity, by lymphogenous extension, retrogression of bile into the pancreatic duct, or regurgitation of duodenal contents into the duct of Wirsung Whether one favors one or the other hypothesis in its production, the fact must be faced that biliary disease is usually the precursor, it was demonstrated in 84 per cent of the authors' series Fat necrosis was taken as the criterion on which diagnosis was based, no case being included in which it could not be demonstrated The most frequent symptom is constant epigastric pain, this symptom was present in 86 of the 88 cases Some complained of right hypochondriac pain, others of left hypochondriac pain, and still others of generalized abdominal pain Backache was troublesome in 38 of the patients Foreign protein injected into the circulation calls forth a peculiar train of symptoms which has been designated allergic, namely, shock, collapse, cyanosis, and dyspnea Tenderness was elicited in the epigastric region in 97 per cent of the cases, in the right hypochondriac region in 67 per cent, in the left lumbar region in 66 per cent, in the left hypochondrium in 41 per cent, and there was general abdominal tenderness in 19 per cent of the cases The authors stress the importance of differentiating acute pancreatitis from other acute abdominal diseases and the value of a previous history of gall-bladder disease The early treatment of gall-bladder disease should be encouraged In acute pancreatitis immediate treatment is life-saving If the patient's condition warrants, cholecystectomy is the operation of choice and removes the source of infection, at times drainage of the gall-bladder must suffice to drain the pancreas In the authors' series the mortality rate was 26 per cent which compares favorably with that of all others —*Annals of Surgery*, September, 1929, xc, 3

The Dangerous Acute Appendix and Its Early Recognition.—D P D Wilkie points to the fact that despite the facilities for rapid transport and prompt surgical treatment deaths from appendicitis are still far too numerous This is due to delay in making the diagnosis, and it is the fatal type of case that is apt to be missed or delayed It should be recognized that there are two fundamentally different types of appendicitis (1) Acute inflammation of the wall of the appendix (acute appendicitis), and (2) acute obstruction of the lumen Sometimes both conditions are present in the same case The first type causes acute illness but is rarely fatal, the second is very dangerous and accounts for 90 per cent of the mortality from so-called appendicitis In this type of case if a concretion becomes impacted in a stenosis or kink and the appendix contains fecal matter distal to the obstruction, putrefaction, tension, and gangrene follow inevitably The characteristic history in this disease is that the patient is suddenly seized with cramping pain, usually in the umbilical or lower epigastric region There is vomiting, which may be repeated After severe pain for a few minutes to almost an hour, the pain abates If the abdomen is examined at this time, there may be just a suspicion of rigidity and tenderness in the right iliac fossa This is the vital moment If the doctor delays, successive attacks of colicky pain terminate in generalized pain and then relative comfort—the tense and gangrenous appendix has ruptured and septic peritonitis follows If the medical man is alive to the dangers of acute appendicular obstruction he gives neither purgative nor sedative, but if the pain recurs, and there is tenderness or rigidity, he will insist on immediate operation It cannot be emphasized too strongly that in cases in which the need for operation is most pressing there is frequently no rise in temperature as one of the cardinal signs The point of supreme importance is early diagnosis in the afebrile, colic-like attack which represents the early curable stage of acute appendicular obstruction —*The Practitioner*, October, 1929, cxxiii, 6

Spontaneous Meningeal Hemorrhage — O Hess reports 6 cases of spontaneous hemorrhage into the subarachnoidal space as established by lumbar puncture All the patients were relatively young and in apparent good health, with intact bloodvessels Although each case is reported in detail the author gives a general description of the condition, as follows The debut is sudden, violent, with severe pains in the head and nuchal region, nausea, and vomiting and vertigo Consciousness may or may not be affected Later the picture of meningitis is presented with paralysis of some of the

Men of vision and wealth have provided great endowments with which they have advertised preventive medicine among the people, and when the doctors have not responded with enthusiasm, the managers of the endowments have suggested that medical service be provided free at public expense, as education is supplied Hence there have arisen exasperating disputes between the impatient managers of endowments and the conservative physicians But the days of debate ended, so far as New York State is concerned, nearly two years ago when the representatives of the Medical Society of the State of New York entered into agreements with the representatives of the Health Endowments in regard to their respective fields of work (See this Journal, May 1, 1928, page 495) The physicians agreed to supply the medical service, while the lay organizations should do those educational forms of work which would be called advertising in business circles

The physicians at once organized a Committee on Public Relations which should make plans by which they could do their part in the practice of preventive medicine It was recognized that the solution would be by the action of groups of doctors in distinction from individuals The Committee asserted that the vague concept called the medical profession resided in the Medical Society of the State and County, and still more concretely, the Medical Society expresses itself through its Committee on Public Relations

The Committee on Public Relations deal with the newer fields of medicine in which physicians, while essential, are not the only workers Three of these fields in which physicians are already active are industrial medicine, anti-diphtheria immunization, and periodic health examinations When the Committee on Public Relations and the medical societies devise plans for carrying on these activities, they practice medicine in a very real form The records of this practice are increasing in bulk and importance, and how to preserve them in available form is an important problem The records will be found in the NEW YORK STATE JOURNAL OF MEDICINE to a greater extent than in any other source Some of the records are now printed in the department of News Notes, and others are put in the Scientific department, which deals with the practice of curative medicine by individuals Their importance requires a department on "Medical Society Practice," while their increasing bulk will justify the establishment of such a department in the near future

Discussions of the functions of the Public Relations Committee of a County Medical Society, such as have appeared in this JOURNAL, properly belong in the proposed department

LOOKING BACKWARD

This Journal Twenty-five Years Ago

Annual Meeting—This Journal of November 1904, consists largely of reports of the annual meeting of the New York State Medical Association, which was held in New York City on October 17-19 The address by the President, W H Thornton, emphasizes the need of a union of the two State Societies—the Association and the Society The meeting adopted the following resolution

Resolved, That the unfortunate delay in the effort of the two State medical organizations to amalgamate, due to no fault of either party, is a source of grievous disappointment to this Association

Resolved, That it is the unalterable desire of The New York State Medical Association, that harmony and good-fellowship should prevail throughout the entire profession of the State, and to that end this Association pledges itself to endeavor to secure the union of the two State organizations until that much-desired end shall have been accomplished"

The President-elect, Dr J R Goffe, said

"As far as the two societies are concerned all the articles of amalgamation have been agreed upon in the Joint Committee The consummation seemed just at hand, when upon an evil day, we fell into the hands of the lawyers The law's delay is proverbial and its precedents supreme We bow to its mandates, conform to its requirements, and wait No further legal steps, it is true, can be taken during the year in advancing the progress of consolidation, but we can educate ourselves and our fellow members to a fuller realization of what union means, its increasing power for enobling the profession, strengthening its dignity and influence, protecting it against the assaults of its enemies and advancing it to a higher plane of usefulness and unity"

ing the similarity between theoretical and actual results when the theoretical are based on the assumption that the disease is due to the simultaneous presence in the germ of five pairs of recessive factors or two dominant and four pairs of recessive factors, carried in as many chromosomes —*American Journal of the Medical Sciences,* September, 1929, clxxviii, 3

Is Ground Glass a Poison?—Dr Greiff, of the Hygienic Institute, Hamburg, speaks first of the popular belief that this substance is able to cause, when given with murderous intent, lesions of the alimentary canal which may end fatally Recently a physician was said by the daily press to have been slain in this manner, but the autopsy revealed no lesions and the final opinion was to the effect that sausage poisoning had been responsible for the fatal outcome. Various textbooks on forensic medicine indeed make ground glass a dangerous mechanical irritant when swallowed, but only a few actual cases are on record and these mostly Russian The peasantry believe that this substance has medicinal properties and it is used quite freely for certain ailments Maschka believes that serious injury occurs only when the swallowed glass contains sharp fragments of considerable size Many years ago ground glass was recommended to get rid of rats But if we study recent literature and make independent investigations it seems more and more evident that this substance is for the most part quite harmless to both animals and man Glass has been fed to rabbits, guinea pigs, dogs, cats, rats, etc , with the twofold aim of testing the glass per se and of determining whether ingestion of glass can pave the way for the absorption of bacteria From both angles the experiments resulted negatively—indeed no injury whatever could be found in the gastroenteric mucosa. The author's experiments included the benzidin test of the stools for occult blood and this also resulted negatively The conclusion is that ground glass, at least in a form which can be mixed with the food and swallowed without trouble, is quite harmless to animals and mankind —*Münchener medizinische Wochenschrift,* August 30, 1929

The Hyperthyroid Constitution—Under the term "pre-Basedow" Professor H Zondek and Dr H W Bansi describe a condition which they regard as a premonitory stage of exophthalmic goitre The subjects may present the entire picture of hyperthyroidism in a mild form, but the basal metabolism will be found normal Although easy to recognize when all the symptoms are present, the reverse is the case when but one or two are in evidence Thus with tachycardia and subfebrile rise of temperature alone diagnosis would be very difficult Von Bergmann calls these subjects "vegetative stigmatics" and states that about 70 per cent of them give a positive reaction to the Reid Hunt test, while the Volhard water test is often positive The ability of the tissues to fix water and sodium chloride stands in direct relationship with the functional state of the thyroid. The work of the heart as measured by the minute-volume is increased in the subject with "pre-Basedow" and this increase is one of the most valuable diagnostic resources, especially in differentiating from mere nervous palpitation Years and even decades may elapse before these subjects develop actual Graves's disease, and they may be regarded as ailing only when their life work is prejudiced If they complain of symptoms they should receive treatment, which should consist of a rest and recumbency cure, with the use of such sedatives as luminal in small doses The use of small doses of iodine, originally as a pre-operative measure, may be recommended, this drug favorably influencing the increased basal metabolism of actual Graves's disease and likewise benefiting the simple hyperthyroid A drop of Lugol's solution may be taken 3 times daily every second or third day, by the use of which the authors have seen the circulation favorably influenced in these subjects As for röntgen therapy and surgery, they are both out of the question in the simple hyperthyroid —*Klinische Wochenschrift,* September 10, 1929

Refrigeration of the Body as a Provocative Factor of Pneumococcus and Influenza Bacillus Infections—In an article published in the *Bulletin of the Japanese Naval Medical Association,* March, 1929, and abstracted in the *Japanese Medical World,* March 15, 1929, Dr Sadao Kudo describes experiments as to the provocation of pneumococcus and influenza-bacillus infections by exposing the body to cold Rabbits which had been immersed in ice-water received intratracheal injections of a suspension of pneumococci or influenza bacilli, following the method of Cecil and Blake It was found that congestion of the tracheal mucous membrane was caused by the sudden refrigeration of the whole body The animals undergoing only simple refrigeration succumbed to pneumonia when given an amount of pneumococci insufficient to harm a non-refrigerated animal The resistance of the animal against the pneumococcus decreased up to one-sixth that of the non-refrigerated animal The author concludes that the virulence of the pneumococcus that is already harbored in the respiratory tract or that has gained access immediately into the tract, is several times intensified by the sud-

cranial nerves and sometimes hemiplegia. Psychic symptoms, such as delirium, confusion, and somnolence may be present. The patient may die or recover and in the latter case may suffer from relapses To the observer the picture is one of an epileptic seizure, at times of the Jacksonian type The patient may fall prostrate and the post-convulsive stupor may end in death This sudden debut is not associated with meningitis in the mind of the clinician, and the condition in fact is not a true meningitis but the so-called meningism or meningeal irritation Since massive albuminuria is common, the affection may be confounded with uremia This symptom is peculiar to spontaneous meningeal hemorrhage and is not seen in other forms The clinical picture is constant but in the past has been regarded usually in the light of a symptom of nephritis Naturally our knowledge of it cannot well go back to the period before the routine use of lumbar puncture The etiology is thus far quite obscure, for its occurrence in young adults—even in childhood—would seem to remove it from the vascular diseases It has been found in association with a great variety of other affections, such as migraine, asthma, Graves's disease, etc In regard to treatment, lumbar puncture is not only the chief diagnostic resource but the chief therapeutic remedy, and often must be practised repeatedly The first puncture may save the patient's life—*Klinische Wochenschrift,* September 3, 1929

Treatment of Rickets—No less than 10 articles in the *Munchener medizinische Wochenschrift* for August 23, are devoted to the treatment and prevention of rickets H Seel writes at length on the use of irradiated ergosterol in animal experiment In rats that had been made to develop experimental rickets the remedy in question was shown to be distinctly antirachitic, even to the extent of correcting the bone deformities J Aengenendt relates the result of two years experience with the same substance in the prophylaxis of rickets in mothers and children While in the majority of cases the results were positive, many failed to benefit and these refractory cases require further study G Künl writes on the use of dilute irradiated ergosterol as a result of the claim that overdoses are harmful His material of 14 cases is, as he admits, too small for the drawing of final conclusions He uses the solar ray results as a criterion and believes that small doses over a relatively short period give good results—4 to 6 weeks should be sufficient M Rodecurt saw several cases of alteration of the skin, chiefly pigmentation, follow the use of the remedy in question, the patients being nurslings The discoloration disappeared on suspending the treatment. Zoelch, of Professor von Pfaundler's pediatric clinic, Munich, discusses especially the quartz lamp prophylaxis and concludes that it requires too much time and cannot be carried out on a large scale H Hentschel and A Roszkowski, of the same clinic, give their experience with irradiated fresh milk They decide, however, that the method is not practical A Wiskott, also of the Pfaundler clinic, writes on irradiated ergosterol as a prophylactic and concludes that it is a worthy accessory to other measures, while O Ullrich devotes a long article to negative results, both in human and animal rickets, which lead him to believe that thus far we have not reached the heart of the subject. Finally Pfaundler himself expresses his belief that treatment is far in advance of prophylaxis

The Inheritance of Mongolian Idiocy—From a survey of the literature dealing with Mongolian idiocy, Madge Thurlow Macklin concludes that there is no adequate support for the contentions that syphilis, mental, or physical suffering of the mother during pregnancy, advanced age of the mother at the time of conception, reproductive exhaustion due to a large number of pregnancies, or a great discrepancy in the ages of the parents have any etiological significance in the production of this disease. These and various environmental influences that may be mentioned are not the cause of Mongolian idiocy The fact which forces one to abandon these arguments is that there are accumulating more and more instances in which at the time the Mongol is born, there is born also a normal twin If environmental influence is to have any effect upon the developing fetus, then both twins should be affected Mitchel and Downing found that in 24 instances in which mongolism had been reported in twins before 1926, there were only 3 cases in which both twins were affected They were of the same sex There is much in favor of the defect being inherent in the germ cell, that is, inherited There comes in the conception of uniovular and biovular twins If from two ova it is not necessary that they be alike, either in sex or characteristics, but if they are derived from one ovum they must be identical with respect to both these features The author tabulates 47 cases of mongolism in twins and only one of these controverts her theory, in this case the twins were said to be uniovular, one being a Mongol and the other normal There is no support for the statement that Mongolian idiocy is due to the presence of one pair of unit recessive factors Its mode of inheritance seems to be much more complex Figures are given show-

LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

MOTOR VEHICLES — LIABILITY OF OWNER OF CAR USED WITH HIS PERMISSION

'May I use your car, mine is laid up and I have an important business engagement to fulfill some distance from here tomorrow morning?" or "Dad, can I have the car tonight? There is a dance at the country club"

Most of us do not like to refuse what seems to be a reasonable request, especially when it is voiced by one of our friends or those nearest and dearest to us However, one should not carelessly loan his car to another without first considering the possible legal liability thus imposed upon him in the event that an accident should occur through the negligence of the person to whom the car is loaned

For many years in this state, it was the law that the owner of an automobile was not liable for the negligence of one operating his motor car unless, to adopt the language of the courts, "by a servant in the business of a master" With the increased popularity of the motor car and the constant increase in the number of motor vehicle accidents as a result thereof, the courts though reluctant, were compelled by reason of the law, to deny compensation to many victims, because the person who caused their injury was financially irresponsible and the owner of the motor car was exempt since the person causing the injury was not at the time of the accident engaged in the business of the owner It frequently happened that the father of a family would loan his automobile to his wife, son or daughter to be used for their own pleasure If an accident occurred through their negligence, the father could not be held because of the rule of law above set forth, and the particular member of the family who happened to be operating the car was, in most instances, financially irresponsible To meet this situation a statute was passed, which is now Section 59 of the Vehicle and Traffic Law It provides, so far as material

'Every owner of a motor vehicle or motor cycle operated upon a public highway shall be liable and responsible for death or injuries to person or property resulting from negligence in the operation of such motor vehicle or motor cycle, in the business of such owner or otherwise, by any person legally using or operating the same with the permission, express or implied, of such owner"

The effect of this statute is well stated by our Court of Appeals in the following language

"Liability is no longer dependent upon use or operation by a servant in the 'business' of a master Liability is dependent upon legal use or operation in business 'or otherwise,' with permission or consent The owner who loans a car to a friend or an employee will be liable hereafter for the negligence of the operator though the loan is unrelated to employment, a mere friendly accommodation The father will be liable for the negligence of the son to whom he has intrusted the use of the family automobile * * *"

An interesting question arose under this section with respect to whether or not the statute applies with equal force to an injury received by a guest of the person to whom the owner has loaned his car, where such guest was travelling with the owner's permission, express or implied In holding that the section did so apply, the Court of Appeals said

'Doubtless the Legislature, in enacting the section, chiefly had in mind, as a mischief to be cured, the remediless plight of a highway traveler injured by a motor vehicle, other than the one in which he might be traveling, through the recklessness of an irresponsible driver to whom the owner had intrusted the vehicle and thereby made the accident possible We cannot say that the Legislature did not equally have in mind the case of a guest traveling, with the consent of the owner, in the very automobile by the reckless driving of which injury was inflicted upon him Certainly the section itself draws no distinction between the guest and persons otherwise using the highway, denying to the former, and according to the latter, a remedy against the owner It ordains merely that the owner of the vehicle shall be liable and responsible 'for death or injuries to person or property' The class of persons for whose death, or for whose personal or property injuries, there shall be owner's liability is in nowise restricted by the terms of the section We see no sound basis upon which we may interpolate restrictive words into the section Therefore, we think that the provisions of section 282-e applied to give these plaintiffs a remedy against

den refrigeration of the body, and that the pneumococcus which gained immediate access into a body deranged by the sudden exposure to cold was very harmful and dangerous. The experiments indicated that the Pfeiffer bacillus is indifferent to the refrigeration of the body, but it is possible that this organism except in symbiosis with some other, is not pathogenic

Changing Views on Pulmonary Tuberculosis.—Otto Wild alludes to the now discredited view that this malady has three stages of which the first is a massive infiltration of one pulmonary apex. One of those who have done the most convincing work in this direction is K. E Ranke, although naturally his teachings have been attacked in turn. The first local lesion, which usually develops where the bacillus nests, is very small—at the largest no bigger than a hazel nut. It is relatively unirritating and seen under the microscope is a miniature focus of pneumonia. But lymphatic infection is sure to result, beginning at the nearest nodes with later participation of the more remote links of the chain. These changes in the lymphnodes may set up separate symptoms Blood metastases may also develop in time. When diffusion occurs along the lymphatics and blood vessels we have the second stage of the disease which is now at its acme, in full bloom. Any complication may develop—meningitis, joint disease, renal lesions, etc. With the penetration of the bacillus into the organism at large an allergy develops and the patient becomes sensitized. This allergy is in no sense incompatible with the acquired immunity of which so much is now written, for the two occur side by side and each may be measured. At the end of the series stands the massive pulmonary focus, which has usually been regarded as an early and not a late development. It forms an isolated manifestation of the disease. Before the work of Ranke we knew almost nothing of the first phase save in tuberculosis of the nursling. Mostly it is silent but we may encounter the usually expected fever, wasting, and anemia. In benign cases the focus becomes calcified. Diagnosis in the early phase can be made in the silent case through the tuberculin reaction and röntgenography. It is in this phase of the disease that more or less extensive infiltration of the bronchial lymphnodes may develop When, as so often happens, a massive apical infiltration occurs, Ranke is inclined to the opinion that this is due to a superinfection from without, the sensitized parenchyma of the lung falling an easy prey to the bacillus—*Schweizerische medizinische Wochenschrift*, August 31, 1929.

The Causes and Treatment of Persistent Nasal Catarrh, Particularly in Children.—Daniel McKenzie, writing in the *British Medical Journal*, September 7, 1929, II, 3583, states that nasal catarrh differs from "a cold in the head" in being chronic From the clinical standpoint the cases may be divided into two groups—those in which the catarrh can be traced to a local cause or focus, and those in which no such local cause can be found. The chief local causes in children are adenoids and nasal sinus suppuration. When nasal catarrh persists after adenoids, and perhaps also tonsils, have been removed, there are two further possible causes, which may be combined, namely, enlarged posterior ends of the inferior turbinals, and nasal sinus suppuration. With regard to the former, they should be examined at the time of the tonsil or adenoid operation, and if they are much enlarged they should be removed, if only slightly swollen they may be left as they will probably subside with improvement in the local condition. Having excluded adenoids and the posterior ends of the turbinals as a cause of nasal catarrh, the ethmoidal region and the maxillary antra should be examined, remembering that neither transillumination nor *x*-ray examination is of much value in childhood For the antra, proof puncture under general anesthesia is alone reliable. If simple lavage fails to cure the antrum suppuration, a nasal antrostomy opening may be made. Operation through the canine fossa is not recommended prior to the eruption of the permanent teeth. Another abnormality causing nasal catarrh is deviation of the nasal septum, a source of trouble much less common in children than in adults Operation incurs the risk of stunting the growth of the nose, and it should be undertaken only when the nasal obstruction and catarrh are interfering with the child's normal development, otherwise it should be postponed until after puberty McKenzie states that we no longer contemptuously reject the belief that exposure to cold, particularly in the case of sedentary, indoor people, will predispose to and often actually precipitate an attack. He is opposed to the hardening process applied to children, as, for example, exposure of the legs which he says is neither safe, sensible, nor decent. He would also guard against the opposite extreme of so much clothing that the child lives in a continual bath of perspiration In persons susceptible to recurrent colds, all possible sources of sepsis and irritation should be removed and a high resistance should be built up and maintained against the coryza-producing virus by hygienic measures, both personal and communal. Vaccines are sometimes helpful

LEGAL

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Most of us do not like to refuse what seems to be a reasonable request, especially when it is voiced by one of our friends or those nearest and dearest to us However, one should not carelessly loan his car to another without first considering the possible legal liability thus imposed upon him in the event that an accident should occur through the negligence of the person to whom the car is loaned

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this defendant, if the car was negligently driven by the defendant's daughter upon an errand assented to by the defendant"

It will be seen from what has already been written, that the law places a heavy penalty upon the owner of a motor car who loans his car to a reckless or careless driver Before we permit another to use our car, we should be reasonably sure that that person is a competent and careful driver

OBSTETRICS — CLAIMED NEGLIGENCE CAUSING FRACTURE OF CLAVICLE OF BABY

In this case an action was brought by a father individually and also as guardian ad litem of his infant daughter, to recover damages against the doctor for alleged malpractice

The complaint charged that the defendant had been engaged to deliver the mother of the child, and that he did deliver her of a baby girl, but did it in such a negligent and unskillful fashion as to cause the baby's clavicle to become fractured

From the facts it appears that the mother and father came to the doctor's office, and the man requested the doctor to deliver his wife The doctor told him what his fee would be, but the man stated that he could not afford it, that they were poor people and prevailed upon the doctor's good nature to reduce the fee to a more nominal sum The child, a baby girl, was delivered by the defendant at the hospital The delivery was uneventful and the child was sound and normal in every respect The mother and child remained in the hospital for about two weeks and were discharged in perfect condition The doctor had seen the mother and child every day during the time that they were in the hospital and no complaint was ever made about any condition relating to either the mother or the baby About a week after they left the hospital, the mother called the doctor to her home, stating that the baby was not well The doctor made an examination of the baby and found that she had a fracture of the right clavicle Although the doctor knew from his examination of the child in the hospital that the child was in perfect condition when it left there, the mother denied that any accident happened to the child since its return from the hospital The doctor continued to treat the baby's shoulder for about three weeks, when one day the father called at the doctor's office and stated that he was too poor to pay any money The doctor then said that he would be willing to treat the child at his office for no fee, but the father said it was too far to bring the child He requested the doctor to give him a note to the dispensary, with which request the doctor complied He never saw the parents again and was thereafter served with a summons and complaint

It was an obvious attempt to extract money from the defendant, and when the plaintiff saw that no settlement could be procured he took no further steps in the action, and on our motion the action was dismissed for lack of prosecution

CLAIMED NEGLIGENCE IN INTRAVENOUS INJECTION

In this case, a woman was referred to the defendant by a physician who had examined her, but was not able to make a definite diagnosis of the illness from which she was suffering, although he ventured the opinion that it was some sort of stomach trouble

The patient came to the doctor and gave a history which indicated the necessity for x-ray pictures of her gall-bladder The doctor placed the woman in a chair and after rubbing her arm with alcohol, sterilized his needle and proceeded to give her an injection intravenously with a preparation designed to render the gall-bladder in such condition that an x-ray picture would disclose its condition He cautioned the woman not to move while the injection was being given When he had injected about 25 c c the patient moved her arm and the doctor immediately noticed that her skin at the point where the needle was inserted was rising, so he pulled the needle out Then he took hold of the skin and pressed out some of the fluid and then applied iodine and alcohol as a disinfectant The patient remained in his office in order to have the x-ray picture taken. The doctor dressed the arm She returned the following day and the doctor put cold compresses on the arm The next day she again returned and the doctor took another picture of her gall-bladder At this time the doctor

says her arm was improving He never saw or heard from her again until he was served with a complaint, charging that he failed to use care and skill in treating the plaintiff, in that he injected a certain liquid into the tissues of the plaintiff's arm instead of injecting a liquid into the plaintiff's vein, causing the plaintiff's arm to become infected and further causing an ulcer, which left a permanent scar on her right arm

The case came on for trial The plaintiff testified that she had not been warned by the doctor with respect to moving and further stated that she did not move The doctor, however, testified that he had warned the patient about the dangers of moving during the injection, and further that she had suddenly jerked her arm during the injection In both of these statements he was corroborated by his nurse who was at the time of the trial not in his employ and not friendly to him The issues raised by the pleadings were submitted by the trial court to the jury, which promptly returned a verdict in favor of the doctor

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DIATHERMY — CONTRIBUTORY NEGLIGENCE CAUSING BURN

In this case the complaint charged that the plaintiff employed the doctor to cure him of a rheumatic malady, but the doctor did not use due care and skill in that he unskillfully applied electrical treatment to the plaintiff's back, too much heat was applied and the defendant failed to use the proper appliances to protect the plaintiff from getting burned, with the result that the plaintiff became severely burned Damages were asked for in the sum of $5,000

It appeared that the plaintiff, a man forty years of age, came to the doctor's office complaining of pain in the sacro-iliac region and giving a history of having been bothered by that condition for some time The doctor advised diathermy and baking treatment, which he administered to the plaintiff The treatment was applied for twenty minutes Before administering the treatment the doctor gave careful instructions to the plaintiff that he should not move during the treatment and explained to him the possibilities consequent for his failure to obey the doctor's instructions The patient returned two days later for similar treatment, and after the treatment had been administered for fifteen minutes the doctor noticed that the patient suddenly jerked his body and immediately complained of a burning feeling The doctor shut off the current and removed the pads, and the patient left He returned four days later and the doctor found that he had a redness where the pad had been applied on the previous occasions The doctor gave him boric acid and zinc oxide solution and the patient went home, but he never returned

The case came on for trial and the issues were submitted to the jury who returned a verdict in favor of the doctor

LONDON LETTER

London, November 1, 1929

Milk Supplies

When I was in Toronto in December last, I was told that owing to the methods adopted in that city for the control of the milk supply, mesenteric tuberculosis in children, which is essentially bovine in origin, had been practically stamped out That this ideal is far from being reached in England is seen from the discussion in the Section of Public Health at the Annual Meeting of the British Medical Association in Manchester last July Dr Savage, County Medical Officer of Health of Somerset, reviewing the difficulties that confront the authorities whose duty it is to assure a clean milk supply, deplored the slow growth of the Milk Grading Scheme There are two grades recognized by the Ministry of Health which may be considered tubercle free within narrow limits (1) "certified" milk obtained from dairy herds each cow of which has passed the tuberculin test and is inspected by a veterinary surgeon every six months Milk is bottled on the farm (2) "Grade A" (tuberculin tested) milk, obtained from cows tested in a similar way as for "certified" milk, but the bottling is done before distribution After this scheme had been in operation for eight years (December, 1927) only 4300 cows were "certified" and 5950 "Grade A" tuberculin tested Estimateing 500 gallons per cow this means that only a little more than 5,000,000 gallons of milk per year conform to these tests When we consider that in England 280,000,000 gallons of milk are transported annually by railway alone, we can realize how small a proportion of the milk consumed is derived from tubercle free herds Dr Savage estimates that 40 per cent of all cows in this country give a positive reaction to tuberculin compared with 3 3 per cent in the United States, and though, of course, all reactors are not "open" cases, that is, liable to shed tubercle bacilli into their surroundings, he still estimates that the "open" cases amount to 1 per cent It is obviously impracticable to destroy all cows which react to the tuberculin tests when the proportion is as high as 40 per cent and the tracing of "open" cows by testing the milk from individual farms is a slow business, especially if inoculation tests have to be done, and it is very expensive In spite of all these difficulties, however, there is some consolation in the knowledge that deaths due to bovine tuberculosis have decreased in a very marked degree, the non-respiratory tuberculosis death rate having been reduced by 48 3 per cent since 1912, but it is still estimated that 2,000 deaths occur in England every year from tuberculosis due to bovine tubercle bacilli in addition to an unknown amount of invalidism It looks as if we must rely for some time at least on pasteurization and though no method of pasteurization on a large scale has yet been agreed upon, some of the chief firms of milk distributors have installed pasteurization plants run on scientific lines and controlled by frequent bacteriological examinations, and these are model institutions I had the opporutnity a few months ago of inspecting a depot where 48,000 gallons of milk were dealt with daily, and I am satisfied that everything was done to attain the highest degree of cleanliness

Drunkenness

London has been mildly amused by an article cabled from New York which had appeared in the current supplement issued by the Methodist Board of Temperance This article was contributed by an American Scout Leader who had been on a visit to England to attend the recent Jamboree, and contained a blood curdling account of "hideous scenes of drunkenness" which he had been so unfortunate as to witness "in a fashionable part of Westminster" Alas! my London! Can it be that the penetrating eye of a passing Boy Scout has discovered a plague spot which had been successfully hidden from us all? How great then is our indebtedness to Lord Baden Powell that this pupil of his should have turned the practice of shrewd observation to such purpose Or is it possible that the sister art, that of the story 'round the camp fire, has been developed in this young Scout Leader to a pitch that must excite in us the most unbound admiration? I put aside the report recently issued telling us of the rapid and persistent decrease in the number of charges of drunkenness in the police courts, and visualize the return of those nights which seem so far away, when the night porter puts his head in the common room and summons the House Surgeon to attend to one more "drunk with a cut head, sir"—ah! those days of long ago—are we to see them once again?

H W CARSON, F R C P

NEWS NOTES

COMMITTEE ON PERIODIC HEALTH EXAMINATIONS AND ITS POLICY AND PROGRAM

I This Committee is delegated "to study and popularize Periodic Health Examinations and to conduct a Health Week in connection therewith"

II The short name of this Committee shall be the Committee on Periodic Health Examinations

III The work before the Committee is of great and continuous importance to the public and to the medical profession It cannot be completed in the one year of the Committee's tenure, but this one year can be a year both of accomplishment and preparation The most satisfactory result of its labors may be the laying of a foundation for permanent, unhurried, and solid progress We shall, therefore, plan the work of the year as the first of a continued campaign to be carried forward by these members of the Society who may be delegated to the task

IV The work of the Committee shall be
A To produce immediate results,
B To develop a policy and a program,
C To complete satisfactorily the first year of this program

V The first work of the Committee must necessarily be clearly to determine its province, purpose, and function The following is submitted, therefore, as a point of departure 'The Health Examination will save life It will decrease suffering, postpone deterioration and decay It will increase health, happiness, and efficiency" We believe that it is the duty of the medical profession not only to give this message to the people of the State, all of them, but to give it with power, conviction, and result

VI We must make sure first that we know what a Health Examination is and what it is not We must have evidence, i e, "facts" not 'opinions," "experience," not "authority," that the Health Examination will do as we state —that it will save life, lengthen life, decrease suffering, and postpone deterioration and decay, increase health, happiness, and efficiency These facts must be facts pertinent from every branch of medicine, abundant, conclusive, and vigorously convincing Moreover we must prepare and give to the physicians of the State a clear and feasible method of personal professional procedure for their individual adjustment to this expanding opportunity

VII Do we know what a Health Examination is? Is there a general agreement? The following may serve "A Health Examination is an inspection of a man (presumably in health) to determine ways to lengthen life, detect disease and deterioration, increase health, happiness, and efficiency by every possible way to a skilled and understanding medical advisor"

VIII The varieties of the Health Examination

A careful study of the situation shows an astonishing diversity of procedures which are called Health Examinations and a number of kinds of Health Examinations which have been going on under different names These vary as to (a) Purpose, (b) Time, (c) Place, (d) The kind of client, (e) The kind of examiner

These topics have been discussed in outline in the September 15th, 1929, issue of the NEW YORK STATE MEDICAL JOURNAL They should be taken into consideration in discussion of the proposal or adoption of Health Examination forms It may be advisable to have several forms to meet several different conditions This will require careful consideration

Immediate progress for September and October

I Decide main lines of policy and program on meeting September 20th

II Provide for brief address to be given at the different meetings throughout the State

III Publish the report of the September 20th meeting in the State Journal elaborating on policy and program and putting all members of the State Society on the alert.

IV Write to the County Medical Societies stating policy and program, asking for comment and suggestions, asking further specifications for reports on what they have done, are doing or contemplate doing, setting forth the necessity of obtaining from their members preclinical data for our fact-gathering campaign, acquaint them with our proposed schedule of popular campaigns, asking for the designation of one or more members with whom we will communicate

V Urge members of the Committee to prepare articles on preclinical signs and preclinical medicine

VI Invite the various State Societies to join our program, asking support and offering cooperation for their own programs, if any

VII Inform all organizations represented in health, education, social and business affairs throughout the State of our intention and our desire for their cooperative efforts, and proceed to develop cooperation

VIII Campaigns

1 A campaign for the development of the physicians' interest and information will be continued throughout the year

2 A campaign for children will be conducted on or about May Day, to correlate with the National Campaign already in operation

3 A campaign for pre-school children will cooperate with the Summer round-up

4 It will enter into no controversy

November

IX Policy

1 The Committee insists on knowing thoroughly what it is about and where it is going and how its work will affect the medical profession and the public before it begins its campaign

2 It proposes to erect permanent landmarks and build lighthouses rather than to set off occasional fireworks

3 It will avail itself to the utmost of the knowledge on Health Examinations wherever it may be found

4 It will enter into no controversy

5 It will do nothing that it finds others can do as well and will seek to avoid the possibility of the duplication of effort

6 It will aid county and city campaigns, but not conduct them

7 It will seek to interest business and other organizations for social, fraternal, and philanthropic purposes throughout the State to the extent that the committee can make use of their machinery for reaching the population of the State through many channels and in many ways

8 It will seek to lead, direct, build, and inspire

9 The objective is "For every citizen of the State a health examination"

PUBLIC RELATIONS COMMITTEE

The regular monthly meeting of the Public Relations Committee of the State Society, held in Albany on October twenty-first, considered several questions of vital interest to the medical profession

The question referred to the Committee by the Council regarding the difficulty of the collection of medical fees in Workmen's Compensation cases was found not to exist in a majority of hospitals in New York State Seventy-one per cent of the hospitals of the state replied to a questionnaire Out of one hundred seventy-four hospitals, only twenty do not admit compensation cases to their wards, but these twenty admit them as private or semi-private patients

Fourteen hospitals prohibit physicians from making charges for services rendered compensation cases on the wards, and seven of these are in New York City municipal hospitals Three out of the fourteen that do not permit physicians to make charges are private hospitals and have their physicians on salary, and four other hospitals have regulations preventing physicians receiving compensation for ward cases Therefore, one hundred sixty of the hospitals in New York State replying to the questionnaire permit physicians to collect fees for compensation cases It, therefore, appears that the problem supposed to exist does not actually exist except in a very small number of hospitals

The work of the Public Relations Committee in meeting with the County Societies' Public Relations Committees shows a definitely growing interest in the need for cooperative relationship with other health agencies This is an interesting medical position, and in the judgment of the Committee it is a splendid evidence of sure advancement in giving to the public an approach to continuous medical service, while people are well

The relationship of the medical profession to the county general hospitals as to members on the staff is having definite study and will be one of the major pieces of work of the Committee during the next two months

The Committee is planning to issue reprints of its reports which have been published in the Journal, for the purpose of keeping the members of the Society interested in the development of cooperative relationship with other agencies on a basis of good will

The meeting adjourned to meet again in Albany in November W H Ross, *Secretary*

THE FIRST DISTRICT BRANCH

The First District Branch of the Medical Society of the State of New York held its twenty-third annual meeting on Friday, October 25, 1929, in Briarcliff Lodge, Briarcliff Manor, N Y

The meeting opened with a luncheon at one o'clock, which was attended by fifty members This was followed by addresses by some of the officers of the State Society Dr James N Vander Veer, President, described some of the major activities which are now being carried on by the

State Society and its constituent county societies Dr John A. Card, chairman of the special committee on Group Insurance against Malpractice, described the form of insurance which has been adopted by the State Society and urged all the doctors to take that form because it was the most economical and safest form of insurance

The question of periodic health examinations was presented by Dr C Ward Crampton, chairman of the special committee on Periodic Health Examinations of the State Society Dr Crampton closed with a plea that all the doctors interest themselves in this form of medical activity and practice.

The scientific speaker of the afternoon was Dr Thomas B Futcher of the Johns Hopkins Hospital, Baltimore, Md, who spoke on "Etiology of Diabetes Insipidus"

RADIO TALK ON HAIR REMOVERS

The Medical Information Bureau of the Medical Society of the County of New York and the New York Academy of Medicine is managing radio talks on health subjects The following is an abstract of a talk given by Dr Howard Fox on September 30th through Station WEAF on the subject of hair removers—EDITOR'S NOTE.

I should like to warn you against the dangerous method of removing superfluous hair which is widely advertised in many of the daily newspapers and lay journals These advertising establishments use *x*-rays for treating superfluous hair That *x*-rays are used is proved by the appearance of the skin in those who have been injured The *x*-rays when properly used by experienced persons constitute a safe and extremely efficient agent for treating many diseases of the skin and scalp It is also true that it is possible to remove superfluous hair by the *x*-rays There is, however, too great danger of injuring the skin by this agent to warrant its use

Advertisers quote statements from standard text books on skin diseases to the effect that *x*-rays cause permanent fall of hair This is perfectly true, but they neglect to say that these very same authors condemn the use of *x*-rays for superfluous hair on account of the danger of serious injury to the skin

The bad results which may follow such treatment consist of prominent blood vessels and freckles which are often extremely disfiguring and almost impossible to remove In the more severe cases of injury, whitish spots, warty growths and even cancer may eventually occur Physicians are now seeing an increasing number of these unfortunate cases in which the disfigurement is often infinitely worse than the original hairy growth The sad part is that these injuries are permanent, whereas superfluous hair can always be removed by one method or another While women constitute the majority of the victims, men occasionally patronize these quacks and take their chances of injury I have recently seen a man who underwent this treatment for an extensive hairy growth of the body As a result, the greater part of his back, chest and abdomen was severely and permanently burned.

Many of these advertising concerns employ a physician who is regularly licensed to practice medicine, but none of these doctors have any standing with their medical brethren They are physicians who have gone wrong and are turned quacks

Many unfortunate women could have been saved from injury due to these quack methods if they had consulted their family physician at the outset. The average woman, however, feels ashamed to discuss the subject of superfluous hair with her physician or even with her husband Many women have told me that they had been treated by these illegal practitioners without consulting any other member of their family As a protection against this as well as numerous other forms of medical quackery, I cannot urge too strongly that everyone should have a medical adviser in whom he or she has implicit confidence. The general practitioner is the logical one for this purpose. Any physician, however, whether family doctor or specialist, can act in this important capacity

In conclusion, I would like to warn you against corporations who practice medicine and advertise in the newspapers They are after your money If you want information about things medical, don't trust to your own judgment, but consult your family doctor

ONTARIO COUNTY

A meeting of the Ontario County Medical Society was held on Tuesday, October 8, 1929, at Wenna Kenna, East Lake Shore The following officers were elected

President, Dr Charles W Webb, Clifton Springs

Vice-President Dr Barton I McDowell, Bristol Center

Secretary Dr D A Eiseline, Shortsville

Treasurer Dr Hubert Schoonmaker, Clifton Springs

Censors Dr W T Maloney, Geneva, and Dr F C McClellan, Canandaigua

Delegate to the State Society Dr C C Lytle, Geneva, Alternate, Dr C W Selover, Canandaigua

Dr James D Tyner, of Canandaigua, was elected to membership

The Society voted to continue the Medical Bulletin which was published last year

The special occasion of the meeting was a tribute to Dr John H Jewett of Canandaigua, on attaining fifty years of membership in the County Society A banquet was held in his honor, and he was presented with a book on *x*-rays on behalf of the County Society, by Dr A M Mead of Victor, one of the older practitioners of the County

The address of the evening was given by Dr James N Vander Veer, President of the Medical Society of the State of New York, which is printed on page 1394 of this issue of the JOURNAL

The testimonial was of special significance because the father of Dr John H Jewett, Dr Harvey Jewett, had practiced medicine in Canandaigua for many years and had been President of the Medical Society of the State of New York Furthermore the son of Dr John H Jewett, Dr C Harvey Jewett, is now president of Ontario County Medical Society and presided at the dinner in his father's honor

Dr Harvey Jewett, the first of three generations of Jewetts to practice medicine in Ontario County, was born on November 19, 1809 in Allens Hill, in the western part of Ontario County He lived with his older brother, Dr Lester Jewett, who resided in the town of Seneca, Ontario County, and was a member of the County Society as far back as 1823 Dr Harvey Jewett graduated from Fairfield Medical School in 1832, and practiced in Allens Hill until 1852 when he moved to Canandaigua He died September 5, 1888, and was in the active practice of his profession until the day before his death

D A EISELINE, *Secretary*

SCHOHARIE COUNTY

The seventy-second annual meeting of the Schoharie County Medical Society was held in the High School Library, Cobleskill, N Y, at 4 P M, Tuesday, October 15, 1929

After the meeting had been called to order by the President, C L Olendorf, the minutes of the last semi-annual meeting read and approved, the following officers of the Society were elected and committees appointed for 1930

OFFICERS

President Edward S Simpkins, Middleburgh
Vice-President Joseph F Duell, Jefferson
Secretary Herbert L Odell, Sharon Springs
Treasurer Le Roy Becker, Cobleskill
Censor Willard T Rivenburgh, Middleburgh
Delegate to State Society with power of substitution John J Beard, Cobleskill

COMMITTEES

Legislative—H R Bentley, L R Becker, C L Olendorf, H J Wright

Public Health—H L Odell, W S Pomeroy, L Driesbach

Publicity—J J Beard, L Driesbach, R G S Dougall

Public Relations—L R Becker, W S Pomeroy, D W Beard

H R Bentley as delegate to the meeting of the State Society at Utica, gave a brief but an excellent summary of it

A communication from C Ward Crampton relative to Periodic Health Examination was read and thoroughly discussed—Dr Champlin, D S H O of Oneonta stated that while the members of our profession have long recognized its worth and importance in conserving the life and health of the people, but few persons have as yet been sufficiently impressed to appreciate their own great need of a thorough physical examination each year, and to know that this can and should be done by their family physician, and that as much time and care is required to complete the examination, the compensation therefor should be adequate

The necessity of immunizing children, especially those of pre-school age against Diphtheria is now so well and favorably known that the members of our Society feel that in their education of the people in the need of this one preventive measure so much has been done gratuitously that in the future the ordinary office fee at least should be paid therefor, either by the parent, guardian or better by the public as the life of even one individual is too great an asset to the community to be weighed against the cost of immunizing every child therein

J J Beard gave a very interesting account of his visit to the meeting of the American Medical Association at Portland, Oregon

After a suggestion made by D W Beard that the Society have prepared health articles for publication in each of our county papers several times during the year, for the proper information of the public relative to health problems, it was duly moved, seconded and carried that our Publicity Committee and our Public Relations Committee act in conjunction in having this program carried out

The members of the Society and the visitors enjoyed a very delicious dinner at Hotel Augustan after which, on returning to the High School

Library, we were most helpfully entertained by Dr John M Swan, of Rochester, New York State Chairman of the American Society for the Control of Cancer Much emphasis was placed on the necessity of early recognition especially of precancerous lesions and conditions

At 7 30 P M Doctor Swan gave in the High School Auditorium a public address on "Cancer" to a large and interested number of people, making very clear this great danger and how its menace may be often forestalled by early consultation with the family physician in every case of uncertainty

HERBERT L ODELL, *Secretary*

BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on October 16, 1929, was called to order at 9 P M, the President, Dr Aranow, in the Chair

The following candidates for membership were accepted Drs Henry H Blum, Philip Brown, Richard B Gross, Harold Jacobziner, Harris J Levine, Maurice C Rosenkrantz, Morris Rubinstein, George Schoenholtz and Adolph Schorr

The following resolutions were adopted by a rising vote

Whereas, The Bronx County Medical Society having attained a severe loss in the death of its honored associate, Herman Roth, M D

Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr Herman Roth and that a minute thereof be placed on the records of the Society, and be it

Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member

Dr George B Stanwix, President of The First District Branch, addressed the Society on the subject of The First District Branch He spoke particularly of the excellent Scientific Program being arranged for the Annual Meeting to be held at Briarcliff Manor on Friday, October 25th, and urged the members to attend the meeting Dr Aranow supplemented the remarks of Dr Stanwix by assuring the members that it would be well worth their while to attend the meeting

Dr Frederic W Bancroft addressed the Society as the representative of the Greater New York Committee on Health Examination He explained in detail the purpose and plan of the Committee and appealed for the co-operation of the physicians in the Campaign for Periodic Health Examinations

The Scientific Program then proceeded as follows

Papers

1 The Basic Idealogy for a New Method of Hay Fever Prophylaxis and Allied Allergies (Preliminary Report), William A Wovschin

2 Recent Advances in the Treatment of Diabetes, Elliot P Joslin

Discussion on the Paper of Dr Joslin was then opened by Dr Adolph I Ringer

I J LANDSMAN, M D, Secretary

QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held at the North Hills Golf Club, Douglaston, on May 22nd, 1929 Following the custom in recent years the meeting took the form of an outing meeting and was held in affiliation with the Medical Association of the Greater City of New York During the day the Societies were tended the use of the golf links and in the afternoon a tournament was held in which the members and guests participated Drs E E Keet, J L Kane and H E Smith acted as Greens Committee In the evening the banquet was served at which 102 members and guests were present Following the banquet a short executive session of the County Medical Society was held at which president, W J Lavelle presided

Jacob Werne, M D, 10502 88th Avenue, Jamaica, was elected to active membership in the Society

The Secretary reported for the meeting of the Comitia Minora, who recommended the adoption of the following resolution submitted by the Medical Society of the County of Kings

"WHEREAS, Year after year bills have been introduced in the New York Legislature providing for a change in the public policy of the State with relation to birth control, either by repealing Sec. 1142 of the Penal Law which defines articles and appliances, etc., for this purpose to be obscene and providing punishment for their sale, distribution or use, or by the repeal of Sec. 170-d of the Public Health Law which forbids doctors violating the provisions of Sec 1142 of the Penal Law or abusing the privileges accorded them by Sec. 1145 of the Penal Law and

WHEREAS The New York City Federation of Women's Clubs sought, by questionnaire to secure endorsement of a birth-control bill in the 1929 Legislature from members of the medical profession and boasted of a number of affirmative replies, and

WHEREAS, It is reasonable to believe that effort will be made to secure endorsement of a birth-control policy

at the 1929 meeting of the Medical Society of the State of New York,

"THEREFORE BE IT RESOLVED, That the Medical Society of the County of Kings, in meeting assembled March 19th, 1929, reiterating its opposition to any change in the public policy of the State which will modify or nullify Sec 170-d of the Public Health Law or Sec. 1142 of the Penal Law, or that will amplify the privileges contained in Sec. 1145 of the Penal Law, or that will write the policy of sterilization of the sick or unfortunate citizens into the Law of the State of New York, hereby instructs its Delegates to the annual meeting of the Medical Society of the State of New York to present thereat, and work for the adoption of, the following Resolution

"RESOLVED, That the Medical Society of the State of New York, in (1929) meeting assembled, declares its opposition to the introduction or enactment of any law that will change the policy of the State of New York in the matter of birth-control or sterilization or so amplify the police power of the State as to threaten the money or man-power of the State, or its physical, moral or economic security, or the safety of its citizens, or to disturb the safeguards thrown about the practice of medicine in the State of New York as contained in the Medical Practice Act.

"AND BE IT FURTHER RESOLVED, That copy of this Resolution be sent to every County Medical Society in the State of New York with the request of this body that they take similar action to the end that a united front may be presented against those who may seek to make the medical profession the agency of lust and sadism through birth-control and sterilization"

The motion duly seconded the report of the Comitia Minora was accepted and the resolution adopted

The chairman, Dr Carl Boettiger, presented the following resolution for the Committee on Public Health and Public Relations and moved its adoption Seconded and passed

WHEREAS, The medical services in the various City Departments have developed to a state in which reclassification has become imperative in order that satisfactory medical personnel may be secured and retained,

AND WHEREAS the salaries paid have in most instances been inadequate, the best type of physicians to this work,

AND WHEREAS the Public Health Relations Committee of the New York Academy of Medicine has made a complete study of this matter and has rendered a report with recommendations, which report has been critically examined in the Public Health Committee of this society and submitted for approval,

THEREFORE, BE IT RESOLVED that the Queens County Medical Society endorse the recommendations made by the Public Health Relations Committee of the New York Academy of Medicine, and recommends their adoption by the Board of Estimate of the City of New York"

He further read a communication from the Medical Society of the County of New York, the adoption of which was recommended by the Comitia Minora and which had been referred to the Committee for their consideration and moved its adoption Seconded and passed

"By order of the Comitia Minora of the Medical Society of the County of New York, I transmit to you for consideration of your Society the following preamble and resolution which were adopted at a stated meeting of the Society

"WHEREAS, Periodic health examination is now recognized by the medical profession as playing an important role in the maintenance of public health, and

"WHEREAS, The New York County Medical Society believes that such examinations are best carried out under the guidance of the family physician,

"THEREFORE, BE IT RESOLVED that the New York County Medical Society invite the other county societies of the City to join it in the organization of a 'Health Examination Week' to take place in October,

"That the Commissioner of Health be asked to help organize a 'Health Examination Week.'

"That the public be informed from time to time through the press and other agencies of publicity of the purposes and details of such health examinations and

"That the Chairman appoint a committee of seven who with the Committee on Periodic Health Examinations, shall help to bring this plan into effect."

The Secretary called the attention of the members to the auto emblems and urged that they be generally used by the members He further called attention to the historical questionnaire in the current issue of the Bulletin and requested all physicians in the County to fill it out and forward it to the Historian of the Society

On the completion of the Executive Session, president Lavelle invited president E E Smith of the Medical Association to preside. Dr Smith spoke of the present relations that exist between the two organizations and expressed the appreciation of the Association for the opportunity of participating in this Joint Outing Meeting

Thereupon, president Lavelle introduced Hon. Richard S Newcombe, District Attorney of the County of Queens, who interestingly and ably addressed the assembled upon "The Relation of the Physician to the District Attorney's Office" In the course of his remarks he emphasized his own experience with psychiatrists who had rendered impartial services to the District Attorney in important cases during his tenure of office He further spoke of the participation of youth in the crimes committeed not only in the County of Queens but throughout the country, and considered the importance of training the boys of the County so that they would grow up into a right and healthful manhood Mr Newcombe's address was received with marked attention and it was apparent that he had made a deep impression upon the audience At the close, the presiding officer congratulated the County upon having a man in public office inspired with the high ideals and the forcefulness to execute them possessed by District Attorney Newcombe

In introducing the next speaker Dr Smith emphasized his eminence in the profession and the personal esteem in which he was held Dr Walsh then spoke on "Medical Quackery, Old and New," and both instructed and entertained the gathering with the astuteness and charm for which he is so widely famed

Dr Keet for the Greens Committee awarded

he prizes for the successful participants in the golf tournament

The meeting voted an appreciation to the host, Mr Endries, through whose courtesy the outing was held at the North Hills Golf Club

Attendance 102 E E SMITH, *Secretary*

QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held at the Oakland Golf Club, Bayside, L I, on Tuesday evening, September 24th, 1929, in affiliation with the annual meeting of the Queensboro Tuberculosis and Health Association It was preceded by a golf tournament in the afternoon and a dinner at 6 30 p m The meeting was called to order by president W J Lavelle, M D, who said in part

"This joint meeting of the Medical Society of the County of Queens and the Queensboro Tuberculosis and Health Association is but one more evidence of better understanding and the attitude of mutual helpfulness that is developing between the voluntary health agencies and the medical profession We physicians cannot afford to discourage or refrain from utilizing the valuable aid which is rendered by voluntary health agencies in the promotion of public health Their unhampered initiative is invaluable in developing pioneer measures for determining the most effective methods and technique in public health work Nowhere else is this spirit of co-operation better exemplified than here in the County of Queens where the County Medical Society is working hand in hand with the Queensboro Tuberculosis and Health Association for the common purpose of making our community a healthier and happier place in which to live"

He then introduced Mr Henry C Wright, president of the Queensboro Tuberculosis and Health Association, who presided at the executive session of the association

At the scientific session which followed, president Lavelle introduced Harry A Bray, M D Superintendent, Ray Brook State Tuberculosis Sanitarium, who spoke on "Essentials in the Diagnosis and Treatment of Pulmonary Tuberculosis" The discussion was participated in by Dr Carl Boettiger, president Henry C Wright, Drs E P Kolb, Brownstein, E E Keet, A L Voltz, Mr Godias Drolet of the New York Tuberculosis and Health Association and Dr T C Chalmers

Dr Keet, Chairman of the Golf Committee, awarded the prizes of the afternoon tournament, and Dr Chalmers addressed the meeting upon the Society building and announced the program for a bazaar in December

In the executive session the minutes of the last meeting were approved as published in the Bulletin, and the following members were unanimously elected, on ballot cast by the secretary

Active

Ludwig A Boehmer, M D, 9214 243rd Street, Queens Village

Benjamin Grossman, M D, Northern Boulevard and 153rd Street, Flushing

Arthur Schneller, M D, Boulevard Sanitarium, Astoria

Frances I Seymour, M D, 169 Beach Street, Far Rockaway

Associate Member

Jamie Benavides, M D, 224-02 137th Avenue, Laurelton, L I

Received by Transfer

M Trautmann, M D, 3760 82nd Street, Jackson Heights, from Milwaukee County (Wis) Medical Society

Dr T C Chalmers presented the following resolution which being seconded was unanimously adopted

RESOLVED, That the Board of Trustees be and they are hereby authorized to borrow from the Corn Exchange Bank Trust Company the sum of One Hundred Thousand Dollars ($100,000) in connection with the building program, and that no mortgage shall be placed upon the said property or building of the Society until this loan shall have been paid in full, and that the Chairman and Secretary of the Board of Trustees be and they are hereby authorized to sign a note for the payment of this loan and it is

FURTHER RESOLVED, That the Chairman and Secretary of the Board of Trustees be and they are hereby authorized to assign to the Corn Exchange Bank Trust Company, as security for the payment of said loan, all the subscriptions to the Building Fund in a form satisfactory to the Trust Company, and it is

FURTHER RESOLVED, That the action of the Chairman and Secretary of the Board of Trustees in signing and delivering a note to the Corn Exchange Bank Trust Company under date of September 18 1929, in connection with the building program and their action in assigning the Building Loan subscriptions to secure the payment of said note, be and the same are hereby ratified and approved

Dr F G Riley then read a letter inviting the Society to attend the meeting of the Associated Physicians of Long Island at the North Hills Golf Club, October 8th On motion by Dr Flemming, the secretary was instructed to acknowledge the invitation

The Secretary announced that at the meeting of the House of Delegates of the Medical Society of the State of New York held June 3rd and 4th, 1929, at Utica, New York, Drs Boettiger, Chalmers Courten, La Velle, Smith and Riley, regularly appointed delegates, were in attendance. He also announced the sale of auto emblems for members of the Society

Attendance 103 E E SMITH, *Secretary*

at the 1929 meeting of the Medical Society of the State of New York,

"THEREFORE BE IT RESOLVED, That the Medical Society of the County of Kings, in meeting assembled March 19th, 1929, reiterating its opposition to any change in the public policy of the State which will modify or nullify Sec 170-d of the Public Health Law or Sec. 1142 of the Penal Law, or that will amplify the privileges contained in Sec. 1145 of the Penal Law, or that will write the policy of sterilization of the sick or unfortunate citizens into the Law of the State of New York, hereby instructs its Delegates to the annual meeting of the Medical Society of the State of New York to present thereat, and work for the adoption of, the following Resolution

"RESOLVED, That the Medical Society of the State of New York, in (1929) meeting assembled, declares its opposition to the introduction or enactment of any law that will change the policy of the State of New York in the matter of birth-control or sterilization or so amplify the police power of the State as to threaten the money or man-power of the State, or its physical, moral or economic security, or the safety of its citizens, or to disturb the safeguards thrown about the practice of medicine in the State of New York as contained in the Medical Practice Act

"AND BE IT FURTHER RESOLVED, That copy of this Resolution be sent to every County Medical Society in the State of New York with the request of this body that they take similar action to the end that a united front may be presented against those who may seek to make the medical profession the agency of lust and sadism through birth-control and sterilization"

The motion duly seconded the report of the Comitia Minora was accepted and the resolution adopted

The chairman, Dr Carl Boettiger, presented the following resolution for the Committee on Public Health and Public Relations and moved its adoption Seconded and passed

WHEREAS, The medical services in the various City Departments have developed to a state in which reclassification has become imperative in order that satisfactory medical personnel may be secured and retained,

AND WHEREAS the salaries paid have in most instances been inadequate, the best type of physicians to this work,

AND WHEREAS the Public Health Relations Committee of the New York Academy of Medicine has made a complete study of this matter and has rendered a report with recommendations, which report has been critically examined in the Public Health Committee of this society and submitted for approval,

THEREFORE, BE IT RESOLVED that the Queens County Medical Society endorse the recommendations made by the Public Health Relations Committee of the New York Academy of Medicine, and recommends their adoption by the Board of Estimate of the City of New York."

He further read a communication from the Medical Society of the County of New York, the adoption of which was recommended by the Comitia Minora and which had been referred to the Committee for their consideration and moved its adoption Seconded and passed

"By order of the Comitia Minora of the Medical Society of the County of New York, I transmit to you for consideration of your Society the following preamble and resolution which were adopted at a stated meeting of the Society

"WHEREAS, Periodic health examination is now recognized by the medical profession as playing an important role in the maintenance of public health, and

"WHEREAS, The New York County Medical Society believes that such examinations are best carried out under the guidance of the family physician,

"THEREFORE, BE IT RESOLVED that the New York County Medical Society invite the other county societies of the City to join it in the organization of a 'Health Examination Week' to take place in October,

"That the Commissioner of Health be asked to help organize a 'Health Examination Week.'

"That the public be informed from time to time through the press and other agencies of publicity of the purposes and details of such health examinations and

"That the Chairman appoint a committee of seven who with the Committee on Periodic Health Examinations, shall help to bring this plan into effect."

The Secretary called the attention of the members to the auto emblems and urged that they be generally used by the members He further called attention to the historical questionnaire in the current issue of the Bulletin and requested all physicians in the County to fill it out and forward it to the Historian of the Society

On the completion of the Executive Session, president Lavelle invited president E E Smith of the Medical Association to preside Dr Smith spoke of the present relations that exist between the two organizations and expressed the appreciation of the Association for the opportunity of participating in this Joint Outing Meeting

Thereupon, president Lavelle introduced Hon. Richard S Newcombe, District Attorney of the County of Queens, who interestingly and ably addressed the assembled upon "The Relation of the Physician to the District Attorney's Office" In the course of his remarks he emphasized his own experience with psychiatrists who had rendered impartial services to the District Attorney in important cases during his tenure of office He further spoke of the participation of youth in the crimes committeed not only in the County of Queens but throughout the country, and considered the importance of training the boys of the County so that they would grow up into a right and healthful manhood Mr Newcombe's address was received with marked attention and it was apparent that he had made a deep impression upon the audience At the close, the presiding officer congratulated the County upon having a man in public office inspired with the high ideals and the forcefulness to execute them possessed by District Attorney Newcombe

In introducing the next speaker Dr Smith emphasized his eminence in the profession and the personal esteem in which he was held Dr Walsh then spoke on "Medical Quackery, Old and New," and both instructed and entertained the gathering with the astuteness and charm for which he is so widely famed

Dr Keet for the Greens Committee awarded

the prizes for the successful participants in the golf tournament

The meeting voted an appreciation to the host, Mr Endries, through whose courtesy the outing was held at the North Hills Golf Club

Attendance 102 E E SMITH, *Secretary*

QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held at the Oakland Golf Club, Bayside, L I, on Tuesday evening, September 24th, 1929, in affiliation with the annual meeting of the Queensboro Tuberculosis and Health Association It was preceded by a golf tournament in the afternoon and a dinner at 6 30 p m The meeting was called to order by president W J Lavelle, M D, who said in part

'This joint meeting of the Medical Society of the County of Queens and the Queensboro Tuberculosis and Health Association is but one more evidence of better understanding and the attitude of mutual helpfulness that is developing between the voluntary health agencies and the medical profession We physicians cannot afford to discourage or refrain from utilizing the valuable aid which is rendered by voluntary health agencies in the promotion of public health Their unhampered initiative is invaluable in developing pioneer measures for determining the most effective methods and technique in public health work Nowhere else is this spirit of co-operation better exemplified than here in the County of Queens where the County Medical Society is working hand in hand with the Queensboro Tuberculosis and Health Association for the common purpose of making our community a healthier and happier place in which to live"

He then introduced Mr Henry C Wright president of the Queensboro Tuberculosis and Health Association, who presided at the executive session of the association.

At the scientific session which followed, president Lavelle introduced Harry A Bray, M D Superintendent, Ray Brook State Tuberculosis Sanitarium, who spoke on "Essentials in the Diagnosis and Treatment of Pulmonary Tuberculosis" The discussion was participated in by Dr Carl Boettiger, president Henry C Wright, Drs E P Kolb, Brownstein, E E Keet, A L Voltz Mr Godias Drolet of the New York Tuberculosis and Health Association and Dr T C Chalmers

Dr Keet, Chairman of the Golf Committee, awarded the prizes of the afternoon tournament and Dr Chalmers addressed the meeting upon the Society building and announced the program for a bazaar in December

In the executive session the minutes of the last meeting were approved as published in the Bulletin, and the following members were unanimously elected, on ballot cast by the secretary

Active

Ludwig A Boehmer, M D, 9214 243rd Street, Queens Village

Benjamin Grossman, M D, Northern Boulevard and 153rd Street, Flushing

Arthur Schneller, M D, Boulevard Sanitarium, Astoria.

Frances I Seymour, M.D, 169 Beach Street, Far Rockaway

Associate Member

Jamie Benavides, M D, 224-02 137th Avenue, Laurelton, L I

Received by Transfer

M Trautmann, M D, 3760 82nd Street, Jackson Heights, from Milwaukee County (Wis) Medical Society

Dr T C Chalmers presented the following resolution which being seconded was unanimously adopted

RESOLVED That the Board of Trustees be and they are hereby authorized to borrow from the Corn Exchange Bank Trust Company the sum of One Hundred Thousand Dollars ($100,000) in connection with the building program, and that no mortgage shall be placed upon the said property or building of the Society until this loan shall have been paid in full, and that the Chairman and Secretary of the Board of Trustees be and they are hereby authorized to sign a note for the payment of this loan and it is

FURTHER RESOLVED, That the Chairman and Secretary of the Board of Trustees be and they are hereby authorized to assign to the Corn Exchange Bank Trust Company as security for the payment of said loan, all the subscriptions to the Building Fund in a form satisfactory to the Trust Company, and it is

FURTHER RESOLVED, That the action of the Chairman and Secretary of the Board of Trustees in signing and delivering a note to the Corn Exchange Bank Trust Company under date of September 18 1929, in connection with the building program and their action in assigning the Building Loan subscriptions to secure the payment of said note, be and the same are hereby ratified and approved.

Dr F G Riley then read a letter inviting the Society to attend the meeting of the Associated Physicians of Long Island at the North Hills Golf Club, October 8th On motion by Dr Flemming the secretary was instructed to acknowledge the invitation

The Secretary announced that at the meeting of the House of Delegates of the Medical Society of the State of New York held June 3rd and 4th, 1929, at Utica, New York, Drs Boettiger, Chalmers Courten La Velle, Smith and Riley, regularly appointed delegates were in attendance He also announced the sale of auto emblems for members of the Society

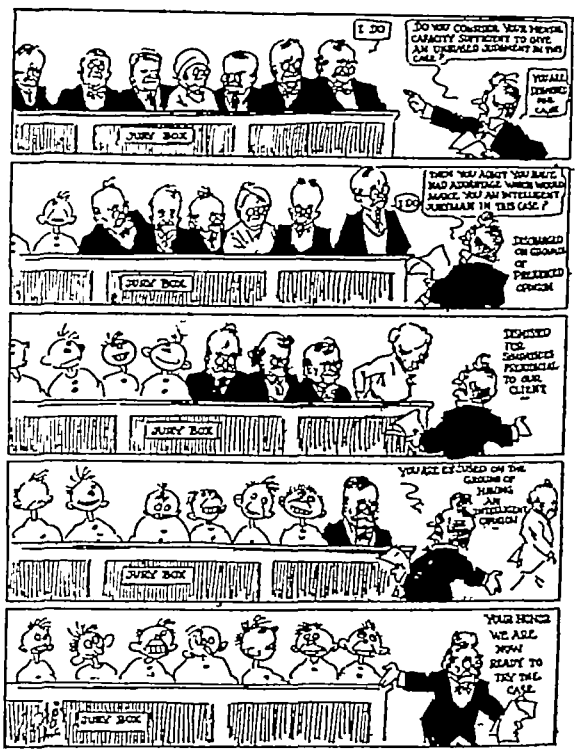
Attendance 103 E E SMITH, *Secretary*

THE DAILY PRESS

LAWYER AND PHYSICIAN

The description of picking a jury in the trial of a former Superintendent of Banks, as recorded in the daily newspapers of New York City of October 21 and 22, has led Ding to record his impressions in a vivid cartoon in the New York *Herald Tribune* of October 22 The methods followed by lawyers are in striking contrast with those of the medical profession A lawyer is expected to guard the interests of his client, but both they and the judges often indulge in what seems to a physician to be an attack on the motives of the opposing side Jurymen are expected to come to court with open minds, but none can be found whose minds are blank The lawyer for the defendant evidently thinks that any information at all will prejudice a juryman against his client For example, The New York *Herald Tribune* of October 22 records the following "Were any of the newspapers you read with reference to the case favorable to Mr Warder (the defendant)?" "No" was the invariable answer Then the defending lawyer was quoted as saying, "Well, if you can think of any paper that was in favor of him, I wish you would let me have the name" Another question that was asked was "If I should advise the defendant at the end of the people's case that they had made out no case, and tell him not to take the stand would you hold that against him?"

All this would not seem to a physician to have any bearing upon making a diagnosis, which is what a jury is for



Choosing a Jury—A Medical Point of View
From the New York Herald Tribune, October 22, 1929

AERO AMBULANCE SERVICE

The New York Times of October 21 carried the following announcement of the very latest form of ambulance service, and said

"Colonial Flying Service and the Scully-Walton Ambulance Company have made an arrangement whereby patients can be rushed by air to New York hospitals for emergency treatment and operations The flying service will transport patients day or night between New York and any point having an adequate landing field Planes used will vary in type according to the nature of the case to be transported Fairchilds, Sikorsky amphibians and trimotored Fords will be available

"Colonial Airways System, of which the flying service is a subsidiary, it was said, has made a national arrangement through contracts with other ambulance companies either to bring patients from their homes to a field near New York or to transfer convalescent patients unable to endure the rigors of a slow train ride to their homes by plane from New York

"Cities where these arrangements have been made include Atlanta, Birmingham, Boston, Buffalo, Chicago, Indianapolis, St Louis, Oklahoma City, St Petersburg, Pittsburgh, Philadelphia and Springfield, Mass"

JOHN ROACH STRATON

John Roach Straton, D D, whose death was recorded in the Metropolitan dailies of October 30, was a man of conscience and convictions He was a fighting champion in a relentless war against Darwinism and evolution Doctors must admire the sturdy courage and uncompromising logic of the man He was no ascetic withdrawing himself from his fellows He was intensely human and practical. He resisted the devil in his strongholds, and studied him at first hand and close range in his native haunts in saloons and dance halls, so that law judges said of him, as they did of a greater religious leader nineteen hundred years ago, "This man receiveth sinners and eateth with them" Doctors commend his scientific way of studying the works of Satan by original observations

Dr Straton believed in Divine healing—and to him belief meant intense action He therefore instituted a clinic in his church—the Calvary Baptist—on 57th Street, New York, for the application of the principles of faith cure (See this Journal of December 15, 1927, page 1382) Whatever doctors may think of the experiment in faith cure, it was a valuable experiment from a scientific point of view, for it demonstrated how much, or how little, could be done by the method when applied by a devoted minister

Dr Straton was intensely active and he therefore took care of his health in a way described in the New York Herald Tribune on October 30

"The clergyman was six feet tall with broad shoulders and a slender but athletic frame He kept himself fit, as he thought, by an ascetic life and by swimming, horseback riding and calisthenics at home His face was lean and spare, with thin lips resolutely compressed, gray eyes, restless and alert, and gray hair brushed back from a high and lined forehead His years of oratorical and dramatic training had enabled him to affect a calm and repose, in order to heighten the effect when he delivered his oratorical thunderbolts, but an emotional storm was always raging within him under the fictitiously placid exterior

"The stress and strain, which was inspired in the crusader's soul by every contact with a world of which he strongly disapproved, caused the life of the pastor to become one long emotional crisis, undermining his constitution and bringing about his death at a comparatively early age, in spite of his attention to exercise and health"

Dr Straton made the common mistake of thinking that exercise is the great preventive of ills, and promoter of health and vigor He therefore trained his muscles, forgetting that muscular action involves work on the part of the nervous system that directs the muscles When Dr Straton did calesthenic exercises at home, he added to his brain fatigue What he needed was sleep rather than exercise

We wonder how a conscientious doctor would have advised Dr Straton after a periodic physical examination? But after all, what mattered it that Dr Straton died at the age of fifty-four, since those years were crowded with deeds whose accomplishment would require a century of effort by an ordinary man

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AN APE FARM

A rat farm was described in our issue of October first, and one for angle worms on October fifteenth Now we call attention to an ape farm, which is described in the New York Times November first as follows

"The effects of pneumonia, influenza, tuberculosis and other human diseases upon anthropoid apes may be part of the scientific investigation to be carried on at the Yale University laboratory station soon to be established in Florida for the study and breeding of the anthropoids This information was disclosed yesterday by Dr Clark Wissler of the American Museum of Natural History, one of the members of a committee of scientists who have approved general plans for the foundation of the station

"Apes were subject to human ailments, Dr Wissler said, and added that it was hoped the science of medicine would be aided by a study of the effect of disease upon the animals and the efficiency of remedies employed

"Four chimpanzees, now at New Haven, would form the nucleus of the ape colony, Dr Wissler said A modest stock of gorillas, orang-outangs and gibbons would be procured through French and Belgian agencies

"The apes would be studied in life, Dr Wissler said, since the killing of an ape merely for scientific purposes was too expensive to warrant such procedure A captive gorilla was worth from $3,000 to $5,000, the donor estimated

"The establishment of the Yale station with its laboratory and staff of scientists is expected to obviate the previous difficulties of observers and reveal new chapters in the life histories and psycho-biological developments of these animals in their relation to man"

BOOKS RECEIVED

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits or in the interests of our readers

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Under the Direction of Major General M W IRELAND Volume XII, Pathology of the Acute Respiratory Diseases, and of Gas Gangrene Following War Wounds By Maj GEORGE R CALLENDER, M C, and Maj JAMES F COUPAL, M C Quarto of 583 pages, illustrated Washington, Government Printing Office, 1929

ENDOCRINE DISORDERS By Professor HANS CURSCHMANN Octavo of 188 pages, illustrated London and New York, Oxford University Press, 1929 Cloth, $4 00 (Oxford Medical Publications)

SOME PRINCIPLES OF MINOR SURGERY By ZACHARY COPE. Octavo of 159 pages, illustrated. London and New York, Oxford University Press, 1929 Cloth, $3 50 (Oxford Medical Publications)

SURGICAL CLINICS OF NORTH AMERICA Vol 9, No 4, August, 1929 (Mayo Clinic Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth, $16 00 net, paper, $12 00 net

STATE BOARD QUESTIONS AND ANSWERS By R MAX GOEPP, M D Sixth Edition, revised Octavo of 754 pages Philadelphia and London, W B Saunders Company 1929 Cloth, $6 00

EAT DRINK AND BE SLENDER. What Every Overweight Person Should Know and Do By CLARENCE W LIEB, M A, M D 12mo of 194 pages New York, The John Day Company, 1929 Cloth, $2 00

THE HISTORY OF NURSING By JAMES J WALSH, M D, Ph D 12mo of 293 pages New York, P J Kenedy & Sons, 1929 Cloth, $2 00

AN INTRODUCTION TO PHARMACOLOGY AND THERAPEUTICS By J A GUNN, M D, D Sc. 16mo of 220 pages London and New York, Oxford University Press, 1929 Cloth, $4 75

MINOR SURGERY By FREDERICK CHRISTOPHER, M D, F A C S Octavo of 694 pages, illustrated Philadelphia and London, W B Saunders Company, 1929 Cloth, $8 00

THE ROAD TO HEALTH The Jayne Foundation Lectures for 1929 By C E A WINSLOW, Dr P H 12mo of 151 pages New York, The Macmillan Company 1929 Cloth, $2 00

STERILIZATION FOR HUMAN BETTERMENT A Summary of Results of 6,000 Operations in California, 1909-1929 By E. S GOSNEY, B S, LL B., and PAUL POPENOE, D S C 12mo of 202 pages New York The Macmillan Company, 1929 Cloth, $2 00 (A Publication of the Human Betterment Foundation.)

THE COMMON HEAD COLD AND ITS COMPLICATIONS By WALTER A WELLS, A M, M D, F A C S 12mo of 225 pages New York, The Macmillan Company, 1929 Cloth, $2 75

THE CHALLENGE OF CHRONIC DISEASES By ERNST P BOAS, M D, and NICHOLAS MICHELSON M D 12mo of 197 pages New York, The Macmillan Company, 1929 Cloth, $2 50

PRACTICAL HANDBOOK FOR DIABETIC PATIENTS, with 180 International Recipes (American, Jewish, French, German, Italian, Armenian, etc.) By ABRAHAM RUDY, M D Octavo of 180 pages, illustrated. Boston, M Barrows & Company, 1929 Cloth, $2 00

VARICOSE VEINS, with Special Reference to the Injection Treatment. By H O MCPHEETERS, M D, F A C S Octavo of 208 pages, illustrated Philadelphia, F A. Davis Company, 1929 Cloth, $3 50

SURGICAL AND MEDICAL GYNECOLOGIC TECHNIC. By THOMAS H CHERRY, M D, F.A.C.S. Octavo of 678 pages, illustrated Philadelphia, F A Davis Company, 1929 Cloth, $8 00

MATERIA MEDICA AND THERAPEUTICS INCLUDING PHARMACY AND PHARMACOLOGY By REYNOLD WEBB WILCOX M A., M D Twelfth Edition. Octavo of 690 pages Philadelphia, P Blakiston's Son & Company, 1929 Cloth, $5 00

GENERAL PARALYSIS AND ITS TREATMENT BY INDUCED MALARIA Report by Surgeon Rear-Admiral E. T MEAGHER, R.N London, His Majesty's Stationery Office, 1929 88 pages 8vo Paper, 2s Net (Board of Control, England and Wales)

METHODS AND PROBLEMS OF MEDICAL EDUCATION (Thirteenth Series) Quarto of 130 pages, illustrated New York, The Rockefeller Foundation, 1929

PATHOGENIC MICROÖRGANISMS A Practical Manual for Students, Physicians and Health Officers By WILLIAM H PARK, M D, ANNA W WILLIAMS, M.D, and CHARLES KRUMWIEDE, M.D Ninth Edition, revised and enlarged. Octavo of 819 pages, illustrated. Philadelphia, Lea & Febiger, 1929 Cloth, $6 50

PRINCIPLES OF CHEMISTRY An Introductory Textbook of Inorganic, Organic and Physiological Chemistry for Nurses and Students of Home Economics and Applied Chemistry with Laboratory Experiments By JOSEPH H ROE, Ph D Second Edition. 12mo of 427 pages, illustrated St Louis, The C V Mosby Company 1929 Cloth, $2 50

A TEXTBOOK OF MATERIA MEDICA FOR NURSES By EDITH P BRODIE, A B, R.N Third Edition 12mo of 283 pages St. Louis, The C V Mosby Company, 1929 Cloth, $2 00

AIDS TO PHARMACEUTICAL LATIN By G E TREASE Ph C 16mo of 168 pages New York, William Wood & Company, 1929 Cloth, $1 50

THE ESSENTIALS OF MEDICAL DIAGNOSIS A Manual for Students and Practitioners By Sir THOMAS HORDER Bart, and A E GOW M D 12mo of 682 pages, illustrated New York, William Wood & Company, 1929 Cloth, $5 00

A STUDY OF MASTURBATION AND THE PSYCHOSEXUAL LIFE. By JOHN F W MEAGHER, M D F.A.C.P Second Edition Octavo of 130 pages New York, William Wood & Company, 1929 Cloth, $2 50

SOME METHODS FOR THE PREVENTION OF TUBERCULOSIS By W BOLTON TOMSON, M D Octavo of 148 pages New York, William Wood & Company, 1929 Cloth, $2 50

BOOK REVIEWS

MEDICINE. Its Contribution to Civilization By EDWARD B VEDDER, A M, M D Octavo of 398 pages Baltimore, The Williams & Wilkins Company, 1929 Cloth, $5 00

This treatise, according to its author, aims "to present the more important facts of preventive medicine accurately, but in plain English devoid of technicalities" It is therefore intended mainly for popular reading The reviewer cannot concur entirely with this point of view after perusal of the book

The book is a bird's eye view, not of developmental medical progress, but of actual medical accomplishments It is extremely well and interestingly written Its strong feature is the generous reference to vital statistics

If you have ever shunned statistical topics because of their dry figures you will find a new and delightful flavor in reading Vedder's book He has humanized vital statistics He has digested them for you and made them tell a story He has also furthered his purpose by dealing with them geographically

The layman cannot appreciate these deductions as well as the physician The numerous diseases dealt with may seem like a bewildering panorama to him One of the shortcomings of most popular medical books is the lack of illustrations

This book is semi-popular, but is an extremely valuable supplementary book for the practitioner and can well serve its purpose for the layman through the medium of the practitioner

EMANUEL KRIMSKY

THE INTERNATIONAL MEDICAL ANNUAL. A Year Book of Treatment and Practitioner's Index Forty-seventh Year Octavo of 568 pages, illustrated New York, William Wood & Company, 1929 Cloth, $6 00

This volume contains a review of selected papers on the subjects of medicine, surgery and the specialties which appeared during the year The abstracts are arranged conveniently under the subjects in alphabetical order The book is profusely and beautifully illustrated and well indexed.

FREDERIC DAMRAU

A SHORTER SURGERY A Practical Manual for Senior Students By R J McNEILL LOVE M B M S (Lond) F R C S (Eng) Octavo of 299 pages, illustrated New York, William Wood & Company 1929 Cloth, $4 00

This volume of 299 pages with 43 illustrations including 13 plates is well bound and printed on very excellent paper with clear type. The book was written essentially for the medical student, therefore, it is presented in a very condensed and crystallized manner It stresses especially classifications and systematic methods of clinical examinations The book will find its greatest purpose as an adjunct to the standard works on surgery

The commoner operations are described in a general but concise and didactic way Practically all of the usual surgical diseases are included As a book for the medical student and as a work for hasty reference, the reviewer highly recommends it

MERRILL N FOOTE

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES By FRANCIS HOWARD HUMPHRIES, M D (Brux.), F R C P (Edin) Fifth Edition. Octavo of 340 pages illustrated New York and London, Oxford University Press, 1929 Cloth, $3.25 (Oxford Medical Publications)

This, the fifth edition of a valuable book, is a very welcome addition to our literature on light therapy Dr Humphries writes as an authority of long experience in physiotherapy, and is therefore well able to appreciate and correctly evaluate the newer developments in technique and apparatus The work includes interesting and highly instructive chapters covering the history, indications and contraindications, and methods of applying light and heat therapy The descriptions of apparatus are complete and unbiased The book is well written and clearly illustrated, and can be highly recommended to the reader

JEROME WEISS

COLLECTED PAPERS OF THE MAYO CLINIC AND THE MAYO FOUNDATION Edited by Mrs M H MELLISH and others Volume XX 1928 Octavo of 1197 pages, illustrated Philadelphia and London, W B Saunders Company, 1929 Cloth, $13 00

The 20th volume of the Collected Papers of The Mayo Clinic appears with 1197 pages and 288 illustrations It represents in one volume 429 papers published by members of the staffs of The Mayo Clinic during the past year Of these 429 papers, 81 are reprinted entirely, 43 are abridged, 72 abstracted and of 233 references only are given

It is impractical and unnecessary to review in detail the subject matter All those interested in owning or referring to this book are already familiar with its general type of contents The classification is in itself a huge piece of work and deserves much praise. It is arranged so that the general practitioner the diagnostic an and the general surgeon may refer readily to the subjects in which he is most interested by consulting the table of contents which is divided into 9 groups It is felt that every practitioner of surgery should have as a part of his literary armamentarium the collected papers of The Mayo Clinic

MERRILL N FOOTE.

THE ORIGIN OF MALIGNANT TUMORS By THEODOR BOVERI Translated by MARCELLA BOVERI Octavo of 119 pages Baltimore The Williams & Wilkins Company, 1929 Cloth, $2 50

A zoölogist places before the scientific world for reconsideration, the association of mitoses and tumor origin. He assumes that the qualities of malignant cells have their origin in an irreparable defect in the chromatin content of the nucleus Any chromosome combination varying from the normal is termed "chromatin complex" To this he attributes (a) the unlimited power of cell reproduction—a reversion of the cell back to its embryonal egoistic status," and (b) the altered metabolism in the tumor cell—causing an altered reaction in the environment These nuclear defects are the results of assymetrical mitosis or of multipolar mitoses, through the influence of chronic irritation. By their ability to loosen or dissolve the normal connection with each other he explains metastasis

The author clearly presents the evidence stressing the possibilities of his theory, and attempts to disprove all opposing views

HARRY MANDELBAUM

OUR NEIGHBORS

CIVIC MEDICINE

The practice of civic medicine is the most frequent subject that is discussed by officers of medical societies It is universally recognized that a physician does not do his full duty to the state which licenses him unless he discharges his civic obligations along medical lines This obligation is at the basis of the work of the Committee on Public Relations of the Medical Society of the State of New York, which has developed methods of the practice of civic medicine to a greater extent than has any other medical society in the United States

The leadership of physicians in civic medicine is the subject of the Chairman's address, by Dr Stanley H Osborn of Hartford, Conn , before the section on Preventive and Industrial Medicine and Public Health of the American Medical Association on July 10, 1929, as recorded in the *Journal of the A M A* , of October 26 Dr Osborn said

"As to the duty of the physician to the community—should he remain strictly aloof and tend to his knitting? Should he ignore requests for his presence on the local board of health or different committees of local societies? Should he refuse to become a member of this board or that society, merely to keep out of imaginary politics or because it will take a little of his time? He most certainly should not Not only the physician but the medical societies should be actively interested in these community affairs

"It is realized that a small percentage of physicians in the country is doing essentially what has been outlined It is my object in this paper to keep this phase of preventive medicine in the forefront of the practice of medicine

"I have been stressing the duty of the private physician There are similar duties of the official and of the voluntary health agencies The most important duty of the latter two groups is to aid the physician in carrying on his work in this preventive line and not to carry out a single piece of preventive medicine that the physician can do and should do

"If it is felt that the physicians in a community are not doing their work, it is not the duty of the department of health or voluntary agencies to assume at once the neglected activity until they have earnestly and conscientiously brought the matter to the attention of the physicians and tried to have the physicians of the community assume the burden The establishment of clinics in a neighborhood through excessive enthusiasm and lack of foresight may lead to unnecessary friction and an irreparable conflict of opinion A few seeds of cooperation planted before a clinic is established will be far more productive for the health of the community We, through our societies, should endeavor to spread the practice of individual preventive medicine much more than is now being done. It does not appear practicable or desirable to leave to another group of possible specialists the practice of preventive medicine which is the field of the general practitioner the family physician"

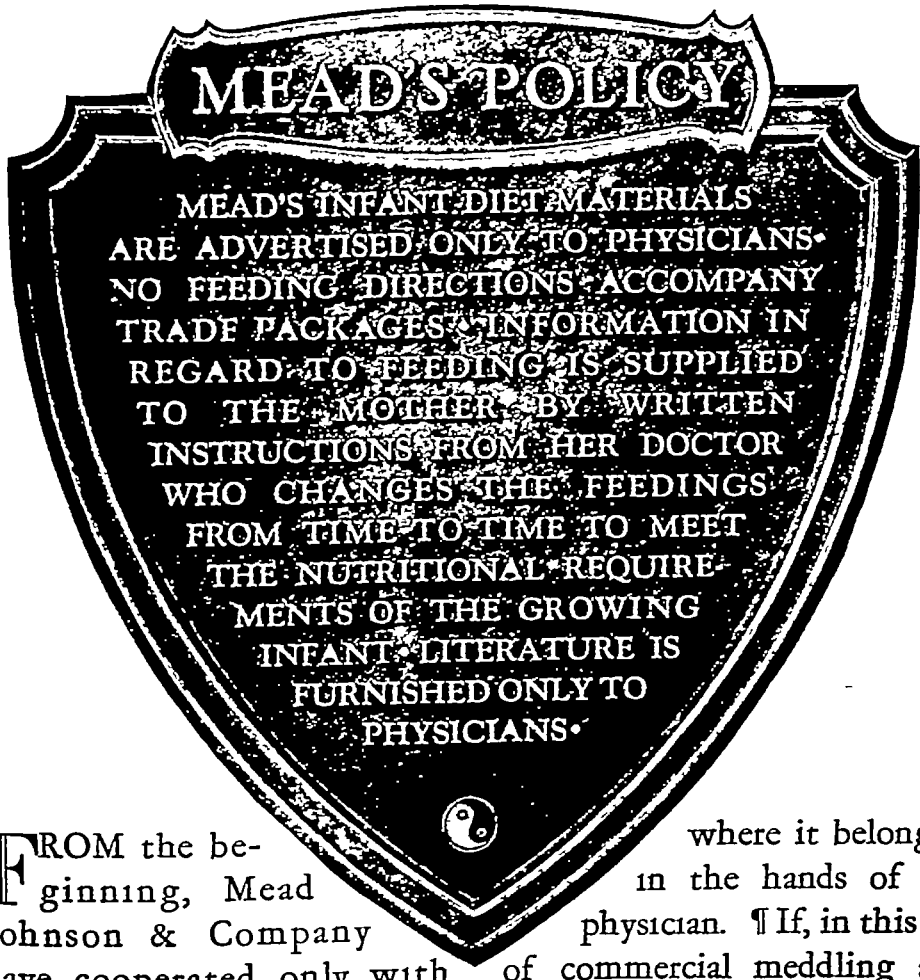
DELAWARE'S ANNUAL MEETING

The September issue of *Delaware State Medical Journal* contains the program of the annual meeting which was held October 8-10, 1929, in the Delaware State Hospital at Farnhurst Concerning the meeting and the officers' apprehension over the attendance, the Journal says editorially

"Delaware has the third oldest Medical Society in the United States, of which most of the physicians of the State are members At any rate, they have paid their dues But true membership implies more than paying a stated sum every year, it means a personal interest in all of the activities of the Society The business and social affairs are not those of a small group, but of the whole An individual does not invest his money in a business and then neglect it. He watches carefully, making sure that he gets full returns for the amount invested Is each physician doing his best to get full returns from his organization? To obtain the fullest value each must take an active interest in all affairs, both scientific and business Attendance during the lest few years has been such that at times there have been too few delegates present to open the meeting The officers have tried their best to make the program interesting, and it would seem that it were the duty of every member to make a serious attempt to attend the meeting and to discuss the papers And not only should they attend the scientific meetings, but they should also take an active interest in the business meetings, and present suggestions to improve the Society and to obtain perfect cooperation between the various County Societies

"Each member should do his utmost to aid his officers in their work Over one hundred letters

(*Continued on page 1422—adv xii*)



FROM the beginning, Mead Johnson & Company have cooperated only with physicians, never advertising to the public, never enclosing descriptive literature with packages, never printing directions on packages, nor exploiting the medical profession in any way. For years, we have thrown all our resources in research, money and honor into keeping infant feeding where it belongs—in the hands of the physician. ¶ If, in this day of commercial meddling and gratuitous medical advice, the Mead policy is in the interest of the medical profession's own future, should it not have your whole-hearted active as well as passive support? Your use of Dextri-Maltose and other Mead products reflects your approval of this policy Is it worth your while?

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have been written to various local men asking them to prepare papers for the coming meeting Some members have received two or more letters The majority of these were not even answered By reading the program one can see that out of seventeen papers about 50 per cent are local

"Let each member try his best to make this Society of the type that gives value received to all who attend its meetings"

HEALTH PROGRAM AT THE NEBRASKA STATE FAIR

The October issue of *The Nebraska State Medical Journal* has the following editorial account of an exhibit conducted by the State Medical Society

"The Public Activities Committee of the Nebraska State Medical Association, under the able, energetic and enthusiastic leadership of Dr E R Hays, of Falls City, has this year sponsored a program at the State Fair well calculated to bring home to the people the practical value of health preservation and disease prevention Public health lectures, moving pictures, exhibits, attractive posters, physical examinations for children and for adults constituted the means of medical education for the layman

"The extensive program called for the cooperation of many physicians All those called upon responded with promptness and enthusiasm Year by year the Nebraska State Medical Association receives better and stronger representation at the State Fair In view of the very large number of people who are daily visitors, the Nebraska State Medical Association has a fine opportunity of laying before the people of the state the possibilities for health inherent in the periodic examination and the importance of early medical and surgical intervention in the hopes of preventing the graver and more serious consequences of neglect

"An added feature of this year's program was the health lectures offered to the public at the State Fair One lecture was scheduled for the Monday, Tuesday, Wednesday, and Thursday of the week in which the Fair was held

"As an example of the subject matter and the type of presentation suitable for popular discussion we append some of the subjects discussed

"Some Preventable Diseases—Dr P H Bartholomew, Lincoln, Director of State Health

"Personal Hygiene—Dr B Carl Russum, Professor of Pathology and Preventive Medicine, School of Medicine, Creighton University

"Common Sense in Medicine—Dr Lucien Stark, Norfolk '

ADVERTISING IN STATE JOURNALS

A comparative estimate of the costs of the several State Medical Journals is difficult to make, for some pay no salaries or rent The cost of the *Texas State Journal of Medicine* is discussed editorially in the October issue, which says

We are not going to say a great deal on this subject at this time, as important as it is We have it in mind to go into this matter rather exhaustively sometime in the future, in order that our readers may be informed We are interested because our readers are our owners, and they are not only concerned with the character of reading matter and the amount of it that we give them, but with the financial success and, therefore, perpetuity of the publication as well

"Last year the Journal lost $360 75 That deficit could have been avoided by a reduction in size and quality, but the trustees thought it best to maintain the standards they had set, if the losses were not greater than that It is the intention of the trustees to put back into the Journal every dollar that it makes, but the effort is to make a small profit each time, in order to insure against the expensive numbers when they have to be published, which is in keeping with good business principles

"The trustees will guarantee to print a journal better than that which is printed now, and make a handsome profit, from which much of the cost of running the association may eventually come, as is the case now with the American Medical Association, if our readers will give some attention to our advertising business Surely that is not much to ask There is not an Ad in the Journal, from cover to cover, which is not strictly in accord with medical ethics, from whatsoever angle, and none of our advertisers will ever defraud any of our readers Not only do we approve the advertising we carry, but we practically guarantee that it is what it says it is Therefore, our readers may in perfect good faith boost our advertisers Certainly they can afford to patronize them, and should do so And doing so, most certainly they should let the advertiser know it Otherwise we do not get the credit that we need, to maintain the business"

COUNTY SOCIETY NEWS

The problem of getting news from County Medical Societies is universal among editors of State Journals An editorial in the October issue of *Texas State Journal of Medicine* says

"The publication of County Society news is one of the most important functions of the Journal It is intended that these items serve the dual purpose of passing around current discussion, and of making of permanent record the medical

(*Continued on page 1424—adv xiv*)

BabyGain—Prepared from Pure, Fresh Tuberculin-Tested Milk within a few hours after milking



Pure, Fresh Milk from Healthy Tuberculin-Tested Cows, Modified and Powdered

BabyGain—made from fresh tuberculin-tested milk produced under rigid sanitary control, modified and powdered a few hours after milking—besides being a correctly balanced food for all babies—is especially valuable in cases where breast feeding needs to be supplemented

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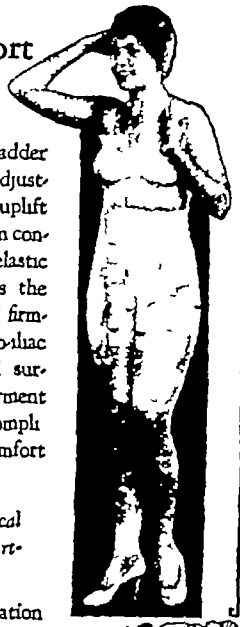
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(*Continued from page 1423—adv xiii*)

affairs of this day and time How nearly we accomplish either or both of these important purposes, depends mainly upon the county society reporter If a county society has an active, interested and competent reporter, results will be just as satisfactory as are the transactions of the society reported upon If there is no society reporter, or the member designated to assume this rather important duty does not function, the results will be unsatisfactory, as a matter of course The editor of this department in the Journal will do his best to work into proper shape any material sent to him, no matter how much trouble it may be The editor can blue-pencil material but he cannot add very much Frequently it is necessary to blue-pencil material that perhaps a better understanding of the situation might easily enable him to save, but contingencies of that character cannot be very well avoided Not all doctors are good reporters Indeed, it seems that for educated men, they strangely lack in literary accomplishments

"We have frequently been asked why the Society News columns do not carry reports from certain societies There can be but one answer, we do not get them We will be glad to have them, including personal items relating to members Very naturally, there are personal items of purely local interest which we would not be justified in publishing, but, on the other hand, many personal items may be of interest to other parts of the state, and of that the editor is perhaps the best judge Now that the season of greatest activity of county medical societies is approaching, we would urge that this is one of the important matters to be given consideration"

PERIODIC HEALTH EXAMINATIONS IN TEXAS

A campaign to popularize periodic health examinations has been started in Texas according to the leading editorial in the October *Texas State Journal of Medicine*, which says "President Dr Dildy has chosen for the major theme of his administration, the problem of periodic physical examination He has asked the Executive Council to authorize a publicity campaign embodying this idea, at least as the principal subject. The Executive Council has, after thoroughly discussing the proposition, given its warm and enthusiastic approval of the plan set out by the president, and committees are busy at the present time working out details The first several weeks of the campaign will be within the medical profession, with occasional excursions into the forums of the lay public, as opportunity offers, with a concentration on such forums thereafter and until, possibly the

(*Continued on page 1425—adv xv*)

(*Continued from page 1424—adv xiv*)

State Board of Health is in a position to take over leadership and assume responsibility

"It is intended that each organization in the state interested in public welfare work, and no public welfare work can be independent of public health, will be interested in the movement and its cooperation sought It is hoped that the State Health Department will find itself in a position to assume leadership, eventually if not now Indeed, plans are under way looking to the employment of a trained campaigner by the State Board of Health If these plans work out satisfactorily, there would seem to be no reason why President Dr Dildy should not place the machinery of the State Medical Association, and the organization now being perfected for carrying on this campaign, at the disposal of the State Board of Health and accept its leadership"

DOCTORS' CARDS IN STATE JOURNALS

The Department of Our Neighbors on page 1164 of this Journal for September 15, contains an abstract of an editorial which appeared in the August issue of the Journal of the Tennessee State Medical Association announcing the acceptance of doctors' cards in the advertising section of the Journal The October issue of the Journal carries twelve cards, and its editorial department says

"In this issue there appears a new department of the Journal, namely, the Directory Department

"In the August issue this matter was discussed editorially For complete information on the subject we would refer readers to that editorial It suffices to say at this time that this matter was submitted to the Board of Trustees and approved It was submitted to the House of Delegates of the State Association and approved The individual cards will be approved by the advertising committee No boastful claims of superiority on the part of any person will be published, of course.

"A number of our best state journals run a directory such as this department of the Journal will be

"As before stated, this office has no intention of putting on a high pressure sales campaign The department is open and is available to all members We would be glad to run the directory department in such a way that no member can take offense The rates for each card are on the basis of one-tenth of one page for twelve months, which is $4 50 per quarter"

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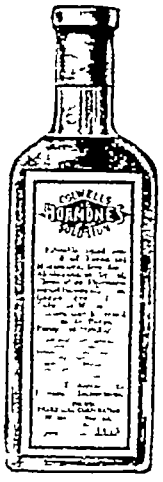
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ILLINOIS EDUCATIONAL COMMITTEE

The October issue of the *Illinois Medical Journal* contains the following report by Secretary Jean McArthur on the educational activities of the Illinois State Medical Society from June first to October first, 1929

'Twenty physicians were scheduled to give scientific papers before thirteen county medical societies of Illinois and a staff meeting at St Francis Hospital, Indianapolis, Indiana. A crippled children's clinic was arranged for the Perry County Medical Society

'Fifty health talks were given by physicians before men's service clubs, Home Bureaus, Teachers' Institutes, Graduation Exercises of Nurses, Parent-Teacher Associations, Women's Clubs, and High Schools

'Forty-nine appointments for health talks have been made for the next few weeks These talks will include nine on diphtheria prevention to be given in DuPage County in connection with a county wide diphtheria immunization campaign, four health meetings at Farmers' Institutes, and fifteen senior high school assembly periods

"A series of ten health lectures is being arranged for the South Chicago Y M C A These meetings will be open to the public and the talks will be illustrated with moving picture films Suitable educational articles on the topics to be discussed will be used in the local newspapers

"Thirty-four radio talks have been given by members of the Chicago Medical Society over stations WGN and WJJD

"One thousand six-hundred and ninety-six health articles were released covering the regular service the committee is giving to about one hundred newspapers in the state

"One thousand one hundred and seventy four special articles on diphtheria and smallpox were sent to all newspapers in the state

"Four hundred and thirty-two news items were released to newspapers announcing the Annual Fall Meeting of the Schuyler County Medical Society at Rushville, the Tri-County Medical Meeting at Kewanee, and the Crippled Children's Clinic in Perry County

"Fifty-three educational health articles have been written and approved by the members of the Educational Committee The wide range of subjects covered afforded suitable articles for release during the summer Fireworks, Mother's Vacation, Watch Out for Poison Ivy, Broken Bones, Poisonous Snakes, Fire and Burns, etc

"The Educational Committee has received reports from chairmen of summer round-up committees responsible for promoting the pre-school child examination, which show that in many communities parents prefer to have this work done by the family physician"

LOAN FUND FOR MEDICAL STUDENTS

The October issue of the *Kentucky Medical Journal* contains an article on a plan devised by the Kentucky State Medical Association for loaning money to medical students It says

'The House of Delegates at the Richmond Session authorized the President to appoint a committee to solicit funds for a student loan to be made available to any Kentuckian who desires to study medicine and needs financial aid This forward movement to assist our own boys and girls is in line with what other organizations are doing The Western State Normal, The Parent-Teachers Association, Federation of Women's Clubs, and The Council of Jewish Women have scholarship student loan funds and report that there has rarely been a student that did not refund the loan

'The funds will be accounted for in the same detailed manner that all the finances of the Association are managed A list of donors and amounts will be published in the annual number of the Journal The awards of scholarships will be made by the committee This money will be loaned to the students and they will be given ample time to repay it We hope by this means to assist worthy ambitions We are asking each County Society to raise $25 00 for this fund, and any private donations will be gladly accepted"

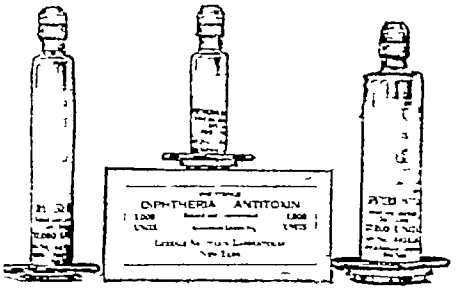
EXTENSION WORK IN OKLAHOMA

How a group of doctors in one county in Oklahoma took on extension courses is told in the following editorial in the October Journal of the Oklahoma State Medical Association

"A phase which may not have occurred to many localities and which, so far as is known, has only been put in practice in Muskogee County, and which it is believed will prove of great benefit to those physicians participating, is that of affiliation with the Extension Department of the State University In the Muskogee County case, 14 physicians secured nine weeks of dissection, surgical anatomy and some cadaveric surgery at a very nominal sum This did not interfere to any degree with their work and was executed at night so there was very little interference with the normal routine of the individual It is believed that where one or two localities can organize such classes and induce the aid and cooperation of the University Medical Department that very great and lasting benefit will result for those participating

'The object of this is to attempt to induce County Society Officers to stimulate their members to immediate activity along whatever medical lines they deem most beneficial"

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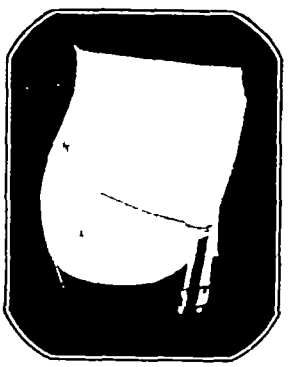


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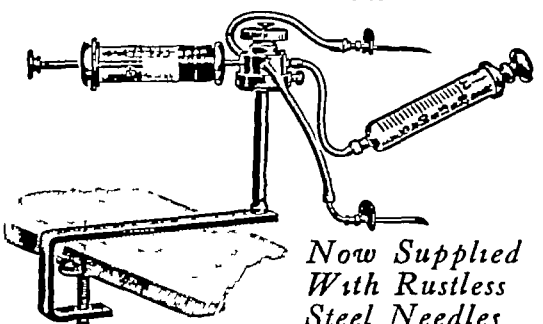
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Apparatus alone	$25 00
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Luer syringe	2 50
Rustless needle, donor	3 75
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Complete outfit	36 00

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COUNTY SOCIETIES CARING FC INDIGENT POOR

The department of "Our Neighbors" in Journal of June 1, 1928, page 693, containe abstract of an article by Dr Olin West on the of the indigent poor of a county by the cc medical society acting under a contract witl Board of Supervisors This Journal of Fe ary 15, 1929, abstracted an editorial on the subject from the *Journal of the Iowa State M cal Society,* in which five counties are liste having such contracts, and three others as sidering them The plan must be meeting th proval of physicians, for the October issue o *Iowa Journal,* page 472, says

"Scott County Medical Society met Tue evening, September the 3rd at 8 p m at the Cl ber of Commerce There were twenty-six n bers present Dr Bessmer, president, presid

"The question of Scott County Society ma a contract with the board of supervisors for care of the county poor was taken up, and a thorough discussion both pro and con, a mc carried that the president appoint a committe investigate, and report back at the next mee as to plans and arrangements that could be m This motion carried with it also, authorit spend what funds were found necessary in t investigation The committee appointed consi of Drs Marker, Hand, Bendixen, H Lamb Matthey, L A Block, and George Braunlich."

MEDICAL DEFENSE IN GEORGIA

Medical defense is discussed in the Octc *Journal of the Medical Association of Georgi* the Chairman of the Committee, Dr M A Cl who reported

"A few years ago suits were very much m numerous Since we have adopted the present p of medical defense they have been greatly sened Since 1916 we have never lost a case t has come to trial, and have had many ca thrown out of court. Of the nineteen suits n pending the smallest is for $10,000 00, the larg for $100,000 00 No member of the Commit has ever received a cent of money for expense anything else The entire appropriation has b expended in the defense of suits The Commit has made every possible effort to keep the expe down, but with the number of suits now pend it will be impossible to get along with less th the usual appropriation of $3,500 00

"We, as a Committee, are rather proud of t value of this Committee to our membership, a we heartily approve the action of the Associati As a matter of interest it may be well to tell y that the suits have been almost equally divid among the cities and rural districts The citi have no preference, as is sometimes thought Tl medical profession as a whole is getting the ben fit in the defense of these suits

GEORGIA STATE JOURNAL

The cost of the *Journal of the Medical Association of Georgia* is given in the report of the Secretary-Treasurer to the House of Delegates on May 7, 1929, and recorded in the October Journal, as follows

"During this year the Journal has contained a total of 904 pages at a total cost of printing and mailing of $5,702,58 as compared with 800 pages at a cost of $5,986 64 last year In other words, it has contained 54 more pages but has cost $284 06 less than last year However, its income from advertising showed a decrease of $874 46—being $6,071 09 last year and only $5,196 63 this year Our advertising has been strictly limited to those products accepted by the Council on Pharmacy and Chemistry of the American Medical Association

"In figuring the profit and loss on the Journal we have credited it with the regular subscription of three dollars per paid member, independent subscriptions by non-members at three dollars each and advertising We have charged to the Journal account the total cost of printing and mailing the Journal, one-half the general postage account, one-half the rent, salaries and all other general expense of the office of the Association After all of this was deducted we had left a profit of $1,861 28 in the Journal account for this year

"In view of the above facts I again recommend that, as soon as practicable, the Journal be given a separate account and be allowed to use its surplus for improvements and enlargements"

MEDICAL SPEAKERS

A number of State Medical Journals have recently criticized the poor enunciation of speakers at medical societies, but Dr H A Jones, writing in the October *Rhode Island Medical Journal,* praised the speakers at the Maine Medical Association, as follows

'The papers presented were replete with the latest advances of medical science and the discussions which followed the readings of these papers were lucid, logical, and very instructive, and were read and discussed in plain English

"The meeting was conspicuous by the absence of the 'cup eared,' or hand-to-ear listeners in the assembly hall where the papers were read, and this was, no doubt, due to the acoustics of the hall, or to the absence of those monotone, monologue artists, who, charmed with the cadences of their own cogitation, often fail to impress a strained and listening audience

Matching the Blood Stream

IN a therapeutic substance it is not always practicable or even desirable to match the blood, because the blood stream is not only the food supply of the cells but also their outlet system for waste products.

Take a systemic alkalizer, for instance. It should contain neither sulphates nor lactates, as the former is a decomposition product and the other a fatigue product in the circulation

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In difficult feeding cases commonly known as Marasmus or Malnutrition, the first thought of the attending physician is an immediate gain in weight, and then to so arrange the diet that this initial gain will be sustained and progressive gain be established

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Skimmed Milk . . .	**9 fluidounces**
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This mixture furnishes 56 6 grams of carbohydrates in a form readily assimilated and thus quickly available for creating and sustaining heat and energy The mixture supplies 15 5 grams of proteins for depleted tissues and new growth, together with 4 3 grams of mineral salts which are necessary in all metabolic processes These food elements are to be increased in quantity and in amount of intake as rapidly as continued improvement is shown and ability to take additional nourishment is indicated

A pamphlet devoted exclusively to this subject and a liberal supply of samples of Mellin's Food will be sent to physicians upon their request

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Mention the JOURNAL when writing to advertisers

MALARIA IN GEORGIA

The October *Journal of the Medical Association of Georgia* ays that the Committee on Health nd Public Instruction of the Medical Association reported to ne House of Delegates the prevlence of malaria as follows

"We all know something of our Georgia Legislature and know ow difficult it is to raise money or any purpose, except for the uilding of roads, which we seem o do very successfully We have our cents per capita for health in Georgia In North Carolina they ave seventeen cents per capita, nd in other states much more During the last year we had 87 per ent increase in malaria over 1927 We had many deaths from malaria ast year, every one of which we ould have prevented had we had the necessary funds, and if we can get to Congress and get them to give us dollar for dollar, or anything they will advise that will give us an opportunity to rid Georgia, North Carolina and other states of the greatest bar to our health and our success, we can accomplish much If we can do anything that will enable us to achieve that desire, it seems to me it will be the most wonderful thing that has happened since I have known anything about Georgia"

The House of Delegates voted to ask Federal aid in eradicating malaria

ENDOWMENT OF THE WISCONSIN MEDICAL SOCIETY

The October issue of the *Wisconsin Medical Journal* contains the following editorial description of the endowment fund of the Wisconsin Medical Society

"By two enactments of the Wisconsin legislature and action of the Council and House of Delegates of the State Medical Society of Wisconsin, the Foundation Fund of the Society has been brought into being for the advancement of medical science The Council is now empowered to accept donations and bequests and it is understood that a substantial sum has already been nominated for this fund in the wills of but two members

"In the years to come the interest that may accrue from such gifts will be used by the State Medical Society to advance Wisconsin medicine in all of its aspects Gifts may be made in the names of the donors or as memorials, with the interest to be used either for a specific purpose named by the donor or for such purposes as may seem fitting from year to year by the Council of the Society Undoubtedly the near future will bring to this fund gifts and bequests, small and large, from many members who will wish, in such manner, to return for the direct advancement of Wisconsin medicine some token of what the profession has brought and meant to them

"We commend the establishment of this fund as a far sighted action on the part of the State Society and legislature To the members we suggest that it affords an opportunity for a becoming, productive and enduring bestowment."

HEALTH WORK AT A STATE FAIR

The September issue of the *Nebraska Medical Journal* has the following editorial on health work at the State Fair

"As you know the state health work and exhibits at the State Fair are now under the supervision of the Nebraska State Medical Association We have been putting in some extra work on the proposition this year, and are really desirous that the doctors of the state visit that department

"We have the examinations for adults, the four H club, the babies, and some exhibitions, lectures, and reels on contagious diseases, particularly diphtheria prevention In the babies department we are planning for some reels and slides in addition to the examinations of the babies, and possibly some lectures We have really put a good deal of work on the proposition this year and are desirous of constructive criticism"

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THE GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

By FREDERICK P REYNOLDS, M D

Medical Secretary, Committee of Medical Education New York Academy of Medicine

THE Second Annual Graduate Fortnight of The New York Academy of Medicine which was held October 7th to 19th, 1929, on the general subject of "Functional and Nervous Problems in Medicine and Surgery," met with very gratifying success There was a large attendance both at the afternoon clinics held in the hospitals and at the evening meetings held at the Academy Applications for tickets of admission to the clinics were greatly in excess of the tickets available These applications came from many doctors living some distance from New York The average attendance at the evening meetings was 545

On account of the subjects discussed and the prominence of the speakers considerable interest was taken in the Fortnight by the general public This was evidenced by the space which was given to it in the daily press A number of Metropolitan papers published editorials on the Fortnight as did papers and periodicals of other parts of the country

The papers of the Fortnight will be printed in full in the monthly Bulletin of the Academy

Abstracts of some of the papers are presented herewith

DR. WALTER LANGDON BROWN, Physician to St Bartholomew's Hospital, London, discussed the part taken by the involuntary nervous system in many diseases, both organic and functional, in an address on "The Involuntary Nervous System"

After sketching the history of the discoveries of Gaskell and Langley as to the persistence of primitive methods of response in the involuntary nervous system, etc., Dr Brown said that "it is abundantly clear that however the sympathetic nervous system is brought into action it at any rate stimulates certain emotions and preeminently the emotion of fear

"That many psychoneuroses are based on a repressed or subconscious fear is now clearly recognized Fear, whether of evil spirits, of magic or of the dark, panic fear dominated primitive man and, whenever our resistance is lowered by disease, by shock or by psychic conflict, we betray our ancestry That strange primitive being which lurks in the unconscious mind of us all, peeps out

"Without in any way excluding the possibility of structural changes in the sympathetic nervous system, sometimes being responsible for manifestations of its action in disease, we are certainly justified in stating that a state of continued fear, whether recognized or not as such by the sufferer, is capable of producing symptoms of which they so generally complain Moreover, I believe that the great majority of such manifestations are of that order

"'Emotion moves us, hence the name,' said Sherrington It would perhaps be more accurate to say that it is designed to move us When under conditions of modern life emotion is dissociated from the movement it should evoke under more primitive conditions, the sympathetic disturbances may continue The mobilized army which is not allowed to fight the enemy becomes a danger to its own country The animal that is restrained from fight or flight suffers from an increased fear

"Nervous impulses tend to run along accustomed channels as Herbert Spencer pointed out The exciting cause may long have passed from the realm of consciousness but its effects may continue Designed for an intensive preparation for action or defense the sympathetic response may be dissociated, perverted or prolonged

"We are beginning to work out interesting associations between the nervous and biochemical aspects of this subject particularly in relation to blood sugar The thyroid, adrenals and pituitary can each be brought into action through the sympathetic and they are each antagonistic to insulin, raising the level of sugar in the blood Thus an emotional glycosuria may result, and I am fond of quoting Crile's phrase 'When stocks go down in New York diabetes goes up'

"'Man is not a reasonable creature, he is merely in process of becoming one,' says H G Wells

Many of our responses are unreasoning The art of medicine is to come to the aid of such responses by interpreting their meaning 'From the pain of the individual we learn lessons which we apply to the benefit of the community at large'"

The subject of "Neuroses Following Accident" was considered by Dr Foster Kennedy, Professor of Neurology at Cornell University

Dr Kennedy warned against considering cases of hysteria as malingerers and said that the mental factors producing hysteria needed careful study He declared that mental factors were often even more important than the physical conditions in connection with accidents He added

'Many suits for damage following accident are based upon occurrences of purely functional nervous affections To quote Sir John Colie, 'It is unfortunately the experience of most physicians that nervous people, who are given to self-examination, unconsciously foster subjective sensations which their stronger and better balanced neighbors would ignore The idea of illness or a possible injury and its consequences obsess them Their pains are real, but often psychic'

"When a man after severe shock or fright, which has produced no serious physical injury, complains of many subjective sensations it is not easy to believe, and often hard of proof, that the sufferer is not often an imposter who is pretending disease and exaggerating trifles for gain Often, however, the symptoms though indefinite and difficult to prove are to some extent beyond the man's control and do not necessarily disappear after the suit has been ended when motives for deceit no longer exist

"Many of the neuroses we see in civil life might be called litigation neuroses, the accident is often only the peg on which the neurosis is hung It is of course fitting that persons injured through the negligence of another should be properly compensated for their disability It is, however, natural that the temptation to bring spurious or exaggerated claims is great Nervous disorders following accident are accompanied by many difficulties both in and out of court Each man has, if he be dishonest, his price However, on the other hand, if honest, a man has his saturation point of trauma A succession of injuries may break down his morale and give rise in him to fixed fear trends, which put an end to his earning capacity, sometimes, and always reduce his usefulness

"Much may be learned of nervous instability in general from that occurring in soldiers in war After 1916 much confusion arose from the common acceptance of the words 'shell shock' to cover all cases of nervous instability occurring in the course of war Und mixed cases of amnesia, a nightmare, mutism, functional blindness, tremors, palsies and anxiety states, occurring not only under fighting strain but also in individuals who, failing in self-confidence, suffered thoughts and apprehensions while still awaiting transportation over seas

"The most important fact in war neuroses and, in my opinion, this applies also to industrial life, is that almost never were generalized psychoneuroses seen in soldiers suffering also from physical wounds of any consequence or degree. After shock or strain the degree of emotional destabilization varied inversely as the amount of gross physical injury

"On the other hand, minor injuries sustained in danger under great emotional and physical tension may become physically elaborated without any conscious desire to malinger

"It is not surprising that the claim agents or the lawyers for a company, whose medical knowledge must at least be superficial and who so constantly are witnesses of attempted frauds, should be skeptical as to the justice of claims which are oftentimes based upon symptoms the existence of which cannot be definitely proved Even physicians without special experiences in general nervous disorders do not appreciate the possible gravity of such conditions

"It is undoubtedly true that the traumatic neuroses usually begin to improve when the litigation has ended, and of all remedies financial is the most speedy and the most certain in its action An attempt has been made before Victam to show how a delusional system of ideas held for a long time and supported by what the patient regards as authority is often difficult to remove One may say that without closing litigation and satisfying the patient economically, such a delusional system of ideas cannot be cured, and occasionally even though the emotional atmosphere be made satisfactory by the above circumstance the bad tenant of a neuresthenic idea may be difficult to evict Dr Raphael Lewy, chief medical examiner for the Compensation Commission of the State of New York, even goes so far as the following 'I have stated in referring to my article on neurosis following trauma, that I cannot conceive how disease can be ended by monetary remuneration On reconsidering the matter, however, I realize that such monetary remuneration must be considered as a therapeutic agent to help the individual to disassociate his mind from his functional neurotic condition Indeed, I do not know of a single case, from my very large material, which was ever disposed of unless the individual received a monetary remuneration to his own satisfaction I may also state that in some cases the remuneration did not dispose of the case, as the individual endeavored to reopen his case after having disposed of the money which he had received'

"The hopes for recovery of health are enormously better if there be no question of litigation, and if the proper moral influences can be brought to bear on the patient immediately after the accident Under the circumstances the outlook for recovery should be very good Preceding organic disease, especially arteriosclerosis, renders the process more grave

"How does one cure a paralysis due to a false system of ideas or a loss of special sense due to suggestion? Or a fear state due to the agitation of litigation and anxious hope? The removal of objective by closing litigation is the first requisite After that we need accurate technical knowledge That is the only power that will give men trained like you and me, the power to cure symptoms due to disordered thinking and feeling It is through knowledge of the body that we doctors can acquire sufficient confidence of ourselves to cure the mind"

Dr. Walter Timme, Senior Attending Neurologist, Neurological Institute, spoke on "Endocrines and the Vegetative System"

Deficiency in blood calcium was attributed as the cause of many instances of misbehavior Discussing the symptoms of this deficiency, he said

"They usually came because of inordinate fatigability, irritability of temper and at times even of incorrigibility, non-amenability to discipline, and assaultiveness They were easily aroused to a high pitch of anger at the slightest provocation—a word, an insinuation or even a glance being sufficient to arouse intense antagonistic reaction These patients became problem cases at home, at school or in whatever environment they found themselves, because of their non-adaptability and uncompromising attitude Occasionally their behavior became so exaggerated that apparently hypomanic states developed therefrom, and several of these patients had to be confined in institutions until the symptoms were ameliorated At home, a harsh word from any member of the family, at the table for instance, would result in a plate or knife or some other utensil being thrown at the aggressor In school, a blow, a shout or a curse would be hurled at a fellow student, or even at the teacher"

Incidentally Dr Timme remarked that the speed of nervous reaction is perhaps also the basis of the wit and precocity shown by some persons He emphasized the importance of study and evaluation of the relationship between the endocrines and the vegetative nervous system, and of the research along this line

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High pressure and high tension modern civilization literally give many people a headache, said Dr Frederick Tilney, Professor of Neurology at Columbia University, in his address on "Headache and Migraine"

Stressing the mental and nervous factors in the causation of headache—"nervous wear and tear in all walks of life"—Dr Tilney said that "the anxieties and strainings provoked by the struggle to reach what may allure but seldom satisfy bear down heavily on our vital resistance until the machine is severely overtaxed Many causes which shorten life, lessen efficiency or foster disease arise from the congestion, haste and striving of modern living, especially in our great overcrowded communities The parasitic advantages of such existence appear to be more desirable than better health or fuller contentment More intelligent living may in time prevent or weed out numerous ills which we now are compelled to bear That time seems still a long way off Meanwhile, we shall need to employ and improve such palliative equipment as we possess to combat the afflictions of body and mind" Dr Tilney discussed sixteen types of headache

"Last year I was asked to speak on 'The Aging of the Human Brain' After reviewing such material, I came to the tentative conclusion that the aged brain is more the result of disease than of time, that it is in the strict sense a symptom of extensive pathological change accumulated during the course of a greater or lesser number of years

"This year I do not hesitate to draw a thoroughly positive conclusion Headache is a symptom From the clinical standpoint it must be regarded in this light In fact, I wish at the outset to emphasize this point of view and especially to stress the importance of regarding this symptom as an indication of disease which demands the most thorough diagnostic investigation before its treatment may be approached

"Headache, in every aspect, is a challenge Many are they who, in all times, have gone out to meet it In order to gain some idea of the proportions of the attack already made upon this prevalent symptom, I had collected for me during the past summer a vast number of references on the subject of headache in medical literature The volume of effort and thought which this bibliography represents is surprising More surprising still is the fact that nearly every part of the human anatomy has been incriminated as the arch offender in headache The gamut runs from ovary to pituitary, from flat feet to eye-strain. Offending material agencies outside of the body, like war, alcohol, nicotine and every variety of food, come in for their specific reproaches as causative elements Certain extra-corporeal, immaterial factors, such as the psyche, are made to bear their special burdens in the explanation of psychogenic and psychoneurotic headache

"We are a long way from anything approaching an adequate understanding of the exact nature and mechanism of headache Nevertheless, this condition is constantly with us either as a visitant causing personal distress, or as a practical issue to be met in our patients

'In the practical management of such situations, one man's formula is as good as another's I may be privileged, therefore, to say that it is my practice in every case of this kind to make a complete diagnostic study requiring hospitalization lasting from three days to one week This study of the patient aims to cover every possible focus of disorder which the symptom headache may suggest"

Opening the second week of the Graduate Fortnight, DR ROBERT H HALSEY, Professor of Medicine at The New York Post-Graduate Medical School, discussed the influence of the emotions and psychic factors in causing certain kinds of heart disorders His subject was "The Cardiac Neuroses"

After alluding to the changes in the methods of investigating medical problems in the past 30 years and reviewing pertinent literature in the field Dr Halsey said

"In view of the demonstrated reactions of the mind to conditions of environment, used in its broadest sense, it appears justified to connect them with the disorders of the heart, which occur so frequently with the emotions as the etiological factor From work done by psychologists and psychiatrists it seems justified to point out that it is an unhappy status of the mind due to unfulfilled desires and conflicts that set the stage, or condition the onset of a cardiac disturbance, as one way of escape from unhappy situations or as an offensive in the accomplishment of a much desired objective

"Since then the emotional disturbance acts through the physiological mechanism of the sympathetic system and the structure of the heart is not damaged, if it is to be considered as a biological reaction, a working formula might be phrased as follows

"A cardiac neurosis is a disorder of the physiologic action of the heart produced by an emotional reaction of the patient without inherent, characteristic structural change

"It is the invisible, intangible and impalpable reaction of the mind, effecting disturbances of cardiac physiology, possibly by changes chemical in character, as contrasted with the known and ponderable changes of structure as effected by processes of disease, viz , inflammation, degeneration and the production of new tissue

"Experimental work has been done which suggests that certain substances acting upon the heart can produce a 'critical state' of the heart muscle under which condition it will react to stimuli in a very different way than when the critical state does not exist This conception assumes the principle that one physiological derangement must exist before another stimulus will be effective to produce the abnormal reaction Thus the patient with a neurosis of the heart must have had some psychical disturbance or conflict of sufficiently long duration to set the stage, or conditions, for an apparently unrelated event of emotional character to start an abnormal mechanism in the heart

"The new mechanism may be initiated in a heart previously undamaged or it may complicate the action of a heart already structurally damaged by disease Of itself it adds no disease process, it produces no structural change of pathology, it produces only a physiological derangement of action

"The disorder will manifest itself in phenomena of rhythm, rate or sensation as may result from the action of other etiologic agents whether endocrinous, chemical, thermal, or bacterial in origin

"Its onset may complicate the clinical picture of a heart with anatomic damage and render difficult the differentiation between the symptoms due to structure change and those of the abnormal physiology

Influence of Emotions—"Emotions may be described as the reaction of the individual to external events when interpreted by that individual's intellectual capacity and personality The type of reaction will depend upon the desires of the individual and the environmental condition affecting the struggle for satisfaction

"There are certain basic emotions which may act—combat (anger), escape (fear), repulsion (disgust), parental (tender emotion), appeal (distress), curiosity (curiosity), submission (feeling of subjection), assertion (elation), pairing (lust), social (feeling of loneliness), food seeking (appetite), acquisition (feeling of ownership), construction (feeling of creativeness), laughter (amusement)

"It is the circumstances of the environment, of the hereditary staff, of the geographical position, of the educational attainments and even of disease that often determines the failure or fulfillment of legitimate human desires Desires which may not have been formulated even in the conscious thought or words but the failure of achievement may be attended by conflicting emotions as poignant and keen as if the wish had been expressed

"The accomplishment of some desire may require building an offensive over a long period of time and then the neurosis becomes a substitute, an explanation and an asset (Casamajor)

"The definition seems to me properly to exclude from consideration effort syndrome, irritable heart, neuro-circulatory asthenia, as descriptive synonyms of a condition in which the probably hereditary deficiency is only part of a general, multiple, systemic instability—or pathologic constitutional entity

"In arriving at a diagnosis it is necessary, first

—to analyze the separate symptoms, then make a physical examination to discover the structural state and finally make an experimental test of the individual function to discover deviations, second —it is necessary to synthesize the findings into a syndrome fitting the pathologic physiology and indicating the pathogenesis

"In its broadest aspect, prognosis is the answer the patient desires and about which he questions himself and may not question the physician, for they are not always consciously or verbally expressed as follows

"If suspected of having heart disease—Have I, or have I not heart disease,' 'angina pectoris,' 'arteriosclerosis,' hardening of the arteries?'

"If he has some cardiac defect—Am I going to die, or am I going to get well or be 'cured?' Shall I be ill a short or a long time?' 'Shall I suffer pain or die suddenly?' 'Shall I be permanently crpipled?' 'Will my earning capacity be affected?' 'Shall I change or lose my job?' 'Must I assume financial debt?' 'Can I afford to be ill?'

'The replies to the patient should state the facts in such a way as to answer these questions and at the same time inspire courage, hope and assurance that all will be well

"Exclude tea, coffee, tobacco, alcohol, sexual excitement Rest, regular hours, ten hours in bed Regular meals Hydrotherapy—bath, tepid, vigorous coarse towel Prescribe exercise—diverting, graduated and increasing amount, especially for those with acceleration, palpitation, premature contractions—a safe and sure way of inspiring confidence in the patient's self Drugs for brief period only such as mild hypnotics, the bromides, or pheno-barbital. Exclude opium and digitalis They should not be administered

"As to surgery—Gordon has stated concisely No removal of tissue or organs, no artificial correction of disturbances, however accurately or skilfully they may be done will succeed in making a psycho-neurotic discard his fixed ideas, his hypochondriasis, his abulias, his fears or his obsessons' But skilful, tehnical analysis may indicate the rational therapy which will assist effective illumination to do its work

"Be sympathetic in maner of approach and relations

"It is most important how a thing is said rather than what is said and how a thing is done rather than what is done

'Gain intelligent cooperation through frankness, understanding and confidence

"Give assurance of no danger

"Do not vacillate

"Foster favorable emotions and avoid unfavorable emotional reactions

"Make favorable suggestions and avoid adverse suggestions

Build up a favorable sentiment, courage, hope"

"The Approach to the Gastro-Intestinal Neuroses" was considered by DR BURRILL B CROHN Associate Physician at the Mount Sinai Hospital He considered the subject under a number of heads such as the importance of heredity, social conflict, nerves and retired business men, effects of prohibition, tobacco, etc He said in part

Social Conflict —"In by far the greatest number of instances social conflict and dysharmony between the individual himself and his environment underlies the etiology of the neuroses Today, as in every other time in the history of the evolution of man, there is a conflict between the individual and the conventional concepts of the group The Social Biologic theory stresses the antagonism or lack of harmony between the ego of the man the interests of the social group known as Society

"The instincts of self-preservation and of procreation represent the two fundamental prerequisites to and of biologic life The threat to the former (self-preservation) constitutes the basis for the neuroses according to the Social Biologic School, according to the Freudian psychoanalysts, the causation of the neuroses lies essentially in disturbances of the sex-life

"The higher civilization of today, its greater complexity and the intensity of ones individualism lead to greater conflicts than ever between the individual's behavior and the mass needs of the social group The neuroses is the evidence of the instinctive desires of the individual mantagonistic relation to the purposeful moral activities of the complex social organization

"The weakening of the hold of religion, as we see it today, upon the mind and conduct of the person has relaxed the moral conventions and has liberated the individual to a greater freedom and a more deliberate choice of personal conduct under difficult conditions To the strongminded this is an advantage, strengthening his self-confidence and his will, to the weaker, robbed of the protection and the authoritative guidance of the church this is at times almost a misfortune Unable to turn for guidance to a supernatural Deity he is forced to rely upon himself, and in his confusions and doubts his less capable mentality wavers and vacillates, often engendering mental conflicts which may eventuate in a neurosis

"Simple domestic relations, even under the most favorable of conditions may very often provide a nucleus of discord and dissonance upon which many of the neuroses are based

"The selfishness and heedlessness of adult children are commonly, in my experience the bases of gastric and intestinal neuroses Conversely, the parents often originate problems of greater com-

plexity, particularly when the parents are advanced in years and the children are married and have their own problems Irascible, demanding, and autocratic abuse of parenthood creates as many problems as do the issues which arise over the training of younger and dependent children

Treatment Hard and Complex "In general the outlook for the neurotic is poor, occasionally the physician can by his authority dispel fear and reawaken self-confidence and so by suggestion bring a case to a happy outcome But as a generalization, the vast number of neurotic patients who, ceaselessly and obstinately hopeful, make the endless round of physicians with reputations, attest the failure of our profession successfully to cope with their problems

"Social biological problems are never simple, they involve not only the patient but the numerous adjacent individuals of the family unit, and business and economic conditions both personal and sociological We can often control the patient, build up his mental reserves and strengthen his ego, but can we ever or even sometimes change the problem as it affects the other actors in the drama? Who is Solomon who will judge the right from the wrong in personal and domestic strifes, particularly when only the plaintiff is being heard and then only with a self-prejudiced leaning? But even presuming upon a decision and a line of advice and conduct for a patient, can the physician engender love where there is none, attention and solicitude from a wandering mate, eliminate jealousy by an authoritative flourish or bring prosperity and restored business acumen by an ex-cathedra command?

"In the simple cases, particularly the anxiety neuroses, the sympathetic understanding physician is of the greatest help in restoring the patient's confidence in himself, and reassuring the anxious one that organic disease is absent In the complicated cases the assistance of trained neuropsychologists is necessary

"The Role of Psychoanalysis For the more complicated cases, particularly the hysterias, the psychoanalytic method of Freud and his followers offers the most rational and most promising school of therapy This method too has its obvious drawbacks It is very time-consuming, in complicated cases requiring six months to two years for a successful analysis, it is therefore expensive, usually beyond the means of all but the most fortunate It is impracticable in hospital and ward work, both because of the lack of privacy and facilities and of the time on the part of the neurologist to handle the vast mass of the material It lays undue stress on the sexual element in personal life, rarely failing to find some sexual dysharmony in every patient's problem and often unable to look beyond such a limited viewpoint to the adjacent broader biological and sociological problems But in due justice to psychoanalysis we must say that it has offered us the most logical and most scientific approach to the solution of the question of dealing with psychoneurotic persons

'As a practical problem, however, because of the mass of the material and the limited number of accessible specially trained neurologists, it becomes necessary for each and every one of us to become his own analyst

"Quackery and Cults The failure of the profession properly to educate itself in this problem and successfully to cope with it has led to the rise of cults and quackery throughout our civilized world Old as time and medical history, the holy medicine man and the quack imposter of the cultists of today have taken advantage of the situation and have exploited themselves and their faiths as magical, spiritual or religious healers Whether by one method or another they practice by means of suggestion and suggestion only, whether by teeth of serpents, magic fire, Perkins tractors or Mary Baker Eddy's *Monitor,* their methods are all based upon suggestion Were that all, there would be less criticism—but it is their inability to make a scientific differential diagnosis of diseased conditions that makes a danger to the body social They are successful only in proportion as they are led by men or women of unusual ability in understanding human nature and human equations

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The subject of "Post-operative Emotional Disorders, Their Prevention and Management," was discussed by Dr Robert B McGraw, Professor of Clinical Psychiatry at Columbia University Some abstracts from his paper follow

"It might be truthfully said that there is practically no such diagnosis admissible as post-operative psychosis or post-operative neurosis It might, on the other hand, be equally truthfully stated that any kind of emotional or mental disorder might apparently be caused by an operation

"The individual plus a special situation leads to a reaction—in the present instance, a maladaptation, which we are pleased to call a neurosis or psychosis (We are considering at the present time situations which include an operation)

"Now, ideally, we should consider carefully *first* the individual, later, the situation We should inquire what is his stock? How have his forbears and immediate family reacted to difficulties in their lives? (Both emotional and physical difficulties should be considered) *What is his physical type?* What is his previous physical history? What is his general intellectual level? What are his previous experiences? Has he ever been in a hospital before? Has he ever been operated on before? What is his station in life? What are his capacities for reacting to novel situations?

"What are his instinctive reactions? For ex-

ample, is he fearful? Is he friendly? Is he strongly attached to his family? Is he subject to mood swings? Is he persistent? Is he vindictive? Is he stable? Is he impulsive?

"In the case of a patient not acutely ill or when it is proposed to operate for a chronic disorder or to explore, it is, I feel, very strongly the duty of the attending physician to make careful inquiry and form an honest estimation of the patient's probable adaptability before the operation

"Cases are sometimes even now seen where an operation has been done on a frankly psychotic patient to relieve a symptom which on a little questioning would have been shown to be delusional I am not unaware that surgeons are deliberately deceived by relatives sometimes"

Dr. Marcus A Rothschild, Associate Physician at Mount Sinai Hospital, discussed the subject of "Neurocirculatory Asthenia" He said in part

"The term neurocirculatory asthenia was coined during the World War to designate a symptom complex which had previously been well known and called 'Irritable Heart,' 'Disordered Action of the Heart,' 'Vaso-Motor Neurosis,' 'Functional Cardiovascular Disorder,' and 'Effort Syndrome' Most of the earlier references are to be found in American literature

"Neurocirculatory asthenia is not a clinical entity, but a syndrome with many etiological and predisposing factors It is not a disease of the heart

"The name is purely descriptive of the major symptoms which are referable to the nervous and circulatory symptoms and associated with an increased susceptibility to fatigue.

"The general wear and tear of life or great national crises may make active a latent neurocirculatory asthenia.

Symptoms and Signs "It is because of (1) breathlessness, (2) palpitation, and (3) exhaustion, that most cases appear for examination, and for these very same reasons that these patients are especially concerned about their hearts

"Notwithstanding the fact that for almost a half a century, the condition of 'irritable heart,' or N C A was known, up to the beginning of the World's War as Conner puts it, 'it is doubtful if one physician in a thousand had ever ventured to make the diagnosis'

Conclusions about the Disorder "Neurocirculatory asthenia is not a clinical entity, but a symptom complex due to many causes

"It is not a disease of the heart. Cardiac murmurs are present in over 80 per cent of the cases Heart murmurs do not mean heart disease Breathlessness and pain in the 'heart,' left chest, rarely mean heart disease in young adults In fact, the patients with organic heart disease rarely complain of these symptoms The great lesson to be learned is that most systolic murmurs, so-called 'leaky valves,' 'leaking heart,' and 'murmuring heart,' do not mean heart disease, and the early recognition and proper handling of these patients will restore the vast majority of them to usefulness and health

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Dr. Louis Casamajor, Professor of Neurology, Columbia University, spoke on the subject of "The Psychoneuroses" and said

"If there are psychoneuroses, they are part of the penalty and price man has paid for the restriction of freedom of personal action which civilization has brought

"He termed "Anxiety Neurosis" the most common of the neuroses He also mentioned "Engagement Neuroses" which he explained sometimes arise 'where courtship is prolonged and violent'

"The treatment of the psychoneuroses comprises a good part of the modern practice of medicine," said Dr Casamajor "There can be no accurate estimation of the prevalence of these conditions for if one should define them rather broadly, a very large majority of all adult civilized humans would well come under the classification Psychoneurotic states of some degree are so general that one often feels inclined to dispense with the term as descriptive of a condition and to substitute a term indicating a state of mind Were such a term to be found we could then speak of psychoneurotic thinking rather than a psychoneurotic state"

Dr William A White, Superintendent of St Elizabeth's Hospital, Washington, D C, presented a paper on "Psychotherapy," what it is, its different forms and methods, and how it works

"If we bear these factors in mind we will realize that psychotherapy has a value but must be only applied as a major procedure in a certain restricted territory, particularly in that territory in which the symptoms are of psychogenic origin, that this territory is both smaller than had been supposed and larger than is generally thought, that many of the agents that are used for other than psychotherapeutic reasons do have psychological influences, and that there are many mental conditions associated with other conditions which are fundamentally not accessible to psychotherapy which nevertheless can be improved by psychotherapeutic means It would appear from this, therefore, that there is a certain fairly well-defined group, at least theoretically well-defined, in which psychotherapy is the method of election There are certain other groups equally well defined in

which surgery is the method of election, etc This is all relatively simple It is not always so, however, in reality If you have followed the development in psychological thought in recent years you will realize that the distinctions that have grown up between mind and body are being gradually dissolved Not that we know anything more about the mind as such and intrinsically than we ever did, but that for practical purposes of therapy, for example, the distinction has been found in recent years to have less and less value And so, to use a biological term, we have come to think of the organism as a whole and to deal with it therapeutically from that point of view

"The two outstanding present-day problems in psychotherapy revolve about the methods of suggestion, on the one hand, and psychoanalysis on the other" He pointed out that "to a certain extent we all of us remain children throughout our lives or at least we retain the possibility of childhood reactions When we are sick and necessarily depend on others, it is then that, like children, we are called upon to accept uncritically the assurances of those others that everything will come out all right, just as we used at one time to run to our mothers and get that assurance when we were in trouble

"And so the defect of various methods of suggestive therapeutics has always been that the method was dependent upon the personality of the therapist and that it involved a relation on the part of the patient of dependence, and further and more important and significant yet, that really nothing happened so far as the patient was concerned except the temporary disappearance of the symptoms The possibility of their return was always present, either in the form in which they had appeared or in some other form So that suggestion merely became a reassurance of the patient for the time being, who at the next stressful moment in his life would again need reassurance and who might be so constituted that he felt the need of reassurance so continuously that he became a regular dependent upon the physician for his daily living Everyone who has used suggestive therapy, particularly such methods as hypnotism, has seen these phenomena over and over again and has felt only too frequently that he was writing in the sand

"The more recent developments, particularly psychoanalysis in its various forms, have approached the problem quite differently In this field there has been a continuous effort to understand the meaning of the symptoms, to understand the structure of the symptoms, and roughly speaking as a result of that understanding to develop a technique that would tear down the symptoms, destroy them, as it were, so that they never again could appear in evidence, and then having destroyed the symptoms assist either passively or actively in the building up of a new structure in their place Such a method of therapy has necessarily involved an entirely new approach to the problems of the mind and to its understanding, and this new approach has been quite analogous in its historical unfoldings to the approach to an understanding of our physical body The understanding of the mind and of its various symptoms as they may develop under untoward circumstances is dependent upon an understanding of its development both in the individual and in the race, and so this study of psychology has been elaborated in these directions as a part of the equipment of the psychotherapist, and he now undertakes to deal with psychotherapeutic problems upon the basis of what he knows about the structure and functions of the mind and about the historical stages in its development, both individual and racial

"No matter whether we may or may not agree with any specific conclusions that any particular psychoanalyst may have reached as a result of his studies, there can be no shadow of a doubt that this effort to understand the structure and functions of the mind in quite the same way as we understand the structure and functions of the body, not only their present status but their meaning expressed in terms of origin and history, is the only method by which we can hope to advance in this infinitely intricate and complicated territory

"If we are to lay aside our distinctions of mind and body or at least to consider such distinctions as of no practical importance then it must follow of necessity that, in an organism functioning as a whole, any disease process, no matter what, must have both mental and bodily components even though in any particular case one or the other may be so prominently in the foreground as to all but shut out from view completely the other This being so, it is logical to assume that psychotherapy even in admittedly and obviously organic diseases may be of value"

DIPHTHERIA PREVENTION IN NIAGARA FALLS*

By EDWARD E GILLICK, M D, NIAGARA FALLS, N Y

I PROPOSE to confine my remarks during the time that I have as far as possible to what occurred in Niagara Falls in the spring of 1928 in reference to the prevention of diphtheria I presume the scientific discussion of the question of active immunization against diphtheria will be thoroughly covered in other papers and I believe it was the intention of Dr William L Munson, who arranged the program, to have me tell you about our experience at the Falls I am always delighted to tell of our experience over there in reference to this matter, because it was an exceedingly pleasant experience from start to finish The institution of the work of immunization and the results were very satisfactory to every one concerned

Niagara Falls, a city of approximately 75 000 population, has about 21,000 children under 14 years of age We have a City Manager form of government, with a Mayor and Council, and I believe I am justified in saying that our city government and the people of Niagara Falls are intensely interested in matters concerning public health

Four years ago the Health Department began the work of encouraging the immunization of children against diphtheria by toxin-antitoxin During the year 1924, 2,000 school children were immunized, during 1925 none were treated except a few in the private practice of some of the physicians, in 1926 there were 2552, and in 1927 4200 children were treated This group of 8752 was practically all school children, and by the end of 1927 we found that only about two per cent of the pre-school children of the city had been immunized and approximately 35 per cent of the school children

It appeared from our record of the first three years of this time that we were really accomplishing something because our cases and deaths from diphtheria had decreased during 1925 and 1926 as shown on the chart However, during the year 1927 the number of cases and deaths materially increased again and it appeared that we had arrived at another cycle in diphtheria history where an increase was bound to occur In other words, it appeared in the latter part of 1927 as though a diphtheria epidemic were imminent and then I was convinced that although we had done considerable immunization work we had not immunized the group of children in the city which it was absolutely necessary to immunize in order to limit the ravages of the disease I was laboring during those three previous years under practically the same misunderstanding of the situation that the other health officers were I had believed before that if a large percentage of the school children were immunized the incidence of the disease would be materially decreased I am quite satisfied now that that was a mistaken notion and that it is necessary to secure the immunization of a large percentage of pre-school children rather than school children

During the latter months of 1927 the number of cases and deaths steadily increased and I felt it necessary, if we were going to accomplish the desired result, to take measures that promised to be more effective in the way of inducing pre-school children to get immunized than we had used in the past and I propose to go into some detail in explanation of what we actually did

I felt that if the mass consciousness of the community could be properly aroused in reference to the diphtheria situation in the city a favorable response was bound to follow and all our effort there was confined to the one subject of stimulating active, general public interest in the matter

In December, 1927, at a meeting of the medical fraternity in this city I asked for the cooperation of the doctors in a plan which had in mind the conduct of the free toxin-antitoxin clinics, wide publicity, etc They passed a resolution that evening endorsing a plan which I proposed to submit later

During the same month I also called a meeting of the school physicians, nurses and our superintendent of schools for a discussion of the proposition A little later I called a meeting of the Catholic priests who have charge of the parochial schools in the city and the situation was explained in detail to them I tried at that meeting, also, to make the priests, as I had the other school authorities, feel that they had a real responsibility and that their assistance would be very material

Early in February I presented the matter to the Industrial Relations Group of the Chamber of Commerce, stating at that meeting that children were dying in the city from diphtheria too often and that the only remedy was a campaign which would procure the immunization of a large percentage of our younger children This committee passed a resolution directing the secretary to appear before the directors of the Chamber of Commerce and ask the cooperation of that body in a proposed pre-school anti-diphtheria campaign as suggested by the Health Officer, and the secretary reported at the next meeting that the directors approved the plan to assist in an anti-diphtheria drive and to do everything possible to make it successful

I then called another special meeting of the

* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N Y, June 6 1929

physicians of this city for the purpose of discussion of the details of the plan which I suggested I felt that we needed, if possible, the cooperation of the physicians of the city The plan suggested included a general plan of advertising through all available sources which we considered might hold hope of success newspaper articles and articles in factory leaflets, meetings with the various social organizations in the city, foremen's meetings, announcements by the clergymen at their Sunday services, house-to-house canvass by nurses or others competent to explain the matter intelligently, picture theatre demonstrations, distributing posters in business places—particularly in sections of the city where the disease was more prevalent, in short an advertising plan as extensive as possible, to be conducted more or less similar to campaigns we have had in the city to sell Liberty Bonds or to raise money for the Community Chest This campaign was to be conducted for about three weeks—intensively during the last week

The doctors at our meeting were informed that their suggestions regarding the conduct of the work would be followed in all respects, that I proposed the physicians be paid a reasonable fee for their services and the physicians were asked to set that fee The number, dates and places where the clinics were to be held was decided upon at the conference with the doctors and with the school authorities

I asked the City Council to call a citizens mass meeting to consider the proposition The Mayor promptly called the meeting and he and a majority of the Council attended Our District State Health Officer and the District State Health Officer from Syracuse were present and addressed the meeting Other addresses were made and the Acting Mayor at the close announced the appointment of a large general committee to assist in the conduct of the work and also committees on the administration of toxin-antitoxin, nursing service, clinic arrangements, publicity, speakers, home canvass, industries, schools and transportation The committee on the administration of toxin-antitoxin consisted wholly of medical men

The proposition was presented to the editor of our local daily paper and for about ten days before the date set for the first clinic daily articles concerning the plans of the campaign, progress of the work, efficiency of the toxin-antitoxin treatment and history of the existing cases of diphtheria at that time were carried We arranged for the showing of films, which we obtained from the State Dept of Health and the Metropolitan Life Insurance Company in the local theatres A number of physicians in the city wrote articles, which were published in the paper Nearly all of the large industrial plants arranged for meetings at the noon hour or some other convenient time, which were addressed by physicians or others familiar with the work Addresses were also delivered before nearly all of our social clubs, and house-to-house canvass was conducted by nurses, particularly in sections of the city where the disease was prevalent This canvass covered approximately a third of the city Circular letters were sent to the clergymen, and a large quantity of current literature (pamphlet form) as arranged by the Metropolitan Life Insurance Co, John Hancock Life Insurance Co, American Association for Medical Progress, State Charities Aid Association, and State Dept of Health was distributed in the factories All factory employees received literature bearing on the subject

Before the campaign had progressed very far *nearly every person in town apparently* became deeply interested in the matter The factory managers and welfare men arranged so that every employee was interviewed and we had distributed in the factories consent slips in duplicate form, each parent who had children being asked to sign them Transportation was arranged so that if the parents could not bring the children to the clinic a car would call for them This transportation was practically all gratuitous

The secretary of the Chamber of Commerce acted as chairman of the publicity committee and all publicity in the newspapers was very carefully planned and carried out under his supervision A meeting of the school teachers of the city was called and the subject presented to them and the whole Department of Education became intensively interested in our plan to eliminate diphtheria as soon as possible and their active personal cooperation to a large extent was responsible for the success of the matter

After the campaign got under way the doctors of the city gave us very valuable assistance We were constantly receiving reports from the physicians showing their hearty approval of the plan of the work A number of physicians called the Health Office at the time the campaign was conducted offering their services in any way that those services would be of assistance During the last week of the campaign I failed to hear a word of criticism coming from any physician in the city

The clinics were conducted at seven convenient locations five school buildings, one in a factory and one in the Town Hall A team including a doctor and two nurses was assigned to each of those respective places and they were assisted by the teachers, and police and firemen were detailed to assist in keeping order at the clinics Girl and boy scouts also aided materially in this matter

The first clinic was held on Saturday, March

17, and then the two following Saturdays Clinics at the City Hall followed for the benefit of those children who were not able to start with the others at the beginning

Of the 21,000 children in the city 9,000 as shown on the chart had been previously immunized against diphtheria Of those 21,000 1200 were under nine months of age Adding the 9000 and 1200 gives about 10,200 and deducting that from 21,000 (the total number of children) we have the sum of 10,800, approximately, children in this city over nine months of age and under 14 years who had not been immunized against diphtheria and of this number 6550 were immunized during the campaign, i e during our campaign we immunized approximately 60 per cent of the non-immune children in the city who were over nine months of age and of this 6550 children treated 2947 were under five years of age

The percentage of immune pre-school children was raised from 2 per cent to 48½ per cent and the percentage of immune school children was raised from 35 per cent to 72 per cent in the campaign

The results of the campaign were very evident within a short time as shown on the chart The deaths from the disease immediately stopped and the cases diminished each month I do not believe that the clinic of itself prevented deaths from diphtheria in April, May and June, but I believe it did arouse the people to the danger of the disease and believe that after the clinic the physicians were called earlier in the cases that developed and the lives of the children were saved as a result of procuring early medical attention

In reference to the attitude of the medical profession regarding this work I have nothing but the highest regard and praise for the local medical fraternity for their interest during our campaign and I think that fact is appreciated by every one concerned Still, I feel justified in saying that the attitude of the medical fraternity as a whole up to date has been extremely indifferent and disinterested Here we have a method at our disposal for the prevention of diphtheria (perhaps not surpassed in importance by any other discoveries in the field of preventive medicine during the present century) that is safe and easy of administration, with practically none of the objectionable features which ordinarily go along with work of this nature and we find the individual physician more or less disinterested I concede it is very true that the Medical Society of the State of New York and our County Societies have shown a very commendable interest in the matter and the attitude of the individual physician is improving but they are not doing as much as the situation deserves

I believe that when a case of diphtheria occurs in a home the parents may be charged with ignorance or neglect in not having had that child protected against the disease. Believe that the next measure of censure naturally falls on the family physician and do not see any reason why we cannot charge him also with ignorance or indifference in the matter

The whole problem could be solved to a large extent if every physician would feel keenly the moral obligation which he should have towards his patients and towards the community at large Believe that it would be exceptional when a parent would refuse to have a child protected against diphtheria if they were advised to have it done by the family physician, and when the time comes that the family physician on entering a home will specifically call the attention of the parents to their duty in this matter and insist as far as he can that this immunization work be done, the extensive propaganda that is required and is carried on now by official and unofficial oganizations, newspapers and magazines, etc will be unnecessary

If it is unethical for a physician at this time to recommend to his patients that they immunize their children against diphtheria by toxin-antitoxin, then our code of ethics should be rewritten Believe that the members of the medical profession in not individually interesting themselves more in this work are missing an excellent chance to increase their prestige and general good standing with the public by not taking advantage of this opportunity at this time and if there are groups of physicians in any community in this State who are actively opposing the immunization of children against diphtheria or who refuse to compromise with the health authorities or any other organization in the matter of fees, methods of procedure or other considerations in connection with the work, they are presenting the strongest argument imaginable in favor of State medicine I do not believe that the public will forever countenance that attitude in a matter as serious as this is The doctors must take an active interest in this work and appreciate fully their responsibility to their patients and the public generally or be forced out by public demand and the work taken over by other agencies Such a result would be extremely deplorable and I trust, having in mind the very enviable record in the way of self-sacrifice, unselfishness and loyalty to the highest ideals which is characteristic of our profession since time immemorial, that such a condition will not develop

In view of these facts I feel perfectly satisfied that the individual doctors comprising our profession will eventually do their part in educating the public in this important matter of health protection which is under discussion

this morning The only criticism I have of our effort to date is that we seem inexcusably slow in arriving at a proper appreciation of the importance of immunizing children against diphtheria The method employed for the prevention of this disease was thoroughly tested and proven a number of years ago, many years too long it would seem to educate the medical profession As a matter of fact it seems as difficult to interest the doctors individually in this important work as it does the lay public and this, of course, should not be the case in view of the training, education and opportunity for reading which physicians possess

THE WILLIAM BEAUMONT MEMORIAL

By FRANK OVERTON, M D, PATCHOGUE, N Y

Doctor William Beaumont has the distinction of being the most widely known research scientist in the United States, for his experiments and observations on the process of digestion, conducted on Alexis St Martin, have been quoted in every public school physiology and hygiene in the country His life work was brought prominently before the physicians of New York State last summer, on August 24, when a tablet to his memory was dedicated in Plattsburgh on the Margaret Street wall of the First National Bank, the site of Dr Beaumont's store and office, in the earlier years of his practice The tablet reads

William Beaumont, M D
America's Pioneer Physiologist

Born Lebanon, Conn 1785—Died St Louis, Mo, 1853
His Scientific Researches in Gastric Digestion Were Fundamental
Brevetted Surgeon's Mate 1812
In Battle of Plattsburgh 1814
Here Opened Office and Drug Store June 1815
Published His "Physiology of Digestion"
At Plattsburgh in 1833

Dr Beaumont's studies on St Martin were recorded in a book entitled "Experiments and Observations on the Gastric Juice and the Physiology of Digestion," by William Beaumont, M D, Surgeon in the U S Army Plattsburgh Printed by F P Allen, 1833"

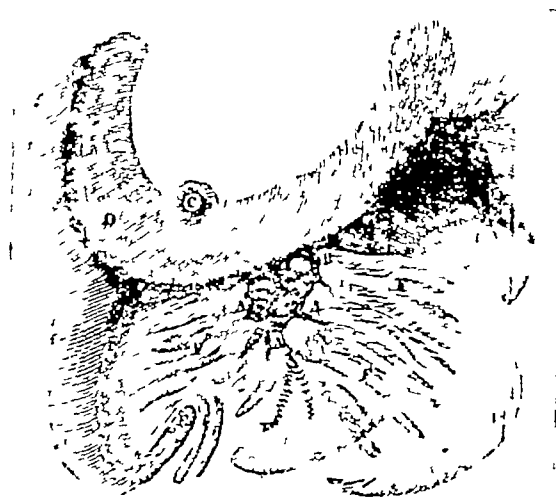
This is a book of 280 pages and is written in a clear, interesting style It is dedicated to Joseph Lovell, M D, Surgeon General of the U S Army, whose encouragement led Dr Beaumont to conduct the experiments Its introduction of 29 pages describes the gun-shot accident by which a fistula was made into the stomach just below the left breast The book contains three engravings of the wound, one of which is reproduced with this article

The second part of the book contains 90 pages which constitute a dissertation on digestion, divided into the following sections

1 Aliment
2 *Hunger and Thirst*
3 Satisfaction and Satiety
4 Mastication, Insalivation and Deglutition
5 Digestion by the Gastric Juice
6 Appearance of the Villous Coat and of the Motions of the Stomach
7 Chymification and Uses of the Bile and Pancreatic Juice

These descriptions are marvelously modern in their style and truthfulness, and, with the exception of their chemistry, could well be used as a modern text-book on the process of digestion

The third part of the book consists of four series of observations made on St Martin The patient had been wounded on June 6, 1822, at a trading post near Ft Mackinac, Mich, where Dr Beaumont was stationed The Doctor had brought him to the Fort and nursed him back to health, and in May 1825 engaged him as his ser-



Woodcut from Dr Beaumont's book, showing the location and appearance of the wound in the side of Alexis St Martin

vant on condition that the doctor be allowed to make studies on the stomach Dr Beaumont went to Plattsburgh in May, 1825, taking St Martin with him The book records a series of four experiments on foods in the stomach, and in bottles, conducted between August 1st and August 7th These first experiments were crude and consisted merely in inserting food into the stomach and into bottles and observing the manner in which it was dissolved. St Martin was evidently restless for he soon returned to Canada and engaged in the hard labor of a voyageur, but in 1829 Dr Beaumont again engaged him and employed him at Fort Crawford on the Upper Mississippi River where the Doctor had been ordered for military service In the second series eight experiments conducted between December 1, 1829 and March 18, 1830, were on the temperature of the stomach Experiments 9 to 23 were on the secretion of gastric juice and were concluded on March 16, 1830 Experiments 24 to 46 were on digestion, both within the stomach and in bottles, and were concluded on April 9, 1830 Experiments 47 to 56 recorded his observations on the bile and pancreatic juice of oxen added to gastric juice

St. Martin returned to Canada in the Spring of 1831, but in November 1832 he again entered the employ of Dr Beaumont, who was then stationed at Plattsburgh

The third series of experiments numbered 116, most of which were performed in Washington, where Dr Beaumont took his patient in order that he might have the benefit of the facilities of the office of the Surgeon General of the Army

A fourth series of experiments were recorded as addenda to the three already described, and consisted of much more elaborate observations than those of the other series In fact, the experiments and observations extending over a period of nearly eight years show an increasing complexity as Dr Beaumont's grasp of the subject broadened

Physicians will be interested in the following description of the method of extracting the gastric juice, described on page 21 of the book

"*Mode of extracting the Gastric Juice*—The usual method of extracting the gastric juice, for experiment, is by placing the subject on his right side, depressing the valve within the aperture, introducing a gum-elastic tube, of the size of a large quill, five or six inches into the stomach, and then turning him on the left side, until the orifice becomes dependent In health, and when free from food, the stomach is *usually* entirely empty, and contracted upon itself On introducing the tube, the fluid soon begins to flow, first by drops, then in an interrupted, and sometimes in a short continuous stream Moving the tube about, up and down, or backwards and forwards, increases the discharge The quantity of fluid ordinarily obtained is from four drachms to one and a half or two ounces, varying with the circumstances and condition of the stomach Its extraction is generally attended by that peculiar sensation at the pit of the stomach, termed sinking, with some degree of faintness, which renders it necessary to stop the operation The usual time of extracting the juice is early in the morning, before he has eaten, when the stomach is empty and clean.

"On laying him horizontally on his back, pressing the hand upon the hepatic region, agitating a little, and at the same time turning him on the left side, bright yellow bile appears to flow freely through the pylorus, and passes out through the tube Sometimes it is found mixed with the gastric juice, without this operation This is, however, seldom the case, unless it has been excited by some other cause

"The chymous fluids are easily taken out by depressing the valve within the aperture, laying the hand over the lower part of the stomach, shaking a little, and pressing upwards In this manner, any quantity necessary for examination and experiment can be obtained"

Dr William Beaumont was born in Lebanon, Conn., in the year, 1785 He apparently studied medicine under preceptors only His license to practice medicine was issued to him by the Third Medical Society of Vermont, on June 2, 1812 He soon entered the Army and did valiant service at the Naval battle of Lake Champlain. Most of his time was spent in the Army at various posts, particularly at Plattsburgh and Fort Mackinac, until the year 1839, when Dr Lovell was succeeded as Surgeon General by one who failed to discern the importance of the experiments which Dr Beaumont was carrying on, and ordered the experimenter to Florida Dr Beaumont thereupon resigned from the Army and engaged in the practice of medicine in St. Louis, where he was eminently successful He died in St Louis on April 25, 1853, from the result of an accident, and is buried in Belle Fontaine Cemetery there

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CHANGES IN MEDICAL ECONOMICS DURING THE PAST TWENTY YEARS

By W WARREN BRITT, M D, TONAWANDA, N Y

Abstract of paper read before the Eighth District Branch of the Medical Society of the State of New York, at Buffalo, October 3, 1929

THE past two decades have witnessed the most profound economic changes in medical history Intense individuality and competition are giving way to cooperation to such an extent that legislators no longer seek to destroy business combinations but they study to coordinate great organizations and subject them to supervision and control

Medical economics, during the past two decades, have been influenced by these same general conditions The development of the Workmen's Compensation Laws has occurred since 1910 The adaptation of the medical profession to these laws has been accompanied by much grief Young men graduating in medicine today should be given the benefit of past experiences so that they may go out with a knowledge that will assist them to cope with the changed conditions

One outstanding condition which has followed the enactment of the Workmen's Compensation Laws has been the development of a new type of industrial medical care This is illustrated by the report of the National Industrial Conference Board, as published in its Service Letter of July 5, 1929, as follows

"From a first-aid compartment or room to a fully equipped hospital providing physiotherapy treatments, laboratory tests, *x*-rays, and dental and optical service is not only a long step but a step which many employers of labor on a large scale have taken in a short space of time Notable progress has been made in many branches of industrial relations work in the past twenty years, but the advance of the medical care of employees is outstanding Industrial medicine has become an increasingly significant branch of the medical profession, and its accomplishments appear destined to hold a high place among the factors influencing American Industrial efficiency"

The article goes on to show the development of first aid relief as is illustrated by a large coal mining company which began by treating its injured workmen, and which has added new features from time to time until its medical work now includes prevention, physical examinations, and the promotion of healthful living conditions

The advantages of an organized comprehensive medical program are too obvious to require attention Two, however, may bear emphasis

1 There is the community advantage from an industrial medical service, especially when emphasis is placed upon preventive measures

2 Another advantage which will come in the future is that of old age security The Legislature of New York State has appointed a commission on this subject A report recently made by a New York employment bureau was that only 200 out of 5800 unemployed workmen between the ages of 40 and 55, who were registered with it, were able to get work during 18 months of effort The principal reason for the failure of so many was that they were too old Employers did not want them Formerly the ordinary man went on working until he was 70 years old Then there was a place for him in industry, but not now Medical assistance has lengthened life for him, but industry has shortened the years of his working life

There are two plans for the solution of the problem of old age care One is state insurance, the other is industrial pension

An article recently published in the United State Bureau of Labor Statistics presents the results of an investigation into the effectiveness of old age pension laws now in operation in the United States Six states—Colorado, Kentucky, Maryland, Montana, Nevada and Wisconsin, had more or less standard old age pension laws in effect at the beginning of this year All of these laws were optional in character, merely permitting the counties to elect to pay pensions if they so desired It was found that less than one-fifth had availed themselves of the opportunity to inaugurate an old age pension plan In these 52 counties the average payment per pensioner was $17 37 per month, or $208 44 a year This represents the amount required in addition to existing resources of the individual to bring the income of the pensioners up to $1 per day A pensioner's annual income cannot exceed $365 per year

In contrast, industrial pensions appear to advantage In a comprehensive study recently conducted by Industrial Relations Councillors, Inc, 466 instances of formal pension plans adopted by business enterprises were found Detailed information from 194 of these companies showed 2,500,000 employees covered by the pension plan, with 46,000 pensioners receiving a total of $27,200,000 a year in pension payments, or a yearly average per pensioner of about $590 00 On the basis of these figures the Industrial Relations Councillors, Inc, estimated that probably 80,000 pensioners are receiving annually approximately 50 million dollars from business concerns, and that more than 4 million workers are covered by industrial old age pension plans Industrial pensions apply to a comparatively small proportion of the population They do not provide the blanket average that apparently is a feature of the state pension laws It is customary for industrial organizations to stipulate a certain service requirement that must be fulfilled in order that an employee may qualify for a pension at the specified age This limits the benefit of pension

to a small proportion of the population, since statistics show that not more than 10 per cent of employees remain with one company for 20 years or over State pension laws usually provide that to be eligible for a pension, a pensioner must have been a citizen in the state for the preceding 15 years Consequently, state pensions are not so inclusive as might at first appear

From the social standpoint, therefore, the weak spot in industrial pensions is their application to a comparatively small proportion of the working population. What appears to be needed, however impractical it may appear at the moment, is some system of transferable credit for service, whereby at his retirement a worker may become eligible to a pension earned by service in perhaps several establishments An approach to such a system is evident in certain contributory plans underwritten by certain insurance companies

A very small proportion of employers of labor are now providing pensions, and any reciprocal plan is dependent upon a very general adherence to the pension principle It is difficult to conceive of any such widespread adoption of pension plans without some form of compulsion It will be with great interest that we will watch for the report of our present New York Commissioner on Old Age Security

Now what are we going to do about all this changing economic and social unrest? Is there anything the medical profession can do in the way of rendering human service?

I think there is Your House of Delegates at their last meeting designated a Committee on Periodic Health Examinations to study the health examination, to popularize it, and to conduct a campaign among both the physicians and the people of the state

The members of the Periodic Health Examination Committee feel that the health examination will save life, it will decrease suffering, it will postpone deterioration, it will increase health, happiness, and efficiency They believe that these great and desirable benefits should be gained by every man, woman and child in the entire state. They believe, further, that the leaders in the movement should be the physicians of the state, the men who know about health, who know about disease, and who by their daily service to the sick and suffering, have gained the confidence, love and admiration of the people of the state. They believe that it is these physicians who must give this message and bring these benefits as a further pledge of their devotion, energy and wisdom

This is a continuing campaign It will take years to put it over, but with diligence, service and energy the medical profession will get as near as possible to its objective—"Every man, woman and child in New York State to get the benefit of the Health Examination"

THE MEDICAL HISTORY OF PALESTINE*

By LA RUE COLEGROVE, M D, F.A.C S, ELMIRA, N Y

INASMUCH as the program you are having today is essentially scientific, I shall digress and ask you to accompany me on a short trip to the Holy Land, and see what the history of medicine there has been and what our colleagues are doing there today, a land which has had so much to do in shaping the destiny of man, and which is now very much in the public eye.

It is only recently that the United States has been officially represented there, having a Consul-General, Paul Knabenshue, in Jerusalem There are more American citizens there to-day than in any other part of the Orient Jerusalem has a strong attraction for Americans as evinced by the great number of tourists visiting there annually, and, by the important contributions made by Americans to the various religious, educational and charitable institutions established there

Very little can be found in medical literature touching the early history of medicine in the Holy Land Practically nothing could be found upon it in our libraries or in the library of the British Medical Association or in the library of the British Museum

But while browsing around in one of the bookstores in London, I came across a book entitled "A Galilee Doctor" and it proved to be the key to what I had been looking for It was, in fact, the full history of the first Englishman who went there to practice medicine He was a young physician, Dr T M Torrance, a graduate of Edinburgh University, and he went to Tiberias on the Sea of Galilee in 1884 as a Medical Missionary representing the Edinburgh Medical Society, and was the first Christian physician to walk in the footsteps of our Master round the Galilean Lake And furthermore he gave up a most promising career to do so

I know of no life more consecrated to service and to the alleviation of the suffering of mankind than was his, and which was attended by much privation and hardship The obstacles which confronted him amidst those primitive people, mostly of Jewish and Moslem faith, would have been unsurmountable to one of less courage. Racial and religious fanaticism was very strong The people were ignorant, degraded, and superstitious Christians they hated as their oppressors, and as those who had made their lives a misery

Dirt and vermin were rampant everywhere,

* Read before the Sixth District Branch of the Medical Society of the State of New York, at Cortland, N Y, September 27, 1929

Even to-day the fleas in Tiberias are known as the "king of the fleas" The people had not the slightest knowledge of sanitation and all kinds of animal and vegetable matter were allowed to lie and rot in the streets Polluted water was constantly being used with the natural result that the incidence of typhoid, typhus, dysentery, cholera, and infantile mortality was very high

Dr Torrance first applied himself to the study of the Arabic language which was the common language of the country And at the same time he had to gain the confidence of these poor, ignorant, bigoted people, and to make them feel that he was their friend and was there to help them rather than to oppress them

The Turkish Government opposed him in every way This despotic Government which had been in control of Palestine for over four centuries had no other interest in these people than to collect taxes on every conceivable thing, and to keep them in abject poverty and ignorance They naturally looked with suspicion on any one who wanted to help and raise them up

But conscientious painstaking work tells, and it was a happy day for the doctor when in 1894 just 10 years after taking up the work, the dream of his life was realized when he saw his hospital of 24 beds and 6 cots completed At the formal opening there was the Governor representing the Turkish Government, the Grand Mufti, the religious head of the Moslem, Greek Catholic Priests, and distinguished Jews, all sitting together, an assemblage no one would have thought possible a few years before

To-day the United Free Church of Scotland, which is the name of the hospital, is under the management of his son Dr H Torrance, it has some 70 beds and is an up-to-date hospital in every respect Connected with the hospital is a voluntary Dispensary which had an attendance last year of 8,653 patients This was the first and is yet the only Christian hospital in the province of Galilee to-day

Recently it was my pleasure to have met Dr Percy Wheeler of London on a steamer at Alexandria, who went to Jerusalem as a Medical Missionary in 1885 representing the English Mission Society, remaining there 25 years His story of his work there with those primitive people was very interesting

At that time there were only two or three small hospitals, several hospices, and more so-called "homes" The water supply was dependent entirely upon rain water, and a sufficient supply had to be collected during the rainy season and stored in cisterns, there being over 5,000 of them in Jerusalem alone, to bridge over the dry summer months when there was no rain One could readily see that unless proper precautions were taken in keeping these cisterns from contamination, epidemics would result Epidemics of typhoid and dysentery were frequent, and at times one-quarter of the entire population was affected

From very ancient times Jerusalem has had some sort of a sewer system, but a very inadequate one, not one house in fifty being connected to it The narrow, crooked, climbing alleys, or so-called streets, were simply cess-pools An Oriental notion of a street would appear to have been a receptacle for whatever was useless Dogs were the official street scavengers, being turned loose in the street at night for that purpose

The inhabitants then as to-day, represented every race and nationality upon the face of the earth The poverty, dirt, and privation, insufficient clothing, ill-ventilated houses, and pale anemic faces told too plainly the tale of want and misery

Jerusalem naturally should be one of the healthiest cities in the world, situated as it is in about the same latitude as Southern California, and on the sunny side of two high mountain peaks, Mt Moriah and Mt. Zion, 2,500 feet above sea-level, and on both sides are deep valleys, the Valley of Jehoshaphat on the east and the Valley of Hinnon on the west, which meet on the south just below the southern wall of the city The undulating character of the land made drainage very easy But no city in the world has been subjected to more pestilence, plague and disease On several occasions it has been nearly depopulated

Let us look upon Jerusalem as you will see it to-day under British Mandate since 1917 when the British under General Allenby drove the Turks out of Palestine, thus putting an end to their control in the Holy Land where they had ruled with a cruel hand for over four centuries

Jerusalem to-day is as clean as the average American city Notwithstanding the poverty which one sees on every side, there is practically no begging, while but a few years ago begging in Jerusalem was an art The water supply is greater than it has been at any time in its history, under Solomon or Herod They now boast of four supplies, the largest is from Solomon's Pool about 14 miles south of the city During Solomon's time he built a reservoir out of the solid rock, but it was not utilized until our Master's time when Herod brought the water to Jerusalem by way of a stone aqueduct Some of this may be seen to-day on the way to Bethlehem, six miles south of Jerusalem The British have repaired this system after it was out of use for 1,100 years As the fall is only about a foot per mile from the pool to the city other sources had to be found A very interesting source was found They utilized one built by Pontius Pilate some 1,900 years ago several miles south of the city He never brought the water to the city as he contemplated Inasmuch in its construction he used the Temple money, the Jews sent a delegation to Rome and had him removed The Turks talked about using this system for over 400 years, but within four

months after the war, General Allenby was bringing water to the city through this system Two other small sources have been utilized, but they do not solve the problem, for they do not supply two gallons per capita, and not twenty per cent of the houses are connected with the system

Great progress has been made in improving the sanitary conditions A street cleaning system has been inaugurated and all the shops or so-called stores must be whitewashed yearly A garbage system is in use and garbage cans are being used

The fly and mosquito nuisance is gradually being overcome, thus reducing the incidence of malaria and other infections

Trachoma treatment is given regularly in all public schools, and all teachers and pupils are periodically inoculated against typhoid Vaccination against smallpox is compulsory

The lepers have been segregated, hence you will not see them around the Jaffa Gate as of old, showing their fingerless hands and asking alms

Palestine no larger than the State of Vermont has an estimated population of about 800,000, which does not include the nomadic Bedouin population estimated at 105,000 It has 634 registered physicians, 104 being women, 160 pharmacists, 183 dentists, and 221 trained and licensed midwives

There are something like 31 Child Welfare Centers, 20 of which are Jewish, 7 Government, and 4 conducted for Arab children supported by voluntary contributions

Government laboratories are established throughout the country where thousands of bacteriological and chemical examinations are made, also where all their prophylactic and curative vaccines are manufactured

No city in the world is so thoroughly hospitalized as Jerusalem, 814 bed strength or 165 beds per 10,000 population.

At the last International Hospital Congress held in June of this year at Atlantic City it was stated that the white race needed from 50 to 80 beds per 10,000 population The U S stands sixth in the list with 74 5

All the Hospitals in Jerusalem and throughout Palestine except private ones draw their expenses from the country or mission establishing them The Jewish Hospitals head the list. Their great International Hadassah Association pours millions of dollars yearly into that country for their hospital support

One of the finest hospitals in Jerusalem is the Rothschild built by the Rothschild family of Paris and supported by the Hadassah Association It has a bed capacity of 125, a special building for their bacteriological, chemical, and pathological laboratories, an up-to-date x-ray institute and its own electric installation for light and therapeutical purposes Connected with it as with all the hospitals, is a dispensary and clinic Last year they had a total attendance of 124,523 patients, of whom 26,000 were new patients

The French Hospital is the largest with 150 beds It is beautiful with all modern improvements 34,000 were treated in its out-patient department last year

The Italian Hospital of 60 beds was built by the Italian Government by the balance obtained from the Boxer Indemnity above the losses sustained by Italians

English Mission Hospital of 70 beds founded in 1898 by the London Jewish Society, has had a training school for nurses since 1920 156 nurses have been trained and registered

German Hospital, one of the oldest in Jerusalem, started in 1851, is supported by the Deaconesses of Kaiserwerth, Germany Has 60 beds and is soon to be enlarged

Leper Hospital founded by the International Moravian Society, has 60 beds, and treated 67 cases during the past year

The Ophthalmic Hospital, founded and supported by the Order of St John, an English Society, lineal descendants of the Crusaders, does a tremendous amount of good 87,000 patients applied last year for the relief of some form of eye trouble Blindness is one of the common afflictions of the people of Palestine Neglect and ignorance, dirt, and the plague of crawling flies spread the germs of disease from eye to eye and the people submit to it with pathetic and irritating fatalism

The Government has established throughout Palestine numerous Ophthalmic Clinics Last year nearly one-eighth of the entire population applied for treatment for some form of eye trouble

There are several general and infectious hospitals under government control, all having outpatient departments where thousands receive free treatment.

All the Hospitals are well staffed with specialists in each department, all modern appliances, and nurses trained and registered

Notwithstanding all that medical science has done and the great improvement by the English in improving the sanitary conditions, the incidence of typhoid, typhus, dysentery, cholera, malaria, and infantile mortality is very high Last year the death rate was 28 plus per 1,000 and over 200 in children under one year of age

It is a difficult proposition to instil into these people who have lived in such primitive condition for centuries, modern methods of living Where superstition has always played such an important role, they seem actually to believe that dirt is essential to health The people within the wall have changed but little in their manner of living, their dress, customs, habits, and their little shops or stores, from their ancestors who were there during our Master's time nearly 2,000 years ago

N Y State J M
December 1 1929

SYMPTOMATIC ENDOCRINE THERAPY FOR INSANITY

By SIEGFRIED BLOCK, A.M, M D, F A C P, BROOKLYN, N Y

MANY papers have been written on insanity caused by the hormonic workings of endocrines Nothing that is entirely new is offered here, but rather a substantiation of the multitudinous experiences of other observers The endocrines were used to combat symptoms of the mental conditions regardless of the diagnoses, thereby differing somewhat from former therapy The following cases are noteworthy —

M C Referred by Dr G Wolff The patient was a girl of 19 years, diagnosed as a typical dementia praecox of the paranoid type She was acting as a counsellor at a summer camp Suddenly, she developed ideas of persecution One evening the camp was startled by a voice exclaiming, "The black man was after me!" The patient had hallucinations, both auditory and visual, mistaking the camp nurse for a bewitched woman She became overactive physically She ran about and had to be restrained, soiled her clothes, refused food, and laughed and cried alternately The following day she played with her feces and attempted to eat them

The patient was kept under full restraint When gr 1/15 of hyoscine was given, she became temporarily quiescent, but no genuine improvement was noticed until pituitary and adrenaline were prescribed Then her blood pressure which had been low, became higher As the pulse became slower, thyroid, gr 1, was given three times daily Menstruation ceased for two months, and thereupon ovarian extract, gr 5, was ordered These endocrines were manipulated so that luminal and bromides were administered when she became too agitated from the thyroid A complete recovery has resulted in this case

L C Referred by Dr A Roth The patient, a male 30 years of age, a teacher of drawing in a secondary school, developed a typical paranoid praecox He had delusions of persecution, mistaken identity, loss of orientation as to time, place and person He refused food, could not be forced out of bed, was assaultive and very negative, he prated about his sex life and imaginary loves He claimed to have been hypnotized by people who used this means to pick his purse

Medication consisted in large measure of ovarian extract and pituitary gland When he became very voluble or assaultive, large doses of pituitary and ovarian extract were administered, in addition to subcutaneous injections of hyoscine, gr 1/400

All treatment seemed without influence until the ovarian extract was administered Complete recovery has now resulted in this case.

B D Referred by Dr J Broun The patient in this case is an artist, 27 years old, the only daughter in a family of seven sons Subsequent to a sexual episode the girl had come to New York from Washington She developed a series of wild hallucinations and delusions with a phobia for men She masturbated continuously She was put under complete restraint and tube fed Testacoids were administered in tablet form three times daily, and in addition a nocturnal dose of canabis indica, gr 2 Under this therapy her first menstruation was a profuse hemorrhage Anemia developed, and this was treated with iron arsenic and pituitary (posterior lobe), gr 2, three times a day

Gradually her emotionalism subsided. She has been restored to her family in Washington, and for the past six months is apparently well

H W Referred by Dr Wranna This case is one of a single girl, 25 years old, who two summers ago engaged in a festival amour Last summer she prevailed upon her parents to visit her haunts of the previous year Her lover was not there! Day after day she sat on the same rock, crying Her family, unaware of the love affair, was at a loss to interpret her actions Gradually she became more depressed She cared little for food. Anemia soon followed Her condition grew worse She masturbated continuously, used vile language, and attempted suicide by gas

The case was diagnosed as one of manic depressive insanity Treatment was rendered at home, and consisted of testacoids and testicular extract, gr 1/10, plus high colonic irrigations A strict vigilance was kept to correct the masturbation The blood pressure was 120 systolic and 90 diastolic, but the pulse varied from 58 to 65 To increase the pulse rate, thyroid was increased from gr 1, three times daily, to gr 2, without increasing the frequency of the dosage

Although the testicular extract is still being continued, the girl seems to be restored to normal and apparently has made a complete recovery

H O Referred by Dr G Smith The patient in this case was a male, 14 years of age, who weighed about 208 pounds and was 5 feet, 11 inches in height. He was a well-developed boy of exceptional muscularity, a dancer, eloquent—in short, he might be called a "Beau Brummell" had he been ten years older The lad was ever boastful of the num-

ber of girls with whom he had indulged in sexual intercourse

He was brought to the notice of the writer because he had been arrested charged with having raped a girl of six It was noted that in his cell he acted peculiarly On examination it was manifest that, in addition to an exaggerated ego, he had an overabundance of sexual desire. He had a history of recklessness that went far beyond the goal posts of sanity Then followed a period when he refused food He occupied himself with incessant talking, this steady stream kept up until he was so hoarse that it was difficult to understand what he was saying He was never rough or rude, always of unusual sweetness

This case received paraldehyde, oz ½ On the following day he was given 1/100 of hyoscine, three times, hypodermically He slept most of the time. When he was permitted to come out of the influence of the hyoscine, his symptoms seemed better, he was less agitated. However, he did not seem to make any marked strides in a week At the end of seven days he was given ovarian extract, gr 5, and whole pituitary gland, gr 5, three times daily Almost as if by magic, improvement was noted.

The rape case had been thrown out on the grounds that the boy was a case of diapituitarism, plus a gonadel disturbance For the past two years he has been getting whole pituitary gland, gr 2, in addition to ovarian, gr 2, three times daily He now attends a military academy, and seems to be normal

G A. Referred by a nurse The patient is a female, who, at the age of 37, had never been pregnant. She made the following statements "I am a man of 37," and, again, "It's not so easy now," later, "I am independent of you" At times she was the victim of visual hallucinations, seeing men, women, boys, and girls moving in circles Her past history was negative with the exception of an operation for a fibroid and chronic appendicitis, one and a half years previous Two months subsequent to the operation she became moody In an endeavor to ameliorate her mental condition, she took a position, and submerged herself in the work As salesgirl she fell into difficulties with the manager At the examination she declared that "He tried to hypnotize me, control me and upset me physically, I would not lose my head—walk to him. Whenever I entered the store I feared him" Later, she declared, "I am self-conscious, entirely devoid of outside interests There is a man inside of me who talks continuously; when I attempt to do something, he says [illegible]"

She had tremors, tachycardia, was neurotic, and had lost 22 pounds Her pulse rate on first examination was 140 and her weight 122 pounds

Treatment was as follows —Thyroid extract, gr. 1/50, three times a day, ovarian extract, gr 10, three times a day Although her symptoms pointed to insanity of the dementia praecox type, it seemed that the hormonic unbalance of the thyroid and gonads was particularly at fault.

The patient returned after two weeks On second examination she weighed 132 pounds and had a pulse rate of 74 The next examination showed an additional gain of five pounds in weight and a still lowered pulse

At present the hallucinations are much less marked She is still under treatment

B R Referred by Dr Herman Patient a female, aged 38 years She had suffered considerable loss of weight. The blood pressure was 90 systolic and 60 diastolic, with a pulse of 140 She stated that she had developed an antipathy towards her husband which she could not well explain All that could be gleaned was that she was sentitive to his body odors, his lack of cleanliness, sexual perversions, etc She confessed to being well treated by him The patient is the mother of four sons and one daughter Strangely enough she holds a hatred for the boys similar to the hostility toward their father, but she is an over-zealous worshipper of the daughter A constant depression rests on her Physical signs of the menopause have been manifest since the birth of the girl Two attempts at suicide were made, both by gas

Treatment consisted of ovarian, gr 5, every 4 hours, whole pituitary, gr. 5, three times a day, luminal, gr 3, at night.

She is wonderfully improved and her attitude toward her husband has changed to one of genuine affection She is still under treatment.

F F. Referred by Dr T Fisher This case was diagnosed as involution melancholia. The patient is a woman, aged 49 years, whose case started as an increasing depression, for which she was given thyroid and ovarian extract. A number of times in the course of the therapy symptoms of hyperthyroidism were manifest. She was treated with chloral, gr 5, three times daily, and given saline cathartics Potassium iodide, gr 20, was administered for arteriosclerosis

Not only has the progress of this condition been arrested, but the patient is greatly improved. She is still under treatment.

R. B Referred by Dr Charles Fisher. The patient, a female, 25 years of age, a stenographer by occupation, awoke one night cry-

ing that she was tired of being respectable She cursed all men and said that she had a dream in which she was informed that it was foolish to be good That stealing, murder, and crime was the only life that paid She refused to go to work the following morning, bleached her hair, painted her face with an overdose of rouge, and lay on the bed and cried all the rest of the day until she fell asleep The next day she did not get out of bed at all At this time she began to menstruate much more profusely than ever before She gradually became more and more depressed, soiled the bed, and refused practically all food She talked very little Soon catatonic phenomena developed She came into our hands about two weeks after the onset The diagnosis was catatonic dementia praecox The parents refused to send her to a sanitarium, so she was treated at home Forced feeding, cold and hot baths, massage, and thyroid extract, gr 1, with one grain of orchitic extract, three times a day, was administered The improvement was quite rapid, and in four weeks she was apparently well again She has gone into training in one of our large hospitals and seems to be quite normal

It is now three years since she was first seen, and although she has been examined occasionally, no trace of her former mental condition is noticeable Many catatonic praecoxes clear up, but the rapidity of recovery, the absolute lack of neurotic taint noticeable after the cure, and the onset of the menorrhagia, together with the mental state of sexual excitement, forced us to believe that the orchitic extract played a large part in the result obtained

E N Referred by Dr S L Green The patient in this case was a young married woman of 22 years, whose child had died three days after birth, from an infection She became depressed, excited, and had delusions of persecution She began to talk about her husband, and many times said she hated him and wished him far away She contended that he impregnated her and then killed the baby After a few weeks she became quite mute. All men were looked upon as evil, and she would not remain in their presence A case of dementia praecox with delusional trends, based on an antipathy for the opposite sex, seemed at hand We could not get this girl to take any medicine, therefore ovarian extract, gr 3, each day was injected hypodermatically The idea was to arouse her own female hormones to get her more "effeminate," as we term it No improvement was noted for several weeks, but at the end of five months the whole condition had changed The medication was continued for a year Now she has another baby She is a dutiful wife and gives one the impression that she loves her husband and his family very sincerely

We have had similar experiences in "boosting" a male or a female hormone The results in many cases involving neurotic disturbances of puberty, including some of the psychogenic sexual disorders, are worthy of note

This resumé of a few cases is given for the sole purpose of emphasizing the fact that too much psychotherapy without drugs is being used That all mental conditions must have some sort of a physico-chemical basis That we do not thoroughly understand this at present But we do recognize that certain glandular hormones have known characteristics Why not make more use of what we know of these biochemical facts? We believe that a combination of all forms of medical treatment is in order, and that none should be excluded

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THE GOLDEN AGE IN PUBLIC HEALTH WORK*

By WILLIAM A. GROAT, M D, SYRACUSE, N Y

AS a part of a plan for discussion of Public Relations and Public Health problems at this session, I have been asked to give a brief survey of the developments in Syracuse, a typical upstate city, and in Onondaga County, one of the largest counties of the State of New York, and of which Syracuse is the urban center

On January 16, 1894, the Syracuse Academy of Medicine was founded with Dr H D Didama, Dean of the College of Medicine, as its first President. Article I, Section 2, of the Constitution adopted at that time and which still stands, reads as follows

"The objects of this Academy shall be

"First—The Cultivation and the advancement of the Science and Art of Medicine.

"Second—The promotion of public health

"Third—The maintenance of the honor, character and the interests of the Medical Profession"

One of the first public health duties of the Academy was to finish the long campaign of our medical organizations for a better city water supply Those of you familiar with public health

* Read at the meeting of the Fifth District Branch at Watertown, N Y, on October 17, 1929

activities of that period know how directly the members of the medical profession were concerned in them. No others seemed interested This direct public health influence of the local medical profession through its organized body continued through the years, and, in 1911, under the administration of Mayor Schoeneck, the Mayor, upon the suggestion of influential members of the medical profession, appointed an Advisory Committee to the Mayor in public health matters This committee comprised the leading members of the profession of that day, notably Dr John L Heffron, Henry L Elsner, Nathan Jacobson, John VanDuyn, B W Sherwood, A C Mercer, and several others of lesser fame but equal interest This committee, an entirely new idea at the time, was an informal one without legal standing, but was frequently consulted, and, over a period of years, helped to guide the public health destinies of the city

In 1917 during the administration of Mayor Walter Stone, the public health administration of the city was still through a bureau of the Department of Public Safety according to the White charter which had been adopted in 1906 Dr David M Totman was then health officer, or Bureau chief, under the direction of the Commissioner of Public Safety Dr Totman first entered Public Health work in 1906 on a part time salary devoted his life to public health work as a citizen, a student, a man of culture and enterprise, of most ingratiating manner and delightful personality Some of his assistants and the medical profession in general chafed under the restraint of being but a Bureau Dr Totman, however, smoothed the difficulties and maintained his positive relations with the Academy of Medicine It is noteworthy that during the first period of his activities, from 1906 to 1913, an unusual number of papers on public health topics were presented and the public health committee was active in campaigns for the protection of the shores of Skaneateles Lake, meat inspection, clean milk, and typhoid fever control. During an extensive scarlet fever epidemic, through the voluntary aid of the doctors of Syracuse, led by action of the Academy of Medicine, every school, every factory and every store in the City of Syracuse was surveyed by members of the Academy and all occupants or employees inspected Talks on prevention of infection were given by members of the Society in designated places Many undiscovered mild cases of scarlet fever were brought to light and the epidemic quickly closed Dr Totman was succeeded by Dr F W Sears who, in turn, resigned to continue as District State Health Officer for the State Department of Health.

In 1919, however, the tension between the Bureau of Health and the Commissioner of Public Safety became so tense that some resignations followed, and the Advisory Committee to the Mayor performed able service in helping Dr Totman, who had returned to office, through a trying period As a result of the controversies which arose at this time, in 1920, with the help of the Mayor as advised by his informal Advisory Committee, still an active coordinating agency, and the valuable services of the Corporation Counsel at that time, Mr Edmund H Lewis, the city charter was amended, creating a Department of Health, headed by a Commissioner The amendments also made the unique provision for an official body known as the Advisory Committee to the Mayor in public health matters This committee of five the charter provides is appointed by the Mayor from a panel of fifteen names nominated annually by the Academy of Medicine

The first Commissioner of Health was Dr Henry A MacGruer, Major M C, just returned from overseas where he had been in charge of skin and venereal disease in combat troops of the American Army under the direction of Dr Hugh Young, Col M C Dr MacGruer organized the department as it is today and administered it successfully sacrificing, as did his predecessors, his private practice

Following Dr MacGruer, Dr O W H Mitchell was appointed Commissioner of Health under Mayor Walrath Dr Mitchell resigned after a short period of service because of ill health but continued in an advisory capacity He was then and still is Professor of Bacteriology, Hygiene and Sanitation in the College of Medicine and is at the present time Director of Public Health Service for the entire University and a member of the Public Relations Committee of the Medical Society of the State of New York

He was succeeded by Dr Thomas P Farmer Again we find a medical practitioner serving the city Dr Farmer later resigned but continues his public health activities as Chairman of the Committee on Public Health and Medical Education of the Medical Society of the State of New York.

During Dr Farmer's administration, on invitation of the Board of Estimates and Apportionment and the Common Council, the two bodies representing the city officially, the medical profession and various civic lay bodies too numerous to mention, the Milbank Foundation chose Syracuse as a city where it would place one of its demonstrations Syracuse had a reputation prior to the organization of the Syracuse Health Demonstration as being above the average for cities of its size both in health activity and health expenditures These facts were recognized by the Milbank Fund and were a predominating influence causing the selection of Syracuse for their demonstration

Following the resignation of Dr Farmer, Dr Herman G Weiskotten, Dean of the College of Medicine, was appointed Commissioner of Health Again we find a man making personal sacrifice to accept an official position through his sense of duty as a member of the medical profession.

Since his resignation, Dr Weiskotten continues as Dean of the College of Medicine and has been a member of the Committee on Public Health and Medical Education of the Medical Society of the State of New York During Dr Weiskotten's administration the profession, particularly the Pediatric Club, chafed under what seemed to them to be an invasion of private practice by public health activities The Academy of Medicine appointed October 18, 1927, a special committee for the study of cooperative relationship between the medical profession in Syracuse, as represented by the Syracuse Academy of Medicine, and the health and welfare agencies both public and private In December, 1928, following preliminary reports in which it appeared that matters under discussion were being ironed out, it rendered its final report In this report the Committee called the attention of the Academy to the progress which had been made, pointed out the confusion in the minds of the profession as to responsibility for certain errors and deficiencies and invasion of the field of medicine, and asked them to inform themselves concerning these differences They recommended that eleemosynary institutions establish efficient social service departments to control the deplorable tendency to measure the value of clinics and surveys by volume rather than by quality, and halt the extension of gratuitous service to those not requiring it thereby undermining self respect, and serving only to protect the criminal, predatory class It was the opinion of this committee that so-called lay welfare organizations had a distinct place and a firm duty and that their efforts along proper lines should be welcomed It stated as its belief that such agencies should recognize the leadership of organized medicine, arouse public interest and assist medical science in its further efforts This special committee's report went on to say that the public relations of the medical profession through the Academy of Medicine had come to be an important matter and, realizing the enormity of the problem, that it is a continuous one, a matter which the individual cannot well handle, but which is, nevertheless, of great importance, recommended that there be a standing committee of the Academy of Medicine to be known as the Public Relations Committee whose duties be to take up matters referred to it by the Academy and to initiate such action as it deems necessary within the scope of the public relations of the Academy of Medicine The committee offered amendments to the Constitution to that effect, which were adopted

On June 27, 1928, the Advisory Committee on Public Health, which had been most active throughout the winter, learned from the daily papers that Commissioner Weiskotten had resigned and that the Mayor had appointed Dr Ruhland as Commissioner of Health, the exchange to take place August 1st That afternoon all members of the Advisory Committee resigned In their report to the Academy at a special meeting three days later, the committee gave the reasons for their summary action It called attention to the fact that the charter of the City of Syracuse provides that the Mayor appoint such a committee and the committee as appointed had resigned at this time because the important association and proper relationship as provided and intended by the city charter had been disrupted by the action of the Mayor Outside advice was being taken without consultation with his official advisors That the committee favored a full time Commissioner of Health, the Academy having advised it, coupled with adequate remuneration for the establishment of a department in 1920, was stated That their action in no way involved Dr Ruhland, a member of the Academy, was made clear The report, in full, appeared in the daily press and was well received At the special meeting at which this report was offered and accepted, a committee of fifteen of the Academy of Medicine was appointed to investigate the situation, and the Onondaga County Medical Society a few days later appointed the same committee to represent it This committee, of which Dr O W H Mitchell was Chairman, studied the situation for a period of six months and accumulated a vast amount of material related to the questions involved It presented its report reaching the following conclusions

1 Contributions from voluntary organizations and funds for public health work are to be encouraged

2 The original plan proposed in the bulletins of the Milbank Fund for conducting the Syracuse Health Demonstration, if strictly adhered to, presumably would be satisfactory to all concerned

3 A voluntary agency cooperating with a government agency should adhere to a policy which will keep the activities of each separate and distinct.

4 Full time government employees should devote their entire time to government duties and receive their salaries through government channels only, and be responsible to the government alone

5 Persons who are non-residents should not be employed for government duties except when local personnel of suitable qualifications are not available

6 For many years the closest cooperation existed between health officials and physicians For the past five years such close relationship has not existed This accounts for some of the misunderstandings which have arisen.

7 The physicians of Syracuse are and have been for many years in favor of a full time Commissioner of Health

It recommended to the Onondaga County Medical Society and the Syracuse Academy of Medi-

cine that the Constitution and By-Laws of each provide for a standing committee to be known as a Public Relations Committee It is suggested that the personnel of these committees be the same in each society

The recommendations regarding the appointment of Public Relations Committees were adopted

Dr George H Ruhland was appointed full time Commissioner of Health, taking office on August 1st Dr Ruhland, who had been Deputy Commissioner of Health under Dr Farmer and Dr Weiskotten, is a man thoroughly trained in public health work, and had established himself as a citizen of Syracuse He is a member of the Academy of Medicine, interested in its affairs, frequently consults and asks advice of the Academy The Mayor of the City of Syracuse, following the report of the investigating committee, which committee he had assisted in its work, asking for helpful criticism regardless of where it might fall, on January 19, 1929, accepted the resignations which had laid in his hands since the previous July unacted upon, and appointed a new Advisory Committee from a panel submitted by the Academy of Medicine as the city charter provides This committee is functioning, and while we are still confronted by the general problems of the day which will later be referred to, it seems to most of us that the local situation has been very much clarified

Upon analysis of this brief sketch one can but find that the development of governmental public health work in Syracuse to the level it is at today, has been largely through the public spirited interest and advice of the organized medical profession, and in particular to the personal efforts of a succession of local practitioners, practically all of whom, in an amazing way, have continued their interest in public health work in various ways, many of them rising to positions of greater scope and importance in that field

I believe a survey in almost any other community would show similar relationships and accomplishments

So we find the organized medical profession of Syracuse to have passed through the vicissitudes and to have been confronted by nearly all the problems common to the profession generally We have had some burdens the rest of you have escaped.

The golden age in public health work will come when the medical profession, governmental health departments, welfare agencies and the Entrepreneurs understand and recognize each other in true value and work together This is of course a mere platitude. It is saying that with the millennium there will be peace on earth Let this platitude serve as introduction to what I would say relative to what we as a profession may do to bring about a better understanding, and what we have a right to expect from others to that end

The medical profession is the oldest welfare organization by many centuries Even today all welfare organizations, educational, corrective, and charitable, lean upon medical science for doctrines and on its practitioners for applications to humanity

For many years the entire organization and machinery of state medicine, such as it was, rested on the shoulders of practicing physicians, who alone showed interest.

Governmental health activities however have sound theoretical basis That the state has interest in the health of its citizens is basic governmental principle Medical practice laws are based on this same principle and the right to practice is a privilege conferred by the State So long as these medical practice acts stand, the practice of medicine remains So long as we behave like human beings, practitioners of medicine will be required It is the business of the profession to meet changing conditions, recognize social developmental ideas, and demonstrate its ability to assimilate and to lead So long as we are the source of medical knowledge and progress and the ultimate distributors of the great bounties conferred, our position is secure The day of high sounding phrases, mystery, occultism, empirism and placebos in medicine is passing

As a profession we may feel that the state is invading the practice of medicine It is the business of the organized profession to continue to assist in the proper development of the thing it itself has so largely created, and show wherein ideas of further development invade the sphere of medical practice in such a way as to endanger the health of citizens of the state

For example A rural community needs governmental help for the establishment of laboratories, health centers, and technical assistance in order that the health of the denizens be cared for by practitioners of medicine whom the state itself has declared are alone qualified to treat disease If the state through paternalistic interest gives too much, has nurses or others doing some of the simpler things which doctors do, the practitioner may be lost to the community, and the things which he alone is qualified to do, by training and by law, are left undone and the community suffers The interest of the state is in the health of its citizens Such practices defeat its objects and are contrary to its own laws The profession gains nothing by pointing to its high ideals and noble sacrifices, by talk of the taking of bread from our mouths, and appeals for the good old days of saddlebags, senna, and sentiment. Show how it takes bread from the mouths of the de-

pendents of the sick if they are without full medical care

So far as the Entrepreneurs are concerned, the economic tendency is to get rid of the middleman The public can be educated, convinced, and even sold, as we so often hear, and what these organizations have to sell by their own declaration is a product of medical science Can we not keep in touch with them while they are still in operation, direct them along right lines that they sell only goods of sound character and proved use, and prevent them from making too extravagant promises as to what we, engaged in medical science, can actually do toward elimination of disease? Remember that there are great foundations which spend large sums of money in medical research and public health research in the most scientific and strictly ethical, pure sciential manner

I have often wondered whether we should not be psycho-analyzed as a profession It seems to me we resent most the self laudation and press propaganda of these Entrepreneurs We get unnecessarily upset over the way they point with pride to this or that as though it were their accomplishment instead of largely ours We are particularly disturbed, and not without reason, when they lay claims to the falling tuberculosis rate, whilst our pure science investigators are puzzled to fully account for it, and fear a reversal toward former high death rates

Their methods, too, are necessarily different from ours The physician in going to the laity is bound by custom and professional ethics In his professional presentations he must obey the rules of research, be cautious not to confound theory and speculation with fact, and, in presenting facts, present all of them, and be extremely cautious in drawing dogmatic conclusions He cannot understand the free style of the propagandist, education by publicity, and high pressure salesmanship methods as applied to public health questions by lay writers

Again, lay writers naturally tend, like patients, to grasp the spectacular, the sentimental and the superficial aspects, ignoring the part of true scientific interest and importance The lay mind sees the story, the trained mind the fact Medical publicity by medical organizations is now, though but recently, an accepted fact The magazine *Hygeia,* the A M A broadcasting, radio talks under direction of organized medical bodies in many other large cities are laudable examples

There is much we can accept in these so-called selling methods without sacrifice of principle or danger to the truth There is much we might do to curb the enthusiasm of those lay organizations that would, if left to themselves, promise more than medical science could fulfill We must not, however, take adverse propaganda too seriously The world is full of propaganda for and against anything and everything, navies, cigarettes, sweets, college athletics, and eighteen day diets There is enough released daily to wreck all business, all science, all religion—if it were really a genuinely effective method Now we are beginning to get propaganda against propaganda!

To a certain extent we may watch and wait, but we must be organized In this state, every county society should have a committee on public relations, co-ordinating with the state committee In addition each city at least, each important center, should have some mechanism for the dissemination of sound medical information Every library should be receiving *Hygeia*

In addition to the medical profession and its coadjutors, dentistry, engineering and nursing, there is another class interested in public health work These are organizations which, backed by sufficient funds, seek to advertise the principles, demonstrate the value, organize the administration, and in some instances control public health work They accept the researches of medical science and have no other source for such information, and claim none In their enthusiasm they now and then accept something as the last word in a way that surprises the trained mind They do no research, other than statistical, no charity except experimental, and in general and in brief declare themselves as completely sold with the idea that public health is purchasable, that medical science is sound and their sole mission is to demonstrate the fact, help organize public health work and convince the public everywhere that larger expenditures, better facilities, larger staffs, more nurses, better buildings for public health purposes pay in lives, in efficiency, in happiness and in dollars and cents They would act as representatives, publicists, organizers and selling agents for scientific fact and welfare ideals They are Entrepreneurs, middle men between the producer and the consumer I quote from the 1922 and 1923 bulletins of the Milbank Fund as examples

"This objective, first announced in May, 1922, is being approached, not through the creation of new organizations and machinery, but by the utilization, in line with the precedents of the Fund, of existing official and voluntary agencies In communities selected or to be selected for the work, local participation and initiative, local official and voluntary health and medical leadership are essential"

"It is a demonstration by Syracuse, not on Syracuse"

"It was made clear at this time that the Demonstrations were not to set up additional machinery, but that the Fund anticipated the

accomplishment of its aims through established agencies

"During its existence, the Fund has not undertaken to set up any independent operating agencies but has sought to reach its social objectives by the utilization of existing organizations, official and voluntary, or by the initiation and temporary provision of activities where none exist but are needed In its work, it has attempted to operate with, and contribute through, enterprises soundly established, of strong existing organization and personnel"

"As a result of past experience of the Fund and as an outcome of studies made in 1922, the Board of Directors on April third of that year authorized the support of a plan which would attempt to demonstrate, by cooperation with three typical communities embracing a population of half a million people, whether by intensive application of known health measures the extent of sickness in the United States can be further and materially diminished and mortality rates further and substantially reduced, and whether or not such practical results can be achieved in a relatively short period of time and at a per capita cost which communities will willingly bear"

In closing let me quote from a preliminary article by Dr Ray Lyman Wilbur, President of Stanford University, formerly President of the American Medical Association, as Chairman of the Committee on the Cost of Medical Care, which includes practitioners, public health officials, directors of institutions, economists and eminent citizens

"Medicine has become an applied science in which the art of medicine must rest upon a fact basis or become a comparative failure'

"We live in an economic age, but medicine as an organized profession does not fully realize it"

"Medicine stumbles ahead as a great social factor led by a few far-seeing individuals, prodded by a lot of uplifters, legislators, and enthusiasts, and with a well-developed defense complex against those changes which come to all growing things The practice of medicine can only be fully understood by those who have lived it, and yet, unless the profession bestirs itself, great changes in medicine will take place through the instigation and pressure of outsiders The golden thread of human understanding and of close personal relations between doctor and patient may be left out of the new social fabric which is being woven right under our eyes

"We must face the facts, we must study them to see what they mean, we must guide ourselves by what they tell us, not by traditions and thinking, that belong on the retired list"

MANAGEMENT OF INFECTED ABORTIONS*

By JAMES E KING, M.D, BUFFALO, N Y

INFECTIONS following abortion are much more frequent than infection following labor, the reason being that a large number of early pregnancies are terminated by the abortionist or are induced by the patient herself Spontaneous abortions also are not infrequently infected by procedures to empty the uterus surgically

The pathology and clinical manifestations of infected abortions obviously present much the same picture as is seen in infections following labor at term The infection in both instances is favored by similar conditions The placental surface with its thrombotic veins, and the freshly exposed decidual surface, offer in both the same favorable field for the introduction and spread of bacteria The sepsis of abortion, however, is frequently complicated by the presence of a retained placenta and for this reason the management of the infected abortion presents problems peculiarly its own.

Any rational treatment of infected abortion must be based upon a knowledge of the bacteria commonly found in such infections, their behavior in the tissues, and the pathology they produce The same general principles governing sepsis elsewhere apply to infection of the uterus The uterus, however, is not only particularly suited for the introduction of bacteria but because of its anatomical structure it more readily favors their spread The uterus at all times has an abundant blood supply and a rich lymphatic drainage These both, under the influence of pregnancy, are much increased The placental site becomes a network of sinuses which post partum are filled by thrombi that offer ideal culture material for bacteria In addition to this, the anatomical relationships of the uterus with the loose cellular tissue of the parametrium and the direct tubal communication with the peritoneum, suggests the wide range of pathology that may result from these infections

Equally as important as an understanding of those conditions in the uterus that favor sepsis, is a knowledge of the essential characteristics of the bacteria chiefly concerned At term, in

* Read at the Annual Meeting of the Medical Society of the State of New York at Utica, N Y, June 5, 1929

the great majority of instances, the streptococcus is the only agent with which we have to deal So, too, in abortion, the streptococci predominate as the infecting bacteria but in addition, because of the frequently retained placenta, the saprophytes often play an important role

For the practical purposes of this discussion infected abortions may be classified into the following four groups, based upon the infecting agent and upon whether the abortion is complete or incomplete

First The complete abortion with streptococcus infection

Second The incomplete abortion with streptococcus infection

Third The incomplete abortion with a mixed streptococcus and saprophytic infection

Fourth Incomplete abortion with saprophytic infection alone

This grouping assumes importance because the management of an infected abortion depends upon the group in which the particular case belongs It would seem, therefore, essential first to consider the behavior and peculiarities of the two types of bacteria concerned and to define what particular bearing those characteristics have in determining treatment

The streptococci embrace a large group morphologically the same but which show wide variation in their virulence and predilections Until it is known in how far these characteristics are inherent in the germs themselves and in how far the germs are controlled by factors inherent in the individual, there can be no scientific basis upon which to explain their protean manifestations Practically one comes to recognize their difference in virulence by the clinical evidences One of the outstanding characteristics of the streptococcus is that when implanted upon a favoring surface, it tends at once to invade the living tissues In the uterus the ultimate pathology that may result is varied and often most complicated in its relationships The extent and character of such pathology depend upon the virulence and the methods by which the infection has spread

With the introduction of the streptococci upon a placental surface there are three immediate possibilities The infection may be carried into the uterine muscle where it may remain, to be retarded in its further spread by the round cell infiltration described years ago by Bumm Or, the bacteria may be carried at once by lymphatics to more distant tissues or be emptied directly into the blood stream Finally, the thrombi in the sinuses may be promptly infected and later, by the extension of these septic thrombi, the large veins of the pelvis become involved

It is not pertinent to this discussion to trace from these beginnings the ultimate and complicated pathology that may result It is, however, of the utmost importance to clearly appreciate the one outstanding fact, that at every stage of a streptococcus infection the bacteria are within the living tissue Proof of this completely changed former views upon the treatment of these infections, for it became apparent that any intra-uterine manipulation tended to break down nature's defense and to further disseminate the infection

Compared with the complicated relationships presented by the streptococci, the saprophytes present a simple problem The saprophytes constitute a considerable group that live upon dead organic matter and in the living body produce symptoms through the absorption of the toxins elaborated by their growth These bacteria do not invade living tissue and in that sense are not pathogenic To deal with them clinically it is only necessary to remove the tissue upon which they grow This indication is based upon a sound logic entirely justified by clinical experience In the management, therefore, of infected abortions the physician has two well established principles to guide him non-interference, in the case of the streptococcus, and interference, in the case of saprophytic infection The problem, however, is not as simple as it might appear The varied clinical features associated with abortion may so complicate the indications that the nicest judgment is required

Infected abortions have been classified above under four groups, based upon the type of infection and upon whether the abortion is complete or incomplete Group one comprehends the complete abortions with streptococcus infection Concerning this group there can be no argument or difference of opinion These cases are to be left severely alone Interference here not only can do no good but is capable of doing much harm Group two, the incomplete abortion with streptococcus infection, might be as easily disposed of as group one were it not for the fact that the presence of a retained placenta may give rise to complications requiring relief Severe bleeding is the most common condition demanding attention An incomplete abortion with sepsis accompanied by hemorrhage finds the physician confronted by a real problem Shall he remove the placenta to save the blood required to combat the infection if by so doing he adds the risk of further spreading that infection? With a cervix undilated certainly no attempt to empty the uterus should be made A firm pack to control the bleeding and to promote contractions is the proper procedure With a well dilated cervix, retention of the placenta means

that it still is attached to the wall of the uterus Here a pack may be tried If it fails and hemorrhage persists, one may, as a last resort, most carefully attempt the placental removal by the ovum forceps Under no circumstances should a curet be used The ovum forceps should only be used in the presence of bleeding with a dilated cervix, after all more conservative methods have failed

In group three, the incomplete abortion with mixed infection, a new question presses for answer Shall one follow the indication to remove a decomposing placenta or remain inactive because of the presence of a streptococcus infection? On this question there is difference of opinion There are those who take the position that there is never indication for removing the placenta under such circumstance and there are those less conservative whose procedure is determined by conditions in the individual case It would seem that a decomposing placenta adding its toxin to a patient fighting sepsis can only decrease resistance If, in addition, the placenta is causing undue bleeding a second indication for its removal would be present

Under these circumstances with a sufficiently dilated cervix removal manually or by the ovum forceps may be considered In this group, also, the cervix should not be artificially dilated as the trauma can only spread the sepsis The management of this group requires good judgment based upon experience, and when any interference is undertaken the procedure must be conducted with due regard to a proper technique.

In dealing with group four, the incomplete abortion with saprophytic infection, the problem would seem a simple one, but here too there is a group who contend that these cases should be left to nature Such a policy is inelegantly but expressively characterized as an infection "stinking itself out." There can be no question that simple saprophytic infections do occur and allowing such a case to linger and to treat it expectantly would seem a policy open to grave question It certainly violates surgical principles

The foregoing views are based upon the assumption that, in a given case, one is able to recognize the type of infection present This opens up a broad field for discussion and unfortunately we have no clinical criteria on which we can base an infallible judgment. Theoretically, and to a large extent practically, examination of smears from the cervix give fairly reliable information.

Finding the streptococcus in smears does not, however, determine the virulence The clinical syndrome must also be given due consideration in reaching one's conclusions It is not within the scope of this discussion to elaborate upon the early clinical evidences of infection Such manifestations are complicated and varied in the extreme Initial reaction of chill and high fever may usher in an infection of slight significance while a serious sepsis may early show little reaction It is here that experience is required to evaluate the symptoms and clincal findings and from them to reach a sound judgment as a basis for treatment

A few outstanding indications in the treatment of abortions may here be presented They are generalizations which naturally are subject to modifications required by the individual case

Every abortion should be regarded as a surgical case in the sense that it demands in its management the strictest surgical asepsis

Whenever possible hospital care is wisest and if intervention is required, approved surgical technique of the hospital is demanded

A dirty pack is as potent for infection as a dirty curet.

Every abortion with an admission or suspicion of having been induced should be regarded as infected until proven otherwise

The infected incomplete abortion is the real problem Shall the placenta be removed? If so, when and how?

Indications for removal are hemorrhage, saprophytic infection, and obstruction to drainage Before removal the cervix should be dilated by natural forces The ovum forceps and not curet should be used and utmost gentleness employed

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THE SEE-SAW AS A THERAPEUTIC AGENT IN CEREBRAL ARTERIAL SCLEROSIS

By ARTHUR H TERRY, JR., NEW YORK, N Y

THE idea that the see-saw might be of benefit in cases of poor cerebral circulation, due to narrowing of the lumen of the cerebral arteries, was deduced from the benefits obtained by the Buerger exercises in Arterial Sclerosis of the legs The exercises are briefly described by Buerger in the following manner "The affected limb is elevated with the patient lying in bed, to from 60 degrees or 90 degrees above the horizontal, being allowed to rest upon a support for thirty seconds to three minutes, the period of time being the mini-

mum amount necessary to produce blanching or ischemia As soon as blanching is established, the patient allows the foot to hang down over the edge of the bed for from two to five minutes, until reactionary hyperemia or rubor sets in, the total period of time being about one minute longer than that necessary to establish a good red color The limb is then placed in the horizontal position for about three to five minutes, during which time an electric heating pad or hot-water bag is applied, care being taken to prevent the occurrence of a burn The placing of the limb in these three successive positions constitutes a cycle, the duration of which is usually from six to ten minutes These cycles are repeated over a period of about one hour, some six to seven cycles constituting a seance"

The see-saw consists of two parts, first, an upright post which is properly supported by a base This central post or fulcrum is so

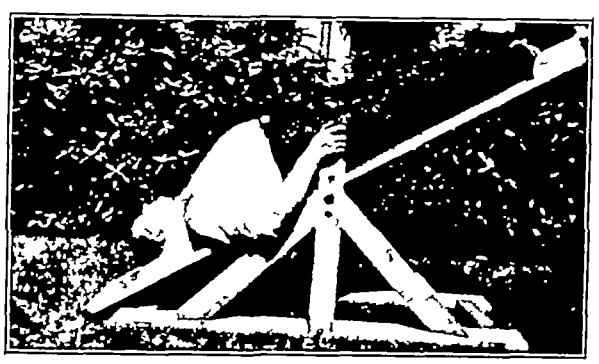


FIGURE 1

notched as to allow different elevations of the board which is suspended upon it It is also so constructed as to act as a handle for the patient who lies upon the see-saw The second part of the see-saw consists of a stout plank about two inches thick, two feet wide and seven feet long This plank has shoulder braces at one end and a foot brace at the other so as to prevent the patient from slipping when the head or feet are in the downward position The plank rests upon the central post, or rather the iron between the two central posts, so that it is practically balanced when the patient is on board It is, therefore, very easy for the patient to lower and raise himself to any angulation desired without any assistance

Exercises are given to the patient in the same way as the Buerger exercises for the legs but at not such extreme angulation

(1) The head is lowered 10 to 15 degrees for about two minutes

(2) The body is on a level for two or three minutes

(3) The head is elevated 10 to 15 degrees for two or three minutes By these treatments

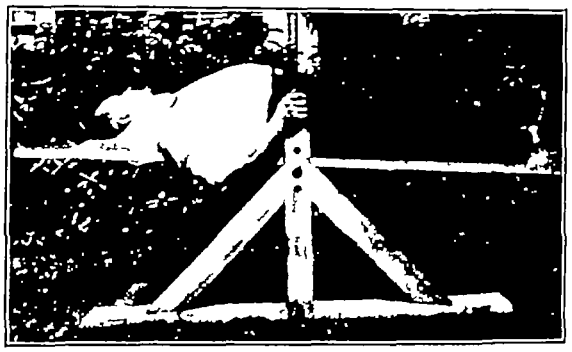


FIGURE 2

the brachial blood pressure is raised 10 to 15 millimeters of mercury when the head is down, and lowered 10 to 15 millimeters of mercury when the head is up

Shortly after each one of the treatments there is frequently an improvement in the cerebral circulation This is manifested in a symtomatic manner by the patient being relieved of a certain amount of confusion and headache and objectively it is noted that the color is improved and the mental condition is improved

One specific case, who was so confused mentally that he was not able to recite a simple ditty, was so improved by these exercises that he could recite the entire poem without hesitation, also, whereas he had previously been unable to attend to his business affairs and unable to sign checks, he was able to resume these tasks

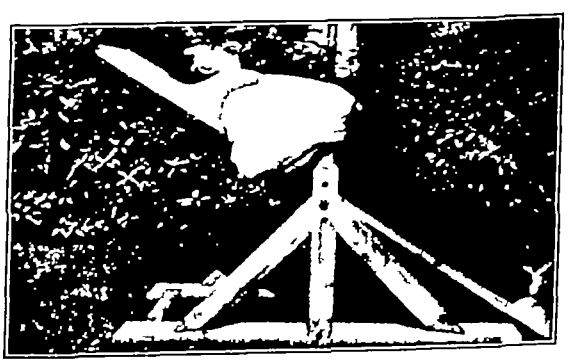


FIGURE 3

CASE OF EARLY GANGRENE DUE TO OXALIC ACID IMMERSION

By MAX GROLNICK, M D., BROOKLYN, N Y

SEVERAL months ago a painter appeared at my office with the symptoms and findings as will follow A search of the recognized texts on Dermatology and Surgery, and of numerous works on Industrial Diseases failed to reveal mention of a similar case I am therefore presenting it.

Mr J G—, single, age 23, born in Russia, by occupation a painter, sought relief for pain and tingling in the fingers of both hands with inability to use same This had come on rather suddenly during the course of his labors On questioning the patient, I learned that he had been scrubbing floors with a solution of oxalic acid This is used by painters as follows One pound of oxalic acid crystals is dissolved in one or one and a half gallons of hot water The floors are first prepared with a varnish remover, and are then scrubbed by means of a hand sponge, hand brush, or steel wool, with the hot oxalic acid solution for the purpose of bleaching the wood The hands of the painter are usually protected by rubber gloves The floors are then ready for receiving the shellac

My patient had been doing this type of work during the past two years at infrequent intervals, and for only a short period of time, in the course of his regular painting jobs However, during the two previous months he had devoted to it as much as twelve to fifteen hours a week Furthermore, he had never adopted the protection of rubber gloves On the day before his visit to my office, soon after one of the above described washings, the patient noticed a drawing pain under the nails of the fingers of both hands Later the fingers became stiff, so that he was able to flex them only with difficulty During night the pain became so severe as to cause insomnia The complaints were more marked in the right hand His past history was unimportant, excepting for an attack of articular rheumatism one year previous, which had resulted in partial ankylosis of the right elbow

Physical examination revealed a well nourished male adult, not acutely ill Pupils reacted to light and accommodation, conjunctival hemic component was good Ears, nose, and throat were negative There was no lead line Blood pressure was 122/60 Heart, lungs, and abdomen were negative

The right hand showed a deep cyanosis from the finger tips to beyond the wrist The color was not uniform, but presented a mottled appearance, with areas of lesser cyanosis The nails were yellow, exhibiting none of the normal pink hue The soft tissues of the hand, particularly the terminal phalanges, were very tense There was only slight ability to flex the fingers The hand felt cold to touch, and sensation was numbed

The left hand gave a mottled appearance of blue and pink, interspersed. The tissues were less tense, sensation was present, and moderate flexion of the fingers was possible

I felt justified in considering the case one of early gangrene, especially of the skin, due to immersion in the caustic oxalic acid solution, the effect probably being similar to that produced by continued local applications of strong phenol solutions I prescribed hot Epsom salt baths, dry heat, and woolen wrappings around the hands The patient appeared on the next day stating that the pain was nearly gone. He was able to move the fingers on the left hand freely, and had about 50% flexion in the fingers of the right hand The latter was less cyanotic, with dispersed patches of pink The color of the nails was returning The tissues were less tense, and the temperature of the skin, though still cool, was warmer than on the previous examination The left hand was now nearly normal in appearance.

Although the patient was urged to return for several follow-up visits, he never made any further appearance I later was able to reach him by telephone, when he told me that he had no discomfort, and had been working again for several days

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THE TREATMENT OF RINGWORM INFECTIONS OF THE HANDS AND FEET*

By FRED WISE, M D, NEW YORK, N Y

SABOURAUD, speaking of ringworm infection of the hands and feet, said that the malady may be readily improved, but slowly cured I am sure that all those who have struggled with the infection in a large number of patients will agree with him in this opinion. In a review of the subject, White and Greenwood pointed out that this common affection of the extremities was known and described by Tilbury Fox as long ago as 1870, again by Pellizari in 1888, and that a comprehensive and detailed description was published by Mouktar in 1892 Since that time a great deal has been learned and published about the disease in its laboratory aspects, but on the therapeutic side, progress has been lamentably slow

* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N Y, June 5, 1929

The difficulties encountered in attempts to cure these eruptions is reflected in the long list of remedies suggested in scores of publications It may be said at once, that the majority of them are at best unsatisfactory, and that their therapeutic action is capricious An occasional patient may do well under a certain remedy, while the next patient, with an eruption practically identical with that of the first, will either not respond at all, or his eruption might even become aggravated under the same treatment Why this class of patients are in the habit of "shopping" among dermatologists, is thus easily explained

The various remedies in common use being known to all, I deliberately refrain from dwelling on their respective merits and attempting to evaluate the different formulas and combinations which are employed with varying success by different dermatologists, but as a certain number of them have been found to be especially useful in combating ringworm eruptions on the extremities, they deserve mention at this juncture Among these are tincture of iodine, the oils of thymol, clove, cinnamon and eucalyptus, solutions of potassium permanganate, silver nitrate and picric acid, salicylic acid, benzoic acid, mercury and mercurochrome solution, resorcin, chrysarobin, pyrogallic acid, sulphur and the various preparations of tar Certain aniline dyes are also being used Eruptions in which many of these remedies fail to do good, will sometimes respond favorably to such a simple procedure as a wet dressing of diluted Burow's solution—a remedy which I frequently employ before attacking the disease with the stronger applications

This brings us to the first point in therapy which I want to emphasize namely, that the treatment of these eruptions should be the treatment of *eczema,* for we are dealing with the various clinical phases of eczema, caused by a parasitic fungus In this connection, it is well to bear in mind the clinical classification of White and Greenwood, who divided the ringworm eruptions into these varieties Macular, vesicular, macerated, hyperkeratotic, papular, and nail infections The experienced therapeutist will employ what he has learned to be the remedy of choice, depending largely upon the diverse clinical manifestations which meet his eye. For example, secondary infection with pus organisms frequently is the deciding factor in the choice of a given medicament, such as ichthyol or ammoniated mercury Whitfield's ointment, in its original strength, might act quite favorably on a circumscribed patch of fresh vesicles on the back of the hand, but of what possible use can it be for a keratoderma of the ball of the foot, consisting of a plate of armor an eighth of an inch thick? Tincture of iodine, solutions of potassium permanganate or of mercurochrome might be of considerable benefit to a macerated interdigital ringworm, but when applied to an eruption on the palms of a man whose entire day is spent in washing dishes in the rear of a restaurant, or on the hands of a woman who scrubs floors most of her waking hours, such remedies are obviously useless To carry the theme further, can we reasonably expect a stenographer in a broker's office, or a seamstress handling fine silks, or a chorus girl in the glare of the footlights, to go to work with such remedies as mercurochrome or tar ointment on her hands? In other words, it is safe to say that every case of ringworm infection of the hands and feet calls for a therapeutic approach conforming not only to the clinical aspects of the eruption as already pointed out, but also to various social and economic conditions, directly referable to the patient's status in different walks of life

The second point I want to emphasize, and a corollary to the first, is my conviction that the main reason for the difficulties encountered in the cure of these eruptions lies largely in the fact that they are not subjected to a sufficiently sustained and prolonged therapeutic attack The large majority of our patients are necessarily ambulant cases In private practice, the men must play golf and the women must play bridge. If the prescribed remedies are kept in contact with the diseased areas during six or eight hours of sleep, the patient considers his work well done. In most cases the disease is practically untreated from eight in the morning until eleven at night

I believe, therefore, that if we are to expect better and quicker results, that we should insist on continuous instead of intermittent use of our remedies In severe cases confinement to the house or to the hospital is almost an essential factor in bringing about a cure Patients in whom the infection has caused partial or complete disability are becoming more and more common, according to published reports, although in my own experience they are rare.

As to actual cures, I agree with Weidman and others that probably fifty per cent of our patients are susceptible to cure without great difficulty, and that the apparent remissions are in reality often re-infections It is quite logical to assume that many patients re-infect themselves from sources identical with the original locus of contamination, such as shoes, bed room slippers and clothing in general, golf clubs, gymnasium paraphernalia, tennis rackets, jock-straps, bathing trunks, bath-mats, the floors of bed-rooms, bath-rooms, locker-rooms, turkish baths and gymnasiums, even door knobs and street-car grips are under suspicion This partial list of possible sources of contamination leads directly to the consideration of prophylaxis, which I may dismiss, it having been thoroughly discussed by previous writers

Another most probable source of re-infection,

especially of the feet, is ringworm infection of the nails I believe, as does C M Williams, that there are many cases in which the nails to the naked eye, present hardly any deviation from the normal, but which nevertheless harbor the ringworm fungus, and from which scrapings containing the organism may often be demonstrated with less time and trouble than is required for positive specimens from the skin itself If this be true, the problem relating to prophylaxis becomes simplified in patients in whom the nails are implicated

My personal experience with most of the remedies mentioned is limited. I have obtained the best results with three of them namely, wet dressings of diluted Liquor Burowii, alcoholic solutions of salicylic acid, and ointments of chrysarobin Contrary to the experience of some of my colleagues, I find wet dressings very useful as a preliminary to the application of desquamative and reducing agents, in the large proportion of eruptions I have yet to see a case in which a wet dressing, applied for twenty-four to forty-eight hours, has acted in any way but favorably It tends to allay itching and tension, relieves congestion, softens the skin and promotes the opening and evacuation of vesicles and bullae. The Burow's solution is diluted with seven to ten parts of water, and is applied with a light gauze dressing, oiled silk or rubber dam should not be used, excepting in the dry, hyperkeratotic cases Following the wet dressing, the routine treatment consists of the application, with a small camel's hair brush, of an alcoholic solution of salicylic acid, varying in strength from twenty to thirty per cent. This solution is painted on the affected areas three times daily, and is repeated until the skin desquamates in large and solid flakes The patient seldom complains of discomfort or pain *

The next step is the application of a modification of Dreuw's chrysarobin ointment, according to the following formula Oleum rusci, 30 minims, chrysarobin, 20 to 30 grains, salicylic acid, 20 to 30 grains, soft soap and anhydrous lanolin, equal parts, q s to make one ounce This provides an ointment of chrysarobin and salicylic acid in strengths of four to six per cent If itching is severe, phenol up to two per cent and menthol up to one-half per cent may be added. In ambulant patients, the ointment is to be applied only at night, to be removed with olive oil in the morning In patients who are confined indoors, the ointment is re-applied in the morning, and left on all day Chrysarobin and salicylic acid may be used in higher proportions in selected cases, Howard Fox reported good results with ointments containing twenty per cent of chrysarobin.** In general, this mode of treatment, and the indications for its discontinuance, are practically the same as those applying to its use in patches of psoriasis

In patients with eruptions on the hands (scaling and vesicular trichophytids), to whom I have referred, who are unable to use unsightly preparations, I content myself with the use of a ten to fifteen per cent alcoholic solution of salicylic acid, to be applied three times daily This does not interfere with their work and certainly tends to keep the disease-process in abeyance Should severe inflammatory reactions supervene, recourse may again be had to the wet dressings, in other words, the logical treatment for eczema is followed through when indicated Quite recently I have been experimenting with a modification of Whitfield's ointment made up in a greaseless cream instead of a fatty base. It may be rubbed on the hands several times a day without interfering with the patient's work, and will not stain materials with which it comes in contact, not enough time has elapsed to justify an opinion as to the value of such a combination, but it might prove useful in certain cases

Whitfield's ointment is used with more or less success by many dermatologists, more especially in this country and in Great Britain I have found a modified Whitfield's ointment to be beneficial in severe and chronic eruptions and sometimes curative in the milder cases Whitfield's original formula consisted of 25 grains of benzoic acid, 15 grains of salicylic acid, 2 drams of soft paraffin, and cocoanut oil q s to make one ounce. Whitfield subsequently recommended a formula to be used during the day, consisting of 1½ drams of benzoic acid, 1 dram of salicylic acid, 1 ounce of acetone, and diluted alcohol, q s to make 4 ounces The strength of the two acids should be varied to conform to the type of eruption and the degree of inflammatory reaction I have obtained good results with a combination of 2 per cent. thymol, 6 per cent. benzoic acid and 12 per cent. salicylic acid, incorporated in a base of equal parts of lanolin and vaselin, these percentages being raised or lowered to fit the case The outstanding advantage of such combinations is that they do not cause unsightly staining of the hands

Recurrences on the feet may be prevented by the daily application of either 2 per cent solution of mercurochrome, or half-strength tincture of iodine The patient is instructed to wear paper slippers which are discarded and burned immediately after use. To prevent recurrences on the hands and at the same time to avoid excessive staining of the skin, a half-strength of Whitfield's acetone formula, cited above, should be applied three times daily Old gloves should be destroyed A mild antiseptic ointment should be

* I am indebted to Dr D L. Satenstein for his suggestions regarding the use of the salicylic acid solutions.

** Chrysarobin varies in strength depending on whether it is fresh or stale, fresh products are far more powerful.

applied to the hands every night, during a period varying from several weeks to six months

Advanced and long-standing cases of nail ringworm infections are best treated radically, that is, by avulsion of the nail under novocaine anaesthesia, followed by dressings of mild ammoniated murcury ointment In nail infections of short duration I have obtained a few cures with fractional doses of Roentgen rays, administering from six to eight one-quarter units, skin-distance doses at weekly intervals, and limiting the dosage to a total of two Holzknecht units (skin distance) over a period of eight weeks The routine treatment for the average chronic case consists of constantly applied Whitfield's ointment, the finger-tips being capped with impermeable finger-stalls of adhesive plaster These are renewed once a day The skin about the nail must be protected with adhesive plaster or collodion, to avoid maceration Cures can be effected by this mode of treatment, but the time required has varied in my experience from three months to a year

Of the many other methods used in the treatment of the hands and feet with varying degrees of success, I will mention only two the method of Glaze, who employs a strong ointment of salicylic acid to produce rapid and complete exfoliation of the affected skin, and the formulas suggested by Ruggles I have had no personal experience with Glaze's method, but some of the men at the Post Graduate Hospital Clinic tell me that they are getting good results with it. Ruggles first applies an ointment composed of zinci oxidi 60, petrolati 80, Ung picis liquidi 120, Ung aquae rosae 100, Misce et adde, phenolis 95 per cent, 10 M S Apply twice a day as directed This is used until the acute eczematous stage has subsided, to be followed by a wash composed of tincture of iodine, 60 gm, spirit of camphor, 250 gm This combination is a favorite with many dermatologists, notably White of Boston

I find it difficult to evaluate Roentgen ray treatment in these dermatoses I administer Roentgen rays in certain cases, but not with an undue amount of optimism It can be said that the rays sometimes accelerate a cure, at other times have no apparent effect, and now and then they seem to aggravate the trouble I have not as yet tried massive doses at monthly intervals In any event, Roentgen ray treatment must be administered with due caution, and only the mildest local remedies should be applied in conjunction with radiotherapy As to ultra-violet light, I have found it at times to act well as a palliative remedy *

*References to the literature to the present year will be found in Handbuch fur Haut und Geschlechtskrankheiten, Vol 11, Dermatomykosen. Edited by J Jadassohn and Collaborators. Julius Springer Berlin, 1928

THE PERIODIC HEALTH EXAMINATION*

By C WARD CRAMPTON, M D, NEW YORK

SEPTEMBER 20th, 1929, is an important date It marks the first meeting of the Committee on Periodic Health Examinations This Committee has been delegated by the official organization of physicians of the State, to study the Health Examination, to popularize it and to conduct a campaign among the people of the State The House of Delegates has taken an epoch-making step and we of the Committee feel that our duties are both heavy and honourable The House of Delegates in taking this important step has placed the State Society in its proper position abreast of the best leadership in the medical profession There have been various organizations, both lay and medical which have preceded the action of our Society This is as it should be Our organization should not divert itself with new and untried experiments It should assay the trend of scientific and medical progress and, after wise deliberation, act with decision, confidence and vigor representing the best counsels and combined wisdom of the medical profession of the whole State This has been done The decision is made and the way is open for progress Now we are prepared to take up our task and drive forward with power

We believe and we have evidence to support our confident faith that the Health Examination will save life, it will decrease suffering, it will postpone deterioration, it will increase health, happiness and efficiency We believe that these great and desirable benefits should be gained by every man, woman and child in the entire State We believe further, and more particularly to the present occasion, that it is the physicians of the State, the men who know about health, who know about disease and who by their daily service to the sick and suffering have gained the confidence, love and admiration of the people of the State, we believe that it is these physicians who must give this message and bring these benefits as a further pledge of their devotion, energy and wisdom

We must, however, make our calling and

* Address before the Annual Meeting of the Fourth District of the Medical Society of the State of New York by the Chairman of the Committee on Periodic Health Examinations

election sure We must know exactly what we are about It is not your Committee that will bring about this result, nor yet the House of Delegates It is the everlasting combination of the faith and works of every member of the Medical Society in every part of the State This is not a mere campaign This is the beginning of an abiding, vital conviction on the part of the medical men of the State that they have found a new way of rendering human service

It is true that this bright knowledge and burning conviction is not as yet overwhelmingly apparent in every corner of the State If it were, there would be no need of this Committee If every physician knew and had an abiding faith in the Health Examination, the citizens of the State would all be brought under examination within less time than it takes to organize a church sociable or a county fair There must be a spread of knowledge, an increase of conviction regarding the Health Examination We possess a large series of convincing facts in every department of medicine We can and will declare them to you but these facts could never be as vital and as convincing as the truth that you can establish for yourselves We want every man to know from his own experience in conducting, directing, assisting, and taking and studying the Health Examination to know what it will do We need the warm, new, vital evidence from every department in medicine and we propose to ask every special section in every department and organization of physicians in this State to prepare and to deliver facts, clear, indisputable, plain everyday four square facts concerning the efficiency and effect and value of the Health Examination

Let us be more concrete and definite The Health Examination goes over a man from top to toe, inside and out, bringing every scientific method to bear in answering the question, "Are there any signs of present and future illness?" Is there anything here or there that might cause trouble in the future? In short, are there any pre-clinical signs of illness, deterioration, disability or disease? Can we catch the first faint flicker of the shadow of death? We know that this man, like every man, must some day die We want to know, if we can, by which way and from what direction death will first stalk his prey, and we wish to strengthen the defenses where they are weak, and build bulwarks of health, strength and power to resist with serene confidence the onslaughts of time and the inevitable death

This is the task we have before us, the discovery and practice of pre-clinical medical science We ask every specialist to give his contribution The ophthalmologist must tell us of the warnings of constitutional disease that he sees in the eye He must tell us how we may recognize them Once recognized, we must devise ways to oppose the advance of destruction The specialist on the nose and throat must tell us how to recognize the signs which may be found in this region which indicate present or future illness elsewhere in the body, and he must teach us to recognize those increasing signs of danger and destruction which begin in his department that affect every portion of the body The gynecologist the urologist and the internist must give us increasingly every year more and more pre-clinical signs, more clearly defined, more definitely coupled with their pathological sequences, until we have a science of pre-clinical medicine that will be to the practice of medicine as great a power for the prevention of disease as the discovery of vaccines, antitoxin, or even the bacteria themselves

Gentlemen, the medical profession is entering upon a new epoch At first, it was called upon only to serve when the man was actually in the clutches of death Later as the intelligence of man increased, he called upon his physician earlier when he recognized serious disease or prostration had served upon its victim The next advance was to call in the physician to prevent the spread of disease from person to person and preventive medicine was born But now with the increase of foresight and intelligence of man, there is a call upon us to exercise our talent in the prevention of the earlier beginnings of disease so that the proper medical steps may be taken long before we come to the sad, irrevocable time when we approach the sick bed of a man and must give the inescapable dictum "it is too late It might have been different. If you had come to me five years ago I might have done something"

But gentlemen, it is going to be different. We are going to do something We are developing the pre-clinical phase of medicine and the Health Examination The world looks to the physician It is his duty and high privilege to take the leadership in the great new service. The Medical Society of the State of New York and its every member face that challenge

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For list of officers of County Medical Societies, see October first issue, advertising page xxviii.

MEDICAL SOCIETY PRACTICE

The scientific department of this Journal contains articles which may properly be classed under the title of Medical Society Practice, for they deal with methods and procedures which are promoted and controlled by medical societies in distinction from individual physicians Leadership in popular medical education, for example, belongs to the County Medical Society, although the actual work of preparing articles and delivering lectures may devolve on individual doctors acting in the name of the Society The promotion of immunizations against diphtheria also belongs to the County Medical Society, although each immunizing dose is given by an individual physician to an individual patient The County Medical Society practices medicine when it sets standards of practice by the mutual agreement of its individual members The records of the practice of medicine by medical societies in New York State are becoming voluminous and are worthy of a special department in the New York State Journal of Medicine.

THE ECONOMICS OF THE PRACTICE OF PREVENTIVE MEDICINE

The medical profession is expected to give all forms of medical service to all classes of people Doctors are the producers of medical service, and the people are its users and consumers

Medical service is subject to the economic law of supply and demand The doctors can supply something of very great value to the public. The people want health and will purchase it wherever they think they can get it They will spend their money for it freely, but they are economical in their expenditure of time and effort. They demand that the doctor give them something which will act quickly while they sleep The most popular medicines are a "tonic" which will speed up their vital actions by day and a "sedative" which soothes and composes them at night Doctors always have tonics and sedatives on hand, but medical service which embraces them only is as unsatisfactory as an automobile repair service which supplies only gasoline and oil Anybody can fill his tank with tonics and sedatives, and that is the reason why quacks flourish The modern health service involves a wide knowledge of the human machinery and the ability to detect abnormalities which are hidden from the uninitiated

The range of service which the average family doctor is prepared to give has been rather narrow, and when the patient has asked him for something outside of his routine practice, the doctor has often replied "No, I am not hooked up to give that service It is just one of those new notions What do you want it for, anyhow?" The doctor is expected to supply the health service which the people need, and if he doesn't have it on hand, he will act wisely by getting it for a patient, even at a loss to himself, for a satisfied patient is the doctor's best advertisement

The practice of medicine has been expanded after the manner of all other lines of human endeavor

1 There has come the discovery of new principles and the development of standard methods of their application

2 Men have been trained and machinery installed to give the new form of service

3 The people have been educated to seek the new service and to buy it

The three principles of discovery, production and salesmanship apply to doctors as well as to manufacturers of commercial goods They are fundamental Every doctor must continually discover new methods of practice for himself by reading, observation, and experiment He must also equip his office for the production of the service which is demanded by the modern practice of medicine, and finally he must sell his service to the people by making known what he has to offer and by giving satisfaction when he delivers it

Discovery, production, and salesmanship are three fundamental activities which depend largely upon one's individual temperament. Some physicians are men of discovery and research, but are unable to deliver their service to patients Some doctors have excellent abilities as producers of medical service, but are lacking in the knowledge of science and in the ability to attract patrons Others have much ability in salesmanship and are highly successful financially even though they practice a deplorable form of medicine.

A proper balance of discovery, production, and salesmanship is necessary if a physician would be respected by both his patients and his colleagues

It is often said that the economics of the profession of medicine is different from that of all other professions, for if the doctor cured all his patients, there would be no one left to need his services Doctors today would starve if they depended upon malaria, typhus, typhoid, diphtheria, and smallpox on which doctors grew rich a half a century ago But these and similar diseases are still with us and physicians must deal with them in the field of preventive medicine. While the field of the cure of many diseases is becoming limited owing to the lessening of the number of victims, yet the field of their prevention is widening and developing at a rate which more than compensates for the loss of curative service

New discoveries and new standards create dissatisfaction and jealousy as the upholders of the old order see their prestige passing to the advocates of the new The benefits and possibilities of preventive medicine have been advertised in exaggerated forms by societies with great financial endowments The exaggerated advertisements of the benefits and possibilities of preventive medicine issued by these societies have often aroused the resentment of practicing physicians An example of an ideal impossible of attainment is the slogan "No tuberculosis in 1930" issued by the anti-tuberculosis organizations But during the fifteen years since that slogan was put forth, physicians have adopted the enthusiasm and methods first set forth by the endowed societies and have discerned and occupied the fields of tuberculosis practice first opened by them

Every new field of medical practice, like that of a new article introduced into trade, requires an outlay of both money and time before it yields financial returns A new field of medicine is always developed in three stages

1 Its practice is recognized by a few physicians who demonstrate its need and usefulness and secure the cooperation of a few of their medical brethren.

2 A group of physicians advocate the procedure before the county medical society and finally secure its endorsement of the new form of practice.

3 The county medical society takes steps to

induce all its members to enter the newer field in their private practice

The practice of preventive medicine has usually been developed by official departments of health who, as a result, have been accused of entering into competition in private practice But the departments of health of the State and City of New York are now taking the attitude that the government will abandon any field of medicine in which the family physicians are giving efficient service The departments of health are abandoning their attitude of competition with private practitioners, and are becoming feeders of the doctors' practice

The development of the practice of preventive medicine by family physicians has been slow owing largely to the lack of a system of patents which will protect them in their new discoveries, but the absence of patents is more than compensated by the system of advertising introduced by lay health organizations whose peculiar field is public health education The people's demand for the practice of preventive medicine develops in three stages

1 Demonstration by an endowed organization
2 Adoption by departments of health
3 The demand for it by the people generally

This development of preventive medicine is permeated with an economic element The preventive service is often free during the initial stage, in order that the value of the method may be demonstrated and its standards developed The service is continued free while its demonstration is carried on by departments of health in order to popularize it Only when the people feel their need for the service and come to the doctor demanding it, will the physician receive a direct benefit from the practice of preventive medicine

Physicians are fortunate in that lay health organizations have advertised the practice of preventive medicine and prepared the field for its occupation by private practitioners who will receive economic profit from its practice

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Fees from the Rich The legality of charging the rich more than the poor was discussed in this Journal of December, 1904, in the following article copied from the *New York City Law Journal* of October 19, 1904

"Some of the medical journals have been complaining of a recent decision by a judge in St Louis to the effect that a physician is not entitled to charge for medical services in proportion to the wealth of his patient We have not seen the decision, and know of it only through journalistic reports and criticisms If, however, the substance of the judge's action is correctly stated he certainly correctly administered the law In a comparatively recent case in our own State (Platt v Hollands, 85 App Div, 231), it was held that a man of large wealth may not be required to pay more liberally for the services of a housekeeper, nurse, secretary and companion than a poor man On this ground the following extract from the charge to the jury was held erroneous

"'And you have a right to take into consideration in measuring these damages (services) the circumstances of the deceased, that is, the amount of property which he owned, his financial condition, because a man having large financial interests, banking interest, real estate, tenement houses and mortgages, should pay more reasonably and liberally for services of this kind than a poorer person would You have a right to take into consideration those facts in making up your minds how much money she is entitled to, if she is entitled to anything'

"In certain classes of actions for damages evidence of the general financial ability of the defendant is competent In actions for breach of promise of marriage such evidence is admitted, because it bears upon the question of the manner of living and position in society which the plaintiff would have enjoyed if the defendant had fulfilled his contract So, also, evidence of the reputed wealth of defendants may be admissible on the question of punitive damages in order to determine the proper amount thereof to be awarded (Sedgwick on Damages, vol 1, section 385, 8th ed, Tucker v Winders, 41 S E, 8, and cases cited)"

The writer continues

"With regard to actions for services, however, proof of a defendant's wealth is clearly illogical and calculated to mislead a jury, unless the quality of the services was characterized by the nature and value of property"

MEDICAL PROGRESS

Lymph-Stasis the Precursor of Cancer—W Sampson Handley states that if the theory of the evolution of the primitive unicellular individual to the multicellular organism is true, each cell of a higher animal is descended from a one-celled organism with an irresistible appetite for food and multiplication These are the appetites which dominate the cancer cell and suggest that cancer is an atavistic reversion of certain cells to their primitive state The reversion is probably conditioned by disordered bodily function, that is, the body has failed to carry out the contract under which the cell abandoned its right to unlimited multiplication Under the contract each cell has a right to its share of the products of all other cells of the body and to protection from external irritation Cancer is intimately associated with local obstruction of the lymph vessels, but the obstruction must be of long standing, twenty to thirty years The lymphatic obstruction may manifest itself only by papillary hypertrophy and increased cellularity of the subepithelial connective tissues This obstruction will profoundly influence the conditions under which the cell lives, the intercellular pressure will be raised, wandering cells may be trapped and be unable to leave the district, the supply of oxygen will be restricted and the fluid bathing the cells will be relatively stagnant, lacking the supply of fresh hormones from other cells, especially the inhibitory hormone which is the sedative to the cell's primal passion for division Experimental studies of tar cancer show that the connective tissue is not indifferent to the irritation of tar, and tar causes cancer by producing lymphatic obstruction with papillary hypertrophy It has long been known that the evolution of papilloma into carcinoma is not rare, but the closeness of the relation has only recently been realized It seems that carcinoma is invariably preceded by a definite papilloma or by a local area of papillary hypertrophy This holds for cancer in various regions of the body, but in only one variety has Handley been able to trace with absolute clearness all the stages from the initial obstruction to fully developed carcinoma, namely in tuberculous lupus, especially of the erythematous type. The findings suggest that multiple papillomatosis of the large intestine and of the bladder is really a product of abortive local tuberculous infection in early life, as well as a precursor of cancer Handley also presents a detailed study of the process of lymph stasis in elephantiasis, and reaches the conclusion that any pathological process which gives rise to lymphatic obstruction may be a cause of cancer—*British Medical Journal,* October 5, 1929, ii, 3587

The Resistance to Malignant Growth.—After reviewing the evidence for regarding the growth of cancer as of fundamentally the same nature as growth of any other kind, Trevor Heaton points out that in normal growth tissues which fail to increase, though their cells proliferate, must be subject to some form of restraint This process has been described as tissue tension, that is, tissues in contact with one another maintain a certain equilibrium in spite of tendencies to expand Any tissue whose cells are constantly multiplying will expand to the limit of available food supply, and tissue tension must involve the restriction of this supply The needs of tissues include nutrition, oxygen, mechanical support, and the removal of waste products, so long as these services are stationary, all tissues dependent on them will be stationary also The stimulus of epithelial activity tends to upset the equilibrium, but is only in special circumstances sufficient actually to do so. The influence which antagonizes the stimulant action of epithelia is external—probably a hormone or vitamin In an attempt to determine the nature of the inhibiting influence, Heaton made extracts of various organs and tissues and freed them from proteins and growth-promoting factors All the tissues investigated showed a growth-inhibiting action in approximately the same degree, except liver extract which was rather more active than extract of other organs The addition of the extract of any tissue prevented the growth of fibroblasts without interfering with that of epithelia It seemed that the growth-inhibiting factor was derived from the diet It was found in brewer's yeast but not in baker's yeast Extract of malt, when administered to animals in small doses, delayed growth, in larger doses growth was arrested, and when the treatment was omitted growth was resumed The inhibition of growth could not be attributed to the toxic effect of the extract, for the younger the animals the less easily were they affected, and in guinea-pigs a curve was obtained showing a definite inverse ratio between the body weight and the dose per kilo necessary to arrest growth In Jansen rat sarcoma and in rat carcinoma No 9, the extract given intraperitoneally resulted in the tumor growth being

brought rapidly to a standstill, but the necessary dose was large, and after the growth was arrested the animals usually died This, however, was thought to be due to the method of administering the extract, for when the rats could be induced to take it by mouth, complete regression was obtained —*The Lancet,* October 12, 1929 ccxvii, 5537

The Relation of Biochemistry to Cancer — William J Mayo, writing in the *Annals of Surgery,* November, 1929, xc, 5, reviews the newer conceptions of physics and chemistry based on the theory of the electron, the proton, and the photon, which has to do directly with our understanding of the ultraviolet rays and the vitamins, and discusses the ways in which these are concerned with the chemical exchanges of the body He traces the influences of metabolism of the elements, such as sulphur, copper, iron, and arsenic, and the metabolism of proteins, carbohydrates, and fats, showing that the oxidation of carbon and hydrogen is the outstanding feature of all animal life Uncontrolled combustion of food material is the most important feature of the growth of cancer It is therefore worth while to consider how combustion is controlled The best explanation at present is that oxidation is carried on by catalysts or enzymes In the malignant cell both the nucleus and the nucleolus are enlarged, and this is evidently due to an excess of the normal activating enzyme or oxidizing agent which controls combustion Recent researches of McDonald appear to show that persons whose reactions are toward the acid side do not often have cancer, as compared with persons whose reactions are toward the alkaline state It is only recently that these phenomena of a biochemical nature have assumed importance in the study of the cause and prevention of cancer Cancer never develops in sound tissues Chronic irritation, by opening an atrium for the possible entrance of microorganisms to the body, seems to suggest an external agent, but does not explain why cancer develops in some cases in which there has been very slight chronic irritation and does not develop in others in which chronic irritation has been extensive and prolonged It is difficult to surmount the fact that when cancer metastasizes to a new situation, it produces the histopathological picture of the tissues in which it originated Evidently, the agents which act on the cell to produce malignancy become an integral part of the cell itself The factor of supreme importance which has not been sufficiently stressed is that individuals vary in their susceptibility to the cause or causes of cancer In no other way can we explain why 90 per cent of persons do not have cancer and 10 per cent die from it It is as logical to accept the hypothesis that 90 per cent of persons have greater resistance to cancer than the remaining 10 per cent, as to attempt to force an explanation that only 10 per cent come in contact with hypothetical causative agents If suspectibility is the important factor, the situation of the growth must be determined by the organ or tissue subjected to the insult of the precancerous lesion, and the grade of malignancy by the susceptibility of the body as a whole Recent studies, to which the author refers, indicate that the possibility of increasing resistance to cancer in the more susceptible individuals is the goal that must be reached

Transmission of Poliomyelitis to the Monkey by the Intestinal Route.—C Kling, C Levaditi, and P Lepine report the result of some experimental work as follows Certain epidemiological experiences in epidemics of infantile paralysis have pointed to the possibility of transmission by drinking water and milk The subject is an old one and was agitated as far back as 1909, when Leiner and Weisner appeared to show that this mode of transmission was possible Later research in the Pasteur Institute, Paris, resulted negatively, but the present authors are not satisfied that the subject is closed and have resumed work on a species of simian known to be peculiarly susceptible to the virus of the disease The *Macacus cynomologus* having been infected with the virus, an emulsion of its cord was introduced into the stomach of others of the species and also ingested in the drinking water Monkeys of the cynomologus species were infected, while control experiments with the *Macacus rhesus* monkeys resulted negatively The experiments were varied by introducing the virus into an intestinal loop and here the *Macacus rhesus* was also infected, the virus evidently entering the blood through the mesenteric lymphnodes which were swollen and which also, like the cord, furnished a virulent emulsion Another series of experiments along the same line seemed to show that water rendered virulent in this manner retained its virulence for many weeks The difference in susceptibility in these lower simians of near relationship suggests that a similar difference may exist in human beings It is stated by the authors that Aycock of Harvard independently arrived at a similar conclusion, at least one small epidemic in the United States having been shown to be milk borne, to say nothing of other episodes in Great Britain and Continental Europe. —*Bulletin de l'Académie de Médecine,* October 8, 1929

Gastritis —G von Bergmann writes briefly on what he terms the problem of gastritis, with the following conclusions The subject is one

which with the passage of years has undergone much variation of viewpoint We are now in the midst of an intensive study of the subject along new lines and it is still too soon to attempt to lay down generalizations We know that chronic gastritis is extremely common, that it may last for years without achylia. There are both diffuse and focal (antral) types In classification we must honor morphological and secretory alterations and must abandon to some extent the sharp distinction between acute and chronic, for the simple reason that in the chronic case we note the presence of frequent acute exacerbations which are somehow related to regenerative and reparative efforts This chronic exacerbating gastritis is a frequent concomitant of ulcer, of gallstone disease and hepatic affections, and indeed plays a prominent role in their genesis In the absence of actual ulcer the exacerbation of gastritis may simulate its syndrome In gastritis we often accuse ingesta when the eliciting factor comes from within, from the blood stream The gastritis seen in acute infectious diseases may have this origin In other cases we may accuse the formation of foreign protein from the decomposition of substances originally homologous with the system We shall have to revise broadly our original conceptions of indigestion, spoiled stomach, and the like Inability to digest certain substances may be an effect and not due to the quality of the ingesta In speaking of the causes of latent gastritis the author enumerates phthisis without any comment, but it is of interest to recall that certain Swiss physicians accuse tuberculosis of the quiescent or latent type as a frequent cause of gastric upsets, and regard causeless gastritis as a definite forerunner of pulmonary tuberculosis The severe gastric symptoms in many cases of active tuberculosis should also be thought of in this connection —*Deutsche medizinische Wochenschrift,* October 18, 1929

Recovery from Diphtheria in Untreated Cases—F Hamburger and J Siegl devote a brief paper to this subject. Some years ago, in two cases of mild diphtheria in which no serum was given, one reacted positively to the Schick test after recovery, or, in other words, Nature seems to have manufactured no antitoxin, yet recovery took place With attention once directed to this subject they followed up other cases which were too mild for serum and now have a material of 20 cases of the disease, 15 of which were Schick-positive after recovery These were followed up from 4 to 23 months and the majority remained positive while one case which changed to negative returned to positive Blood tests showed that diphtheria toxin was still in the blood and this was confirmed by animal inoculation In other words there was no formation of antitoxin as a response to the presence of this foreign substance in the blood The presence of the toxin naturally suggests that these subjects have foci somewhere in the body—the tonsils or nasal chambers presumably—which contain virulent diphtheria bacilli, and that they are a menace to the community Such patients, therefore, constitute one type of the diphtheria carrier There is an opposite group containing those who are known to have antitoxin in the blood yet are not protected against a superinfection Such exceptions seem to point out that antitoxin is not the only antisubstance which forms in the blood in response to the entrance of the toxin and that in a small percentage it does not form at all, which can only mean that other antibodies of importance exist and that we cannot speak of absolute immunization until all such substances are isolated The few who cannot form antitoxin evidently are protected by some other substance. Possibly at some future time we shall have a new classification of diphtheria immunes —*Münchener medizinische Wochenschrift,* September 13, 1929

Analogies in the Treatment of Tuberculosis and that of Rickets—Professor G von Bergmann writes briefly on this subject and first outlines the new treatment of rickets with special reference to ultraviolet light, substances containing vitamin D, and especially irradiated ergosterin He also mentions the older treatment with cod-liver oil and the minerals calcium and phosphorus He points out something not originally suspected but now realized, namely, that this treatment may involve overdosage It is, of course, known to all that cod-liver oil and other substances containing vitamin D, as well as calcium phosphate and ultraviolet light, have also been extensively employed in tuberculosis In the new dietetic treatment of tuberculosis, particularly the surgical forms, cod-liver oil is included in the regimen and the author believes that this substance or irradiated ergosterin might prove to be the essential constituent The diet as carried out by Gerson, Sauerbruch, and others is poor in mineral matter and in carbohydrates and has the double effect of antagonizing water retention and promoting mineral metabolism, and hence should act especially on the cutaneous and osseous systems The ergosterin which is present in cod-liver oil and other fats is believed by some to be the factor which affects mineral metabolism At present the solar treatment of local tuberculosis is much in vogue and the analogies between the treatment of tuberculosis and that of rickets in this respect are very impressive. But it is not sur-

prising today to read that some tuberculous subjects appear to have been made worse by the very treatment which has benefited others, for here again is seen an analogy with the treatment of rickets In such cases the possibility of overdosage must be borne in mind But despite the great similarity in treatment the author makes no effort to determine an analogy of any kind between the two diseases, nor is a rachitic child unduly subject to tuberculosis in later life.—*Deutsche medizinische Wochenschrift,* August 23, 1929

Clinical Significance of Immunity to Tuberculosis—Professor H Selter of the Bonn Hygienic Institute refers to the recent plethora of articles on this subject although there are authors who deny the existence of such a condition Kalbfleisch, for example, states that there is no room for it in modern pathology It is evident that we must overhaul our data on this subject and give a new definition of what we imply by immunity The conception seems to imply that of tuberculous supersensitiveness or allergy, for if a person is free from the latter we may perhaps call him immune Much depends upon the extent to which we may apply animal experiment to human pathology When a primary focus of tuberculosis heals, immunity must be at its maximum, but thereafter the immunity is subject to many fluctuations, and if there is generalization of the disease we may infer that it is forfeited But under these conditions the patient becomes vulnerable to external infection as well, so that two factors must be considered side by side However, the author, who has inoculated subjects with consumption with bacilli from without in the attempt to secure immunity, is unable to note any evidence of superinfection although several hundred patients were tested These were evidently able to render harmless the bacilli introduced from without The author is convinced that the immunity involved was not due to the inoculations although the opposite view was prevalent at the time He does not believe that immunity may be gained or restored by any use of tuberculin or bacillary cultures, this result can be reached, if at all, by general hygiene, rest, physical therapy, etc The paper was probably written before the assumed discovery that a special salt free diet poor in carbohydrates, can strengthen the immunity not only in surgical, but in pulmonary tubercle—*Munchener medizinische Wochenschrift,* September 6, 1929

Prognosis in Acute Abdominal Disease—Zachary Cope, writing in *The Practitioner,* October, 1929, cxxiii, 6, emphasizes the uncertainty of prognosis in acute abdominal disease, and says that prognosis should always be given with slight and spoken reservation The very young and the aged stand a short operation well, but they do not tolerate prolonged intra-abdominal manipulation General constitutional debility, complicating disease, the duration of symptoms and the extent to which the pathological process has progressed are important prognostic factors In the various kinds of intestinal obstruction and in perforative lesions of the viscera every hour adds considerably, and every hour from the twelfth onward adds very greatly to the risk. Preoperative and postoperative care must be taken into consideration Apart from intra-abdominal hemorrhage and the perforation of a gastric ulcer, there are few cases that are not improved by waiting an hour or two while saline solution is given per rectum In cases of severe hemorrhage and late peritonitis the chances of recovery are greatly improved if a blood transfusion is given immediately before or during the operation Good postoperative nursing is of incalculable value to a seriously sick patient Saline solution should be given and sleep and rest secured It is highly important that any bad symptoms be reported to the surgeon immediately The nature of the anesthetic exerts a great influence on the prospect of recovery Chloroform should not be used in toxic and infective conditions, gas and oxygen and local anesthesia should be used more frequently in shocked patients The mortality from appendicitis does not diminish as it should, and late diagnosis is still a common drawback As a general rule, it is wise to operate as soon as convenient after the diagnosis has been made, although there are cases in which it is better to wait. As to the method of distinguishing the one class from the other, Cope lays down no hard and fast rules When peritonitis is generalized and the toxemia is extreme, the slightest operative interference is perilous Some lives might be saved by delaying long enough to administer saline and acute gas gangrene serum After twenty-four to forty-eight hours the minimal operation of draining the peritoneal cavity under local anesthesia can be carried out and treatment continued after the Oschner plan In these cases free opening of the abdomen is most unwise In acute cholecystitis, without gangrene or pertonitis, the prognosis is good, but if there is cholangitis and the patient is exhausted, the prospects are much worse In biliary peritonitis and acute pancreatitis the prognosis is bad, the mortality being in the neighborhood of 50 per cent Since a favorable prognosis depends as much on recognition of early disease in the abdomen as upon anything, medical men should cultivate that priceless possession—clinical acumen.

LEGAL

By Lloyd Paul Stryker, Esq
Counsel, Medical Society of the State of New York

THE COUNTRY DOCTOR

The world owes a debt to the country doctor which it can never repay Struggling against almost insurmountable obstacles, battling with ignorance and prejudice, without hope of financial gain, the country doctor carries on in a manner that should be an inspiration to men in all walks of life. In our trips throughout the state, your counsel has been impressed with the ability, courage and devotion of the country doctor Many times we have said to these men, located in the remote rural districts, "Doctor, what keeps you here?", and often they would reply somewhat wistfully, "My people, I cannot leave them"

We wish that we could place in the hands of those within and without the profession two articles that we recently read in the *Journal of the Missouri Medical Association* dealing with the country doctor His life is thus graphically described

"Let us take the country doctor To this day he very often must be his own nurse, druggist and chauffeur The roads over which he must make his daily and nightly march over the great enemy of all mankind are still, very often, topographically a No Man's Land In winter he must take to horse, and the horse frequently quits before he does Then he sets off along roads and through fields drifted deep, and when his feet grow numb he removes his shoes to the bite of the raw snow In late August and September, at Christmas time and in the 'baby' season he miraculously contrives to live without sleep Sometimes he gets paid—after the harvest or when a load of stock brings in enough to satisfy other creditors first He has no time to be ill himself He fights his lonely battle—hopelessly, for there will be sickness and death long after these dread allies have laid him away—until his constitution is hollow and brittle as last fall's wheat stubble In twenty years or forty he is through In his old age he and his family have for comfort and subsistence many books filled with letters and figures recording many long rides over the hills, many victorious fights against the enemy, many dollars which those rides and those fights should have brought but did not bring him and his family"

And we wish also that those in the rural districts who are inclined to call a physician on the slightest provocation without reference to whether he is really needed and with no thought of really compensating him, would read an article entitled "A Midnight Call" from the same Journal It reads in part

"The telephone rings at midnight and a sleepy voice answers 'All right' Then the patient wife hears the grumbling doctor as he hurries into his clothes and galoshes, a door slams and the neighbors hear a rattle of chains, a muttered cuss word, the whir of a starter and the protesting sputter of a cold motor, then a Ford roars out into the night over roads as slippery as the streets of Jerusalem were when Balaam passed that way, and the doctor is off on a night call

"But the old doctor grins and goes on for he knows he is not going to meet any of the chiropractors on their knees in a mud hole at midnight invoking the aid of Jehovah as he tries to wrap a chain around a mud caked casing Under these conditions it is not surprising that the hard cussing, and hard headed old country doctor often develops a homely philosophy of life that is shocking to the missionary society and causes his pastor to spend many sleepless hours in prayer for the salvation of his soul"

The pictures here drawn are not exaggerated, as any country doctor can testify How petty seem our troubles, and how petty too the small sacrifices that we may make, when we compare our lives with that of the country doctor

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POTT'S FRACTURE—CLAIMED NEGLIGENCE IN REDUCTION

In this case the doctor was called to the home of a woman, who gave him a history of having fallen from a chair in her place of employment during the day, and that she was taken to a hospital, but refused treatment She also told the doctor that an *x*-ray had been taken at the hospital. This *x*-ray was later examined by the doctor An examination disclosed the ankle in splints These the doctor removed and found the ankle very much swollen with crepitus in both bones of the ankle, there was a deformity and loss of function The deformity was an external and posterior displacement of the foot above the ankle. The doctor made a diagnosis of a Pott's fracture The ankle was so badly swollen that the doctor put it in splints and waited a few days

for the swelling to go down before setting it and putting on a cast The doctor advised the patient to permit him to treat her in a hospital, as he told her in that way better results would probably be obtained, but the patient refused to accede to his request

During the next five days the doctor saw the patient twice, at which times he would remove the bandage and make a manual examination and manipulation During this time there was a decrease of the swelling, and at the end of five days the doctor was of the opinion that the ankle was ready to be set and a cast put on On the fifth day, under a general anesthetic, the foot was manipulated, the fracture reduced and put up with the toes elevated and a circular cast was then applied as far up as the knee An *x*-ray picture was taken a few days thereafter showing a good reduction, a good weight-bearing line and good alignment of the fracture. The doctor saw the patient every two or three days for a period of three weeks, during which time there were no complications

After the expiration of three weeks the cast was cut down and a manual examination disclosed the bones in good apposition The doctor replaced the cast and left it on for two weeks longer, and then cut down the cast and ordered massage When the cast was cut down at the expiration of five weeks, there was good union and no deformity The patient complained of some pain about the instep and the doctor suggested an inner sole steel plate in the arch The patient expressed herself as being perfectly satisfied with the result and returned to work

Subsequently the patient brought an action charging that the defendant had negligently set the fracture causing a deformity of the leg and ankle, and impeding locomotion

The plaintiff, however, failed to proceed with the action and on our motion the same was dismissed, thus terminating it in the doctor's favor

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NEEDLE CLAIMED TO HAVE BEEN LEFT IN BODY DURING SURGICAL OPERATION

In this case it was claimed that the defendant during the performance of a surgical operation negligently left a needle in the body of the plaintiff, a woman, as a result of which she claimed to have been damaged in the sum of $25,000

It appeared that the plaintiff was referred by a physician to the defendant The complaint at that time was pain in the right kidney region, referred to the pelvis, right hip and inner side of right thigh and frequent painful urination She gave a history of having had this condition existing for a period of eight years, at which time she had an infection of the pelvis following childbirth She was an extremly nervous type of woman An abdominal examination showed tenderness over the right kidney, tenderness over the lower abdomen and right hip, pelvic examination showed a marked retroversion of uterus and an enlarged right ovary, with some inflammation of the cervix The defendant called a urologist in consultation and a cystoscopic examination was made, revealing nothing abnormal in the bladder, good kidney function on either side, with some dilation of the right ureter The situation was explained to the woman and her husband, and they were advised that an operation might improve her condition, but no promise was made by the defendant that it would. The plaintiff and her husband consented to an operation Just previous to the operation, a cystoscopic examination was made by the urologist called in consultation by the defendant and he passed a catheter in each ureter which were allowed to remain in place during the operation Gas ether anaesthesia was administered and a low mid line incision was made. The position of the uterus was corrected by a Gilliam operation The cystic portion of the right ovary was removed The appendix showed signs of chronic inflammation and was removed The only time a straight needle was used was in placing a purse string suture about the appendix stump

The woman remained in the hospital for about three weeks and was discharged feeling somewhat improved About eight weeks about her return from the hospital the defendant was called to see her and she complained of the same conditions as those which obtained before operation *X*-ray pictures of the parts involved taken subsequently by other physicians did not show the presence of a needle At this last call the plaintiff became very abusive and the defendant did not see or treat her again.

After suit was begun and the case placed on the trial calendar, the plaintiff's attorneys adjourned the case from time to time and finally discontinued it, thus terminating the action in the doctor's favor

NEWS NOTES

FRANKLIN COUNTY

The regular annual meeting of the Medical Society of the County of Franklin was held at the Hotel Flanagan, Malone, N Y, October 30, 1929 Dinner was served at 1 p m A business session was opened at 2 p.m

Members present at the business session

P F Dolphin, M D, President in the Chair

G F Zimmerman, M D, Secretary-Treasurer

F F Finney, M D, and R G Perkins, M D, Censors

Drs Blackett, de Grandpre, Duerschner, Harwood, Kingston, Leetch, Kissane, Haskins, McCarthy, Packard, Sprague, Stoughton, Stickney, Tobin, Trudeau, Wardner, Stamatiades, White and Van Dyke

Visiting Doctors James N Vander Veer, M D, Albany, President, Medical Society State of New York.

Stanley W Sayer, M.D, District State Health Officer, Gouverneur

Lyman G Barton, M D, Plattsburg

John H Gutchous, Saranac Lake

The following officers were elected for the coming year

President E S Welles, M D, Saranac Lake.

Vice-President P E Stamatiades, M D, Brushton.

Secretary-Treasurer G F Zimmerman, M D, Malone.

Censor for three years C C deGrandpre, M D, Tupper Lake.

Delegate to the New York State Medical Society meeting in 1930, C C Trembly, M D, Saranac Lake, and Dr J E White of Malone alternate.

It was regularly moved, seconded and carried that the following resolution be adopted

Resolved, That at the annual meeting of the medical Society of the County of Franklin, the society and the individual members unanimously advocate the election of Dr Frank C Madill of Ogdensburg, New York, as a member of the Board of Regents of New York State, and pledge themselves individually and collectively to do all in their power to further his election

At the scientific session the following program was presented

1 A clinical case of acromegaly was presented by Drs H W Stoughton and L P Sprague This case presented some unique features and was followed by an interesting discussion by Dr Vander Veer

2 Paper "Office Prenatal Care," by Dr Paige E Thornhill of Watertown This paper was illustrated by motion pictures, and proved exceedingly interesting and helpful Paper was discussed by Drs Dolphin and Perkins, and Dr Thornhill was called upon to answer many questions on his subject

3 Paper "Modern Trend in Surgical Treatment of Pulmonary Tuberculosis" As Dr Welles was unable to be present his paper was presented by Dr H W Leetch of Saranac Lake. Dr Leetch presented a very lucid and interesting description of the modern use, indications, and results of thoracoplasty and phrenicotomy in the treatment of pulmonary tuberculosis

4 Address Dr James N Vander Veer, President of the Medical Society of the State of New York Dr Vander Veer addressed the meeting on the aims and activities of the State Society In the course of his very inspiring address the doctor stressed, among others, the following points as worthy of our deepest consideration·

Periodic Health Examination This is a field which physicians can cultivate with great profit to themselves and their patients

Preventive Medicine. Much of this work which is being done by nurses and lay agencies rightfully belongs to the physician as a source of income, and by systematic effort could in large measure be diverted to himself

Medical and Surgical Services The doctor is entitled to remuneration commensurate with his services and he should display no hesitancy in demanding same.

Dr Vander Veer discussed the provision made by the State Society for malpractice insurance, and urged all physicians to avail themselves of the same

In conclusion he impressed upon our local society the importance of holding frequent meetings, of availing ourselves of the Post-Graduate Courses of lectures to which we are entitled, and of keeping in touch with the activities of the State Society through the columns of the Journal

G F ZIMMERMAN, *Secretary*

JEFFERSON COUNTY

The September meeting of the Medical Society of Jefferson County was in the form of an outing held at the Carlowden Country Club September 12th A golf tournament was held and no business transacted There were twelve members present

The October meeting of the Society was held at the Black River Valley Club Dr Carpenter, bacteriologist of the Albany Medical School, was the speaker of the evening and his address was most instructive and interesting There was a good attendance, thirty-five members being present. WALTER S ATKINSON, *Secretary*

NIAGARA COUNTY

The annual meeting of the Medical Society of the County of Niagara was held Tuesday evening, November 12th, at the Tuscarora Club of Lockport, N Y

The Secretary read his annual report showing that the Society now has one hundred members in good standing, which is a gain of eight members over the same meeting for last year We have only lost three members from non-payment of dues, two of whom will probably return, and one of whom for physical reasons was extended an honorary membership later in the meeting

The treasurer has collected over $1,570, during the year, and has a balance on hand of over $887 The financial saving for the present year has been approximately $120 This in a total dues of $15, ten of which go to the state

The society has met six times during the year and has heard the following speakers

Dr John A Oille of Toronto on "Rheumatic Fever and Endocarditis" This was the best attended meeting of the year, over seventy-five being present Dr Marshall Clinton of Buffalo on "Some Phases of Gall Bladder Surgery" At this meeting the attendance was about sixty Dr Ezra Bridge, Superintendent of the Iola Sanitarium of Rochester, N Y on "Phrenectomy" Dr Arthur N Aiken of the Niagara County Sanitarium of Lockport, on "Childhood Tuberculosis," and Dr H F Gammon of Niagara County Sanitarium of Lockport, on "Discovering Tuberculosis"

This meeting was held at the Sanitarium in the afternoon and evening and was very well attended For this meeting we were the guests of the Board of Managers of the Sanitarium and were welcomed by the then President, Dr Frederick J Schnell of North Tonawanda

Our fourth meeting was held at the Niagara Falls Memorial Hospital as the guests of the Management At the meeting Dr Thomas J McBlain of Niagara Falls spoke on "Hernia" using the Eastman's Technical Films on Hernia as a background for his talk

Dr N I Arden of Niagara Falls also spoke on "Compensation Hernia", this with Davis and Gicks pictures on "Sutures Preparation" made a very complete program This meeting drew a very large attendance of our own men, and, with the training school of the Hospital who both attended the meeting and served lunch after the meeting, made an audience worthy of both papers

Dr H G Matzinger of Buffalo spoke to the September meeting on "Causes of Insanity" At this meeting the organization returned the compliment to the Memorial Hospital at Niagara Falls by inviting the Training School as their guests to hear this paper

At our annual meeting Dr John L Bishop of Niagara Falls gave a very practical, right-to-the-point talk on "Intersusseption," in which he urged greater care in not overlooking this important condition

The Society has lost two members by death during the year Dr Charles L Preisch of Lockport who had been an active member for years and had served the society for seven years, Dr Allan N Moore of Lockport who had been an active member of the society from 1881 until 1929

After the reading of the annual report many complimentary remarks were extended to the officers for the excellent condition of the society, both as to membership, finance, and interest

Dr R H Sherwood spoke, giving a report on the reception of the Society's Resolution which he presented to the Eighth District Branch This resolution was recently published in the Journal and in substance recommends to the proper authorities that in the application of the new Public Health Law the family physician be appointed to take care of their families when medical aid is necessary Dr Sherwood in speaking on the subject reminded us that if the society were able to obtain the interpretation of the law that it wished, it would soon have to deal with appropriating bodies of cities and counties, and that in such dealings with the business heads of the various political bodies of the states, it behooves every County Society to begin working on appropriate fee schedules acceptable to both parties

In order to make an official arrangement for officers traveling on County Society business, it was moved, seconded and carried that "The Pay of Delegates from this Society to the annual meeting of the State of New York, or to any special meeting, shall not exceed the prevailing round trip railroad fare from the delegate's place of

residence, plus charges for Pullman service, when such service is necessary, also the further total sum of ten dollars in lieu of per diem expenses"

Resolutions concerning the death of Dr Allan Nathaniel Moore were shown the Society in their printed form and ordered sent to his family Dr Moore was one of the oldest members of the profession in Niagara County, having practiced here from 1881 until 1929 The first meeting of the Society that he attended was on January 4, 1881

A communication was received from the State Committee on Periodic Health Examination and referred to our Committee on Medical Economics with instructions to communicate with the State Committee, and aid this committeee whenever possible

The Society endorsed the project of the Board of Managers of the Niagara County Tubercular Sanitarium to replace the old buildings of the sanitarium, at present used for children, with new modern buildings

The following officers were elected for 1930

President George L Miller, Niagara Falls
Vice-President Frank A Walder, Lockport
Secretary W Roger Scott, Niagara Falls

Following the paper the Society adjourned to enjoy a hot lunch

GEORGE L MILLER, *Secretary*

SARATOGA COUNTY

The Annual Meeting of The Saratoga County Medical Society was held at Saratoga Springs, N Y, on Nov 6 1929

The program started with a clinical conference at The Saratoga Hospital which lasted from 2 P M to 6 P M

At six o'clock a luncheon was served at the Y M C A at Saratoga Springs

Following the luncheon, the business program was taken up

Reading of minutes of the last meeting was omitted on motion

The Treasurer's report was read and accepted

The Report of Public Health Committee was accepted

A motion was made and seconded that the Public Health Committee appear before the Board of Supervisors in relation to the appropriation for Public Health in Saratoga County This motion was amended to read that each member of the society be notified of meeting, time to be set by Dr MacElroy, in order that the whole society may appear before the Board of Supervisors relative to the appropriation for health work in Saratoga County

Motion made and seconded that Dr Wm S Donnelly be made an honorary member of the Society and that his dues in Society be suspended. Carried

Motion made and seconded that we send a night letter to Dr E J Callahan, also to send flowers Carried

Motion made and seconded that Public Health Committee investigate the bill (Welfare) as relates to state paying doctors in the county for holding clinics Carried

Report of Committee on Milk Supervision was read and accepted

The following officers were elected

President Dr Wm H Ordway, Mt McGregor
Vice-President Dr E J Callahan, Schuylerville
Secretary Dr Harry L Loop, Saratoga Springs
Treasurer Dr John Mabey, Mechanicville
Delegate to State Society Dr G Scott Towne
Alternate Delegate Dr John R MacElroy
Censors, Dr Geo H Fish, Dr Frank F Gow, and Dr Earl H. King

The application of Israel Rubin of Ballston Spa, N Y, having been received and passed by the censors, he was elected to membership

The communication from Dr C Ward Crampton, relative to Periodic Health examination, was received, read, and ordered filed

Communication from Dr James VanderVeer, relative to nominating Dr Madill of Ogdensburg, to fill place of Regent Walter Kellogg, resigned, was received and read

A motion was made and seconded that we endorse nomination of Dr Grant C Madill to fill place of Walter Kellogg, resigned Carried The Secretary was instructed to convey information of this motion to Senator and Assemblyman of this district

A communication from Dr James E Sadlier, relative to the County Medical Survey, was received and referred to the Chairman of Public Health Committee.

Motion made and seconded that the president be empowered to appoint a committee to be known as program committee to help the president to arrange meetings

Meeting adjourned

RALPH B POST, *Secretary*

THE DAILY PRESS

INDIAN SUMMER

October is the most beautiful month for scenery While other months color the hills and the water with grays and shades of green, October paints them with the hues of lurid red and orange Seldom have the maples of the lowlands, and the oaks and hickories of the hills, shown a greater density and riot of color than during this fall, for the absence of storms and high winds has permitted the leaves to remain on the trees until they were fully colored

The coloring of the leaves, like the rose on the cheeks of apples, depends on the ripening process, which is hindered rather than assisted by frosts In fact, a frost which kills the leaves also loosens them and hastens their fall. The mild weather has allowed the leaves to ripen to an unusual degree

Doctors who practice in the country are fortunate in their unique opportunities to see familiar landscapes painted in colors of rare vividness Thrice fortunate is he who has perpetuated the vivid scenes on photographic plates and films The colors of autumn leaves transported indoors for decorations, are only faint suggestions of their vividness on their native hillsides

There are still unnumbered miles of scenery unmarred with flaming advertisements like those in the accompanying cartoon

No one has enjoyed the Indian Summer weather more than doctors whose practice compels them to drive over country roads The *New York Times* of November 6 contains the following discussion on the origin of the term

"A common impression that Indian Summer passes with October needs correction Indian Summer days do occur toward the end of that month, but they extend into November and are sometimes experienced even early in December November can lay claim to the true Indian Summer weather, which is ethereal mildness with a touch of frost in the morning and an amber sunset in a clear sky All day a haze softens the blue of the hills

Nothing was printed about Indian Summer in American books until in the year 1794 Horace Walpole in 1778 used the expression, but he was writing about weather in India and the West Indies It does not appear that the early settlers ever gave the name to the fine days in the Fall of the year The American Indian cannot be connected with it



An impression of Indian Summer by the Cartoonist in the NEW YORK HERALD TRIBUNE, *October 23, 1929*

"In the Encyclopedia Americana the origin of Indian Summer as a term is variously explained that the Indians predicted such weather, that it was named after the smoke of their fires, that it was the last season when attacks were made on settlements But none of these theories is satisfactory"

COLOR BLINDNESS

The most common form of color blindness is an inability to distinguish red from green, for both appear gray in color But no color seen in ordinary life is pure, and any means which will bring out the accessory colors will aid the color-blind to distinguish red from green Such a method is described in the *New York Times* of October 18 as follows

"But now Professor Franz Weidert of the Technical College in Berlin promises relief He has invented new glass materials to be fitted into spectacles for the color-blind The

product resembles ordinary glass and seems perfectly transparent when made up in thin sheets It contains neodymium and praseodymium Certain colors of the spectrum are missing from light rays that pass through this glass

"The colors chiefly absorbed are in the orange and yellow range which lies between the reds and greens The use of the new glasses should make it very easy to distinguish between these two colors by accentuating the contrast between them As red and green are the most commonly baffling colors, the new invention should prove a substantial help to the color-blind"

HOME REMEDIES

Edward Hope is back at his desk in the *New York Herald Tribune* as editor of the column called "The Lantern" The issue of November 18 contains Mr Hope's explanation of his five weeks' absence in the following description of an attack of sciatica.

"We elected to call in scientists to theorize, when we had only to take the advice of charitably disposed friends, acquaintances and strangers, if we were really in earnest about regaining the use of our left leg

It is over now, but we shall know better the next time.

We had never realized before how generally sciatica is in vogue We had heard the word—usually in connection with the trials of octogenarians and piano movers—but we had thought that the ailment was one of the less popular troubles, like anthrax and African sleeping sickness We have learned that it is as common as pyorrhœa or any of the other nationally advertised diseases And, furthermore, nearly every case is being, or has been, cured in practically no time by some plain, old-fashioned remedy

For the benefit of those who are suffering now and don't care to canvass their friends for recommendations we publish herewith some of the outstanding suggestions that have been offered us

Wear around the waist a band of red flannel ten inches wide Have all teeth extracted Sit for twelve (also ten, fifteen, seventeen and thirty) minutes in a hot bath containing a pound (two, three pounds) of epsom salts Ditto bicarbonate of soda Have your tonsils removed Rub a little capsicum vaseline on the small of your back every night Have a chiropractor look at your backbone Take several (we forget) grains of quinine night and morning Lie flat on the floor for twenty minutes at a time three or four times a day Take a brisk walk for an hour every morning Drink the juice of one lemon night and morning Have your sinuses seen to Stop smoking (ditto drinking alcohol, coffee, tea, eating red meat, green vegetables, sweets, tomatoes) Take acidophilus milk Do setting-up exercises

There is no room for the rest We still limp, anyway, and shall, therefore, have other prescriptions offered to us at every turn, that is, when we are able to make a turn without screaming aloud

DETECTORS OF CARBON MONOXIDE

It always seems a bit cruel to use canary birds in order to detect the presence of carbon monoxide in the air The *New York Herald-Tribune* of November 18 contains the following description of the use of tomato plants instead of canaries

"Some recent examples of plant protection are described by Dr William Crocker, director of the Boyce Thompson Institute for Plant Research, who is one of the pioneers in discovering gas-sensitive properties of plants

"A large American coke works is using tomato plants to insure against gas leaks about its ovens One of the leaks guarded against comprises the invisible ingredients of illuminating gas In the presence of these gases, the leaves of young tomato plants droop, grow stiffly downward and even form coils, due to rapid growth on the upper side of the leaf The plant is 200 times as sensitive to this poison as is the human nose, and fifty times more sensitive than the best chemical test

"As long as the leaves of the tomato plants remain in their normal posture, it is assured that the air about the oven is pure beyond the best powers of human detection

"In the home, Dr Crocker says that white carnations are good gas indicators One part of gas in 80,000 makes carnations 'go to sleep'—that is, half close and remain so There is no danger to human beings in such slight gas concentrations But the plant gas-detectors might explain the source of an occasional headache due to unsuspected gas poisoning"

BOOK REVIEWS

IMPERATIVE TRAUMATIC SURGERY WITH SPECIAL REFERENCE TO AFTER-CARE AND PROGNOSIS By C R G FORRESTER, M D, F A C S Octavo of 464 pages, illustrated New York, Paul B Hoeber, Inc., 1929 Cloth, $10 00

This is a personal book and is based entirely upon the experience of the author This experience has been extensive and over a long period of time

Different methods of treatment of injuries are not described, but rather a single method, the choice of the author, and what he has found to be satisfactory

Not a few rather important subjects are found wanting in the text, such as injuries and infections of the hand other than those involving the bones Some subjects are too briefly dealt with in regard to their clinical importance i e., the chapter on compounded fractures and their complications This subject might well have been given a little more space and the indications for different types of treatment have been a little more definite Then too, such subjects as the treatment of burns, crushing injuries, amputations and compound joint injuries might well be included in a text-book of this type

On the other hand there are certain outstanding chapters, especially those chapters dealing with injuries to the knee joint This difficult subject has been dealt with in a masterly manner and very completely The illustrations and description of methods of treatment are very well done The text concerning peripheral nerve injuries is another outstanding feature of the book

The question of prognosis is described in a clear, concise manner and is conservative enough to show the wide experience of the author This is an important subject and many surgeons of too little experience are wont to be far too optimistic in the prognosis of some of the more severe injuries That part of the text dealing with the prognosis in such cases should be of great value, not only to the individual surgeon but also to those agencies connected with Workmen's Compensation, particularly the administration of the Act.

Text-books of this type are all too few in our present day literature and this book should be welcomed as a reference for the general surgeon and the increasing number of surgeons interested in traumatic surgery, to the end that the final results of the treatment of the injured will show a much to be desired improvement.

S POTTER BARTLEY

COMMON COLDS Causes and Preventive Measures By LEONARD HILL, M.B, F.R S., and MARK CLEMENT Octavo of 126 pages London, William Heinemann, Ltd, 1929 Cloth, 7/6 net.

This book presents an interesting discussion of the subject The role of infection and the bacteriology are considered and the influence of chilling and draughts As preventive measures, diet, light, proper ventilation, means of preventing infection, hygiene and vaccines are discussed With regard to the latter, the evidence cited is generally favorable and it is suggested that the time for protective inoculation should be in July or August to prevent colds in the autumn

"It is generally agreed that neither the etiology or the prevention of colds is established on a scientific basis" What there is known is well presented

W E. MCCOLLOM

THE NEUROSES By ISRAEL S WECHSLER, M D Octavo of 330 pages Philadelphia and London, W B Saunders Company, 1929 Cloth, $4 00

This is a medium-sized volume, conveniently arranged and indexed for ready reference. The subject is discussed in a manner both interesting and instructive. Various viewpoints are expressed frankly and without apparent bias, and one finds it increasingly attractive as he reads despite any preconceived ideas he may have had.

In chapter one, there is a short but comprehensive history of psychiatry and the development of psychopathology in which the author interestingly shows the evolution of the modern conception of the care and treatment of mental disease.

Then follows a discussion of mental mechanisms which alone is worth any one's time to read and prepare for a better understanding of what follows

The neuroses are discussed from the standpoints of etiology, classification, clinical symptoms, diagnosis, course and prognosis, and treatment.

Under etiology, the somatic, psychologic and social biologic theories are taken up at length, including psychoanalysis in its relation to the interpretation of mental disorders

The chapter on clinical manifestations is interesting and cases are cited to illustrate certain symptoms and mechanisms.

In a discussion of diagnosis, course and prognosis differential points are stressed and the need pointed out for careful physical and mental examinations.

Under treatment are considered the approach to the patient and the importance of gaining his confidence, the glandular extracts, drugs, rest cures, suggestion, hypnotism, persuasion and psychoanalysis.

Then follows suggestions for history taking and examinations, general intelligence in psychoneuroses and some psychometric tests

The book should be a valuable addition to any medical library

A. E. SOPER.

COMMON DISORDERS AND DISEASES OF CHILDHOOD By GEORGE FREDERIC STILL, M.A., M D Fifth Edition. Octavo of 1032 pages, illustrated. New York and London, Oxford University Press, 1927 Cloth, $9 00 (Oxford Medical Publications)

In evaluating a book of this kind it is in order to consider the object of the Author and we can take his word for this, He says "It is no systematic treatise. I have chosen rather to be selective and *discusive* as it suited my bent."

The author does not show dogmatism as would a typical German or some of our American authors, conscious that they have complete and absolute knowledge of their subject of which their readers know nothing, but rather he is inclined to be verbose or—shall we say—chatty

It lacks the precise and detailed advice of a good students' textbook, but if one seeks a good teacher or rather consultant, of the "Come, let's talk it over" type, there is very much of value to be found in this book.

Five Editions testify to continued appreciation.

W D L.

THE NOSE, THROAT AND EAR, AND THEIR DISEASES In Original Contributions by American and European Authors. Edited by CHEVALIER JACKSON, M D, and GEORGE MORRISON COATES, A B, M D Octavo of 1177 pages, illustrated. Philadelphia and London, W B Saunders Company, 1929 Cloth, $13 00

This is a work of broad design written by seventy-four authors. Each has been assigned a subject pertaining to ear, nose or throat, and many of the articles are by authors who have previously distinguished themselves in the particular fields they write of The editors have moulded the work into a complete and comprehensive system of the medical and surgical treatment of ear, nose and throat diseases Since the book by De Schweinitz and Randall published in 1899, no work of such inclusive and encyclopedic character has been published on this subject in America Nothing that is not in admiration and approval can be said of the editor's attempt to crystalize in one book the present-day aspect of this division of medical and surgical science in this country The articles themselves are a proof that the response of the contributors in carrying out the idea has been conscientiously and exactingly performed, and it is safe to say that this book will be the most generally consulted by specialists on the subject for many years to come. It is not a text-book Specialists refer to these on occasions but the specialist wants to know frequently how much of his own ideas parallel or deviate from his next-door or next-city neighbor, he wants to see if his own technique bears the stamp of general approval whether certain points new or as yet disregarded are included Thus such a book begets new papers, stimulates new effort It is a landmark a milestone of progress

W C B

Two books entitled, "Surgical Pathology" have been received One by Drs Wakeley and Buxton was reviewed in this Journal on September 15, 1929, page 1163 The other, by Dr William Boyd, was reviewed in this Journal of November 1, 1929, page 1353, but its introductory description was a repetition of that of the book by Drs. Wakeley and Buxton Therefore, in order to rectify the error, we are repeating both reviews —*Editor's note*

SURGICAL PATHOLOGY By CECIL P G WAKELEY, F R C S, and ST J D BUXTON, M.B., B S Octavo of 904 pages, illustrated. New York, William Wood & Company, 1929 Cloth, $12 50

This is a splendid book particularly for the surgeon, who by becoming a better pathologist becomes a much better surgeon

The cuts are excellent, the reading matter is clear and interesting

The work covers the entire field of pathology from the surgical standpoint. Enough histo-pathology is presented to clarify the pathological anatomy where this is desirable

M E. MARTEN

SURGICAL PATHOLOGY By WILLIAM BOYD, M D Second Edition. Octavo of 933 pages illustrated Philadelphia and London W B Saunders Company, 1929 Cloth $11 00

The reviewer believes that this book is a valuable contribution to the working library of surgeons and internists It is remarkably well up to date as shown by references to Ewing's views on radiosensitivity of tumors, Masson's new theory of melanomata and other subjects under current discussion. The section on the thyroid comprises 46 pages and deserves careful reading Other notable sections are those on the stomach, cholecystitis, chronic appendicitis, endometrial implants, the reticulo-endothelial system, the spleen, bone diseases and brain tumors The author gives the latest views on these subjects The more common diseases are fully discussed including symptomatology where it seems of value. The author has a true gift for writing word pictures of gross pathology At the end of each chapter is a short list of references to recent English literature.

The book is profusely and beautifully illustrated and is a fine example of the publishers art The reviewer heartily commends this book to the surgeon who wants an up-to-date working pathology by a man who writes well and knows his subject thoroughly

E. B SMITH

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR 1928 Cloth. Price, postpaid, $1 00 Pp 75 Chicago American Medical Association, 1929

This book is a great deal more than a mere record of the negative actions of the Council on Pharmacy and Chemistry It gives in full the reasons for the Council's rejection of various preparations, but it also records results of the Council's investigations of new medicinal agents not yet out of the experimental stage, and frequently contains reports on general questions concerned with the advance of rational drug therapy All three categories of reports are found in this volume.

NEW AND NONOFFICIAL REMEDIES 1929, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan 1, 1929 Cloth. Price, postpaid, $1 50 Pp 488, xlvii Chicago American Medical Association.

This book offers a solution to the problem of the busy physician who is daily importuned by "detail" men to try the thousand and one new preparations brought out by enterprising manufacturers of pharmaceuticals If the preparations in question is not described in "New and Nonofficial Remedies," it is quite safe to refuse to try it no mater how alluring the salesman's talk. The book contains descriptions of those new preparations which, after painstaking examination, the Council of Pharmacy and Chemistry has found worthy of recognition of trial by the medical profession. It is revised each year to bring it up to date with the best medical thought and to include the new preparations that have been recognized during the year as well as to delete those which have been found not to live up to their promise of therapeutic value.

In this edition there appears for the first time an article on liver preparations and their therapeutic use. The articles on ergot, metallic peroxides, pituitary glands, and radium and radium salts have been considerably revised Among the new preparations which have been included in this edition are diphtheria toxoid, metrazol liver extract No 343 and concentrated liver extract-Armour, bismuth sodium tartrate-Searle, scarlet fever toxin-P D & Co, parathyroid hormone-Squibb and paroidin An important deletion is the omission of all generators charged with radium

A new departure in this edition is a list of "exempted" articles This comprises some hundred and thirty medicinal and non-medicinal products examined by the Council and found to be of such composition and to be so marketed as not to require acceptance or rejection by the Council under its rules

A section of the book (brought up to date each year) gives references to proprietary articles not included in "New and Nonofficial Remedies." This list, in conjunction with the book proper constitutes a cumulative index of proprietary medicines, which physicians may consult when a proprietary product is brought to their attention Physicians cannot dispense with the use of the newer remedies that are brought out each year yet they can neither judge them on the basis of the manufacturers' claims nor have they the time or the means to determine their merits for themselves For this reason, every physician should possess a copy of this volume, which annually puts at his disposal an authoritative, up to date, and unbiased estimate of these preparations

OUR NEIGHBORS

MICHIGAN ANNUAL MEETING

The annual meeting of the Michigan State Medical Society was held in Jackson, September 17-19, 1929, and its minutes are recorded in over fifty pages of the November issue of the Journal of the Michigan State Society The President's address was given on the evening of September 18 by Dr Louis J Hirschman of Detroit, and was printed in full in the October issue of the Michigan Journal

Internship with a preceptor Dr Hirschman made a suggestion regarding the substitution of a preceptorship for a part of the interne year as follows

"It is sincerely hoped that the State Board of Registration in Medicine will soon find it possible to allow substitution of bedside and office training under a qualified preceptor, for at least a portion of the time now devoted to internship and hospital training This is the only way in which the coming practitioner of medicine can really be trained in bedside medicine, under conditions under which a large portion of his practice will be conducted, particularly, but not necessarily, in small communities He will learn how to meet situations arising in the patient's home, particularly with reference to his attitude to—and his management of —the various members of the patient's household He will also make contacts which will be of great value to him later if he decides to locate in the town in which he has served this apprenticeship"

Public Relations Dr Hirschman also addressed the House of Delegates on September 17 Concerning public relations he said

"I would suggest that some special effort be made to establish contact between our society and of the various lay organizations such as chambers of commerce, civic associations, luncheon clubs, fraternal organizations, women's clubs, parent-teachers associations and organizations of our sister professions, the law, engineering and the ministry With the co-operation of organizations of thinking, intelligent and interested citizens, perhaps we can awaken sufficient interest in the citizenry of our state to stand together for self-preservation in health matters

"In every large center of population as well as the smaller communities who possess public libraries and reading rooms, our state society should assist, so far as it is necessary, the county society in providing medical literature which is written for the lay public Copies of Hygeia and all of the pamphlets issued by the American Medical Association for the public should be placed on the reading tables of these libraries and the supply constantly renewed This distribution should be in the hands of a committee appointed by each county society or by their secretary as the case may be"

City Representation The representation of the physicians in the large cities is engaging the attention of the doctors of Michigan, as well as those of New York The President said

"The Wayne County Medical Society representing nearly one-half of our membership and a county which contains a large medical center, the fourth city in population in this country, has not for many years been properly or proportionately represented in our official delegation to the American Medical Association

"It is time that this representation cease to be made a political foot-ball, and justice, fairness and equity be observed It is hoped that as vacancies occur that Wayne County with its nearly fifteen hundred members be represented by a minimum of two delegates in the future"

Ex-Presidents What to do with the ex-presidents has also been considered in Michigan, where office holding does not seem to be a preparation for a wider field of service, as it is in New York State Dr Hirschman said

"As has been said above, the members of this organization who have achieved the distinction of acting as its president have acquired a large fund of knowledge, information and experience which is of great value to the society There is no reason why this experience should be lost to the organization after his term of office has expired It is suggested, however, that the services of the ex-president, made valuable by previous contact, be utilized by the society if not in an active, at least in a consulting capacity It is proposed, therefore, that the formation of a board of ex-presidents be considered with the idea of utilizing their influence and experience in matters involving ethics, policy, finance or legislation, should at any time the officers or council of the society feel the need of such support"

There was a considerable debate over the president's suggestion, in the course of which the President said

"I thought they really should be tied up in some way with the activities of the Society I was agreeably surprised when Dr McCormack mentioned that they have such an organization in Kentucky He told me of that I hadn't heard of it They do use those men for the same purpose for which it is our intention to use them"

(*Continued from page* 1484—*adv xii*)

You too, will consider this milk ideal!

Because:

1. It is always stable as to its constituents and vitamin potency.
2. Its use assures definite caloric intake, unfluctuating from day to day, or feeding to feeding.
3. Without modification, it forms small flocculent particles upon ingestion; the protein is 97% assimilable.
4. It can be easily modified in indicated cases and furnishes an excellent base for any formula.
5. It is free from pathogenic bacteria, eliminating the danger of milk-borne infections.
6. It has achieved an enviable record of results in infant feeding over a period of many years.

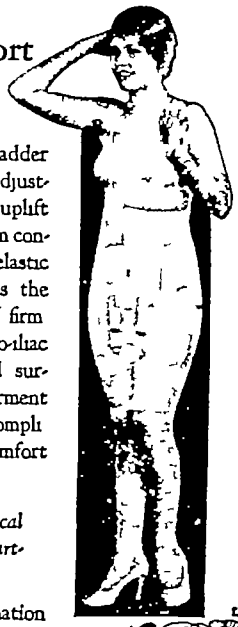
Send for suggested feeding tables, Dryco samples and clinical data

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Remarkable Results with this New
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A new Camp garment particularly designed for physiological support following stomach or gall bladder operations The Camp Patented Adjustment provides support and proper uplift where needed. It insures diaphragm control without restriction The elastic insert at operative point supplies the required softness without loss of firmness, and gives satisfactory sacro-iliac support. Leading physicians and surgeons everywhere endorse the garment as a preventive of post-operative complications, and praise the extreme comfort it affords the patient

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(*Continued from page* 1482)

It was finally voted to refer the matter to the committee on constitution

Function of Vice-Presidents Dr Hirschman would utilize the vice-presidents as follows

"Each vice-president should be actively engaged in some one of the activities of the society It might be desirable to divide the state into four sections and have one of the vice-presidents in charge and to act with the group of councilors in his section, in all matters which are purely sectional in character

"As our post-graduate activities increase it might be desirable to have the vice-president take active charge of these activities in his section of the state During the past year your president has requested the presence of one of the vice-presidents at each executive and council meeting in order that he might be familiar with the workings of our organization It is hoped that this will continue I believe that it would be extremely desirable to make each vice-president the chairman of one of the important committees In this way, each vice-president would become an active unit of our society organization and become a functioning official instead of being part of the ornamental background"

President-elect Dr Hirschman also gave a lengthy argument in favor of amending the constitution so as to provide for a president-elect

Council Activities The Council submitted the following list of subjects which has engaged its attention

"1 Joint Committee on Public Health Education
2 Medico-Legal Defense
3 Annual Conference of County Secretaries
4 The Journal
5 Bureau of Public Information and Publicity
6 Organization Problems of County Societies
7 Conference with and Representation upon the State Crippled Children's Commission
8 Co-operation with Standing Committees and Especially with the Committee on Civic and Industrial Relations
9 Advisory Conferences with the State Department of Health
10 Advisory Relationship with County Clinics for Crippled Children
11 Bureau of Inquiries for Members
12 Details of Annual Meeting, Section Programs, Commercial and Scientific Exhibits"

Medical Leadership The report of the Council is contained in the following reference to County Medical Societies

"The Council feels strongly that County Societies must assert more emphatically the purposes for which they exist and rightly assume their inherent rights to local leadership and directorship in

(*Continued on page* 1486—*adv xiv*)

FELLOWS' SYRUP

ITS FORMULA

combines Mineral Foods
and Synergistic Agents.

ITS POSOLOGY

One to two teaspoonfuls
after meals.

ITS EFFICACY

is such that under its influence one observes a rapid increase of appetite and a marked elevation of tone.



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26 Christopher St. New York, N. Y.

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ATONY
DEBILITY
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Digitalis
in its Completeness

Physiologically tested leaves made into physiologically tested pills.



Pil Digitalis (*Davies, Rose*) insure dependability in digitalis administration Convenient in size—0 1 gram (1½ grains), being the average daily maintenance dose

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DAVIES, ROSE & CO , Ltd
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As a General Antiseptic

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TINCTURE OF IODINE
Try

Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein)
2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field

It does not burn, irritate or injure tissue in any way

Hynson, Westcott & Dunning

Baltimore, Maryland

(*Continued from page* 1484—*adv xxii*)

all matters pertaining to medical practice and public health

"With regretful concern do we note the relinquishment of this leadership to self-constituted and dis-related groups that are trespassing upon and usurping the rights and prerogatives of County Medical Societies Hospital staffs, clinic groups, independent organizations and lay individuals are invading County Society functions and institute their activities in a most dis-related and, at times, arrogant manner The situation presents a serious problem and danger"

Legislation The Legislative Committee came in for considerable criticism and blame for failing to defeat cultist legislation, which, however, was vetoed by the Governor The Committee discussed the reasons for the influence of cultists with legislators, and made the following suggestions, which were adopted

"1 That the Legislative Commission's report be accepted and the Commission be discharged

2 That the president appoint a new Legislative Committee, by and with the advice of the Council, with the State Secretary as an ex-officio head of the committee

3 That the Legislative Committee be instructed to conduct a lay educational campaign and comply with the provisions of our by-laws

4 That the Legislative Committee be instructed to attempt to secure at least two representatives of the profession in the Senate and two in the House

5 That the Council request the Joint Committee on Public Education to arrange a series of talks related to Medical Legislation and impart them through their channels of public contact"

It will be noted that the recommendations include the education of the people, but the recommendations stop short of the effective plan of New York State,—that of charging lay health organizations with the duty of influencing legislators It has been demonstrated time and again all over the nation, that law makers will not listen to doctors, but that they will listen to laymen who urge health legislation

Hospital Practice A motion to disapprove the action of the University of Michigan Hospital in soliciting paid patients over the radio was disapproved by a vote of 21 to 14

Nearly six pages of the proceedings were filled with a discussion on permitting cultists to treat patients in public hospitals Dr Riley of Jackson said

"We had some patients in the hospital where the people were Faith Healers They wanted to bring the chiropractor in and they asked me if it was all right. I said 'No' They went to the superintendent of the hospital and she said 'No' Then they went down to the City Commissioner,

(*Continued on page* 1488—*adv xvi*)

SATISFYING HUNGER *in* DIABETES

When you prescribe for a diabetic patient keep in mind the efficacy of Knox Gelatine as an agent for satisfying appetite without violating the most rigid protein diet.

Here is the purest of gelatine, uncolored, unflavored and unsweetened. It may be combined with such fruits, vegetables, and other foods, as are prescribed for a diabetic patient—and served as a dish *so appetizing in taste and appearance, so satisfying in bulk,* that the most eager appetite will find itself happily abated.

Recognized dietetic authorities have prepared dishes made with Knox Sparkling Gelatine that are a real contribution to the successful treatment of diabetes. Here are two recipes that will aid you in giving diabetic patients complete instructions for home co-operation with your treatment.

KNOX *is the real* GELATINE

Contains No Sugar

JELLIED VEGETABLE SALAD (*Six Servings*)

	Grams	Prot.	Fat	Carb.	Cal.
1 tablespoon Knox Sparkling Gelatine	7	6	—	—	—
¼ cup cold water 1½ cups hot water	—	—	—	—	—
1 teaspoonful whole mixed spices	—	—	—	—	—
½ teaspoon salt, ¼ cup vinegar	—	—	—	—	—
½ cup chopped cabbage	50	1	—	3	—
½ cup chopped celery	60	1	—	2	—
½ cup canned green peas	40	1	—	4	—
½ cup cooked beets, cubed	40	1	—	3	—
Total	10	—		12	23
One serving	2	—		2	15

Soak gelatine in cold water for five minutes. Bring to boil water salt and spices. Pour on gelatine to dissolve it and add vinegar. When jelly is nearly set, stir in the vegetables, pour into mold and chill until firm. Unmold on lettuce and serve with salad dressing. Garnish with sprig of parsley or strip of pimento.

JELLIED CHICKEN IN CREAM (*Six Servings*)

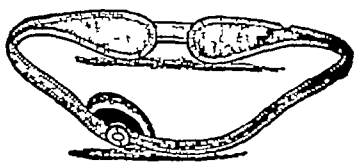
	Grams	Prot.	Fat	Carb.	Cal.
1 tablespoonful Knox Gelatine	7	6	—	—	—
¼ cup cold chicken broth or water	—	—	—	—	—
1½ cups boiling chicken broth, fat free	—	—	—	—	—
½ teaspoon salt	—	—	—	—	—
Pinch pepper	—	—	—	—	—
1 cup cooked chicken, cubed	125	24	20	—	—
¼ cup cream, whipped	55	1	22	1.5	—
Total	31	44	1.5		325
One serving	5	7	—		23

Soak gelatine in cold liquid for five minutes and dissolve in hot broth. Season with salt and pepper and chill until nearly set. Fold in chicken and whipped cream. Turn into molds and chill until firm. Serve on lettuce or garnish with parsley and strip of pimento.

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(*Continued from page 1486—adv xiv*)

I guess, to get action and allow them in In the meantime the patient died.

"We had another situation We had a man in town who said he had gotten an M.D degree from some place in Georgia. He got this degree about 1903 or 1904 He took up osteopathy and worked on that Then he decided it wasn't very profitable, so he tried for a reciprocity The board denied him, but I guess he got it through the court Now he practices osteopathy and surgery and anything that he cares to in the city hospital, but they do not allow him in the Sisters' Hospital"

The discussion ended, as do many in all Houses of Delegates, in referring the matter to the Council

There were four pages of discussion regarding the establishment of general hospitals by counties with state aid, and then the question of establishing county departments of health with state aid was injected and became the dominant subject. A motion to appoint an investigating committee on the subjects was lost by a vote of 12 to 23

Then followed a five page discussion on free medical service during which some one moved that no doctor should treat a case in a free clinic unless the patient brought a letter from a doctor All motions to investigate the problem were lost, but later the discussion was renewed covering about seven more pages of the Journal A motion to investigate the problems was finally carried

SOCIAL HYGIENE IN WASHINGTON STATE

The November issue of *Northwest Medicine* contains a leading article on "The Progress of Social Hygiene in Washington" by Dr W R Jones of Seattle, who says

"Seattle in 1913 established the first municipal venereal clinic in the United States In 1917 Seattle and Tacoma were the first cities to consider prostitution a health department and not a police problem, when they locked up their "part-time ladies as disease carriers"

"The present Seattle venereal clinic is recognized as nearest meeting the approval of four divergent interests, the sick one, wanting all he can get for nothing, the doctor, losing patients to the clinic, the health department, striving to reduce venereal disease, and the public, paying the bills Only indigents and persons who are a distinct menace to the public health are given treatment in the public clinics"

Concerning houses of prostitution the author says

"The vice industry for its own protection tries to eliminate disease carriers Girls are no longer

(*Continued on page 1490—adv xviii*)

When this *Trawler* makes port

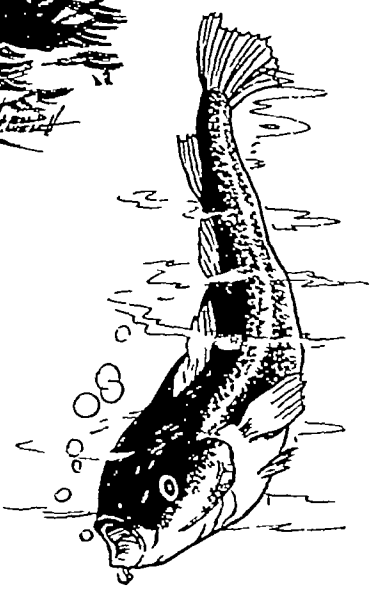


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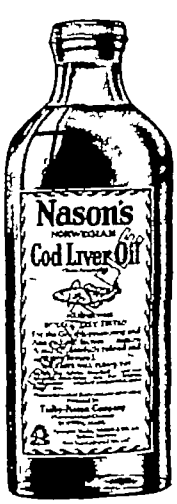
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(*Continued from page* 1488—*adv xvi*)

led astray They break loose and run The madames encourage girls to keep on the straight and narrow path, otherwise they become competitors Competition is so keen that in some places sex perverts are used as business boosters

"The chain store system has invaded the brothel with the same methods and results as in other lines, cutting prices and catering to certain classes as sailors, loggers or the like In all possible ways they stifle competition Both customers and girls are given consideration Girls are given regular working hours and good quarters with sanitary conveniences

"A new girl must first be examined before going to work, and old ones reexamined frequently for venereal disease Big business, like the privilege of examining girls, is given to a physician by some previous arrangement Flexible thoroughness of examination, cheapness and political expediency are all of importance

"Girls with a venereal disease are not permitted to work, neither are they turned out They are sent to the public clinic or some private physician who is willing to take a chance on being paid for treatment They always pay the doctor the first call, often the second and occasionally the third"

Medical certificates are discussed as follows

"The Washington law prohibits the giving of certificates as to freedom from venereal disease In reality, doctors feel that a certificate is a recommendation for the girls So long as the hotel clerk and bell hop and taxi driver and her 'steady' recommend her so highly, the doctor's recommendation is superfluous Health certificates in the hands of prostitutes are now passe"

Educational lectures are given and the author says

"A lot of buckaboo relative to social hygiene and venereal disease has hitherto been broadcast by well-meaning but misinformed individuals who did not entirely confine themselves to truth The distribution of social hygiene information belongs to the medical profession The Social Hygiene Committee and the Public Health League cooperate to place physician speakers before any lay audience that is receptive They even furnish speech material and illustrations All lectures furnished are as a physician would give them and entirely without sentiment"

The author discusses personal instruction as follows

"A minimum of sexual instruction may well suffice for the person of high school education The girl can be merely told to leave the genitourinary apparatus entirely alone, except for cleanliness, that if she has sexual relations, one of two things will eventually happen, she may be lucky a few times but the inevitable will come She will either become pregnant or contract ven-

(*Continued on page* 1492—*adv xx*)



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(*Continued from page 1490—adv xviii*)

ereal disease, probably having both experier

"With this impressed on the memory, the telligent girl can be trusted so long as she s sober When drunk, no one can be trusted last is not limited to the younger generation

"The boy can be told about the same It he relations with a clean girl, she will likely bec pregnant, if with the other kind, it is only a q tion of time until he becomes diseased It game that cannot be beaten"

The author's opinion regarding the incidence venereal disease is as follows

"An estimate from what we have learned wo be that one and one-half or two per cent of total Washington population is syphilitic, two one-half or three per cent of the industrial wo ers are, ten to twelve per cent of the crimi element, as represented in the reformatory penitentiary, are luetic Five per cent of feeble-minded and seven to ten per cent of adult insane have syphilis, seasoned prostitu approximate twenty-five per cent syphilitic, chippie, fleet follower, or dance hall girls lower, perhaps twenty per cent, because of having had time enough to acquire the infecti

"Including gonorrhea, at least fifty per cent the prostitutes are venereally infected and of younger, those around twenty years old, perha seventy-five per cent are."

VIOLATION OF NARCOTIC LAWS

Kentucky is having trouble with some of doctors who violate its narcotic laws The Oct ber issue of the *Kentucky Medical Journal* co tains a report of the Council of the State Socie in which the violations are discussed as follows

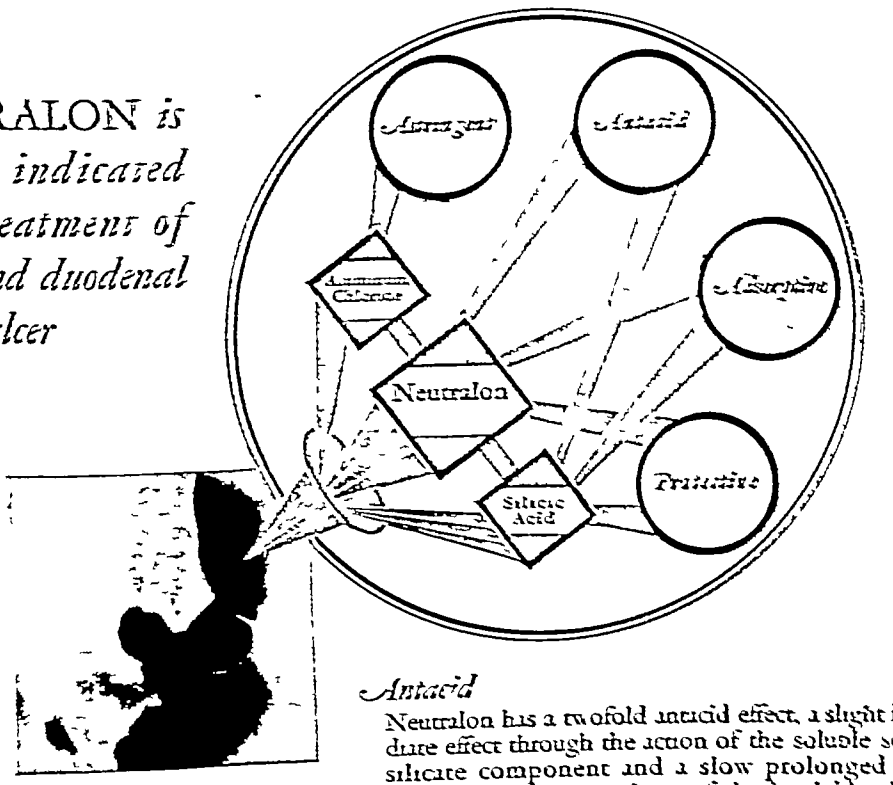
"Again this year a considerable number physicians have been convicted in the State Federal courts for violation of the narcotic prohibition laws Acting under your instruction the Council has, or will, when their penitentiar terms have expired, prefer charges against eac of them with the view of revocation of their ce tificates to practice medicine in Kentucky Th Council finds that the administration of thes laws, which are approved by a vast majority o the physicians of Kentucky, has been made un necessarily irksome to the competent, honest, self respecting members of the medical profession b their violation by the very small minority wh have continued to ignore their plain purposes an provisions Regardless of individual opinion a to the wisdom of such a law, it is now wel known by every physician in Kentucky, and in every possible way the public should be taught, that, under Federal law, narcotic habitués are not considered as having a disease and that they can not be treated by providing narcotics under any circumstances It is equally plain that alcohol in

(*Continued on page 1494—adv xxii*)

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Neutralon and the silicic acid adsorb albumen and excess pepsin so that the harmful digestive action of pepsin on the ulcerated wall of the stomach is hindered

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DOSAGE The usual dosage of Neutralon is a teaspoonful stirred in half a glass of water three times daily, before meals when the protective and astringent action is required, and after meals as an antacid.

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(*Continued from page 1492—adv xx*)

any form can only be prescribed legally for patients who have actually been examined by, and who are under the treatment of the physician writing the prescription for a definite disease in which such alcoholic medication is indicated It is with regret that the Council notes the reports of the Federal authorities that they are finding frequently prescriptions for alcoholic beverages signed by physicians who have not only not examined these patients, but they have not infrequently been issued in fictitious names, and that, in some instances, these prescriptions were filled for the physicians themselves Such action is a breach of trust that is absolutely inexcusable, and any member of our profession who prostitutes the duty imposed upon him by law, of determining whether medicines containing alcohol shall be used in the treatment of disease, deserves no sympathy when he is indicted and imprisoned"

EXPERT TESTIMONY

The November issue of the *Rhode Island Medical Journal* refers editorially to medical testimony at a murder trial in New York State where two doctors swore the defendant was sane and two others that he was insane The editor had the Rhode Island law in mind when he said

"The medical profession should get behind legislation which would tend to make impossible the present spectacle of members of the medical profession forced to examine an individual separately for the defense and another group separately for the prosecution If it were stipulated that the State should employ one expert and the defense another, and that these two should agree upon a third, or, in case they could not agree, that the State Medical Society should name a third expert, and that these three medical men should constitute a commission to examine the defendant jointly, and report as a commission, we would immediately strike a serious blow at the present commercialism which exists too frequently in medical expert testimony Such a move should be backed solidly by the medical profession, and there is every reason to believe that if the medical profession should agree on this type of legislation, it would meet with the highest cooperation of the legal profession, especially that part of it constituting the Attorney General's office But until such time as this action is taken by the state medical society, or by the American Medical Association, it is probable that the present unfortunate situation will continue to exist, and a house divided against itself cannot command respect"

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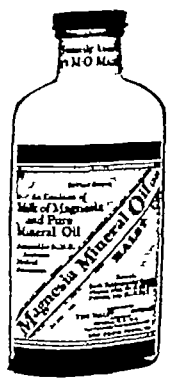
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PRACTICING COMMUNITY HEALTH

In the President's page of the *Wisconsin Medical Journal* for November, Dr F J Gaenslen describes contrasting conditions in the practice of community medicine as follows

"In discussing the subject some months ago with a physician in a small community, one of eleven hundred people, it was learned that this physician some years ago on his own initiative inaugurated a campaign of Preventive Medicine which could well serve as a model for us all perhaps in some modified form In the first year of his campaign he paid special attention to the prevention of goiter In the second year he stressed toxin-antitoxin treatment for the prevention of diphtheria and vaccination against smallpox. In his experience the objectors gradually dwindled to practically zero, the great majority of parents wishing their children to have the preventive measures advocated, without questioning While in this case the school board furnished and paid for materials used the physician did the work without compensation The physician, while fixing his attention in a given year on some particular phase of prevention, no efforts were spared in his daily contact with families to give proper guidance in whatever health matters presented themselves

"In contrast to the above the following may be of interest In a community of five hundred there was an active demand for the protection of school children against diphtheria Funds were available for the necessary material, also for compensation for individual services, but the difficulty was in finding a physician to do the work The suggestion that nurses be entrusted with this work was wisely and properly declined While local conditions may have justified the physicians in declining to undertake the work, the situation is to be deplored because the work must and will be done, if not by local physicians then by physicians sent by the State Board of Health as the problem clearly involves public welfare

"Situations such as the latter smooth the way for state medicine by preparing the public to look to the state more and more in matters of health To our way of thinking, community health should find its chief supporters in the medical profession The control is still in our hands, but forfeiture is not far distant, unless we measure up to our responsibilities in a broad and generous spirit."

The President's warning will apply equally well to New York State, but the New York physicians have wisely promoted anti-diphtheria campaigns through their County Medical Societies, and have brought toxin-antitoxin within the reach of every child

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EDUCATIONAL COMMITTEE IN ILLINOIS

The Illinois State Medical Society has a committee on Popular Medical Education whose work is described in the November issue of the *Illinois Medical Journal* as follows

"Your Committee has been represented at the organization meetings of the Elks Foundation for Crippled Children and satisfactory plans have been set up for crippled children's clinics

"The Chicago Woman's Club has been especially interested in promoting an educational campaign concerning cancer

"The Committee has been represented on the Advisory Council of the Child Hygiene Division of the State Department of Health The Council has approved a plan for work in several counties of the state which will require the cooperation of the Medical Society, Dental Society, and certain lay groups

"Other groups mentioned in this report are the Illinois Federation of Women's Clubs Hundreds of speakers are sent to the women's clubs over the state The Chairman of Public Health and Child Welfare of the Federation has worked very closely with the Educational Committee

"The Illinois Congress of Parents and Teachers and the Educational Committee have also worked together during the past few years

"Cooperation has been given the Chicago Woman's Aid, the Jewish People's Institute, the American Public Health Association, the Illinois State Dental Society, The Home Bureau organization of the state, the Farmers Institutes, the Kiwanis Clubs in promoting Boys' Week, the State Department of Health, and the Woman's Auxiliary

"The Committee has had splendid response from some of the lay-health groups when calls have been made upon them Physicians from many different states have called upon the Committee for copies of radio talks, for outlines for popular health talks, and for books of clippings

"Each member of the Educational Committee gives many hours of time to checking over all the press articles before they are released, in making sure that all talks which are broadcast over the radio are suitable for the public and in keeping with the policies of the Illinois State Medical Society Valuable time is also given in order that representatives of the Committee may meet with representatives of these many lay groups to talk over problems which affect both the medical profession and the public Hundreds of physicians all over the state are cooperating in every way possible to promote this health education campaign"

OKLAHOMA STATE MEDICAL ASSOCIATION

The Oklahoma State Medical Association was formed in 1905 by the merger of the Indian Territory Medical Association (founded 1881) with the Oklahoma Territorial Medical Association (founded in 1893) The November issue of the State Journal, speaking of the progress of the State says

"The medical profession at all times was abreast of, if not far ahead of, the various stages of evolution and organization through which the territories passed into the State Some localities, in fact many localities, erected hospitals, and these were erected by individual physicians, not organizations backed by the State or powerful financial interests As a rule, these hospitals were far ahead of the localities in which they were located One could get his appendix removed long before he could attend any sort of an opera or enter a restaurant and order a boiled lobster or soft-shelled crab Whenever anything medical was undertaken it was based upon and constructed along the lines of modern knowledge up to that time The Oklahoma State Medical Association, and its honored predecessors, the two Territory Associations, did their share and fulfilled their function in keeping pace with modern advances and the demands of a broader knowledge of medicine

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PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

VOL. 29, NO 24 NEW YORK, N Y December 15, 1929

THE INTERPRETATION OF GASTRIC ANALYSES*

By ALBERT F R. ANDRESEN, M D, F.A.C P, BROOKLYN, N Y

THE value of examination of gastric contents as an aid to diagnosis has often been seriously questioned, and recently such an authority as Smithies stated that he had abandoned gastric analysis entirely in favor of other diagnostic procedures It therefore becomes desirable to inquire into the causes of this skepticism in regard to a diagnostic method which has been in such extensive use for the past three decades

Before the advent of fractional gastric analyses, the examination of the single specimen of gastric contents usually ¾ to 1 hour following an Ewald meal, was considered all-important in the diagnosis of gastrointestinal disorders The acidity of the contents was the finding upon which all the stress was laid, although some observations were made on color, chymification, admixtures and microscopic findings Adopting an arbitrary normal acidity, observers prated of hyperacidity, hypoacidity, anacidity and various subdivisions of each, and therapeutic procedures, i e, the administration of alkalis or acids, were based on these diagnoses, little attention being paid to the real disease entity causing the secretory changes With improvement in Roentgen Ray diagnosis, many clinicians began to feel that gastric analysis after a test meal was rather superfluous, the only really valuable findings occurring in specimens removed from the fasting stomach In 1914, Rehfuss, the first to popularize fractional gastric analysis by the invention of his flexible stomach tube and by his invaluable physiologic researches on gastric secretion, showed that the high point of the acid secretory curve following a test meal was not necessarily at the ¾ or 1 hour point, but might occur before or more frequently long after this time. He also showed that in normal individuals acid values might be double or triple those formerly considered the highest possible normal values There came then a shift to fractional analysis, and the enthusiasm with which many clinicians went into this work and insisted that certain diseases would produce characteristic curves inevitably resulted in disappointment. As early as 1916, we[1] pointed out that no direct diagnosis could be made from the acid curve, but that of much greater importance was the information to be gained in regard to gastric motility and the origin of bleeding or the location of ulceration in stomach and duodenum An absence of acid secretion during two hours after an Ewald meal was considered to be evidence of a true achylia, until within recent years, when it was shown that many stomachs which failed to respond to the stimulus of the crackers and water would secrete normally or even excessively when stimulated by histamine given hypodermatically So that within the past two years fractional gastric analysis following the hypodermatic administration of histamine dihydrochloride has practically superseded other methods of gastric analysis

TECHNIQUE

The technique followed by us at the Long Island College Hospital in the examination of gastric contents, only slightly modified since the use of the histamine, and with but minor changes since an[2] article on the subject published three years ago, is as follows

1 The patient is given the usual duration meal of one-half cup of half-cooked rice and one dozen raw raisins eight or ten hours before applying for the test, and nothing to eat or drink thereafter

2 On morning of test, the Rehfuss tube is immediately introduced into the stomach and all fasting contents are removed and measured

3 The stomach is lavaged two or three times, or until clear by having the patient drink three or four ounces of water alongside the tube and removing it by suction through the tube. The stomach can thus be demonstrated to be empty

4 With the tube in situ, the patient is given 300 c c of water to drink, and during the swallowing of this water is given 3 c.c of a 1 1000 solution of histamine dihydrochloride (Imido, Roche) hypodermatically By the old method powdered cracker was added to the water, its place now being taken by the histamine, which begins to induce secretion at about the time of the

* Read at the Annual Meeting of the Medical Society of the State of New York - Utica N Y June 5 1929

first fifteen minute interval and therefore corresponds closely to the cracker and water meal

5 At fifteen-minute intervals after the taking of the water meal and histamine, specimens of gastric contents, 4 to 6 cc at a time, are removed and placed in a row of bottles, being filtered if their consistency is too thick

6 At the 1½ hour point, the stomach is completely emptied through the tube, the residue obtained being measured This emptying is not to be done unless one or two of the later specimens have been stained with bile This often does not occur for from two to three hours If no duodenal regurgitation occurs over a longer period, the examination will have to be terminated Such delay is due either to pylorospasm or to pyloric stenosis

7 With the patient lying down and the abdomen exposed the stomach is inflated through the tube, the size and shape of the stomach and the location of the greater curvature being noted

8 The tube is withdrawn and the patient is given a drink of water and a short rest before receiving further instructions in regard to his gastrointestinal study

The *examination* of *the specimens* obtained is done in accordance with the following routine and all the findings are immediately entered upon a chart which becomes a part of the patient's record

1 The first or duration specimen, having been measured and titrated, is examined microscopically for rice or raisin residue, gross blood or pus or other admixtures A slide specimen, stained with Lugol's solution, is then examined microscopically for starch granules, raisin fragments, other food remnants, yeasts, sarcinae, lactic acid bacilli, blood, pus, giant cells, carcinoma cells, parasites or other cytologic evidences of disease In the absence of free hydrochloric acid, a few drops of a filtered specimen are dropped into a very dilute ferric chloride solution to test for lactic acid The information to be obtained from this single fasting specimen is often of more value than that obtained from all of the remaining specimens, and the examination should be performed without delay and with the greatest possible care

2 All specimens, including the fasting specimen, are examined for free hydrochloric acid and total acidity, 1 cc of the contents being titrated against 1/100 normal sodium hydroxide solution, dimethylamidoazobenzol and plenolphthalein being used as indicators The acid values therefore are the same as when using 10 cc of contents and 1/10 normal solution These acid values, being charted as tested, produce curves of acidity for diagnostic study (see figures)

3 Bile, mucus, pus and other gross admixtures may be noted from their color and microscopic appearance

4 Blood, if visible, is charted as $^{v}+^{\circ}$, if occult $+^{\circ}$ Occult blood is tested for as follows a few grains of a mixture of two parts (by volume) of benzidin and one part of barium dioxide, is rubbed up in a petri dish with enough glacial acetic acid to produce a thin, smooth smear on the bottom of the dish A drop of each specimen to be tested is then dropped around the outer edge of the mixture, a deep bluish black color at the margin of contact between the specimen and the reagent being evidence of the presence of occult blood Eight or ten specimens may be examined with one preparation

5 Formerly a Wolff-Junghans test was performed on each specimen and a curve produced, which, however, was found to be of doubtful significance The test was therefore abandoned

Interpretation

Following this technique, there are three groups of findings which are of value in the diagnosis of gastrointestinal disorders, namely, the secretory findings, the motor findings and certain incidental findings

Secretion

The *secretory findings* are entered on a suitable chart, the curve of free hydrochloric acid being represented on our charts by the dotted line, the total acidity by the solid line

Much confusion seems to have been generated in the minds of clinicians as a result of the publication of physiologic research in connection with the factors concerned in secretion of the gastric juice Reading about the various phases of gastric secretion—cephalic, gastric and intestinal, and the continuous phase—has made us wonder what our curves mean The various explanations for the rise and fall of the acid curve—diminishing secretion, secretion of more chlorides in the form of sodium chloride than of hydrochloric acid, or the neutralization of the acid by regurgitated alkaline duodenal contents or swallowed saliva—also have seemed to affect the value of our curves as diagnostic indicators The fact remains, however, that what we are dealing with when we study the secretory curves, is the result of the interplay of all these various factors, the upper gastrointestinal tract acting as a homogeneous mechanism to produce a digestive juice sufficiently powerful and for a sufficient period of time to digest a given meal The secretory curve resembles the curve of reaction of any living tissue to a stimulus, and the method of its production does not need to be considered in making clinical deductions from its characteristics

The normal type of acid curve (Fig 1) shows an increase in acidity during the first ½ to 1½ hours following the administration of the test meal or histamine, and a subsequent decrease A similar curve might be made to represent the reaction of muscle or nerve tissue to any given electric or other stimulus The height of the curve was shown by Rehfuss to vary markedly in different normal individuals, so that the principal in-

dication of normalcy is not the height, but the characteristic rise and fall of the curve This type of curve is rarely if ever found in patients with gastrointestinal disorders Only two possible variations from the normal acid curves, the reflex type and the achylia type, can be recognized

Continued secretion, producing what we have long called a *reflex type* of curve (Fig 2) is characterized by the rising curve or level line of acid secretion with no drop in the second hour and represents a condition in which the response to a stimulus fails to stop at the usual or normal time Such a curve would have to be due either to an excessive or continuous stimulus or to an increased irritability of the gastric glands The continued stimulus may be produced by the continued presence of material in the stomach as a result of pyloric spasm or narrowing, and the increased

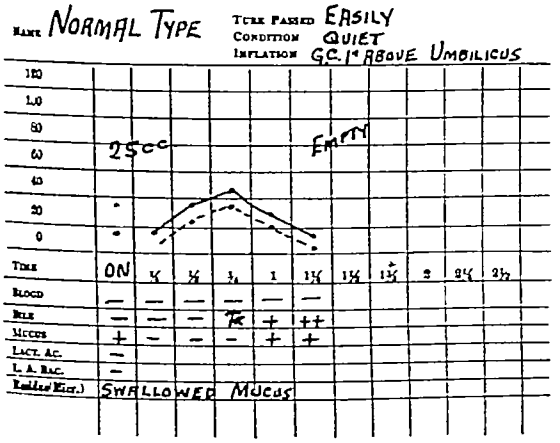


FIGURE 1

Secretion Acid curve down after one hour
Motility Slight fasting residue Empty 1¼ hours
Admixtures Bile regurgitated at end No blood

irritability may be a result of disease within the stomach, or outside of the stomach, but reflexly irritating it It may always represent some degree of gastritis When the reflex curve has persisted for a long time, the glands may take longer to stimulate, and "false achylias," with no secretion in the first hour, but continued secretion later, may result The reflex curve of acidity has been found to occur, especially during the early stages in any abdominal, pelvic, endocrine or nervous condition producing so-called reflex or retrostaltic gastric symptoms, such as fulness, belching, heartburn, sour regurgitation, vomiting, etc It is therefore found in peptic ulcer, early biliary tract diseases, appendicitis or colitis, and in pelvic or genito-urinary conditions, hyperthyroidism, menopause, early tabes, etc.

Absence of acid secretion or *achylia,* represented in (Fig 3), may be due to failure of the acid-secreting glands as a result of disease, pressure or destruction, or to rapid and continuous neutralization or the acid by a constant and profuse regurgitation of the alkaline duodenal contents, as seen in marked relaxation of the pylorus or after operations Although not rare in younger individ-

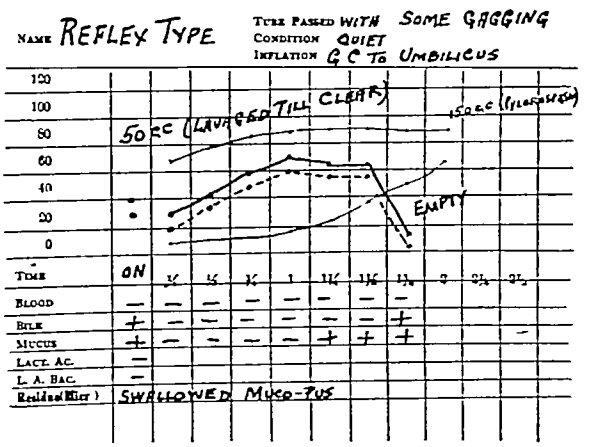


FIGURE 2

Secretion Acid curve rising or level till empty
Motility Moderate fasting residue Rapid or delayed emptying
Admixtures Bile present or not No blood

uals, it is usually found in patients past middle life who have been suffering for a long time from the conditions mentioned before as producing reflex continued secretion, in advanced carcinoma, syphilis and tuberculosis involving the stomach or associated with gastric disturbances, in certain endocrine disturbances such as Addison's disease and advanced hyperthyroidism, during the crises of tabes dorsalis, and in many long-continued wasting diseases Just as with reflex continued secretion, which we consider as evidence of a

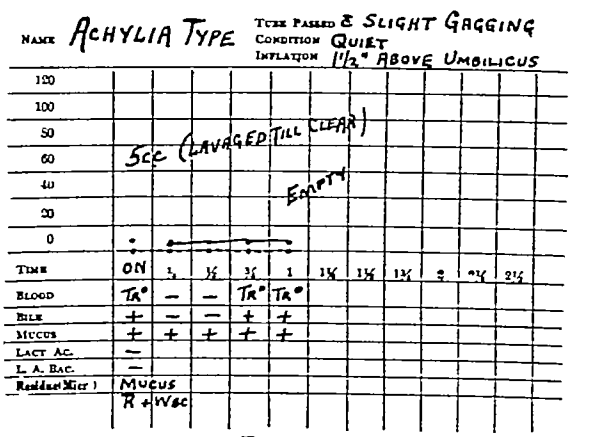


FIGURE 3

Secretion No free HCl
Motility Small overnight residue Rapid emptying
Admixtures Early bile regurgitation Occult blood from congestion

chronic gastritis with irritation of the gastric glands, so we consider achylia in most cases as essentially due to a more prolonged chronic gas-

tritis, with inflammation, thickening or atrophy of the acid secreting glands Where excessive neutralization has occurred, as in excessive regurgitation of duodenal contents, in profuse bleeding or in conditions producing much serous discharge (as in carcinoma), this may be sus-

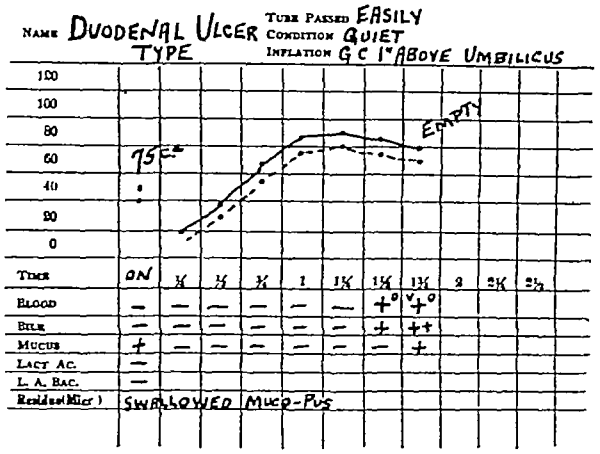


FIGURE 4

Secretion Reflex type of curve
Motility Rapid emptying (usually)
Admixtures Blood in regurgitated bile

pected from the color of the contents and from the excessively high total acidity (high combined acid)

MOTILITY

As a test of gastric motility our method of fractional analysis gives very valuable informa-

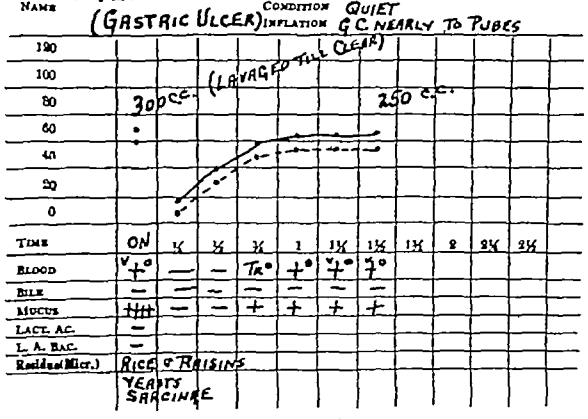


FIGURE 5

Secretion High in residue Rapid rise
Motility Overnight retention Large residue at end
Admixtures Blood in specimens from pylorus—gastric ulcer No blood in a duodenal ulcer
In fasting contents Food remnants, yeast and sarcinae

tion The quantity and character of the first or retention specimen is a well-known index of pyloric obstruction A large amount of this overnight residue and the presence of gross rice and raisin particles has always been considered good evidence of an organic narrowing at the pylorus Even the finding of microscopic starch granules has been thought significant of a moderate degree of narrowing and though this may be considered true in the case of ambulatory patients sitting in a chair and moving about, it is a sufficiently frequent finding in hospital patients lying at rest in bed to be considered of no importance in such cases The quantity obtained at the end of two or two and one-quarter hours after a cracker and water meal and one and one-quarter hours or one and three-quarter hours after the water meal and histamine is another valuable aid in the determination of gastric motor efficiency The water meal has been combined with the hypodermatic administration of histamine in order to get the benefit of this test of motility The normal stomach should be empty or should contain not more than 50 or 75 cc at the end of that time A very small residue at the two or one hour period or

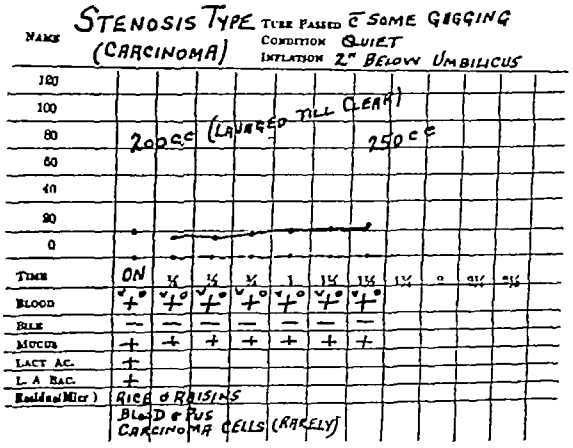


FIGURE 6

Secretion No free acid
Motility Overnight retention Large residue at end
Admixtures Blood in all specimens
In fasting contents Food remnants, lactic acid, lactic acid bacilli and carcinoma cells (rarely)

the finding of an empty stomach before this time (see Fig 3), would indicate a hypermotility, and is met with in achylia and quite frequently in duodenal ulcer It is also seen in cases in which the pylorus is held open abnormally by adhesions or infiltration A large residue, 150 cc. or more, is usually indicative of either pylorospasm or pyloric stenosis, although it may occur temporarily in atonic, ptosed stomachs

In severe pyloric stenosis, or in hour-glass constriction, we should find a large overnight residue, with gross rice and raisins or other food remnants present, and a large residue at the end of the analysis (See figures 5 and 6) The amount obtained at the end may be larger than the original 300 cc test meal, due to the addition of gastric juice In incomplete stenosis, rice and raisins

may be retained, but the thin test meal may be rapidly expelled

In pylorospasm the retention specimen would show no rice or raisins and would not be large in amount, but the residue at the end would be large, due to the temporary delay from the spasm (see Fig 2)

In some ways this functional test of motility is more valuable than the radiographic findings A six hour gastric retention of barium is not always indicative of pyloric stenosis, and even a twenty-four hour retention is often caused by a temporary dilatation associated with only partial narrowing due to irritation or edema caused by the patient's idiosyncrasy to milk or buttermilk The check-up by means of fractional analysis is invaluable in these cases

Admixtures

Bile is an admixture whose appearance should be waited for in every fractional gastric analysis Normally it occurs frequently in the overnight residue, and in the course of the gastric analysis it begins to be regurgitated into the stomach at the time when the pylorus is relaxed, toward the end of the period of examination—at one and one-half to two hours after the cracker and water meal and at three-quarters to one hour after the water meal It can be recognized by the fact that it stains the gastric contents yellow or green Its presence is of value in that it indicates that duodenal contents have been regurgitated and that the coincident appearance of other admixtures, such as blood, would almost surely indicate that their origin is in the duodenum The presence of bile would preclude the presence of a total pyloric stenosis, while its absence, except in cases of obstructive jaundice, might indicate either stenosis or severe and prolonged pylorospasm

Blood is an important admixture Its presence in the first and succeeding specimens removed might be due to swallowed blood from the mouth, upper air passages or esophagus, and is therefore of no positive diagnostic value so far as gastric bleeding is concerned Blood beginning to appear in the later specimens and becoming definitely visible in the specimens showing plainly the regurgitation of duodenal contents (bile stain), almost invariably indicates that its origin is in the duodenum (see Fig 4), and is most frequently due to duodenal ulcer, although it also occurs occasionally following an attack of gall-stone colic (trauma of common duct) and would be found in the rare cases of carcinoma involving the duodenum The blood from the raw surface of an ulcer has a characteristic appearance, occurring in the form of small distinct flakes giving very powerful occult blood reactions and showing more or less changed blood cells microscopically This coincident appearance of blood and bile is of the greatest diagnostic significance and has repeatedly been confirmed by the finding of duodenal ulcer at operation It is of particular value in the cases where the Roentgen Ray fails to differentiate between duodenal deformities due to ulcer and those due to gall-bladder adhesions, and in cases of partial pyloric stenosis in which the ulcer can thus be located in the pre- or post-pyloric region In complete pyloric stenosis the absence of blood would indicate a post-pyloric ulcer (see Fig 5)

The finding of occult blood only is not of as much value as the finding of visible blood, but we are beginning to feel that it may be indicative of a surface irritation due to an intense gastritis or duodenitis A diagnosis of this kind has been almost invariably confirmed by the Roentgen findings suggested by Eastmond, Rendich and others as being due to inflammation without ulceration

The absence of blood is also of much diagnostic value For instance, carcinoma of the stomach can almost be excluded when no blood is found, the cases of interstitial scirrhous carcinoma, not involving the mucosa and causing ulceration, being very rare It will aid in the differentiation between extrinsic and intrinsic stomach wall tumors The finding or absence of blood will also often help to distinguish between active and old healed ulcers, and is a valuable aid in determining the success of measures to stop active bleeding from peptic ulcers

Mucus and pus are most frequently of upper respiratory origin, although mucus is present in excess in chronic gastritis and mucopus in ulcerating carcinoma

In pyloric stenosis the microscopic study of the overnight residue is of further importance In benign stenosis, due to ulcer or adhesions, yeasts and sarcinae will be found, whereas in carcinoma, when achylia is present, lactic acid bacilli and giant cells may be present In the latter case, lactic acid will also be found chemically

Carcinoma cells are rarely recovered by the gastric tube, but where found their significance is obvious

Inflation

Inflation of the stomach with air through the gastric tube before its withdrawal is a simple procedure and is often a more reliable method of determining the size and position of the stomach than is the r-ray The heavy barium mixture often indicates apparent gastroptosis, when inflation shows the greater curvature to be well above the umbilicus, the lowest normal point Occasionally hour-glass stomach can be recognized visually by this method and palpable abdominal tumors may be localized by studying the way they disappear or are accentuated by the inflation

Clinical Data

The correlation of the different findings described previously is of the greatest aid in arriving at a diagnosis of gastro-intestinal conditions In the following diseases fractional gastric analysis offers much of diagnostic value.

In *gastro-duodenal ulcer* the findings may vary as follows In gastric ulcer the acid curve is not characteristic, but a high normal curve is frequently met with, in duodenal ulcer the reflex curve is the rule However, achylia is occasionally met with in both conditions, and when found associated with gastric ulcer brings up the suspicion that the ulcer may be malignant. The motility will vary with the location of the ulcer If near the pylorus, pylorospasm may result, causing delayed emptying without overnight residue, or the pylorus may become actually occluded, when the overnight residue of rice and raisins will be the important factor An ulcer of the body of the stomach will usually cause no motor disturbance, while one in the duodenum frequently produces a gastric hypermotility, as evidenced by early emptying of the stomach The significance of the appearance of blood in the gastric contents in ulcer cases has already been explained, blood in all specimens from the stomach being a necessary concomitant of active gastric ulcer, blood in regurgitated duodenal contents being practically characteristic of duodenal ulcer The presence or absence of blood may also help to decide the question of the activity or even the existence of ulcer where deformities of the stomach, duodenum or jejunum, either before or after operations, are seen by *x*-ray, but are often impossible of differentiation as between active ulcer, ulcer scar or adhesions Inflation will demonstrate the dilated stomach of pyloric stenosis, and often the constricted middle of the stomach in hour-glass narrowing

In *gall-bladder disease* the findings by gastric analysis would consist mainly of evidences of gastric and duodenal irritation or inflammation as manifested by a reflex continued secretion in the early stages and achylia later, by evidences of pylorospasm with delayed emptying and by the presence of occult blood from the pyloric and duodenal regions The passage of a gall-stone may also produce evidences of active bleeding into the duodenum

In *appendicitis,* less so in *colitis,* and again more prominently in proctitis and other causes of rectal symptoms, the gastric findings consist mainly of evidences of reflex irritation—the reflex acid curve and the delayed or hurried emptying of the stomach The same is true of cases in which there are gastric symptoms resulting from disorders of the pelvis or the genito-urinary tract In the later stages of all these conditions achylia may be found

Gastric carcinoma in its early stages and even in the advanced cases, does not always show the achylia so often described as characteristic In 25 per cent of our cases there was a normal or even heightened acid curve The motility findings vary—there may be normal or increased motility in carcinoma of the body of the stomach, increased motility where a carcinoma stiffens and keeps open the pyloric orifice, and evidences of obstruction where the carcinoma has occluded the lumen either as a result of its great size or its location in the pyloric ring Blood is a constant finding except in the rare instances where there is an infiltrating carcinoma not involving the mucosa The persistent finding of blood may often be a deciding factor in making a diagnosis of beginning recurrence of carcinoma after operation or radiation In pyloric obstruction with achylia, the finding of lactic acid and the Boas-Oppler bacilli is of interest, but it must be remembered that the combination of obstruction and achylia due to other causes than malignancy (syphilis, tuberculosis or simple adhesions) may also result in the growth of these bacilli On the rare occasions when fragments of carcinoma tissue are recovered on aspiration a definite pathologic diagnosis may be made by gastric analysis This occurs only in advanced cases, and it may yet be truly said that there is no early diagnosis of gastric carcinoma, if by early diagnosis is meant definite recognition of a carcinoma the cure of which is yet possible

Esophageal carcinoma has occasionally been recognized by the fact that it causes a delay in or obstruction to the passage of the tube into the stomach and that blood may be obtained from the region of the obstruction by aspiration or by examination of the tip of the tube after its removal Cardiospasm, if mild, may permit passage of the tube after some delay, and if severe, may prevent its passage entirely Absence of blood on the tip of the tube can not be taken as good evidence that malignancy does not exist

In *pernicious anemia,* the absence of free HCl in fractional gastric analysis following the administration of histamine has become a sine qua non in the diagnosis

In advanced *pulmonary tuberculosis* we have found that an achylia is usually present except in the cases where a peptic ulcer is co-existent, in which case the characteristic findings of this condition usually obtain The same holds true in most chronic wasting diseases

In *syphilis* no characteristic findings have been noted In the rare cases of gastric syphilis the findings may be those of either ulcer or malignancy, comparatively normal test meal findings associated with marked *x*-ray evidences of extensive indurative changes being supposedly very suggestive of syphilis

In our experience, endocrine disturbances, nervous influences and so-called visceroptosis are not often factors in causing abnormal findings by fractional gastric analysis

Summary

1 Single gastric analyses are of practically no diagnostic value

2 Fractional gastric analyses, especially where combined with the use of histamine as a secretory

stimulant and water as an index of motility, are of distinct value in the diagnosis of gastrointestinal conditions

3 Too much emphasis has been placed upon secretory findings and not enough on motor and incidental findings

4 A standard technique for fractional gastric analysis would be extremely valuable in order to correlate findings by different investigators

Discussion

Dr Irving Gray —The administration of a rice and raisin meal at night with an extraction the following morning has long been advocated as yielding important data of both motor and secretory function After the extraction of the fasting stomach, Histamin (¼ to ½ mg) is given hypodermatically and the patient is allowed to drink two glasses of water A gastric extraction is done every half hour or at the end of one hour and in those patients who have a marked sub or anacidity, fractional gastric analysis is usually carried out

We use Histamin routinely in the study of gastric secretion for it has been definitely proven to be a true stimulant of the gastric glands We have discontinued the use of crackers or bread in the study of gastric secretion because of the varying amounts of lactic acid present

Fractional gastric analysis yields so many types of normal curves that it is fallacious and rather dangerous to attempt to build a picture of gastric pathology on gastric secretory findings We reserved the use of fractional analysis for those patients who have a sub or anacidity

The importance of a standard technique which will be used routinely in all clinics will go a long way toward aiding in the interpretation of gastric secretory findings

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HEALTH SERVICE IN SUFFOLK COUNTY

By ALLEN W FREEMAN, M D.,
Professor of Public Health Administration Johns Hopkins University, Baltimore, Md.

Abstract of an address before the Suffolk County Medical Society on October 31 1929 describing the results of a survey of the present state of health service in the county made by Dr Freeman in September 1929 on the invitation of the Suffolk County Medical Society —*Editor s Note*

THE survey of Suffolk County has been a very delightful and interesting experience, particularly in relation to the similar survey of the health service of Steuben County conducted last Spring The health service of Suffolk County is unique in that it came into being as a result largely of the initiative of this Suffolk County Medical Society, and expresses in a very real sense your own desire to give the people of the county an effective and modern health service In the course of the survey the physicians of the county have been most kind and helpful and have aided the work in every possible way For this helpfulness and courtesy I am deeply grateful

Before beginning a discussion of the present health service in Suffolk County, it might be wise to devote a few moments to a discussion of modern health service in general It must, first of all, be admitted that there is no existing standard of camparison Efforts have been made by various agencies, particularly by the American Public Health Association, to establish a standard, but in spite of these the subject must still be considered as in the phase of evolution and experiment

While this is true, we all have fairly definite notions as to what a public health service really should be No one questions the need for an effective program of prevention of communicable disease We have come, however, to recognize that the routine isolation and fumigation which made up our former program have only a limited effectiveness Communicable disease control depends upon careful study and upon the precise application of the exact measures necessary to the particular situation An important factor in the study of communicable disease in any area is the assembly in a single office of the reports and epidemiologic information for all cases, in order that general sources of infection may be recognized and particular conditions promptly met The importance of immunization in a modern program of communicable disease prevention is too well known to need emphasis

We all recognize, likewise, the importance of environmental sanitation in the promotion of general health It was during the period of maximum activity in environmental sanitation that the greatest gains in reduction of mortality were made, and no health service can afford to neglect sanitation

Modern public health, however, has added to these historic conceptions of the subject a new conception, that of continuous medical supervision for health The growth of this conception has been so gradual that it is only now that its full implications are beginning to be understood Starting with the prevention of infant mortality, it was found that

In *gastro-duodenal ulcer* the findings may vary as follows In gastric ulcer the acid curve is not characteristic, but a high normal curve is frequently met with, in duodenal ulcer the reflex curve is the rule However, achylia is occasionally met with in both conditions, and when found associated with gastric ulcer brings up the suspicion that the ulcer may be malignant. The motility will vary with the location of the ulcer If near the pylorus, pylorospasm may result, causing delayed emptying without overnight residue, or the pylorus may become actually occluded, when the overnight residue of rice and raisins will be the important factor An ulcer of the body of the stomach will usually cause no motor disturbance, while one in the duodenum frequently produces a gastric hypermotility, as evidenced by early emptying of the stomach The significance of the appearance of blood in the gastric contents in ulcer cases has already been explained, blood in all specimens from the stomach being a necessary concomitant of active gastric ulcer, blood in regurgitated duodenal contents being practically characteristic of duodenal ulcer The presence or absence of blood may also help to decide the question of the activity or even the existence of ulcer where deformities of the stomach, duodenum or jejunum, either before or after operations, are seen by x-ray, but are often impossible of differentiation as between active ulcer, ulcer scar or adhesions Inflation will demonstrate the dilated stomach of pyloric stenosis, and often the constricted middle of the stomach in hour-glass narrowing

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into account, apparently, at the expense of efficiency In some cases good work is being done, and in some cases very poor work is in evidence

The picture of the school nursing service as it now exists in the county is one of unfulfilled promise There are now in Suffolk County 25 school nurses employed by the school boards and the towns As is the case with the school physicians, there is no organization, no supervision, and no attempt at standardization of the work of these nurses Some are well trained and are doing excellent work Some are very poorly trained and are doing poor work, and all gradations between these two extremes may be seen It is not too much to say that enough money is now being spent in Suffolk County on the school service to provide a comprehensive, efficient, and satisfactory system, but that the present decentralization of the work, the absence of organization and supervision, results in a service which cannot be classed as even reasonably satisfactory This problem may readily be solved through the agency of the County Health Department, though its ultimate solution may perhaps demand some amendment to existing state law

Unfortunate as are conditions in connection with school medical inspection, an additional handicap is found in the absence of organized facilities for the correction of the large number of defects discovered by the present system Under present conditions, each individual case constitutes a separate problem to the nurse, and an enormous amount of time and energy is expended in trying to provide for individual cases, when a suitable organization could readily be devised for the solution of the various problems as a whole

Here again there is need for constructive activity by the organized medical profession It is the physicians who must in the last analysis render the service It is surely not too much to ask that they recognize the fact that the problem is one of wholesale rather than of retail distribution of medical service, and attack it from that standpoint

It would be impossible to conclude these remarks without a comment on the tuberculosis service Beginning with the opening of the county Sanatorium in 1916, there has been developed a service of case-finding and treatment which is in my opinion more efficient and more nearly complete than any it has been my privilege to observe previously By close cooperation with practicing physicians, by the energetic and efficient nursing follow-up, sources of infection in tuberculosis have been discovered and treatment provided in a wonderfully satisfactory and at the same time economical fashion Too much credit cannot be given to Doctor Kolb, and to the nurses for this piece of work

It should not be inferred from what has been said, in spite of the critical tone of most of these remarks, that Suffolk County is backward in its health administration On the contrary, it has made splendid progress, and even under present conditions its health service is excelled by but a few rural counties in the United States The purpose of this survey, however, is to give a picture of the possibilities which lie before the health organization and the physicians of the county, and it is from this point of view that these remarks have been made Suffolk County has made magnificent progress, and it has before it the possibility of developing, without additional large expenditures, a health service which will be second to none in the United States In this development, however, it is absolutely essential that there be the closest possible interlocking between the work of the medical profession and the work of the health organization The problems remaining for solution can be solved by neither organization separately They can be solved without difficulty by joint action

This Suffolk County Medical Society responsible as it is for the establishment of the new health organization, has an opportunity to contribute toward the solution of some of the most difficult, and at the same time most important problems now confronting organized medicine in the United States

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THE TOXEMIAS OF PREGNANCY*

By JOHN OSBORN POLAK M D, BROOKLYN, N Y

WHEN we consider that 29 per cent of our stillbirths and macerates are the result of toxemia and that 27 per cent or more of the women who die during pregnancy or in childbed die from toxemia, convulsions or their sequellae, it is evident that there is no uniform teaching on this subject, and that too much surgery is being done on a medically sick patient It is, therefore, my purpose to consider the known clinical facts in hyperemesis, preeclampsia pregnancy occurring in the nephritic woman and in eclampsia with its convulsive explosions, in order that the practitioner may better understand the present status of this baffling sub-

* Read at the Annual Meeting of the Medical Society of the State of New York at Utica N Y June 5 1929

improvement of milk supplies alone was not effective in reducing the excessive death rate of infants Even the visiting nurse working in the home as an agent of instruction was not able to produce the best results Only when the infant welfare clinic was evolved and the habit established of bringing infants regularly for examination and advice by a physician, did the real decline in infant mortality begin

It is of interest that this decline has been observed in the class of population whose economic and social status was least favorable to hygienic living The children of the poor have been saved by substituting for the traditional curative service of the physician a continuous preventive service

The same thing was found to be true of the children in the schools Great benefit was realized from having school children seen regularly by a physician for examination and advice, and for recommendation as to the correction of defects The principle is the same The school child does best under continuous supervision by a physician rather than when seen only during periods of illness Health services in colleges and universities, health service in industry, and the so-called life extension work or periodic examination of adults, are all only an extension of this simple principle of continuous medical supervision for health

In the prevention of maternal mortality and of neonatal mortality, the same technique was developed and its usefulness is clearly demonstrated We may say, therefore, that the public health of today involves, in addition to the traditional functions of communicable disease control and environmental sanitation, the establishment and operation of a system of medical supervision for health beginning shortly after conception, and extending throughout life

Turning now to an examination of conditions in Suffolk County, we find that the county organization as at present constituted is in the way of solving in a most satisfactory and efficient manner the problems of communicable disease control and of environmental sanitation The prompt reporting of cases of communicable disease, the study in the office of the County Health Department of the reports and epidemiologic records from the whole county, the existence of trained personnel, offer a guarantee of the best possible service of this sort

In environmental sanitation your County Health Department has elaborated a program which promises the greatest possible usefulness to the county The problems of water supply and sewerage, already acute in some parts of the county, are becoming more pressing each year, and upon their solution in a large and statesmanlike way, much of the future growth and prosperity of the county will depend The establishment of the office of county sanitary engineer is a recognition of the importance of these problems

Of great importance, likewise, is the successful beginning of the work of dairy inspection and of the control of pasteurizing plants in Suffolk County, reported on this morning, in ensuring to the people of the county a safe and clean milk supply The attachment to the County Health Department of the work of eradication of tuberculosis in cattle is likewise a most happy circumstance, and will undoubtedly contribute both to the success of that particular work and to the popularization of health activity in the county at large We may say, therefore, that in communicable disease control and in environmental sanitation the road is clear before you, and there is every prospect of fruitful development

In maternal and infant hygiene, the program in Suffolk County is still to be developed The returns made by the practicing physicians of the county would seem to indicate that prenatal care is coming to be recognized as a routine and essential part of obstetrics, and that maternal hygiene, except for the very small class of the indigent population, is in fair way of solution In the setting up and operation of a system of infant health supervision, however, no such progress is observable Only a few physicians report that any considerable part of the infants under their charge are brought to them regularly for examination and advice, and only a small start has been made in part of the county in the inauguration of an organized infant welfare service A great opportunity confronts the health department of Suffolk County in the solution of this problem in a manner which will safeguard the rights of the private practitioner, preserve and strengthen the bonds between the individual and his own physician and at the same time ensure to every infant born in Suffolk County continuous and effective medical supervision from birth to the time of entrance into school

The school health service of the county presents a most interesting and in some ways depressing picture The present law requiring the annual medical examination of the school children has been in force some sixteen years and a large amount of energy and money has been expended in attempting to comply with its provisions Under the system prevailing, however, there is no supervision of the work no standard procedure, and no reasonable scale of compensation Each school trustee or board of education makes the best bargain it can with a physician Cheapness is often taken

These general principles should be supplemented with rest in bed after meals, and the internal administration of small doses of thyroid extract. Should the vomiting persist and the patient lose weight, rest in bed *with absolute isolation is to be insisted upon,* and the fluid loss made up by hypodermoclysis, enteroclysis and the intravenous injection of glucose solutions amounting to 1,000 c.c. daily of 10 per cent solution until diuresis is produced.

In 1924 and 1925 Thalhimer extended his treatment of post-operative non-diabetic acidosis to include cases of toxic vomiting of pregnancy Briefly, the method consisted in the intravenous administration of about 1,000 c c of warm 10 per cent glucose solution at the rate of from 200 to 300 c.c an hour. In addition, fifteen minutes after the injection has been begun, 10 insulin units are given hypodermically More insulin is given at intervals of an hour, until 30 units to the thousand cubic centimeters of glucose solution have been given

Although Thalhimer gave due credit to Titus, Hoffman and Givens, and to Duncan and Harding, who had administered glucose alone in cases of this sort, his method of combining insulin with glucose has not given better results than did glucose alone If this treatment is successful, the pulse will become slower and fuller, the blood pressure will rise, the urinary output will be increased, and the vomiting will diminish or cease altogether

When glucose alone or in combination with insulin fails to produce this improvement, I have employed transfusions of 300 c.c of human blood by the direct method, to which is added 500 c c of physiologic sodium chloride solution The success of these procedures has been so satisfactory that I have not had to empty the uterus for vomiting in a period of nearly seven years It must, however, be impressed on the attendant that if, under this plan of treatment properly carried out for a period of a week, diuresis is not produced and the vomiting continues, the uterus should be emptied As soon as vomiting ceases, the patient should be given solid food with a high carbohydrate content Should no improvement take place after transfusion, the uterus should be emptied under morphine-scopolamine narcosis

Pre-Eclamptic Toxemias

The situation in pre-eclamptic toxemias is not the same as in pernicious vomiting except that they both occur in pregnant women and that in fatal cases the liver is always seriously involved

In the study by Herrick at the Sloan Hospital where every toxemia of the latter months is studied by the internist as well as by the biochemist and the obstetrician, they have come to the conclusion that the woman who develops a pre-eclamptic toxemia or an eclampsia is the woman who starts on her pregnancy with defective emunctories or an unbalanced endocrine system It is the result of a dysfunction and improper correlation of the eliminative system, and of endocrine control in the individual woman My own study tends to confirm this theory, which has a definite clinical backing Therefore, the real clinical questions in toxemia are what physical type of woman breaks down under the strain of pregnancy? What pathological changes does she show before and during pregnancy, and what pathology remains after the so-called recovery? Women with persistent systolic pressures of 150 and diastolic pressures above 100 at the beginning of pregnancy are not likely to go through pregnancy successfully A pressure of 140 may be considered hypertension in pregnancy, for the normal pregnant woman has a characteristic arterial hypotension The late toxemias of pregnancy represent failure of a defective maternal cardiovascular renal system to adapt itself to the strain of childbearing This is subsequently shown by cardiovascular renal changes evidenced by albuminuria, nitrogen (non-protein) retention

Eclampsia is not due to any specialized toxin or toxins elaborated by the growing fetus or its appendages combined with failure on the part of the mother to develop an anti-toxin, but rather to the overload suddenly placed on the maternal organism for the pregnant woman shows a condition of rapid growth and a rapid increase in weight superimposed on an adult organism that has ceased to grow It is only natural, therefore that metabolic strains are set up in the mother to meet the demands of the fetus This results in a disturbance of metabolic balance, which in turn affects hepatic and kidney function, for it is well known that eclamptic disturbances which characterize the latter half of pregnancy occur at a period of rapid fetal growth which needs an increasing quantity of glucose to maintain it This in a way confirms the low sugar content of the blood in pregnant women, as well as the increase in the uric acid content of the later weeks

Repeated studies of the blood chemistry in pre-eclamptic toxemias show nothing that is significant or characteristic except that when the blood is found to have a decided nitrogen retention either in the form of non-protein nitrogen or in uric acid, it may be assumed that nephritis is the predominating factor in the toxemia.

I had expected to find that the basal metabolism rate would be materially changed in the pregnant woman, and be available as a diagnostic sign of some value in the pre-eclamptic toxemias, but studies of the readings at different periods of pregnancy have proved that the woman who is functionally fully equipped and healthy in the early months has practically no change in her metabolic readings, and that there is slight though definite elevation of the basal rate in the latter half, returning to the normal after a few days of the puerperium

ject It may be said that pregnancy is the great efficiency test of the workings of the maternal organism, for the fetus and the uterus in their growth and development call for such adaptative changes in all the important organs of the mother, that unless there is perfect and harmonious efficiency on the part of all the organs called upon in this process, the load cannot be carried The pituitary, thyroid and parathyroids become activated, ovulation ceases and more work is demanded by the liver, kidneys, lungs and heart Therefore, it is easy to deduce that incompetence on the part of any organ must shift the load to others, with resulting defect in the body metabolism

The toxemias of pregnancy present the most striking examples of maternal maladaptation to the needs of the fetus and fetal growth The very fact that nausea and vomiting of greater or less degree occur in more than 50 per cent of pregnant women may be considered as inevitable evidence that there is a temporary disturbance of the physiologic balance This has been accounted for by the relative carbohydrate deficiency due to the unexpected demand for glycogen on the part of the fetus, and to the actual deficiency occasioned by the nausea, vomiting and the consequent lessened intake

With these facts demonstrated it takes but little imagination to appreciate that by lack of care, marital indiscretions, improper hygiene and dietetics, this vomiting which is so common in the early months may be aggravated to a degree which will take large quantities of fluid out of the body tissues, resulting in dehydration The actual fluid loss from emesis in patients who have had no fluid intake by os varies between 1,000 and 2,000 c c per diem Such a fluid loss repeated day after day quickly dehydrates the woman and produces the clinical picture of dehydration which is so familiar to you all The rapid emaciation, the dry coated tongue, dry, cracked lips, increasing pulse rate, diminished urinary output and lowered blood pressure Rapid emaciation is further augmented by starvation, and we find the following clinical phenomena result The blood pressure is lowered, the pulse gradually increases in rapidity, the urinary output is diminished, while there is a concentration of the body fluids and an increase in the carbohydrate deficiency as more and more glycogen is abstracted from the liver in order to carry on life Together with these signs the leukocyte count is usually diminished and an icteric hue tinges the conjunctiva

It may, therefore, be seen that the pathology found in the liver and kidneys is a result of a retention of toxic products consequent upon the dehydration and the glycogen deficiency Certainly the final pathology in the liver is identical with that found in patients dying of starvation This deduction is supported by the fact of the rapid subsidence of hepatic and renal symptoms when the uterus is emptied or when diuresis is produced

Mundell studied the blood in a series of 52 normal pregnant women at the different months of pregnancy, beginning with the second and ending with the ninth This study shows conclusively that there is very little actual change in the blood chemistry except in the non-protein nitrogen and uric acid contents The normal blood seldom contains more than 3 mg of uric acid to 100 c c, while the non-protein nitrogen rarely exceeds 30 mg In excessive vomiting, dehydration and rapid emaciation, the uric acid reaction is always slightly increased Another significant point is that the blood sugar maintains its normal ratio in the pregnant woman until about the end of the third month or about the time when placentation takes place, at which period we note a sharp drop in the sugar content, while toward the end of the fourth month and the beginning of the fifth the ratio seems to be re-established on a normal basis This points to a disturbance in the carbohydrate fat ratio as the basic factor in this disease It is on the acceptance of these facts that the adoption of the suggestions of Harding and Titus have proved their clinical value The intravenous use of large quantities of a properly prepared glucose solution replaces the sugar deficiency and allows the proper functioning of the liver to carry on.

Roger, Davis and Whipple have shown that starved animals are especially susceptible to liver injury, while by increasing the carbohydrate intake the liver resistance is increased

At the research laboratory of the University of Minnesota liver tolerance has been most exhaustively studied It has been found that it is possible to remove four of the seven lobes of a dog's liver, and by giving such an animal daily injections of a glucose solution, his health will be in no way impaired On the other hand, if no glucose is given, his susceptibility to injury, dietary indiscretions or exertion is very manifest

In mild cases of early vomiting the patient should be impressed with the necessity of revamping her mode of life, her dietetics and her hygiene Perhaps the most important of these is her sex hygiene—it is imperative that marital abstinence *be insisted upon*, that malpositions of the *pelvic organs be corrected*, that the constipation be relieved—and in addition to these fundamentals, that the amount of carbohydrate as well as fluid intake be increased to the point of greatest tolerance The copious ingestion of water should be encouraged—usually in the form of a bland or alkaline water (Poland, Kalax or Celestin vichy) *At least two quarts of water daily must be taken* To meet the carbohydrate deficiency we insist upon an increased intake of carbohydrates in the form of cereal, fruit, fruit juices with sugar, puddings, chocolate or candy

limited to just enough to sustain life, milk and fruit juices with sugar make up the foundation of her diet Stimulation of her emunctories should be done by producing diuresis This may be done with water and the intravenous use of glucose solutions, except in the cases of edema, when the intake of fluids should be restricted and diuresis stimulated by lumbar cupping, ammonium chloride and calcium chloride The skin must always be kept active This effect may be secured by having the woman rest between blankets or with the electric baker To favor surface relaxation the nitrites will add to its efficiency When no improvement is shown, pregnancy must be terminated, depending upon the existing obstetric condition, always keeping in mind that the toxic patient is a poor surgical risk, bearing anesthesia poorly, liable to shock, and more susceptible to infection than her better equipped sister Haste and trauma must be avoided In the presence of convulsions the indications are never surgical With the appearance of the first convulsion, the woman should be given (hypodermically) one-fourth grain (16 mg) of morphine sulphate, placed in bed in the Trendelenburg posture, and turned on the side to allow the mucus to drool from the mouth. The tongue must be protected by a gag, the bladder is emptied by catheterization If the pressure is 150 or more, 1000 c c of blood should be withdrawn This may be replaced by 500 c c of a 10 per cent glucose solution The morphine is repeated in an hour—and nothing else is done unless the convulsions recur and the supervening coma increases to a degree that the patient remains comatose between convulsions, this condition is an indication for the intravenous use of magnesium sulphate in quantities of 10 c c of a 25 per cent solution, which has had a most kindly effect, diminishing the cerebral edema and controlling the occurrence of subsequent convulsions

The management of labor in the presence of eclamptic convulsions is based on the three principles of (1) Avoiding trauma, (2) preventing infection, and (3) diminishing the shock—for the eclamptic patient is a very poor surgical risk

My plan has been to disregard the labor until complete dilatation of the cervix is obtained, when, if the head is engaged and at the spines, delivery may be expedited by the use of low forceps under light oxygen-ether narcosis added to the morphine analgesia

Section has been limited to those cases in which there was a definite obstetric indication, and not employed as a routine for rapid delivery My experience shows that prevention is the keynote of success the toxic patient needs active treatment with the first appearance of hypertension, convulsions may be prevented by induction of labor when medical means fail to reduce tension and produce diuresis, and the treatment of eclampsia is essentially medical, and surgical delivery has only a limited field

In the pre-eclamptic state the readings are slightly higher than normal, this, however, is demonstrated only in the severe conditions There is little or no difference in the patients with and without a pre-existing kidney lesion, so that antepartum differentiation cannot be made by this test However, in the nephritic type the reading is apt to remain higher for some time after delivery, which in a way coincides with the blood pressure readings, therefore it may be concluded that neither blood chemistry nor metabolic rate throws much light on the etiology or prognosis Furthermore, the clinical manifestations, those that may be observed by any keen practitioner, are of greater significance

Diagnosis

The pre-eclamptic toxemias are usually considered under

1 The hepatic type, which is commonly of sudden development, with a nephrosis as the kidney lesion, without any pre-existing history of renal disease

2 The renal type, in which nephritis is a contributing etiologic factor The clinical distinction between these two types in antepartum toxemia is difficult to make, though in the former there is no previous history of renal disease, while in the latter there is always some clinical evidence of pre-existing kidney lesions However, after the labor is terminated, the hepatic type is shown by the relatively quick return of the blood pressure and kidney function to normal, while in the renal type it may take months to clear the urine of albumin and casts, and the blood pressure never ranges below 140

The earliest evidences of toxemia are

1 A rise in the systolic blood pressure

2 The appearance of an albuminuria coincident with or appearing soon after the occurrence of hypertension

3 Diminished urinary output—the quantity of urine eliminated falling below 1,000 c c

4 An increase in the body weight beyond the normal 25 pounds (11 kg)

5 The appearance of edema in the face, hands and feet

6 Constipation associated with "heartburn" and epigastric distress

7 Frontal headache

8 Eye symptoms, ranging from spots before the eyes to amaurosis

Blood Pressure

The pregnant woman whose kidneys are healthy at the time of conception carries a hypotension seldom rising above 120 Progressive readings above this point demand watching Increasing hypertension during the course of pregnancy at any age points toward the onset of toxic symptoms Rise in pressure usually precedes the appearance of albumin by days or weeks, unless there is a pre-existing kidney lesion Coincident with the occurrence of albumin there may be a diminution in the urinary output with or without increased concentration

Weight

The pregnant woman normally increases her weight by about 20 to 25 pounds (9 to 11 kg) in the course of pregnancy The greater part of this increase takes place during the last four months Rapid increase is always dangerous—less so when associated with edema, for edema seems to be a salutary and conservative process which takes the toxins out of the blood and deposits them in the tissues Eclamptic explosions are less liable to occur when there is edema, especially when the edema forms slowly, than when it is of rapid appearance

Headaches

Frontal headache is one of the later manifestations of toxemia, sometimes the earliest forerunner of a convulsion Headaches should always be inquired into They are more common in the nephritic type Gastric acidity with pain or burning of the epigastrium is another evidence of toxemia which gives warning of impending danger

Eye

Eye symptoms are common in the nephritic type, the fundal and retinal changes having the same appearance as are found in glomerular nephritis They are usually absent in the fulminating type except for increased tortuosity high arterial light reflex and increased spasticity Occasionally exudate may be present

Treatment

The treatment of the pre-eclamptic state and of eclampsia is essentially medical The obstetric problem comes in for consideration only when labor is established by the convulsive seizures Notwithstanding the fact that convulsions cease in 52 per cent of the cases when the uterus is empty, we are not justified by the results in any extensive series of clinical observations in making delivery the first consideration in view of the poor surgical risk Naturally, the treatment of the latter months' toxemias resolves itself into

1 Prevention One of the greatest strides in preventive medicine has been the antepartum care given to the pregnant woman It has resulted, in many clinics, in the passing of eclampsia

2 The control of the convulsion

3 The management of labor in the presence of convulsions when labor has started

The pre-eclamptic toxic patient should be in bed She should have her nitrogenous intake

THE CORTLAND COUNTY HEALTH UNIT

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The campaign for a health department of Cortland County was initiated over three years ago by the physicians, but in the uncertainty of that time regarding the kind of health department that the counties of New York State need, the doctors permitted the leadership in the campaign to pass to the lay health organizations While there was no antagonism between the two groups, there was a lack of close harmony of planning and action Popular sentiment seemed favorable to the establishment of a county health unit, but before it could be established, two questions had to be decided with a considerable degree of unanimity

1 The organization and extent of the proposed department

2 Its annual budget

A decision in Cortland County was delayed for a year or two, when the physicians again took up the matter in the Fall of 1929 Two precedents of county health units were then available to the Board of Supervisors to aid them in their determination of the need and extent of their own unit. One precedent was the unit of Cattaraugus County which includes all of the county outside of the city of Olean, and which has been in operation for six years The other was the unit composed of all of Suffolk County which has been in operation nearly a year

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For list of officers of County Medical Societies, see this issue, advertising page XXVI

THE YEAR'S RECORD

This number completes the twenty-ninth year of the publication of the activities of the Medical Society of the State of New York in its own JOURNAL The record for the year is one of increasing speed in the realization of ideals of practice which were only vaguely foreseen when this JOURNAL was first issued It is scarcely five years since the practice of medicine by medical societies has developed to such an extent that it enables individual doctors to discharge the civic duties which devolve upon the medical Profession

The promotion of the great fundamental principles of human relations is fostered by civic organizations—morals by churches, economics by chambers of commerce, and social progress by women's clubs All that pertains to health is within the field of the medical societies of the State and Counties, and their increased cultivation of that field during the past year has characterized the Medical Society of the State of New York, its District Branches, and its constituent County Medical Societies

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The orderly and harmonious action in Cortland County has fully justified the eight points of agreement made by the Medical Society of the State of New York and the representatives of the leading lay health organization of the State after a controversy over the plans of the Cattaraugus County Health Unit (see this Journal, Dec. 1, 1928, page 1433 When these agreements were made the physicians had not yet realized their own importance in public health administration nor were the lay health organizations aware of the latent possibilities of action by the medical profession But two years accomplishes much in any medical line, and physicians are now generally aware of their responsibility for leadership and cooperation in all lines of public health work. Now that the two counties have established health departments by the initiative and influence of the physicians the way is open for other counties to establish similar units

THE 1929 INDEX

This number of our JOURNAL contains the annual index, whose plan is based on the experience of the editors Ninety per cent of the inquiries for articles in past numbers of the JOURNAL are for the activities of medical societies of the State and Counties The editors have frequently called attention to the fact that literature on the discharge of civic duties by practicing physicians is found almost exclusively in the Journals of the States Yet this literature is largely unnoticed and unrecognized, and its items are seldom quoted

Is the neglect of the literature on the practice of medicine by the medical societies of the States and Counties due to the lack of activities worthy of recognition? This cannot be true, for the editors of this JOURNAL have no difficulty in abstracting records from other Journals sufficient to fill at least six pages of each issue of our JOURNAL, or one hundred and fifty pages annually Suppose a doctor wants to find out what the medical societies of New York and other States are doing in Workmen's Compensation, where would he look for an index of the literature? He would look in the Journals which are the organs of those societies

Last year the editors of this JOURNAL prepared a special index of society activities recorded in the JOURNAL, and it filled over one-third of the space devoted to the index, but that part of the index was consulted far more than all the rest This year's index is departmented and cross-referenced on the same plan that was proved to be successful last year

ADVERTISER'S COUPONS

Editing advertising copy and making up the pages of a journal are subject to all the difficulties of arranging scientific articles,—and more Advertisers sometimes pay for particular locations in the journal, such as facing the first or last reading, or next to a column of general reading matter inserted in the advertising pages Yet mistakes sometimes occur For example, advertising pages xvii and xviii of our issue of December first carry announcements of codliver oil sold by rival firms, the E L Patch Company, and the Tailby-Nason Company It happens that the coupons for securing samples of these competing companies were printed exactly back to back, so that a doctor applying for a sample, also sent an application for a sample of the competing company

President Roosevelt often made the remark that he would excuse a man for making a mistake once, but not for its repetition This is our editorial attitude

LOOKING BACKWARD

THIS JOURNAL TWENTY-FIVE YEARS AGO

Malpractice History repeats itself in the practice of medicine This JOURNAL of December, 1904, describing a malpractice suit said

"A case of malpractice brought against a member of the Association will be tried at Rome, N Y, during the month In this case the physician was called in to treat a broken arm, and the defendant, against his orders, visited another physician who promptly criticized the work of the other doctor and the suit followed, another evidence of the jealousy in the medical profession and the ever-present readiness to criticize other practitioners, usually, as in this case, without foundation"

Careless remarks made by a doctor are still the basis of most malpractice suits

MEDICAL PROGRESS

Constitutional Hypotonia and Tuberculosis—F Junker calls attention to the simulation of tuberculosis by constitutional hypotonia In fully developed consumption hypotonia is a constant symptom and some authors have pointed out that it is also one of the most trustworthy of the early manifestations The author, however, dissents from such a statement for he has usually found that in the initial stage the blood pressure was normal The diagnostic injection of tuberculin is known to lower the pressure But we should not associate any given vascular tension with tuberculosis for in the fibroid type the blood pressure may be elevated At present we can only state that when the blood pressure for any reason is below normal in the consumptive this is not a good prognostic sign, while elevation is a hopeful sign Continuous study of low tension has led the author to recognize the existence of a constitutional hypotonia with its own symptom complex There is already a considerable literature on this subject and the description of the disease picture may be regarded as classic There is rapid fatigue of body and mind after exertion, need of repose, sense of oppression in the chest which at times is increased to dyspnea, sense of fulness in the stomach with regugitation and water brash, etc Other symptoms are more vague and inconstant Such patients are not infrequently pronounced to be in the early stage of tuberculosis or in a condition of latent tuberculosis with healed foci in the lungs These wrong diagnoses are sometimes backed up by the röntgen finds due in turn to malinterpretation of plates The picture of a constitutional hypotonia shades naturally into other forms secondary to thyroid insufficiency adrenal insufficiency, etc, and we may speak of a type secondary to tuberculosis, but primary hypotonia is not tuberculous for the prognosis is good and these hypotonics often live long, just as hypertonics are often short-lived—*Deutsche medizinische Wochenschrift,* September 20, 1929

Local and Conduction Anesthesia in Differential Diagnosis—Dr W K. Frankel first mentions our dependence on röntgen diagnosis as the last refinement in the recognition of abdominal disease, and the fact that the laity expect much from this resource in clearing up the nature of their painful affections This attitude may cause us to overlook other possibilities In affections of the right lower quadrant careful palpation is, of course, indispensable, but hitherto we have been indifferent to the possibility that a certain amount of surface anesthesia by eliminating sources of pain in the abdominal wall could aid us more or less in accusing the viscera We must in such a case go no deeper than the muscles, for if we anesthetize the parietal peritoneum we defeat our own aims This superficial anesthesia may readily be effected in an ordinary office examination No precise rules can be laid down for the anesthesia, for according to the case a single injection or a considerable infiltration may secure the desired abolition of superficial pain and tenderness In from three to five minutes palpation may be resumed, when it is often startling to note that the patient who previously could hardly endure handling will feel nothing even under forcible deep pressure This minor resource then may have all the force of an exploratory laparotomy without the risk of the latter The latter part of the article is devoted to conduction anesthesia used with the same aim Here there is a blocking of the rami communicantes by paravertebral injections or of any desired spinal nerve trunk Such anesthesia may be brought about by means of the ordinary local injection and infiltration The author, in cases of pressure pain at McBurney's point, has repeatedly caused this to disappear by block anesthesia Blocking of the eighth dorsal eliminates liver pain and that of the first and second lumbar nerves will eliminate the urinary organs If now the patient feels nothing on deep pressure over the appendix that organ is certainly intact—*Klinische Wochenschrift,* September 24, 1929

Fat and Lipoid Metabolism—Hans Knauer discusses this subject with especial reference to lipoid metabolism in childhood There has of late been great interest in fat metabolism, including the two groups of lipoids known as cholesterol and the phosphatides Some authors claim that we can hardly speak as yet of a metabolism of cholesterol and one suggests the substitution term of "cholesterol economy" In general, lipoid metabolism is very different in childhood and adulthood The subject is of great importance for immunobiology and the blood lipoids play a well known role in blood sedimentation, agglutination, hemolysis, etc, so that a disturbance of lipoid metabolism might conceivably modify the resistance to disease To cite an example

the condition of pregnancy even in the most normal subjects causes an increase in all the blood lipoids The fatty acids may double their normal value On the other hand there is a corresponding decrease in the blood lipoids of the fetus After delivery the maternal lipoids soon sink to normal and those of the newborn infant undergo an increase to normal This is readily understood with breast feeding, but it is evident, although in a much less degree, in the non-nursing mother and the bottle-fed baby In fact the kind of nourishment makes little difference in the blood lipoids of the infant, and this even holds good for the ailing child save in protracted or very severe illness It is almost paradoxical to note that even in rickets there is but little change in the blood lipoids, and when the child is placed on ergosterol there is no increase Experimentally severe blood losses may cause an increase, but as a rule spontaneous anemia is apt to show a diminution, thus in acute purpura there is hyperlipemia and the lowering in percentage seen in spontaneous anemia may suddenly be reversed to a hyperlipemia, probably because certain stored reserves suddenly enter the blood from the tissues Enough has been said to show the unusual interest of this apparently theoretical subject to the clinician —*Klinische Wochenschrift,* September 17, 1929

Treatment of Epilepsy with Luminal and Boropotassic Tartrate—Professor G Carriere of Lille wrote on this subject in 1922 and two of his students chose the same for their graduation theses He therefore thinks it worth while to call the attention of the Academy of Medicine of Paris to the outcome of this treatment His material is limited to pure epilepsy occurring in patients from his private and dispensary practice, who naturally are in a different class from ordinary asylum inmates He controls for the entire observation period 800 patients After one year of treatment the accesses were brought to arrest in 60 4 per cent, after two years, 70 per cent, and after three years 74 per cent The author is far from being alone in this experience, for many of his colleagues have obtained results of the same kind These are certainly superior to the old figures obtained from bromides or luminal, alone or combined There have been no untoward results, no depression However the attacks of petit mal do not benefit in equal fashion Many early failures could be traced to improper doses, to early suppression of the drugs, omission of hygiene, etc In the mild or medium case one should begin with 1 5 gm of the salt and 0 15 of luminal each day in three divided doses Severe cases need more The treatment should aim to suppress the crises and when the proper dose for this purpose has been determined it should be kept up for an indefinite period—three years or more after total cessation It may then slowly be reduced, but the patient must continue the drugs in some dose for several years more—at least 0 5 gm of the salt and 0 075 gm of luminal daily In certain cases it is necessary to add another drug to the treatment to meet some special factor in the case The same treatment is also of value in neurasthenia, psychasthenia, parkinsonism, insomnia, post-traumatic delirium, Graves's disease, etc —*Bulletin de l'Academie de Médecine,* October 1, 1929

Polyglobulia From Altitude — Dr C Monge of Lima writes of this condition under the name of erythremia It is a malady which begins to be seen at an altitude averaging 3 500 meters Locally it is known as "mountain sickness" As a rule the erythrocytes are increased to 7,000,000 or more There is also a leucocytosis The chief symptoms are dyspnea, cyanosis, vomiting, tinnitus, defective vision, epistaxis mental and bodily fatigue, etc Descent from the altitude usually relieves the acute symptoms, but sooner or later a chronic condition develops from failure to become acclimated Often, however, acclimation results and the troubles of the patient disappear The author has been able to isolate an atypical syndrome, one of attenuated mountain sickness The patient is easily winded, gets headache readily, is unable to read for any length of time, has pains especially in the legs referred to muscles or bones, and enlarged spleen A blood count may show 8,500,000 erythrocytes In this mild type there are no symptoms of cardiac weakness The patient may feel himself acclimated in the absence of any of the acute symptoms already mentioned Even patients able to thrive at the new altitude may have some polyglobulia with vague symptoms like nosebleed Knowledge of these petty symptoms is necessary for the physician to recognize adaptation, and too often supposed complete adaptation is only partial—the subject is on the road to it but has not yet arrived Even those born at the altitude, who have lived nowhere else, may show some evidence of imperfect adaptation Severe and fatal cases also occur Studies of the basal metabolism have shown that this is not altered by altitude Naturally there is a close relationship between Vaquez's disease at ordinary altitudes and mountain sickness, but its degree and kind have not yet been determined —*Archives des maladies du cœur,* Oct , 1929

Cases of Pernicious Anemia Refractory to Liver Treatment.—Professor Victor Schilling has treated 80 cases of this affection with liver substance since February 1928 Fifty patients obtained a relative recovery, the red cell count

going to 4,000,000 or better Twenty others improved for the time, but later the count dropped below 4,000,000 Of the remaining ten cases one failed to reach 4,000,000 despite prolonged treatment, 5 failed to benefit at all, and 4 are recent cases in which the result is undetermined Of the 80 cases 14 were in old patients, dating back to the early days of the liver treatment, and in whom treatment had been more or less neglected Six patients had succumbed since introduction of the treatment but autopsy did not reveal the severe anemic alterations of the old period before liver treatment In two, in fact, there was nothing in the autopsy to point to pernicious anemia Two patients in whom the treatment was hardly under way succumbed to bronchopneumonia One death was due to taboparesis with blood in good condition and one patient was affected with advanced heart and kidney disease Of the survivors only one became actually worse under liver treatment and this patient suffered from menorrhagia In many of the patients failure to progress was plainly attributable to modified technique of treatment—use of extracts in place of whole liver, etc In conclusion the author is enthusiastic over the liver treatment and he believes that even in the hopeless complicated cases life may be prolonged.—*Deutsche medizinische Wochenschrift,* Oct 11, 1929

Treatment of Sterility by Inflation of the Tube.—Professor A Mayer refers to the increasing interest in this subject and gives the results in 406 cases in which Sellheim's technique was used In order to prevent untoward results all possible precautions were taken and certain patients were automatically excluded, as victims or suspects of recent infection To avoid air embolism a pressure of 150 mm mercury was not exceeded In but one case was there a subsequent rise of temperature with signs of pelvic peritonitis Entrance of air into the tube was controlled by auscultation Of the sterile women 66 per cent suffered from primary sterility There were 271 women in this group and of this number 57 conceived after inflation (21 per cent), 48 children were born and 9 women aborted The number of women with secondary sterility was 135 or 34 per cent and 41 or 30 per cent conceived after inflation, while 35 children were born and 6 women aborted Individual statistics are often of much interest Thus of 103 women with hypoplastic uterus 27 per cent conceived, a higher figure than the average Some question as to the role of abrasion of the uterus which precedes inflation comes up, for it is contended that this may favor conception Complete impermeability of the tube was found probable in 17 per cent with primary sterility and 14 per cent with secondary sterility, and in not a few other cases there was probably an endocrine disturbance which inflation could not remedy.—*Munchener medizinische Wochenschrift,* September 27, 1929

Acetonemic Vomiting—E Koehn refers to an infection which developed among small children shortly after Christmas festivities, involving the respiratory and gastroenteric systems, at the onset of which there developed cases of acetonemic vomiting Histories of four of the most severe cases are given and a total of nine is mentioned in the author's practice Vomiting was severe and became incoercible and the children were dehydrated Every attempt to give food and medicine was followed by vomiting The children were very ill and tuberculous meningitis was thought of The odor of acetone was marked in some cases, although of nine tested by the Legal method only four of the urines gave a strongly positive test Diagnosis of the basic affection was difficult The children were mostly neuropathic, although only one was notably so, and in some cases there was no suggestion of nervousness An influenza infection could be thought of, for this sometimes causes acetonemic vomiting Only one child was known to have abused diet But no theory appears to apply to all of the cases Despite the menacing character these patients usually recover with abrupt cessation of the symptoms Feeding with carbohydrates is a specific in these patients if they can be made to ingest them The author began with ice cold buttermilk, to which was added 10 per cent of sugar This was fed every quarter hour by the teaspoonful Gelatin water, 6 per cent with sugar addition, may be substituted To the latter milk may be added in increasing amounts If the stomach cannot be made to retain anything glucose enemata and even intravenous infusions must be given.—*Deutsche medizinische Wochenschrift,* October 4, 1929

A Case of Schilder's Disease (Encephalitis Periaxialis Diffusa)—C T Champion de Crespigny and H H Woollard find that so far only 20 to 30 cases of this rare clinical entity have been recorded The case which they report was that of a previously healthy child of 8 years who suffered from a progressive illness lasting between five and six months Failure of hearing and spastic paraplegia were the first symptoms There was rapidly increasing speech defect leading to complete dumbness Sight was more gradually lost and spastic paralysis increased in the lower limbs and extended to the upper Finally death occurred rather suddenly a few hours after the onset of acute symptoms of cerebral inflammatory type Post-mortem examination showed no abnormality except in the brain H H Woollard who made the patho-

logical examination, states that macroscopically the brain has given a very similar picture in some 17 of the 23 or more examples of this disease that have now been collected The brain in the present case presented no external evidence of disease When it was sectioned, however, there was disclosed an alteration in the white matter of both hemispheres, including the posterior part of the corpus callosum The areas of white matter involved were those of the occipital and temporal regions The gray matter immediately adjacent to the affected white matter appeared normal, and the passage from the affected white matter to normal areas was abrupt Microscopically, the process of demyelinization is the characteristic feature of the disease, which is not truly periaxial, for it spreads rapidly beyond the medullary sheath and affects the axis cylinders which soon disappear *Inflammatory reactions of the* nature of perivascular lymphocytic accumulations were also disclosed, similar to those which have been reported for other cases of Schilder's disease examined microscopically Since the essential features of these cases are so constant and uniform, the authors conclude that the condition is a disease entity with its own special etiology —*The Lancet*, October 26, 1929, ccxvii, 5539

Reciprocal Agglutination of the Maternal and Fetal Red Cells — E Bansillon writes especially of the clinical and therapeutic significance of this agglutination In the earliest years of the century it was discovered that in certain cases of normal individuals, serum of one would agglutinate the red blood cells of the other The author has studied this interagglutination since 1925, with special reference to maternal and fetal blood He finds that in 15 per cent of all infants tested the serum will agglutinate the red cells of the mother The first practical lesson to be learned is naturally that one should not transfuse maternal blood into the fetus without a preliminary test The agglutination test ought to be made before recourse to transfusion, *although this is more of less difficult for several* reasons The author, however, has followed it up for a sufficient length of time to justify him in claiming that it is practicable in the clinic In regard to pathological explanations and significance of this phenomenon the author cannot as yet set up any rules, but the evidence suggests that in such discrepant cases pregnancy has not been well tolerated He even intimates that fetuses which will present this discordant quality may be a factor in the production of pregnancy toxicosis In such cases there has often been a history of vomiting of pregnancy The author has, however, been unable to accept the theory of MacQuarrie that this incompatibility of blood is *responsible for* cases of puerperal eclampsia In regard to the malady of the infant which might favor agglutination of the maternal blood, the author has noted cases in which benign catarrhal icterus was present He also suggests that the agglutinins of the nursling may not be natural to the infantile blood but may proceed from the maternal colostrum or milk The presence of icterus of any kind in the fetus may of itself constitute a contraindication to transfusion with the blood of a normal donor — *Journal de Médecine de Lyon*, October 5, 1929

Supplying the Breast-Fed Baby with Vitamin B —John Howell West states that experimental investigations have shown that vitamins are essential to the lactating mother if she is to supply suitable nourishment to her *infant At the present time* vitamins A and D are usually adequately supplied by cod-liver oil, and ultraviolet radiation has become general Irradiated ergosterol under proper supervision also supplies vitamin D in large quantities Vitamin C is provided by adding fruit juice to the infant's dietary Vitamin B, the growth-promoting factor, is, however, frequently lacking, and human milk is often deficient in this vitamin In babies subsisting on a diet deficient in vitamin B, Hoobler and Dennett have found the following symptoms Anorexia, indifferent gain in weight, general spasticity, restlessness, and fretfulness with pallor Vitamin B may be supplied to the baby by furnishing the mother with a diet adequate in vitamin B, or by complementing human milk in the usual way with the addition of vitamin B containing substances to the formula West found that of 48 mothers *who* took a diet rich in vitamin B only three were unable to nurse their infants entirely, and in the case of babies receiving complementary feeding, the mother was gradually able to stop it and rely upon the breast-feeding alone West recommends for the mothers the following diet (1) One raw fruit (orange, grapefruit, tomato), (2) two cooked green vegetables, (3) one raw green vegetable such as lettuce, endive, etc , (4) one quart of milk, once a week, calf's liver, kidneys, or sweetbreads, (5) one tablespoonful of wheat-germ sugar The remainder of the diet is made up of ordinary palatable foods When complementary feedings are used, a formula is given to which is added wheat-germ sugar or dried brewer's yeast In a 20-ounce formula one to one and a half teaspoonfuls of dried pasteurized yeast is added As many breast failures occur during the first few weeks after birth it is suggested that the full vitamin-containing diet be started as soon as possible during the puerperium or, better, during pregnancy — *Archives of Pediatrics*, October, 1929, xlvi, 10

LEGAL

By Lloyd Paul Stryker Esq
Counsel Medical Society of the State of New York.

GRATITUDE

We venture to say that the highest reward of the doctor is the knowledge that he has served well and truly the afflicted ones who have come to him for treatment and advice Serving often for nothing, or for wholly inadequate compensation, the physician has a right to expect at least gratitude from his patients But, many times in exchange for devotion, charity and self-sacrifice he meets with unjust criticism and gross ingratitude

Your counsel feels well qualified to write on this subject, since daily in court and out he is defending the profession against claims and suits many of which contain elements of base ingratitude on the part of the patient To your counsel one of the most distressing features of this situation is the effect on the physician s philosophy of life As one physician recently said, referring to a most unjust malpractice suit which had been brought against him "This experience is enough to sour the milk of human kindness From now on I am hard boiled ' Of course, the doctor did not really mean that but one can understand and sympathize with his perfectly natural and human reaction to the ingratitude of his patient

The medical profession does not receive the gratitude to which they are justly entitled for their untiring efforts in the interests of suffering humanity Rarely does the courage, devotion and self-sacrifice of the doctor receive even a passing comment of praise The world forgets that the doctor must meet the material obligations of life in exactly the same manner as those outside the profession It forgets that in common with all the rest of mankind the doctor needs sleep, rest, recreation, encouragement and loyalty

But the doctor carries on Neither illness nor fatigue, discouragement or financial strain can swerve him from his loyalty to the ideals of his calling Your counsel is proud to be the champion and advocate of the members of so noble a profession

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CLAIMED NEGLIGENCE IN OPERATION FOR MIDDLE TURBINATE

In this case the plaintiff sued two physicians alleging that he engaged physician A to perform an operation on his nose, and that this physician did perform the operation and thereafter placed and stuffed two packings or gauzy substances in the plaintiff's nose, and thereafter physician B as the agent, servant and employee of physician A undertook to treat the plaintiff's nose and attend and care for him, and that physician B as the agent of physician A carelessly and negligently governed himself in the care and treatment of the plaintiff in that he did not remove the packings which had been placed in the plaintiff's nose, as a result of which the plaintiff claims his right ear was caused to become infected and diseased, causing an acute mastoiditis necessitating an operation to be performed on the plaintiff's ear, as a result of which he claimed erysipelas developed Damages were prayed for in the sum of $150,000

Some five years before the operation, which formed the basis of this action, the plaintiff came to physician A giving a history of a clogging in the nose and also of a susceptibility to colds in the head The doctor examined the man and made a diagnosis of an enlarged middle turbinate, for which the doctor recommended an operation The man promised to return, but he never did so until some five years later, at which time an examination disclosed that he still suffered from an enlarged turbinate and also from a deflected septum The doctor advised operative procedure and the plaintiff consented The doctor then under a local anaesthetic removed the internal third of the turbinate, packed the nostril with gauze strips and directed the patient to return the next day to have it dressed Physician A was taken ill the day of the operation and he obtained the services of physician B to look after his practice while he was ill Physician B treated the plaintiff on several occasions and removed all the packing and also applied medication to the plaintiff's nose Physician A returned to his practice in about a week's time

and examined the plaintiff on several occasions thereafter His nose was in good condition and at no time was any packing found in the plaintiff's nose On one occasion he complained of pain in his ear, claiming that this was caused by packing being left in his nose, but the doctor explained to him that no packing had been left in the nose On examination of his ear the doctor found that it was congested, and on opening the abscess found a sac of pus which he cleaned out The patient returned every day for about a week, at which time physician A dressed the abscess in his ear He was also directed to have an x-ray picture taken of the mastoid and return to physician A, but he never did return, nor did either of the defendants ever see him again until action was commenced

The case came on for trial and the issues raised by the pleadings were submitted to a jury, who returned a verdict in favor of the doctors

CLAIMED NEGLIGENCE IN THE TREATMENT OF A FRACTURE OF THE FEMUR

In this case the complaint charged that the plaintiff went to a hospital for treatment for injuries to her left hip, the same being broken at the neck of the femur, and that the defendant as a physician and surgeon there undertook to operate and endeavor to cure the said broken hip, and for that purpose applied a plaster cast to the injured part, that almost immediately after the cast was applied the plaintiff suffered great pain in the back of the foot in the region of the heel at a point where the same was covered by the cast that the pain continued for about a period of nineteen days and when the cast was cut down there was found to be present a perforated ulcer It was charged that the defendant's negligence caused the plaintiff to become sick, sore and disabled, that she suffered from injury and mental anguish, and it was also charged that the plaintiff has been permanently damaged and perhaps will be required to have her foot amputated Damages were prayed for in the sum of $50,000

The plaintiff was a woman about 55 years of age She had fallen in her home and a physician was called in who put on a temporary splint The following day she was removed to a hospital While at the hospital she requested the defendant to be called in to treat her The defendant physician on being called in immediately had an x-ray made of her hip, and on examination of the plates he found a complete fracture of the neck of the femur, the bone being broken completely across He found her in splints and a day or two later removed the splints and put on a complete cast extending from the chest down to the toe In getting the bone into proper position, it was necessary to set the leg in a position of abduction, extension and internal rotation The doctor explained to this woman that the cast was not put on for the purpose of making the patient comfortable, but it was put on because it was recognized as the best method of treating a fracture of this type, in order to insure, if possible, the good result which was obtained in this case After this the doctor left the cast on and saw the patient daily From the first day the patient complained of pain in her hip and thigh and as this was the necessary result of the position of the leg, the doctor did not disturb the cast About the fourth day the patient complained of pain in her heel and the doctor pulled out some of the wadding with which he had padded it to give her relief and this seemed to relieve the pain in the heel The doctor continued to see the patient daily and she still complained of pain in the hip and thigh, but no pain in the heel On the nineteenth day when the patient again complained of pain in the heel, the doctor cut a hole in the cast about three by four inches and found a necrotic eschar condition The skin for an area of about two by three inches had become black and hard This seemed to relieve the pain She was seen daily by the doctor for the next two weeks when he removed the cast An x-ray was taken which showed that there was a good bony union and practically perfect position The doctor advised the patient to remain in the hospital where they had facilities for baking, etc , which would have hastened the return of the function of the leg and the healing of the sore on her heel She, however, refused to remain in the hospital and left within a day or two after the cast was taken off against the doctor's instructions, and returned to her home some distance from the hospital

After the action had been begun the same was discontinued and the case was terminated in favor of the defendant

LONDON LETTER

London, December 1, 1929

Occupation After Retirement The problem of finding a suitable occupation after retirement has been most happily solved by one of our most eminent surgeons Sir James Berry, whose work on the thyroid gland has made him world famous has settled down in his country home in Buckinghamshire and is devoting himself to an investigation into manorial rights, a subject which allows him to combine his great antiquarian knowledge with his genealogical and geological studies But he can be tempted to come to town, and last week I saw him welcome a party of Jugoslav doctors who were visiting London His speech, delivered with great fluency in the Serbian language, might well have surprised his hearers, were they not aware of all he did for Serbia during the great war While still a young man he spent many holidays cycling in the "Near East," and when the war came he took a Hospital Unit to Serbia and had many adventures, including being taken prisoner by the Austrians It seems so short a time since he was trying, so patiently to instil into my youthful mind the elements of surgery—Well! well! Did not Swift say that no wise man ever wished to be younger"

Winter Session Medical Schools The beginning of the Winter Session at the Medical Schools is signalized by the delivery of many introductory addresses, and this year a new note was struck by Sir Farquhar Buzzard, Regius Professor of Medicine at Oxford a chair which Osler once occupied Speaking at Birmingham he deplored the fact that the medical profession 'live in an atmosphere which may be described as unsympathetic and suspicious, if not actually antagonistic," and he tried to find a reason for it He pointed out that the education of a medical man is essentially different from that of the general public, in that the doctor is trained in precise methods of investigation, he learns to distinguish facts from theories, and "generally has developed a critical faculty of which the lay mind is, perhaps mercifully, completely innocent" When the patient and the doctor come together, the taking of a history, wrapt up as it generally is in a mass of unimportant or even untrue observations, is so difficult and takes so much time, that the doctor, feeling sure that he will not gain much, however searching his examination, turns a deaf ear to stories which at any rate mean much to the patient And as experience tells him that his explanations have often been misinterpreted and his opinions wrongly reported, he tells the patient as little as possible, with the result that the patient feels that he has a double grievance, in that the doctor will neither listen to what he has to say nor tell him what is the matter with him But perhaps Sir Farquhar's chief criticism was that the doctor, pressed by his patient for a cure, takes up with enthusiasm each new panacea which presents itself and extols out of his ignorance the virtues of vaccines, liquid paraffin, radium, brown bread, or ultra-violet rays My belief is that there has always been, in the mind of the layman, however well educated, an instinctive fear of the scientist It was fostered in the dawn of civilization by the magician and the witch doctor, and however far we have progressed since those days, there is much of the savage in us all, and a belief in the evil eye is not far below the surface Our duty is plain, to keep our balance in a world which seems to revolve too rapidly, and to earn the respect of our patients by the sanity of our judgment

Spreading of Diseases From time to time letters appear in the public press and in the medical journals calling attention to the risk to health and the danger of spreading epidemic diseases among those who use the public swimming baths The Ministry of Health has just issued a report after a thorough investigation, and while it is agreed that there is no evidence to support the theory that epidemic disease is spread through this agency, there is proof that the water in many public baths is deplorably dirty and may be a source of danger to health It has long been recognized that many cases of otorrhoea can be traced to bathing, and the wearing of inadequately cleaned bathing suits has caused ringworm The report contains some practical suggestions to ensure the cleanliness of the water In London where there are about 100 public baths 45 are fitted with adequate filtration plants and progress is being made in the provinces It is not a simple matter, and it is not easy to decide which of the 8 methods in use is the best Sterilization is not enough but in addition to a correct chlorination, filtration and aeration are essential The report will do good if, while drawing attention to the need and giving practical advice as to maintaining the cleanliness of the water, it allays the fear of the risk of spreading epidemic diseases

H W Carson, F A C S

NEWS NOTES

COUNTY HEALTH DEPARTMENTS FOR CORTLAND AND TOMPKINS COUNTIES

The counties of Cortland and Tompkins have been considering the establishment of county departments of health for over two years The campaign in each county originated with the County Medical Society, but the physicians in each county permitted the leadership to pass to other health agencies In the meantime the physicians of Suffolk County succeeded in securing a County Department of Health after a two-year campaign managed entirely by the Suffolk County Medical Society, but with every civic organization in the county in hearty sympathy with the movement The experience of Suffolk County encouraged the physicians of the other two counties to take a renewed interest in the proposed health department of their own counties

Cortland County

When the District Branch of the Medical Society of the State of New York met in Cortland on September 27, 1929, Dr W H Ross of Brentwood, President of the Suffolk County Department of Health, and President-elect of the Medical Society of the State of New York, and a member of its Committee on Public Relations, discussed the proposed Cortland County Health Department informally with officers of the Cortland County Medical Society and Commitee of the Board of Supervisors He found that the Board of Supervisors would probably be favorable toward a County Health Department if one could be organized on lines simpler and more practical than those advocated by the lay health organizations working in Cortland County

The leaders of the Cortland County Medical Society proposed that Dr Ross representing both the Suffolk County Board of Health and the Committee on Public Relations of the Medical Society of the State of New York, should come to Cortland and tell the physicians about the plan of organization of the Suffolk County Board of Health and the manner of its promotion The Committee of the Board of Supervisors also invited Dr Ross to address the Board on the advantages of a County Board of Health considered from business and economical points of view It was agreed that Dr Ross should meet with the physicians in an evening meeting and should address the Board of Supervisors on the following morning

The details of the two meetings were arranged by Dr Frederick W Sears, of Syracuse, District State Health Officer, who was on extremely friendly terms with the physicians, and had been one of the leaders in promoting the county department The Comitia Minora of the Medical Society and other physicians accordingly met on the evening of November 19 as the dinner guests of Dr Albert C Knapp of Cortland There were also present the County Judge, representatives of the Board of Supervisors, and Dr Frank Overton, of Suffolk County, Editor of the New York State Journal of Medicine Dr Ross talked simply and informally, and told the story of the Suffolk County Department of Health and the manner of its organization, and advised that the physicians of Cortland County advocate the establishment of a similar one in their own county

The sentiment of those present was entirely favorable toward a county department of health to cost about $25,000 annually, one-half to be paid by the State of New York

On the following morning, Dr Ross addressed the Board of Supervisors of Cortland County briefly in regard to the proposed county health unit Representatives from the Cortland County Medical Society also appeared before the Board and requested the Board to establish such a unit

Later in the day the Board of Suervisors voted to establish a health department for Cortland County

Tompkins County

Conditions in Tompkins County were very similar to those in Cortland In 1926 the Tompkins County Medical Society took up the question of establishing a county health department, but did not reach a definite conclusion Later the Board of Supervisors of the County appointed a committee on public health to have the management of public health nurses which were employed by the county This committee was active and took the leadership in a campaign to establish a county health department, but its members were uncertain as to the details of the proposed county health unit, while the doctors

held themselves aloof This was the situation when the District Branch met in the Fall

When Dr Ross made arrangements to meet the Cortland County Medical Society on November 19 it was also arranged that he should go to Ithaca and meet the physicians of Tompkins County He and Dr Overton, therefore met the Public Health Committee of Tompkins County at a noon luncheon in Ithaca at which there were present several representatives of the local Public Health Organization, a member of the Board of Supervisors, and Dr H E Merriam Chairman of the Public Health Committee of the Tompkins County Medical Society The local situation was discussed in detail, and Dr Ross outlined the organization of the Suffolk County Health unit He also emphasized the point that ordinary public health work is done mostly by the doctors who do the detail work of carrying it out, for in the last analyses it is the individual doctor who gives toxin-antitoxin to each individual case, and treats the defects of school children, and gives all other forms of preventive treatment A county health department cannot be organized or conducted without the hearty cooperation of the physicians Dr Ross said that the next step that must be taken in Tompkins County is to hold a meeting of the Tompkins County Medical Society and explain the relation of the proposed health unit to the doctors themselves

It had been planned that the General Committee on Public Health should hold a joint meeting with other health organizations in the evening to be addressed by Dr Ross, but Dr Ross insisted that as many doctors as possible should be invited The members of the Committee therefore called up as many doctors as they could reach and twenty-two physicians came to the evening meeting in order to hear Dr Ross, while the number of lay health workers brought the number present to over one hunderd

The evening meeting began with a supper in Freeville in the hotel conducted by the George Junior Republic At the after-dinner speaking, Dr Ross directed his remarks principally to the physicians, and explained how the Suffolk County Health unit had been promoted by the Suffolk County Medical Society, and how the Medical Society was now acting as adviser to the Board of Health Suffolk County had promoted and constituted the Health Department as a purely medical measure, and he advised the Tompkins County people to act under the leadership of the physicians

At the conclusion of his address, the comments and questions by those present, both physicians and laymen indicated that the address of Dr Ross, had a very great educational value, and that all present were favorably inclined toward a health unit such as Suffolk County has established It was tentatively agreed that the medical leaders should call a meeting of the County Medical Society in the near future at which the Society should determine the kind of health department which Tompkins County needs and should advise the Board of Supervisors of the attitude of the physicians, with the prospect of having their suggestions adopted

The meetings in Cortland and Tompkins counties demonstrated in a most striking way the influence which physicians may have in promoting preventive medicine in their own communities The meetings also demonstrated the very great value of the Public Relations Committee of the Medical Society of the State of New York in showing local leaders how they may best make their influence felt

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PUBLIC RELATIONS COMMITTEE

The regular monthly meeting of the Committee on Public Relations was held in the morning of Monday, November 18 1929, with Dr James E Sadlier, Chairman, presiding, and all the members present

Dr Sadlier announced that the Board of Supervisors of Lewis County had made an appropriation of $80,000 for a general hospital for the County on the condition that the State should duplicate that amount, that Greene County was progressing in its plans for a general hospital with the expectation of State aid and that Wyoming County was continuing its plans for securing State aid for acquiring the general hospital in Warsaw

Dr Sadlier also announced that the people of Tioga County are now erecting a general hospital

The Chairman also presented a study made by Dr J S Lawrence Executive Officer on the general hospitals of Pennsylvania which are conducted by State aid or by the State itself These hospitals originated in the need for facilities for giving medical service to isolated industrial groups, such as new mining camps, but as the communities grew, the hospitals continued to be the only medical centers and the State gradually extended its aid until hospitals were State supported in communities which were able to provide their own medical facilities

The State of Pennsylvania also paid ordinary general hospitals for the care of poor people on two bases 1, the general deficit of the hospital, and 2, the days of care given to poor cases Abuses have crept into the system, and there is much criticism of the method of giving State aid to general hospitals It was felt that the Pennsylvania method could not be adapted to New York State

The greater part of the time of the meeting of the Public Relations Committee was devoted to the consideration of the principles and requirements on which State aid would be granted Dr Sadlier reported that the aid would be given under the provisions of the Public Health Law, Article II-B, Section 19, 19-a and 19-b

Section 19 reads

"*State Aid to Counties Engaging in Public Health Work* Whenever the board of supervisors of any county shall appropriate and expend moneys for the construction, establishment or maintenance by such county of a county, community, or other public hospital, clinic, dispensary or similar institution, or for the purpose of defraying the expenses of such county in any public enterprise or activity for the improvement of the public health, or any public health work undertaken by such county, within limits to be prescribed by the state commissioner of health, such county shall receive state aid in the manner and subject to the conditions prescribed in this article, except that a grant of state aid covering projects, enterprises or activities established or carried on or to be established or carried on in a city having a population of fifty thousand or more shall not be made to a county under this article The legislature from time to time shall make appropriations for the purpose of rendering such state aid The state commissioner of health is hereby empowered to prescribe limitations upon the aid to be granted, under applications now pending or hereafter named (Am'd by L 1924, ch 278, and L 1927, ch 195")

Section 19-a reads

"*Approval of State Commissioner of Health* It shall be the duty of the state commissioner of health to *formulate standards* of construction, equipment, service, administration and work which must be complied with by such counties in order to be entitled to state aid, and no state aid shall be given to any county unless the state commissioner of health after inspection and examination by him or his representative, shall make his certificate that such construction, equipment, service, administration or work is necessary to the public health and conforms to the standards so established therefor, and to the limits prescribed by him as required by section nineteen of this article (Am'd by L 1924, ch 278")

Section 19-b sets forth the manner by which the Board of Supervisors shall make application for state aid

Dr Sadlier stated that the principle of State aid to general county hospitals seemed acceptable to the State Commissioner of Health and the State Budget Committee, and that the Committee on Public Relations is now confronted with the problem of formulating rules and regulations for the management of the hospitals that receive State aid While the Commissioner of Health would make the rules, yet the subject is new and there are no precedents which may be followed It is the duty of the committee to express the point of view of the practising physicians who will use the hospital

At the very outset the question arises—what physicians may treat cases in a hospital receiving State aid? Shall the staff be open to all the physicians of the county or shall there be an appointed staff consisting of only a few of the more skilled physicians?

In favor of an open hospital is the American principle of equal rights and privileges for all If any physician is excluded from treating his own cases in a hospital, there would be grounds for complaints of favoritism, and for discords among the doctors

In favor of the closed hospital with a limited number of physicians is the efficiency which is possible when a chosen few specialists form the staff

However, the members of the committee were unanimous in the opinion that three standards should be required from every doctor who treats a case in a hospital receiving State aid

1 Every physician shall write a complete history of every case, which shall be filed in the history room and be subject to criticism and review by the other members of the staff at the staff meetings

2 Every physician shall call a consultant as soon as the ordinary indications for a consultation arise

3 Every physician shall be subject to the rules and ethics of his profession and of gentlemen

There are few precedents for the interpretation of these principles, but the committee felt that in each county they might be left to the County Medical Society and its censors

Dr W H Ross, secretary of the committee, announced that he had engagements to meet the physicians of Cortland and Tompkins counties, and discuss with them the establishment of a county health department in each county (See page 1520 for a report of these conferences)

The committee adjourned at 12 30 in order

to attend a luncheon meeting of the Albany County Health Week After the luncheon the members of the committee held an informal conference with Dr Mattia Nicoll Jr, Commissioner of Health, on the standards and methods of giving state aid to hospitals

The needs and dangers of state aid to county hospitals were considered at length from two viewpoints First, State aid might diminish community interest, and second, State aid would provide facilities for medical service to people who would otherwise not have it If community interest is diminished, an undesirable situation might develop If the individual interest of people of wealth is diminished, the chance of endowment is lessened Many things should be thought out, first, the influence of changing conditions due to better transportation Some counties may be so placed that they do not need a hospital because they are already near enough to hospitals and it might not be practicable to undertake to have an added hospital,— and would such aid be beneficial?

It was the opinion of the committee that a most thorough investigation of the needs of each county should be made before any State grant should be given in every county that could apply under the present law If the State is to aid any one county because it applies for State aid, why should it not be offered to other counties perhaps even more in need though they have not yet requested it? In other words, should State aid be granted because of application, or should State aid be given because the State has found out that State aid is necessary for the health of the citizens and the county is not financially able to provide the funds?

The Public Relations Committee had a further conference with Commissioner Nicoll regarding the relation of the local profession to hospitals receiving State aid The committee stated its opinion that they should be open hospitals, each with an organized staff and having a medical board to control the quality of the work done The Commissioner of Health expressed gratification in knowing that the Committee on Public Health would always be ready to advise with him on matters that concerned the general practice of medicine in its various contacts with the State Department of Health

W H Ross, *Secretary*

COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

Reports by the Chairman, Dr Thomas P Farmer to the Executive Committee.

The Chairman of the Committee on Public Health and Medical Education herewith submits the following report for the months of July and August, 1929

Notwithstanding the fact that the months covered by this report are largely vacation periods, still the activities of this committee have gone on just the same

A course of four lectures on Tuberculosis was completed on July seventeenth in Rockland County Reports indicated that all lectures were very favorably received The attendance despite the warm weather was most satisfactory This course was sponsored jointly by the State Department of Health and the State Society One lecturer, Doctor F M McPhedron, was brought from without the state by special request of the Rockland County Medical Society Doctor McPhedron is connected with the Henry Phipps Institute in Philadelphia, Pennsylvania, and gave the talk on Tuberculosis in Children This course demonstrates that the State Department of Health and the State Society can and should cooperate in giving many of the post-graduate courses especially those of a distinctive public health nature

Much time has been spent on organization of the fall courses It is expected that the following courses will be definitely given this fall Traumatic Surgery, Tioga, Internal Medicine, Washington, Internal Medicine, Sullivan, General Medical Course, Steuben, Surgery, Wayne, Surgery, Ontario, Heart Disease, Monroe, Heart Disease, Genesee,

We expect to have Livingston County join with Monroe, and Wyoming and Orleans to join with Genesee County in its course We are also expecting to have Warren County join with Washington, and Seneca join with Ontario It is most probable that courses will be given also in Schoharie and Otsego Counties, and possibly Clinton and Columbia Counties Arrangements are completed for most of these fall courses as far as they can be at this time of the year with so many of the lecturers just returning from their vacations

A letter was sent to the Secretary of each County Medical Society early in July asking for information regarding the public health activities of each county society and also their plans for graduate education Replies were received from forty-five county societies, exactly 75% of the entire state. Many of these replies were returned immediately, and while this is a very credible showing, it is to be re-

gretted that 25% of the county societies should fail to give one of the State Societies committees a small amount of information which was asked for The blanks which have been returned are a help to our committee in planning our year's work in graduate education, as we are able to get an early impression of the desires of the various county societies in this matter Of the forty-five county societies replying, twenty-four reported that their county society was not actively engaged in any specific public health work The Chairman of this committee will elaborate more on the analysis of these replies at a later time

The Chairman attended the meeting of the Keuka Lake Medical Society on July eleventh and at that time held conferences with representatives from Monroe, Steuben, and Wayne Counties regarding their courses for this fall

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The Chairman of the Committee on Public Health and Medical Education submits the following report for the month of September 1929

The Chairman's office during this month has been very busy completing courses in the following counties with the subject of the course and the date upon which the course begins listed after

Wayne	Surgery	September 18
Ontario	Surgery	October 2
Washington	Internal Medicine	October 3
Tioga	Traumatic Surgery	October 8
Steuben	Internal Medicine	October 10
Monroe	Heart Disease	October 21
Genesee	Heart Disease	October 21
Sullivan	Internal Medicine	October 30

There will be 45 lectures given in these 8 courses, all of which have been definitely arranged for at the present time except one of the lectures to be given in December in Sullivan County Six adjoining counties will join with different counties in attending these lectures In four counties arrangements have been made whereby the lecturer will give two lectures on the same day, each one in different counties The list of teachers is an unusually good one comprising medical teachers from several colleges in New York City, as well as Rochester University and Syracuse University The committee has been careful in planning its programme for the fall in order to bring competent teachers to the county societies with the least expenditure

During the month of September the Chairman attended the conference of Secretaries of County Medical Societies called by the State Secretary in Albany on September 10th, at which time the subject of post-graduate courses was generally discussed He attended the meeting of the Executive Committee on September 12th, and on September 20th he attended the meeting of the Special Committee on Periodic Health Examinations in Saratoga He also attended meetings of the 6th and 7th district branches held respectively in Clifton Springs, September 26th and Cortland, September 27th At the last mentioned meetings as well as at the conference of the county secretaries the Chairman had conferences with representatives of several county societies regarding courses to be given this fall, as well as courses to be given during the spring This committee is cooperating actively with the Special Committee on Periodic Health Examinations and the Special Committee on Physiotherapy A list of the Chairmen of the Public Health Committees of County Medical Societies is to be sent to each of these committees The Chairman has also had conferences with two medical teachers regarding new courses for presentation by the Committee

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I herewith submit my report as Chairman of the Committee on Public Health and Medical Education for the month of October, 1929

Our principal activities during this month have been concerned with the routine work of courses given in the county societies as mentioned in my last report All of the fall courses have been started The Monroe and Genesee County courses were given during the week of October twenty-first and were most successful from every standpoint Monroe County, with a membership of 436, showed an average attendance of 168 The largest attendance of any session was 205, and the smallest, 138 Genesee County with a membership of 28 had an average attendance of 33, the largest attendance being 43 and the smallest 22 It must be remembered that Wyoming and Orleans joined with Genesee County, and that Livingston joined with Monroe

The Chairman attended the meeting of the Monroe County Society on October fifteenth, and the Fifth District Branch meeting on October seventeenth At both of these meetings he spoke of the work of the Committee

The Chairman has had conference with Doctor Bogardus of the Division of Tuberculosis of the State Department of Health at the request of Doctor Plunkett, Director of that Division This conference had to do with the subject of interesting county medical societies in a study of the mortality rates for tuberculosis in their counties and for the need of further efforts to control tuberculosis An attempt to do this will be very shortly started through the combined efforts of the Division of Tuberculosis of the State Department of Health and this Commitee

THOMAS P FARMER, M D, *Chairman*

PUBLIC HEALTH WEEK OF ALBANY COUNTY

The County of Albany, New York, held a Public Health Week from Monday, November 18, until Friday, November 22, 1929, under the auspices of all the health agencies in the County, with an Executive Committee, of which Dr Matthias Nicoll Jr State Commissioner of Health, was Chairman There were seven official health agencies listed as cooperating, while the non-official agencies numbered forty-six, listed alphabetically from the Albany Chamber of Commerce to the Zonta Club

The major meetings were held on the plan of a luncheon meeting at about noon, at one of the hotels, and an evening meeting at 8 o'clock in Chancellors Hall, the assembly room of the State Education Building The principal features of the program were as follows

November 18, luncheon-meeting, sponsored by the League of Women Voters Dr Edward L Keyes, President of the American Social Hygiene Association, was the speaker

The evening meeting was addressed by Dr Hugh Cumming, Surgeon General of the United States Public Health Service, who spoke on the relation of the service to the state and the local community

November 19, noon meeting, sponsored by the Council of Women's Clubs and the Albany County Medical Society Speaker, Dr W H Ross, Brentwood, President-elect of the Medical Society of the State of New York and President of the Suffolk County Department of Health, on the subject, "Better County Health"

The evening meeting was on the subject, "Personal Application of Mental Hygiene," and the speaker was Dr Bernard Glueck Medical Director of Stony Lodge

The Wednesday-noon meeting was sponsored by the Albany Guild for Public Health Nursing The subject of Public Health Nursing and the Community was presented by Mrs Anne Hansen, President of the National Organization for Public Health Nursing

The evening address was on the subject of Cancer, and the speakers were Dr Burton Simpson, Director of the State Institute for the Study of Malignant Diseases, and Dr Joseph Colt Bloodgood, Clinical Professor of Surgery, Johns Hopkins School of Medicine

On Thursday noon the sponsor was the Albany County Health Committee Miss Grace Abbott, Chief of Children's Bureau, U S Department of Labor, spoke on "Child Health as a County Problem"

No meeting was held Thursday evening

The speakers on the program of the midday meeting on Friday included Mr Homer Folks, of the State Charities Aid Association, Dr James N VanderVeer, President of the Medical Society of the State of New York, and Dr C Ward Crampton, Chairman of the Committee on Periodic Health Examinations of the State Medical Society

The principal speakers at the evening meeting were Governor Franklin D Roosevelt, and Dr George E Vincent, President of the Rockefeller Foundation

A health exhibit was shown every evening in the corridors of Chancellor's Hall which was prepared by the State Department of Health, the State Charities Aid Association and other health agencies

One of the most important features of the Health Week was the opportunity for public health workers to get acquainted with one another in social groups at the luncheons and between meetings

It was a coincidence that the Superintendents of all the State Hospitals were also present in Albany in order to present the financial needs of their institutions to the State Budget Committee for transmission to the next legislature

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PRIZE ESSAYS

The Medical Society of the State of New York again takes pleasure in announcing that the Merritt H Cash and Lucien Howe prizes will be open for competition at the next annual meeting which will be held in Rochester, June 2nd, 1930

The Lucien Howe prize, consisting of a medal and $50 00 in cash, will be awarded for the best original contribution to the knowledge of surgery, preferably ophthalmology, and is not limited to the members of the State Society, any physician may compete for it

The Merritt H Cash prize of $100 00 will be awarded for the best original essay on medical or surgical subjects and is only open to members of the Medical Society of the State of New York

The essay shall be typwritten or printed, and the only means of identification of the author shall be a motto or other device It shall be accompanied by a sealed envelope, having on the outside the same motto or device, and containing the name and address of the writer

Essays must be presented at least one month in advance of the annual meeting, and should be sent to the chairman of the committee, Dr Thomas H Curtin, 391 East 149th Street, New York City, not later than May 1, 1930

THE DAILY PRESS

MEDICAL ECONOMICS

Wherever two or three doctors are gathered together, the conversation turns to the recent slump in the stock market. The surprising revelation is the small proportion of physicians who have lost their money Doctors are no longer the poor business men that they were formerly supposed to be, but with the general prosperity of the country they too have prospered

Business prosperity has also resulted in better health Some writers have been so unkind as to suggest that the reduction in the amount of tuberculosis has been due to financial prosperity quite as much as to the doctors Certainly improved health results from higher standards of living While the love of money may be the root of all evil, yet money itself is necessary for securing modern standards of health, happiness and morality President Hoover recognized that fact when he prescribed industrial construction as a preventive of civic ills, which would also result in illhealth of both the physical body and the civic community A goodly amount of hard work is necessary for the health of both individual and the state Ding prescribes it by the spoonful in the oldfashioned way, but everybody can understand his prescription and can take it if he will



A prescription from the N Y Herald Tribune, Nov 26, 1929

THE FAD OF WEIGHING

Dieting to reduce has its reflection in the ubiquitous scales, although in New York City fat people approach the scales furtively and in secret but out West they seem to be more bold Here is what the *New York Times* of November 22 says editorially about the fad of weighing

"Some doctors say that our health would be better if we did not watch it so closely, but whether that is true or not, we do watch it, and the penny scale is one device for checking

"Scale distributors have been going over their accounts and find that weighing is on the increase As more pounds are taken off, more people mount the trembling platform and anxiously watch the indicator swing around

"In Oklahoma City there are only ninety penny scales The citizens pay $27,000 a year to see if they have gained or lost That is a lot of pennies, but the average is only $25 a month per scale That sum is not a bad return on a very moderate investment

"Los Angeles, with less than ten times as many people, has almost 100 times as many scales It is only to be expected that they would pay well, as the eighteen-day diet and the movie ambitions of half the population make weighing a necessity Besides, the California weather is a help to the business, as overcoats, which discourage prospective weighers, do not have to be shed to get an accurate answer to the penny"

LEARNING BY EXPERIENCE

The following sensible editorial in the *New York Times* of November 22 will be approved by pediatricians as well as family doctors

"The dangers of a too methodical upbringing for children were pointed out at a recent meeting of the National Council for Mental Hygiene in London Dr Helen Boyd declared that a never varying regime of clocklike regularity is not the ideal one for modern children She considers that it does a healthy child no harm to have a large and sticky feast of cream buns once in a while and make himself sick In fact, such a juvenile orgy has its benefits From it the youngster learns the meaning of satiety, and gains a knowledge of the workings of his own body far more practical than anything which could be taught him from a book

'The child who always has his spinach and carrots at the right moment, who goes to bed in a quiet, darkened room at the same time every night, and takes the correct exercises at the correct time, is apt to become too dependent on routine He may grow into the sort of man who is miserable if dinner is five minutes late, and who suffers from insomnia if he is disturbed by the rattle of a window a crying baby or a barking dog

"It is certain that children at least will be delighted with Dr Boyd's suggestion Mothers who have followed the baby's schedule with religious fidelity should welcome justification for an occasional lapse If the theory could only be carried a little further and all children be gradually trained to sleep through violent radio concerts the city's anti-noise campaign could quietly end with the coming of age of a noise-proof generation '

PROTECTION FROM DOGS

The *New York Herald-Tribune* of November 18 prints the following suggestion regarding the management of dogs on the street and in public places

"Changes in the Sanitary Code to give the dog 'a fairer chance' are contained in a pamphlet entitled A Bill of Rights for the City Dog,' to be distributed today by the American Society for the Prevention of Cruelty to Animals

"The organization wants jurisdiction over dogs transferred from the Health Department to the police and magistrates in event somebody is bitten by a dog It is proposed the owner give bond for the animal's segregation and that only a magistrate should have 'power of life and death over a good dog'

"The society asks that an ordinance require that when outside the owner's premises a dog be 'securely held by a legally responsible person on a leash not over four feet long' The muzzle is characterized as an ineffective and useless hardship The society estimates there are 300,000 dogs in this city "

The suggestion is based on the erroneous supposition that City Magistrates can judge the health and infectivity of dogs better than the doctors of the Board of Health can judge them The *New York Times* of November 18 discusses the subject editorially and minimizes the danger from rabid dogs, saying

"Last year 6,000 persons were reported bitten by dogs, but not one of them contracted rabies In the thirty-five years that the society's employes have been handling stray dogs not a single case of rabies has developed, though the men have been bitten many times Rabies is rare, and a dog infected with it is less likely to bite than a healthy dog It is not pleasant to be bitten by a dog, but the wound is seldom dangerous, and a muzzle is not the best means of preventing dog bites If dogs are taken out, unmuzzled but on leash, and if the public will shake off the superstitious fear of rabies, dogs and people will both be better off "

The editor is talking about dogs of well-to-do persons, which constitute only a minority of the dogs of the city The health menace is that of the stray dog without a responsible owner

The *Times* also argues that when dogs are segregated by the Health Department, they catch distemper, and then continues the paper "If it survives it suffers after-effects similar to those of infantile paralysis among human beings While it is sick it is a source of infection not only to other dogs but to people The society points out that this law, 'designed to protect us against one extremely rare disease, has become an agency to promote the spread of another and extremely common one' If the owner were permitted to give bond for his dog's segregation and appearance in court, this danger would be eliminated "

The editorial is half right and half wrong The Department of Health can be trusted to handle the dog problem scientifically and intelligently, and efficiently

OUR NEIGHBORS

COUNTY HEALTH UNITS IN MICHIGAN

County Health Units were discussed on September 17, 1929, in the House of Delegates of the Michigan State Medical Society Dr Guy L Kiefer, State Commissioner of Health, defended their establishment in a clear address and then answered a running fire of questions put by critics of the plan Dr Kiefer said

"There was never a law allowing the establishment of county health units until 1928 It was then that the first law was passed, providing the Board of Supervisors of the County cared to allow them and allow the appropriation It is entirely within the hands of the appropriation body of the county whether any money should be allowed for that purpose or not

"The State Department of Health is very strongly in favor of the establishment of such County Health Units for the reason that it is the only method by which proper public health work can be done in this state It cannot be done from one central office It is impossible to do it that way In the southern part of the state they are pretty well organized for County Health Units They conduct their work more efficiently than any one central office could

"The State Department of Health asked for an appropriation of $60,000 for the purpose of giving state aid to the counties that chose to establish such County Health Units It was cut down to $30,000

"We have not asked any supervisor or any counties to establish any County Health Units, nor have we laid the possible value of it before them without first going to the County Medical Society laying before them our plan and asking them to endorse it, or not endorse it as they saw fit We have never asked for a County Health Unit from the supervisor unless we first had the endorsement of the doctors (See this JOURNAL, p 1520)

"We have further found out as nearly as possible, when we got ready to go before the supervisor, how much money was being expended for unorganized health work in that county We found almost invariably that they spend from $5,000 to $6,000 for a nurse to run around wild and not be supervised on some health work

"Our minimum estimate for a County Health Unit is $12,000 A county that is considering spending $12,000 has been spending $5,000 anyway The state will furnish $3,000, the Rockefeller Foundation will furnish $2,500, so they are not going to spend any more money in the start of this thing than they did before they had it

"The principal advantage of a County Health Unit, if I may say so at this time, is its organization We talk about health work that is to be done, health work that has been done, but you cannot do it unless it is properly organized and organized by an M D in charge of the work That is the strongest thing in favor of it

"These doctors who take charge of the County Health Units are appointed by the Board of Supervisors Never yet has one been appointed without our having been asked for a recommendation as to his qualifications In each case we have been able to recommend a man who has had some training, through the Rockefeller Foundation, in county health work

"We have a training school connected with our department in Lansing now and most of that is paid by the Rockefeller That is for men who want to take up this work

"We believe that a County Health Unit will do what it is my earnest wish can be done and will be done, it will turn the practice of medicine—and I am not talking about preventive medicine—over to the doctors The County Health Unit will succeed in, I am sure, informing the public that what they want to do is to go to the doctors to have their children and themselves examined and have everything done that has, up to this time, been done by the Department of Health and which shouldn't be done by them

"We advocate no clinical work by the County Health Units We have said in the past, and I think it will bear repeating, that when clinics are given at this time in public health work they are done for demonstrative purposes That should be just exactly what they are done for As soon as it has been demonstrated and the people find it out and know what needs to be done they should go to the doctor and have him do it for them

"What we need from the doctors to make this a success is their cooperation If they will just sit by and say that these fellows are going to take their business away from them they are not going to do any good and 'it is going to cost us a lot of money by taxation' then it is going to fail But if they will take hold and do the work that these County Health Units will teach the people should be done then it will be a success

"The result will be a much larger and more satisfactory practice of medicine for everybody that is in the game than there is now

"There are at present four County Health Units in the state and only one of them has kicked over the traces and does some of the things that you

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THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

INCLUDING

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AN EXPLANATION

The index is an arbitrary part of the JOURNAL which does not lend itself to expansion or contraction There are just so many subjects to be listed, and they sometimes refuse to conform to the pages that are available for making a beautifully balanced JOURNAL. This present index should either have at least seventy-five references added to the preceding page, or else one hundred references should be omitted, so that the index would end on page 1544

A third possibility would be to fill this page with reading matter, but in that case those who bind the index in the beginning of the volume would disarrange the reading pages

The conclusion of the editors is to leave this page empty, except for this informal explanation

First

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(*Continued from page* 1528)

men do not like and which I do not like They keep promising to reform They were established without a law before there was even a law in existence They have a lot of money to spend and they will have to begin getting results I am opposed to that I do not see how any County Health unit under the law—and they report to us every month what they are doing—could go far out of the way I do not think the law allows it

"A minimum County Health Unit as we recommend it consists of a Health Officer, who must be a Doctor of Medicine, at least one and preferably two nurses and a clerk If the thing is worthwhile and it works out well it is up to the County if they want to increase that number"

At the end of Dr Kiefer's talk a motion was made that a special committee be appointed to investigate the subject of "County Health Units", and that the counties be requested not to take further action until the State Society had decided the matter This motion was lost by a vote of 12 to 23

HEALTH EXAMINATIONS AT NEBRASKA STATE FAIR

The November issue of this Journal, page 1431, contained a brief reference to medical examinations offered to visitors at the Nebraska State Fair by the State Medical Society The November issue of the *Nebraska State Medical Journal* reports the results of the examinations as follows

"The profession will be interested to know that there were 231 adults and 74 children examined by members of our association at the Nebraska State Fair Of the 231 adults, 200 had abnormal and pathological conditions needing medical attention To this number the following form letter was sent

"'The Health Examination which you were given at the Nebraska State Fair revealed certain abnormal conditions which interfere with the normal functions of your body and materially affect your health

"These conditions are remediable if given immediate attention, so if you will send me the name and address of your family physician, your examination record will be forwarded to him and he will give you advice regarding treatment

Yours very truly,
Nebraska State Medical Association
Public Activities Committee
E R Hays, Chairman
Falls City, Nebraska'

"A number of cases of serious illness and disease were discovered in persons apparently in the best of health Three cases of tuberculosis were found, one case of spinal tuberculosis in the

(*Continued on page* 1550—*adv xiv*)

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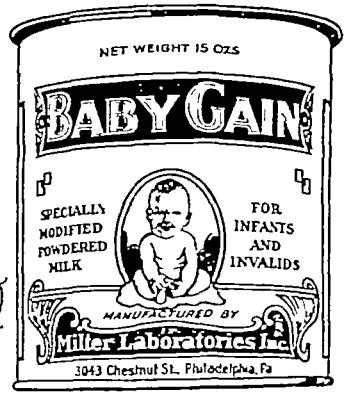
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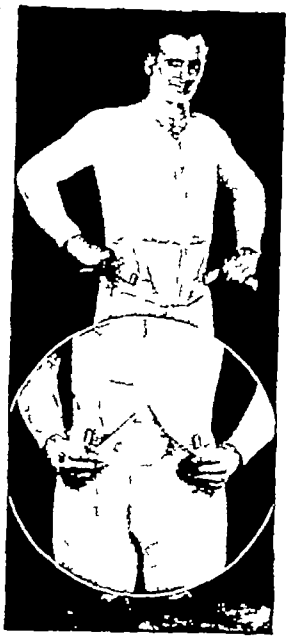
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(*Continued from page 1548—adv xii*)

early stages in a youngster two years old, five cases of fibroid tumor, two ulcers of the stomach, two of Bright's disease, one of diabetes, eighteen of high blood pressure and one cancer One child, thought by its parents to be suffering from asthma and hay fever, proved in his examination to have an enlarged heart Three cases of contagious skin disease in children were found

"In many persons, minor ailments, pointing to a breakdown within a few years, were determined by the examinations

"Within three weeks one-fourth of the number requested that the record be sent to their family physician

"In all, the demonstration was a huge success and shows that people will take an interest in health examinations if the matter is presented in the proper manner"

INDEMNITY INSURANCE IN VIRGINIA AND WEST VIRGINIA

The report of the Medical Economics Committee of the Medical Society of Virginia, to the House of Delegates on October 22, 1929, printed in the November JOURNAL states that defense against malpractice suits by the Virginia State Society was discontinued on December 31, 1928, but the Society had arranged that the members take out indemnity insurance on a uniform plan The report says

"Being guided by the suggestions and wishes of the Society, this committee made plans to endeavor to get every member of the Society to take out Medical Defense Insurance We first obtained the best rates for a standard policy, which are as follows

(1) The present rate of $15 00 for the usual $5,000 00-$15,000 00 indemnity protection is continued for individual policies

(2) For county and city societies, group policies providing above indemnity are offered for $13 50 a year, provided group is not less than 15 and that it must have at least 50 per cent of the county membership

(3) As soon as the number of physicians insured by this company, including individual policy holders and those now in groups, is 1,001, the rate for all will be reduced to $12 50 annually

"We then wrote a letter to the members of the Medical Society of Virginia, in which we informed them that the Society had decided to discontinue legal defense after December 31, 1928 We also tried to impress upon the members the necessity for carrying indemnity insurance The response was not as great as we had hoped for The Secretary also en-

(*Continued on page 1551—adv xiv*)

(Continued from page 1550—adv xv)

closed cards in her correspondence with members during the year in which she endeavored to impress upon them the advantages of carrying a policy

'Following the presentation of this report, Mr G H Winfrey, a representative of the Ætna Casualty and Insurance Company, was given a few minutes in which to tell of a plan for the indemnity insurance which had been offered by the Ætna Company and which had been endorsed by the Medical Economics Committee. He stated that as soon as 1,001 of our members are insured with his company, the rate for the $5,000-$15,000 protection will automatically drop from $15 00 to $12 50 per member a year Approximately seven hundred of our members are now insured with this company He said that twelve suits were brought against members of our Society during the past year for alleged civil malpractice, which fact indicates the urgency for this protection The medical societies of North Carolina and West Virginia have already insured a sufficient number to secure the special rate offered by the Ætna

"After the explanation of the group plan of insurance by the Ætna Company, Dr J Allison Hodges moved the adoption of the plan suggested by Mr Winfrey and Dr Boyd's report Seconded and carried"

The November West Virginia Medical Journal says that State also has abolished malpractice defense by the State Society and in its place recommended that the Group Indemnity plan of the Ætna Insurance Company be adopted by the physicians of the State of whom 521 are already insured with that company

POST GRADUATE COURSES IN VIRGINIA

The House of Delegates of the Medical Society of Virginia, assembled on October 22, received the reports of postgraduate education which agreed in their main features These reports outlined an elaborate plan for bringing instruction to the doctors in their own counties The Committee on Medical Education and Hospitals reported

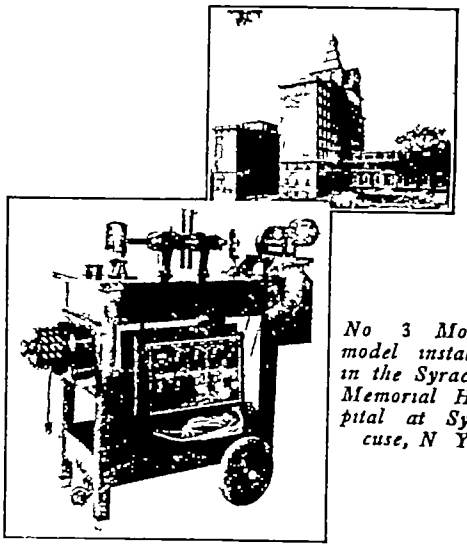
"The essential basic features, incorporated more fully in the recommendations herewith submitted are

1 That the State Society shall be the sponsor and connecting link between the different units,

2 That the component Societies, including

(Continued on page 1552—adv xvi)

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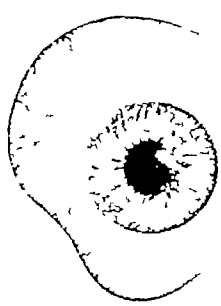
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(Continued from page 1551—adv xv)

district and group units, shall be the vitaliz factors,

3 That the Councilor in each Counci District shall be advisor, and one of the lo directors,

4 That the regional hospitals in each d trict shall be requested by the local compone Societies to aid in the work,

5 That the Doctors' Educational and Cli cal Bureau, when established, shall act as supply and Exchange station, as well as professional clearing house for correlation courses and co-ordination generally of t extension work

"It shall be the duty of the Bureau, in co junction with the Advisory Board, to form late such rules and regulations as may see necessary to put into effect the desire of t State Society to inaugurate a plan for t continuous medical education of its membe in their respective councilor districts at per odical meetings, at which Diagnostic Clinic Clinical Lectures, Current Medical Review etc, may be given, and also to provide for a Clinics for the annuaul sessions of the Stat Society"

The report also discusses the cooperation o the medical colleges, the local hospitals, th State Department of Health and the Stat Journal in carrying on the courses

A special committee on Post Graduate work covered largely the same ground with the same suggestions, and ended with the following sug gestions —

"By way of summary, and in conclusion your committee would state that in its opinion the most promising means of developing interest in postgraduate work would seem to be by experimenting with didactic lectures and clinics, particularly upon the first day's meeting of the State Society as a model, and in such councilor districts as may become interested, with the plan and purpose that the reading of journals and literature may be further stimulated, and particularly, that the attendance upon the courses given by our two medical schools may be generally popularized, and the schools encouraged to make these courses an important feature of their curricula and to the further end that some systematic plan of home study and instruction be gradually evolved"

The House voted to request the two committees to work out a practical plan and report at the 1930 meeting

MEDICAL SERVICE TO GROUPS IN CALIFORNIA

The November issue of California and Western Medicine contains an editorial on a plan to combat State Medicine which says

"There is hardly a commonwealth in the union which does not show here and there expressions of paternalism in relation to preventive medicine, which can be construed to be nothing else than the beginning signs of state medicine

"In California only a few weeks ago, a strenuous fight was made to have the Golden State lead the way for the United States in the institution of state medicine The hard-fought battle of that day in which the medical profession was victorious, was won in good part through the active work of an organization which came into existence at that time—the California League for the Conservation of Public Health — and which still carries on through the Better Health Foundation of California

"The attention of every member of the California Medical Association is called to the action taken at the last annual session in May, 1929, at San Diego, when the House of Delegates adopted a resolution, instructing and giving the Council power to act in the investigation and promotion of measures which would bring about a betterment of the conditions having to do with sickness and injury, and in which the professional and economic interests of the laity and members of the medical profession were involved

"It is very gratifying to know that one plan roughly mapped out by Dr Walter Coffey of San Francisco, presents some constructive innovations quite different from any thus far brought forward, and has features which appeal very much to many members of the Council of the California Medical Association

"The plan proposed by Doctor Coffey would permit the care of industrial employees and their families to continue as at present, without serious interference with the medical practice methods now in vogue The patient would choose his own physician from among those members of the California Medical Association who had stated they were willing to give medical and surgical services to the group of citizens coming under a certain industrial and income classification which would be outlined The statements for services would be sent not to the patients but to a central organization or office which, as trustee, would collect the bills, and make repayment to the attending physicians The money which would pay for services which were rendered would be collected through a monthly deduction on the wages of the employees, and would be turned over to the Association by the employers [illegible] under consideration the

Page 1554—adv xvii

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5,000 to 10,000 units intraspinally

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Fourth Day
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POPULAR MEDICAL EDUCATION IN ILLINOIS

The November issue of the *Illinois Medical Journal,* discussing popular medical talks, says

Many public speakers and writers are advocating that the medical profession educate the people to seek medical advice to prevent disease rather than to cure it This is not a new thought The Illinois State Medical Society at its meeting in June, 1922, passed a resolution to the effect that "The House of Delegates goes on record as endorsing a broad plan of education through pamphlets, addresses and the lay press, any or all, to the end that the public be enlightened on the truths and principles contained in the development, progress and present status of medicine"

So the machinery for bringing this desired program into effect was set up, but it was not until 1925 that real activities in health education were begun The work of the Educational Committee, appointed by the Council, has resulted in a better understanding between certain lay groups and the profession The public wants to be educated and is using the various means of securing "health" information offered by the Education Committee

Read what the public thinks about the talks that are being given practically every day of the year by representatives of the Committee

"It is certainly gratifying to a layman to know what the Medical Profession is trying, with all its might, to accomplish for the human race"—President of a club of young business men

"We were very well satisfied with the talks and we certainly thank the Illinois State Medical Society for cooperating with the Home Bureau I am sure the Home Bureau Women have appreciated this opportunity of hearing these doctors"—County Adviser of Home Bureaus

Fifty health educational talks given during the month of members of the Speakers the Educational

A well known Urological Journal says

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STANDARDS OF THE PRACTICE OF SURGERY IN NEW JERSEY

The adoption of standards for the recognition of surgeons is being considered in New Jersey as well as New York State The November issue of the Journal of New Jersey says editorially

"If any physician or surgeon doubts the need for serious consideration of this topic, we suggest that he shall listen to and try to answer (as we have been compelled to do) the complaints filed against the profession by legislators and other intelligent laymen, tales of alleged malpractice that cause reputable members of the profession to blush with shame that such charges can be made against anyone entitled to practice the healing art The public will not be asking anything unreasonable if it demands that surgeons, general and special, shall present evidence of fitness before being allowed to practice in their respective fields We ought not to wait for such a request, certainly should not wait until the request is made in the form of a legal requirement We are proud of having raised the standards of medical education without compulsory action Would it not be well to correct the evils that every medical man knows exist in association with surgical work?

"We discussed this question in our annual report to the House of Delegates (Supplement to September Journal, page 8) and asked that a special committee be appointed to study the situation and propose a remedy The House referred the matter to the Welfare Committee, and at the first meeting of that body held October 27, a subcommittee was appointed to take this problem under advisement That the matter is not purely local was shown by the fact that Dr Harry R Trick, of Buffalo, in his Presidential Address to the Medical Society of New York, discussed it in his annual address"

Volume 29
Number 21

TREATMENT OF GENERAL PERITONITIS

By R. FRANKLIN CARTER, M D, NEW YORK, N Y

From the Department of Surgery, Post Graduate Hospital

THE treatment of a patient with general peritonitis is a challenge to the best in every institution All the functions of the hospital are brought into play, and nothing but the best will succeed The reward is complete recovery The situation is always dramatic and of great interest, as no two patients require the same in the exercise of judgment At the head of this action stands the surgeon upon whom the responsibility for the outcome depends There is no other situation in the practise of medicine in which judgment of what to do and when to do it plays so great a role That great teacher, experience, is still a necessity in the development of good judgment However, there are means of assistance in every complete hospital upon which dependence may be placed in arriving at a conclusion

The etiology of general peritonitis does not materially change the nature of the case except in the type of organisms present, and the individual resisting powers of the patient to the particular strain of bacteria The streptococcus and pneumococcus produce the type of general peritonitis most difficult to cope with The non hemolysing strains of the former organism singly or in company with the colon bacillus produces the type best suited for general consideration

The factors for consideration in dealing with this subject are The surgery that is to be employed to deal with the source of the infection, the prevention or the relief of ileus, and maintenance of an adequate state of nutrition In addition to the above factors in the case of pneumococcus peritonitis there is the additional feature of specific theraphy with antibody solutions This, however, is still in the experimental stage

Whenever the question of surgery in peritonitis comes up drainage soon appears, and there the discussion finally ends in dispute No problem in surgery has received more attention than this one of drainage A survey of the literature soon convinces one that the principle is fundamentally wrong either in its inception or execution The most carefully carried out experiments which show the futility in trying to drain the general peritoneal cavity for any length of time by men whose veracity and ability are not to be questioned have failed to quiet the controversy over this question The old adage, "when in doubt drain," is still quoted and no doubt practised But it appears to one that there are five rational reasons for drainage The presence in the abdominal cavity of urine, bile, and intestinal content, a gangrenous area which cannot be removed and which will later liquefy and slough away, such as an abscess wall, and in instances where hemorrhage may occur in the presence of a slow ooze from a raw surface to prevent hematoma, and when there is active bleeding either from slough or an area which cannot be securely controlled by ligature The drainage material employed has been as varied as it is possible for it to be Every type of plug and pipe has been used to prevent and encourage the flow of peritoneal exudate. Soft substances such as gauze enclosed within either rubber tissue or a soft rubber sheath are less harmful and establish a tract down to the site of the abscess as well as solid tubes except in deep cavities such as the subhepatic space or pelvic cavity In such places the channel may be left tortuous by the bending of the softer tubes by the edge of the liver or coils of intestine, and a straight sinus may be formed by the introduction of a stiff rubber tube wrapped with gauze Tubes in themselves drain for only a short time before becoming plugged with fibrin and more drainage material will escape around the drain than thru it regardless of the nature of the drain Removal of drains should not be done before the sixth to eighth day at which time the walls of the tract have been securely formed with fibrinous exudate, the wall of the abscess cavity will have begun to liquefy, and the gauze covered tube will escape from the tract without causing pain as the fibrin filled meshes are freed by liquefaction

Thoracodotomy advised and practised for a time seemed to offer a good deal in the way of eliminating toxins and pathogenic bacteria But when subjected to experiment upon animals it did not prove to be a procedure of value

Repair of the injured viscus or the removal of a gangrenous mass should be done when the patient will stand it. And as there is no yardstick with which to measure the stamina of an individual, the time and type of surgery is a matter of judgment. The patient may be lost or saved by immediate operation, the same is true for delay

The prevention and relief of distension in peritonitis is another cause for a variety of opinion and heated debate, therefore interesting The methods employed for emptying the stomach and intestine have seemed to spring from the hand rather than the head, in that the causes or what would seem to be, have received little consideration Distension is not due to the lack of evacuation of the rectum for three or four or even ten days For without irritation either within or without the gut and starvation of the musculature of the wall of the gut an individual does not distend when the bowels do not move. Ileus of this type has been termed properly, paralytic. The usual tone is disturbed, and the intestine dilates with the resulting distension of the abdomen With the exception of marked dilatation of the stomach, this distension is in general of more concern and distress to the surgeon than to the

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